

Procedure 1233- Transfer of Inactive Provider Record Reimbursement Balance to the Active Provider Record

Lines of Business: All

Purpose: This guideline outlines the process for handling the reimbursements Network Health paid under an inactive provider record and transferring this reimbursement to the active provider record.

Procedure: Network Health will transfer any reimbursements paid to an inactive provider record to an active provider record due to a name change only.

All claims attached to the inactive provider record after the termination date of the provider's prior name will be reversed and repaid under the new active provider's name. All reversal claims will have monies applied to the reversed claim under the inactive provider record in order to prevent recoupment as this balance will be transferred to the active provider record. Network Health will utilize the advance function of the QNXT Payment Manager to offset the negative from the inactive provider to the active provider created by reprocessing these claims.

This policy is not a guarantee of coverage or payment. The claim(s) will be denied if it does not meet with all the terms and provisions of the members Certificate of Coverage. Actual benefits will be determined when the claim(s) or bill(s) are submitted to NHP/NHIC/NHAS. NHP/NHIC/NHAS reserves the right to periodically review and update all claim guidelines.

HMO plans underwritten by Network Health Plan. POS Plans underwritten by Network Health Insurance Corporation, or Network Health Insurance Corporation and Network Health Plan. Self-funded HMO and POS plans administered by Network Health Administrative Services, LLC.

Revised/approved: 11/2012; 12/2013; 02/2014; 10/2014; 05/2016