

Medical Coverage Policy



Post Payment Recovery and Reimbursement Mandate

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	10/6/2009	Policy Last Updated:	6/18/2013
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

This is an administrative policy to document post-payment audit recovery and other adjustments due to under or over payments in non Federal products (Commercial) in accordance with RI law (§ 27-20-51):

Blue Cross & Blue Shield of Rhode Island's Right to Recovery

From Providers (individual clinician, either in practice independently or in a group, who provides health care services, and otherwise referred to as a non-institutional provider):

Unless otherwise dictated resulting in a shorter time period, Blue Cross & Blue Shield of Rhode Island's right to recovery of payments shall be in accordance with RIGL § 27-20-51 (a).

§ 27-20-51 Post-payment audits. – (a) Except as otherwise provided herein, any review, audit or investigation by a nonprofit hospital service corporation of a health care provider's claims which results in the recoupment or set-off of funds previously paid to the health care provider in respect to such claims shall be completed no later than two (2) years after the completed claims were initially paid. This section shall not restrict any review, audit or investigation regarding claims that are submitted fraudulently, are subject to a pattern of inappropriate billing, are related to coordination of benefits, or are subject to any federal law or regulation that permits claims review beyond the period provided herein.

From Institutions/Hospitals:

Any review or audit by Blue Cross & Blue Shield of Rhode Island of an institution or hospital which results in the recoupment of funds previously paid to the institution or hospital with respect to the institution's or hospital's claims shall be completed in accordance with the time set forth in such provider's contract that applied to the original filing, or if not stated, the amount of time in the timely filing provision of the contract between Blue Cross & Blue Shield of Rhode Island and the institution or hospital that applied to the original filing. RIGL § 27-20-51 does not apply to institutional providers.

Providers Right to Recovery from Blue Cross & Blue Shield of Rhode Island:

From Providers (individual clinician, either in practice independently or in a group, who provides health care services, and otherwise referred to as a non-institutional provider):

The providers right of recovery shall be in accordance with RIGL § 27-20-51 (b).

§ 27-20-51 Post-payment audits. – (b) No health care provider shall seek reimbursement from a payer for underpayment of a claim later than two (2) years from the date the first payment on the claim was made, except if the claim is the subject of an appeal properly submitted pursuant to the payer's claims appeal policies or the claim is subject to continual claims submission.

No provider shall seek reimbursement from Blue Cross & Blue Shield of Rhode Island for underpayment of a claim later than the timeline set forth above, except if the claim is the subject of an appeal properly submitted pursuant to the Blue Cross & Blue Shield of Rhode Island's claims appeal policies. Appeal submittal must be within appeal timeframes.

Institutions/Hospitals Right to Recovery from Blue Cross & Blue Shield of Rhode Island:

Any review or audit by an institution and/or hospital which results in the request for a higher payment of funds previously paid to the institution or hospital shall be completed in accordance with the time set forth in the contract with the provider that applied to the original filing, or if no timeframe is stated, the length of time of the timely filing provision of the contract between Blue Cross & Blue Shield of Rhode Island and the institution or hospital that applied to the original filing, unless the contract between Blue Cross & Blue Shield of Rhode Island and the institution or hospital states otherwise.

No institution or hospital shall seek reimbursement from Blue Cross & Blue Shield of Rhode Island for underpayment of a claim later than the timeline set forth above, except if the claim is the subject of an appeal properly submitted pursuant to the Blue Cross & Blue Shield of Rhode Island's claims appeal policies.

This policy shall not restrict any review, audit or investigation regarding claims that are suspected as being submitted fraudulently.

Terms:

- **Recovery/Recoupment:** A demand for repayment based upon the findings of an audit, review or investigation
- **Underpayment reimbursement request:** A request for reimbursement of an improperly paid claim.
- **Adjustment:** A correction of an incorrectly filed claim.

The above policy has the following limitations:

- Timely filing requirements are not affected. The above policy and statute refer to timeframes after the initial payment. Clean claims requirement also are unaffected.
- Adjustment request timeframes are not affected. An adjustment request is distinct from a request related to believed underpayment and must be made within the timely filing limitations.
- Underpayment reimbursement requests must be received within 2 years of the date first payment was made.

Medical Criteria:

None

Policy:**Commercial**

Contractual obligations regarding timely filing apply to request for adjustments. Any request for an *adjustment* to a claim that is for the purpose of obtaining higher payment must occur within the contractual timely filing deadline that applied to the original filing. Any request for recovery made by BCBSRI or any request related to underpayment received from a professional provider will be adjudicated in a manner consistent with RIGL § 27-20-51 for non-federal programs. BCBSRI may voluntarily, and at their sole discretion, correct underpayment outside of these timeframes. Professional providers may voluntarily correct overpayment outside of these timeframes. These policies do not apply to fraud or intentional misrepresentation of services.

For all other products

The policy does not apply to Blue CHIP for Medicare, Federal Employees Program, or other federal programs, for these programs, post payment and recovery would follow the guidelines set forward by these agencies.

Coverage:

None

Published:

Provider Update, September 2013

Provider Update, Jul 2012

Provider Update, May 2011

Provider Update, Feb 2011

Provider Update, May 2010

Provider Update, Dec 2009

References:

Rhode Island General Laws. Accessed on 7/17/09: <http://www.rilin.state.ri.us/statutes/title27/27-20/27-20-51.HTM>.

History:

May 2013 - Annual Update

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.