

Subject: Claims Overpayment Process

Effective Date: 06/2015
Revision Date 06/2018

POLICY – The purpose of this policy is to establish OSU Health Plan’s guidelines for the processing of claims overpayments.

DEFINITIONS

- An overpayment is a payment that a provider receives in excess of amounts normally payable under the health plan’s fee schedule.
- Retractions – Claims overpayments that are offset against future payments.

APPLICABILITY - The Health Plan intends for the above policy to apply to any participating provider who receives an overpayment for an OSU Health Plan member.

POLICY GUIDELINES

All claims overpayment issues will be reviewed and researched by the Health Plan’s Third Party Administrator (TPA).

PROCEDURE

Once an overpayment has been identified and is within 24 months of payment, the TPA will send an overpayment request letter to the provider. The provider will be asked to refund the Plan the amount overpaid within 60 days of receipt of the notice. If the provider disputes the overpayment or any portion of it, this must be put in writing to the health plan within 30 days.

All refunds received from providers will be processed in the TPA’s claims processing system to reflect receipt and to verify accurate payment.

If the provider does not reimburse the Plan for an uncontested overpayment within 60 days of receipt of the notice, the claims overpayment amount will be offset against future payments.