

CLAIMS RECOVERY

Policy Number: ADMINISTRATIVE 128.12 T0

Effective Date: November 1, 2017

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Related Policies
None

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

Note: This policy applies to physicians only. It does not apply to facilities or ancillaries.

PURPOSE

This policy outlines Oxford's retrospective recovery rights and processes.

POLICY

Oxford periodically requests that providers return overpayments as a result of either:

- **Administrative Reasons:** Duplicate payments, payments relating to fee schedules or billing/bundling issues, payments made where Oxford was not the primary insurer; or
- **Behavioral Issues:** Upcoding, misrepresentation of service provided, services not rendered at all, frequent waiver of member financial responsibility.

Oxford may pursue such claims overpayments as permitted by law and following the applicable statute of limitations (usually six years). Oxford uses random sampling, examination by external experts, and reliable statistical methods to determine claim overpayments in situations involving large volumes of potentially overpaid claims.

Note: Once a provider is given notice of the overpayment, Oxford will initiate discussions and take actions during the following one year period.

PROCEDURES AND RESPONSIBILITIES

Oxford will not pursue collection of overpayments when the overpayments are identified as isolated mistakes or where the provider is not at fault, if the overpayments were more than one year prior to the date of notice of the

overpayment or use extrapolation. Examples include overpayments related to duplicate claims, fee schedule issues, isolated situations of incorrect billing/unbundling, and situations where Oxford was not the primary insurer.

Exception: Oxford will pursue collection of overpayments beyond one year and utilize statistical methods and extrapolation in situations where:

1. Oxford has a reasonable suspicion of fraud or a sustained or high level of billing error; this includes situations such as:
 - Extensive or systemic upcoding
 - Unbundling
 - Misrepresentation of services or diagnosis
 - Services not rendered
 - Frequent waiver of member financial responsibility
 - Misrepresentation of provider rendering the services or licensure of such provider, and similar issues
- or**
2. A provider affirmatively requests additional payment on claims or issues older than one year, whether through suit, arbitration, or otherwise; **or**
3. The Centers for Medicare and Medicaid Services makes a retroactive change to enrollment or to primary versus secondary coverage of a Medicare plan member.

REFERENCES

Connecticut General Statutes Annotated §52-576.

New Jersey Statutes Annotated 2A:14-1.

New York - McKinney's Civil Practice Law and Rules §213.

UnitedHealthcare Administrative Guide 2017;

https://www.uhcprovider.com/content/dam/provider/docs/public/admin-guides/UnitedHealthcare_Administrative_Guide_2017.pdf

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
11/01/2017	<ul style="list-style-type: none"> • Updated policy guidelines; added notation (previously listed under procedures and responsibilities) to indicate: <ul style="list-style-type: none"> ○ Once a provider is given notice of the overpayment, Oxford will initiate discussions and take actions during the following one year period. • Clarified language outlining procedures and responsibilities to indicate: <ul style="list-style-type: none"> ○ Oxford will not pursue collection of overpayments when the overpayments are identified as isolated mistakes or where the provider is not at fault, if the overpayments were more than one year prior to the date of notice of the overpayment or use extrapolation ○ Examples include overpayments related to duplicate claims, fee schedule issues, isolated situations of incorrect billing/unbundling, and situations where Oxford was not the primary insurer • Updated supporting information to reflect the most current references • Archived previous policy version ADMINISTRATIVE 128.11 T0