PURPOSE:

First Priority Health (FPH) shall initiate or continue to take actions reasonably designed to reduce the occurrence of overpayments. However, if an overpayment should be identified by a physician or First Priority Health, the following guidelines will be followed:

POLICY:

**Overpayment Identified by a Physician**

- Report the overpayment by contacting our Provider Services Department at 1-800-822-8752 and request that the overpayment be retracted from future remittances.

- Complete the Claims Research Request Form (CRRF); indicate your request for the adjustment and mail the form to:

  Attention: Claims Research Department
  First Priority Health
  19 North Main Street
  Wilkes-Barre, PA 18711

- CRRF’s can also be faxed to FPH Claims at 570.200.6790.

You may include a refund check made payable to First Priority Health or request that the overpayment be deducted from a future remittance advice.

**Overpayment Identified by BCNEPA**

- Physicians will be given at least thirty (30) days written notice before FPH shall engage in additional overpayment recovery efforts.

Physicians will be given the option to:

- Return the overpayment to FPH via a refund check made payable to First Priority Health; or

- Request that the overpayment be deducted from a future remittance advice.

If the physician does not agree with the overpayment identified, he/she will have the option to file an appeal within 30 days of receipt of the overpayment recovery letter. If a physician requests an appeal within 30 days of receipt of a request for repayment of an overpayment, FPH shall not require the physician to repay the alleged overpayments before the appeal is concluded. Click here for the PCP Manual Appeal Process.

**The following exceptions will be exempt from the above-mentioned guidelines:**

- Duplicate claims payments
- Claims where payment was received from a primary insurer
- Fraud or other intentional misconduct
- Retractions required by a self-insured plan
• Retractions required by a state or federal government program.

**Definitions:**
Overpayment – with respect to a claim submitted by or on behalf of a physician, physician group or physician organization, any erroneous or excess payment that a Blue Plan makes for any reason including, but not limited to: (i) payment at an incorrect rate, (ii) duplicate payment for the same physician service, (iii) payment with respect to an individual who was not a Plan member on the date the physician provided the physician service(s) that are the subject of such payment, and (iv) payment for any non-covered service(s).

Physician – an individual duly licensed by a state licensing board as a Medical Doctor or as a Doctor of Osteopathy and shall include both participating physicians and non-participating physicians.