 <b>JOHNS HOPKINS</b> MEDICINE <hr/> JOHNS HOPKINS HEALTHCARE	<b>JOHNS HOPKINS HEALTHCARE</b>	<b>Policy Number:</b> Effective Date: Revision Date:
	<b>Subject: Claim Retraction Policies</b> <b>Department: Cost Containment</b> <b>Lines of Business: All</b>	<b>Page 1 of 2</b>

**POLICY:**

It is the policy of Johns Hopkins HealthCare (JHHC) to ensure that claim payment retractions are consistently carried out in compliance with JHHC policy, Maryland Insurance Statutes, Code of Maryland Regulations (COMAR) and/or the Tricare Operations Manual.

**SCOPE:**

This policy applies to full and partial payment retractions for all lines of business; retractions may be executed for various reasons including but not limited to:

- Coordination of Benefits
- Claims covered by other parties including Workers Compensation
- Claims paid after termination of coverage
- Claims paid without authorization
- Claims paid in error, i.e., wrong provider, wrong member, etc.
- Claims paid with an incorrect fee schedule
- Duplicate payments

**RESPONSIBILITIES:**

It is the responsibility of the Cost Containment Department to telephonically verify all Other Health Insurance leads and to add such leads to the Coordination of Benefits section of the member file in MC400 or IDX. Once this OHI information is added, claims that were overpaid prior to the receipt of this information may be retroactively reversed and denied. The Cost Containment department also receives various retraction requests thru CBAS, provider/member correspondence, and monthly and ad hoc retraction reports that are audited for accuracy before the listed claims are retracted.

**PROCEDURES:**


The following polices apply to claim retractions initiated by JHHC. If a provider or provider representative (i.e., auditor, billing company) working on the provider’s behalf requests a retraction outside of these timely retraction guidelines we will comply with the request. Examples of provider requests are:

- CBAS retraction requests
- Mutually agreed upon audits
- Written requests from providers requesting that we retract overpayments
- Calls from providers requesting a payment retraction

**Timely retraction guidelines are as follows:**

Priority Partners & Primary Adult Care:

- Coordination of benefits – 18 months from paid date of claim
- Workers Compensation - 18 months from paid date of claim
- Duplicates and mis-coding – 2 years from paid date of claim

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- All other overpayments – 6 months from paid date of claim

EHP & Elderplus:

- Coordination of benefits – 18 months from paid date of claim
- Workers Compensation - 18 months from paid date of claim
- Duplicates and mis-coding – 2 years from paid date of claim
- All other overpayments – 6 months from paid date of claim

USFHP:

- Coordination of benefits – 18 months from paid date of claim
- Duplicates and mis-coding – 2 years from paid date of claim
- All other overpayments – 1 year from paid date of claim\*

\* Federal law and regulation mandates that USFHP use reasonable efforts to recoup overpayments. Accordingly, depending on the circumstance, the one year USFHP retraction policy may be reexamined.

**CROSS REFERENCE:**

- Maryland Insurance Statute §15-1008
- Code of Maryland Regulation (COMAR) 10.09.65.18
- Tricare Operations Manual Chapter 11 Sections 3 & 4

**DEFINITIONS:**

None

Last Review Dates: 2/7/2008