



MEDICAL ASSISTANCE BULLETIN
COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE

NUMBER:	SUBJECT		BY
	Time Limit for Claim Resubmissions and Recovery of Overpayments		
ISSUE DATE:	99-87-12 - Class III		
EFFECTIVE DATE:	November 3, 1987		

PURPOSE:

The purpose of this bulletin is to notify providers of a change to the time limits for claim resubmissions because of recovery action initiated by the Department of Public Welfare.

SCOPE:

This bulletin is applicable to all providers enrolled in the Medical Assistance program.

BACKGROUND/DISCUSSION:

Since 1983, the Third Party Liability Section in the Office of Medical Assistance has conducted recoveries as a result of data exchanges. The Section continues to receive resubmitted claims needing adjustments for dates of service over three years old. In order to complete past and future recoveries, the Department of Public Welfare is setting a time limit for providers to submit verification/information that could modify or delete claim adjustments.

PROCEDURE:

When the Department discovers a potential third party resource, a notification letter will be sent to the provider with detailed claim/resource billing information and an explanation of scheduled claim adjustment activity. **Providers must submit documentation relevant to the claim within the time limit specified in the recovery notification. If difficulty is experienced in dealing with the third party, notify the Department at the address indicated on the recovery notice within 30 days of the deadline for resubmission. If the provider fails to respond within the time limit, the funds will be administratively recovered and the claims cannot be resubmitted for payment.**

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Bureau of Provider Relations
P.O. Box 8024
Harrisburg, Pennsylvania 17105

or call the appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.