

## DATE

**RE: PROVIDER NAME** 

Dear Third Party Payer:

The Department of Human Services (DHS) recently sent a listing of claims to the aforementioned provider. These claims identify your carrier as the primary payer for claims that were paid by the Pennsylvania Medical Assistance (MA) Program. The provider has been instructed to bill these claims to you as the primary payer. Some of these claims may exceed the timely filing limits of the provider agreement.

Current State law at 62 P.S. § 1413 requires carriers to receive, process, and pay claims for reimbursement of MA for up to three years from the date of service. Moreover, both Federal and State law require carriers to receive, process, and pay claims for reimbursement of MA for up to three years from the date of service *notwithstanding any shorter period of time provided by contract*. 42 U.S.C. § 1396a(a)(25)(I)(iv); 62 P.S. 1413(c)(2).

The law further provides that the insurer must also honor claims regardless of the type of format of the claim, or a failure to present proper documentation at the point of sale. 42 U.S.C. § 1396a(a)(25)(I)(iv); 62 P.S. 1413(c). Notably, the failure of a medical assistance recipient, who otherwise has coverage for such claims, to present proper documentation at the time of service cannot serve as a basis for a denial because the provider was unable to obtain prior authorization, pre-certification, or perform an administrative task pursuant to a separate agreement. We are therefore requesting that you process these claims.

Pursuant to 62 P.S. § 1413(e), failure to process these claims based upon timely filing requirements may result in the imposition of civil money penalties against your company amounting to \$1,000.00 per violation.

If you have any questions regarding this notice or the recovery, please feel free to contact Carole Procope at (717) 705-8234 or <a href="mailto:cprocope@pa.gov">cprocope@pa.gov</a>.

Sincerely,

Carole A. Procope
TPL Division Director