Post-Payment Recoveries Due to Third-Party Liability

This bulletin replaces **Provider Bulletin 20-21: Post-Payment Recoveries Timeline Updated**, issued on Oct. 20, 2020. In accordance with the City of Philadelphia's contract with the Pennsylvania Department of Human Services (DHS), Community Behavioral Health (CBH) is required to take all reasonable measures to ensure CBH serves as the payor of last resort when third-party resources are available to cover the cost of medical services. Any recoveries CBH is unable to complete will be pursued by the DHS.

CBH will initiate recovery of payments upon the identification of third-party liability (TPL) coverage. As part of this process:

- Claims will be reversed and reprocessed.
- If the member's TPL status is inactive at the time of adjudication, the claims will be paid when reprocessed.
- If the member has active TPL coverage, the claim will be denied with code 479 – Carrier Identification Missing.
- CBH will issue a post-payment recovery letter that includes a list of recovered claims. Additionally, providers will be able to identify recovered claims on the 835 payment remittance.

Providers are responsible for resubmitting claims after coordinating benefits with the member's primary insurance. Claims must be resubmitted with the Explanation of Benefits (EOB) or final determination documentation within 90 days of the post-payment recovery letter date.

If a provider has documentation indicating that the member does not have TPL coverage, the provider may complete the TPL discrepancy process for CBH to conduct further investigation.

If you have any questions, please reach out to Jennifer Soto, CBH TPL manager at **Jennifer.soto@phila.gov**.