Anthem Blue Cross and Blue Shield

Recovery Look-Back Period to Align with CMS

To align with Centers for Medicare & Medicaid Services guidelines, Anthem Blue Cross and Blue Shield will begin recovering Medicare Advantage claim overpayments within four years of the claim payment date. Currently, Anthem recovers overpayments up to two years of the claim payment date.

Effective January 1, 2016, providers will be notified in writing of any Medicare Advantage claim overpayments identified with good cause within four years of the claim payment date consistent with the CMS guidance below unless a different time frame is specifically noted for Medicare Advantage plans in the provider’s contract.

CMS Guidance

42 CFR § 405.980 gives guidance to Payors that overpayment recoveries can occur

1. Within one year from the date of the initial determination or redetermination for any reason.
2. Within four years from the date of the initial determination or redetermination for good cause as defined in § 405.986.
3. At any time if there exists reliable evidence as defined in § 405.902 that the initial determination was procured by fraud or similar fault as defined in § 405.902.
4. At any time if the initial determination is unfavorable, in whole or in part, to the party thereto, but only for the purpose of correcting a clerical error on which that determination was based.
5. At any time to effectuate a decision issued under the coverage appeals process.

In addition, CMS’ Medicare Integrity Program employs Recovery Audit Contractors to identify and correct improper Medicare payments. The RAC program allows for a look-back period of up to five years.

Some overpayment examples:
- Billing errors, such as deviation from National Correct Coding Initiative guidelines and improper use of billing modifiers.
- Payment errors, such as an incorrect fee schedule applied to the claim or identification of a member’s other health insurance that would be primary.

The appeals process remains unchanged.

If you have any questions please call the Provider Services number on the back of the member’s ID card or contact your Provider Relations Representative. We appreciate your care for our Medicare Advantage members.
HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia (serving Virginia excluding the city of Fairfax, the town of Vienna and the area east of State Route 123): Anthem Health Plans of Virginia, Inc. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI") underwrites or administers the PPO and indemnity policies; Compcare Health Services Insurance Corporation ("Compcare") underwrites or administers the HMO policies; and Compcare and BCBSWi collectively underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. * ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.