

## **When and how to initiate Medicare Advantage reopenings**

When a claim must be corrected beyond the initial claim timely filing limit of one year from the **date of service**, a normal adjustment bill is not allowed. Providers must use the reopening process to correct the error. Reopenings are written requests to fix an error on a previous claim determination that can result in either an overpayment or an underpayment. The reopening request should include supporting documentation. A reopening can be initiated by the provider or by the plan.

Reopenings are different from adjustments. Adjustment bills must be filed within one year of the date of service. Reopening bills can be filed if the timeframe is greater than one year from the date of service and less than two years from the initial determination date (original claim processed date) for any reason or within two to four years of the initial claim determination date upon showing good cause.

- We will accept a reopening bill from more than one year from the date of service, and up to two years following the original claim determination date as having good cause.
- Reopening requests will not be considered for good cause when submitted from 2-4 years following the original claim determination date, unless written justification is provided and the claims manager approves it.

Providers submitting reopening requests in response to a claim denial from a review of medical records is not appropriate. (This includes failure to submit medical records in response to a request for records) Providers must submit an appeal request for such denials.

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