

Provider Update

Recovery Look-Back Period to Align with CMS

To align with Centers for Medicare & Medicaid Services guidelines, Amerigroup Community Care will begin recovering Medicare Advantage claim overpayments within four years of the claim payment date. Currently, Amerigroup recovers overpayments within three years of the claim payment date.

✦ **What this means to you:** Effective May 1, 2015, 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 Unit at 1-866-805-4589 or contact your Provider Relations Representative. We appreciate your care for our Medicare Advantage members.

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Amerivantage is an HMO plan with a Medicare contract and a contract with the Tennessee Medicaid program. Enrollment in Amerivantage depends on contract renewal.

