

Retrospective Review of Medicare Advantage Claims

993	172
11,655	987
(68)	11,271
\$11,587	(94)
	\$11,177

Frequently Asked Questions

Who do I contact if I have a question about Medicare Advantage?

BlueCross BlueShield of Tennessee
Medicare Advantage Provider Services

Phone: 1-877-398-9087

Fax: 1-702-240-5582

What types of claims are a part of retrospective review audits?

All Medicare Advantage claims submitted to BlueCross BlueShield of Tennessee on a CMS-1450 and CMS-1500 are subject to retrospective review.

When can we expect the first audit record requests?

Requests for medical records will begin in February 2011 for some providers.

Medicare Advantage Retrospective Review Audit Process

Will providers receive a notification of BlueCross BlueShield of Tennessee's findings?

Yes, providers will receive a letter explaining the review and the improper payment reason including amount.

What is the process if the provider does not agree?

After the audit is complete, BlueCross BlueShield of Tennessee will notify providers of the audit findings. Providers will have thirty (30) calendar days from the receipt of the letter to submit additional information and request a Reconsideration of the audit results. A Level I Reconsideration will be conducted pursuant to BlueCross BlueShield of Tennessee's Provider Dispute Resolution Procedure and providers will receive written notification of the findings.

If still dissatisfied, providers will have thirty (30) calendar days to request a Level II Appeal review. BlueCross BlueShield of Tennessee will have sixty (60) calendar days to conduct an internal review and send a written reply or notification of the status of our review.



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