AdventHealth
Advantage Plans
Underwritten by Health First Commercial Plans

RETROACTIVE DENIALS

GENERAL INFORMATION

The Health Plan will conduct retrospective reviews on claims as deemed necessary to ensure accurate reimbursement for medical services. Reviews are conducted within thirty (30) days of receipt of all records. Claims may be denied retroactively, even after the enrollee has obtained services from the provider, if applicable.

RETROACTIVE REVIEWS AND DENIALS

A retroactive denial is the reversal of a previously paid claim, through which the enrollee then becomes responsible for overpayment.

A claims retrospective review may be prompted by a variety of reasons. A few examples of scenarios that may prompt a claims retrospective review include:

- The provider may have submitted a revised billing for a service that has been previously denied.
- New billing guidelines have been established by regulatory bodies.
- The provider has made significant changes to his original bill, such as changing the provider of service or the diagnosis of the patient.
- The Health Plan is notified that the enrollee has other health insurance coverage. The claim must be submitted to us within three (3) months of the primary carrier's payment/ determination.
- The enrollee's coverage is terminated due to non-payment of premiums.

WAYS TO PREVENT RETROACTIVE DENIALS

- Paying premiums on time.
- If the Health Plan is your secondary insurance carrier, request that your primary insurance carrier send us an Explanation of Benefits (EOB).

HOW TO SETUP AUTOMATIC PAYMENTS

Setting up automatic payments would ensure your premium payments are always made on time and your coverage remains active.

- To set up automatic payments, log in to our secure member portal at myAHplan.com/login.
- To register for access to the portal as a new user, click on "I need to sign up" under "Members."
- Once inside the portal, click the "Automatic Payment" button. Follow the directions to complete the setup process.

Your account information will be required to set up recurring payments.

QUESTIONS

If you have questions about your health benefit plan, there are several ways to contact us to obtain the assistance you need:

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By telephone
If you have questions about your plan or need assistance in a language other than English, please contact Customer Service.

Toll-free: 1.844.522.5279
TDD/TTY: 1.800.955.8771

Our Customer Service hours are: **Monday through Friday** from 8 a.m. to 6 p.m.

By email
Send your questions or comments to: AHAP@HF.org

By fax
Send your fax to: 1.855.328.0062

By mail
Send correspondence to:

Customer Service
Health First Health Plans - AHAP
6450 U.S. Highway 1
Rockledge, FL 32955

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