

# New Hampshire Provider Communications

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## Changes to timely filing requirements for Medicare Advantage

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We continue to look for ways to improve our processes and align with industry standards. Part of this goal includes ensuring providers receive their Anthem payments quickly and efficiently. Timely receipt of medical claims for your patients, our members, helps our chronic condition care management programs work most effectively, and also plays a crucial role in our ability to share information to help you coordinate patient care. In this effort to simplify our processes, we are changing all professional agreements to adopt a common time frame for the submission of claims to Anthem.

Effective October 1, 2019, we will amend the Medicare Advantage Attachment of your Anthem Participating Provider Agreement(s) to require the submission of all professional claims within 90 days of the date of service. This means all claims submitted on and after October 1, 2019, will be subject to a 90-day timely filing requirement, and Anthem will refuse payment if the claims you file to us are submitted more than 90 days after the date of service.

Please note that effective October 1, 2019, all claims for commercial plans must be submitted, and will be processed by Anthem, in accordance with your Participating Provider Agreement.

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<https://providernews.anthem.com/new-hampshire/article/changes-to-timely-filing-requirements-for-medicare-advantage>

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