

September 2017

Temporary modification to timely claims filing

We are temporarily waiving the timely claims filing standard of **90 days** for Anthem Blue Cross and Blue Shield (Anthem) programs — Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect.

The 90-day filing standard will be waived until **October 31, 2017**, for any claims with dates of service between **April 1, 2017**, and **October 1, 2017**. This will **not** apply to any claims with dates of service **prior to April 1, 2017**.

We are doing this due to the following circumstances:

- High claims denial rates related to provider NPI, taxonomy and ZIP code + 4 edits
- A backlog of provider enrollment/attestation with Indiana Health Coverage Programs/DXC Technology related to the Core Medicaid Management Information System provider website

All other edits currently in place will stay in place for these claims. Any claims that are resubmitted during this period must be submitted with the new information where applicable and submitted as **corrected** claims. Availability is an option for submitting corrected claims.

Please refer to previous Anthem bulletins that provide education on a number of issues but most recently taxonomy and NPI billing issues. For further information or to submit claims by mail, please refer to the phone numbers and addresses below.

Provider Services:

- Hoosier Healthwise: **1-866-408-6132**
- Healthy Indiana Plan: **1-844-533-1995**
- Hoosier Care Connect: **1-844-284-1798**

New claims:

Anthem Blue Cross and Blue Shield
Mail Stop: IN999
P.O. Box 61010
Virginia Beach, VA 23466

Corrected claims, provider claim disputes and appeals, and correspondence:

Anthem Blue Cross and Blue Shield
Provider Appeals
P.O. Box 61599
Virginia Beach, VA 23466

The information in this bulletin may be an update or change to your provider manual. Find the most current manual at:

www.anthem.com/inmedicaidoc

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

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