NASCO EFT’s will be available on MyAnthem

NASCO EFT’s will be available by the end of the 1st quarter 2014 on MyAnthem.

You will be able to search for remittances within a new 7 day range for remittances issued up to 2 years prior to current date.

More information can found in the February 2014 issue of the Network Update.
CAQH CORE 380: EFT Enrollment Data Rule

Beginning January 1, 2014, Anthem implemented a new EFT enrollment process utilizing the CAQH EFT enrollment tool. It allows providers to enroll and update practice information electronically.

A link to this new process is available via the Availity® Web Portal and the Anthem EDI website.
EFT/ERA – New Process Effective 1/1/14

CAQH CORE 382: ERA Enrollment Data Rule

In addition to the new EFT process, enrollees can use the new online CAQH enrollment tool when enrolling in both EFT and ERA at the same time.

Enrollees, including clearinghouses, should continue to register for ERA only by using Anthem’s EDI website.

More information regarding this new process can be found in the Network eUpdate dated December 2013.
ICD-10 Coming Soon – 10/1/14

Anthem has started acceptance testing for providers who are EDI direct-submitters. We have chosen TIBCO Validator® as our primary testing tool that offers unlimited testing of your EDI HIPAA transactions.

If you are not a direct submitter, you will need to partner with your claims submission vendor (clearinghouse, billing company, etc.) to test with us.

To get started, visit the “Free On-Line HIPAA Validation Testing” section on our Anthem EDI webpage, where you can find links to registration information and the guidelines for using the tool.
ICD-10 Coming Soon – 10/1/14

To find more information regarding ICD-10 readiness follow the path below:

- Go to www.anthem.com
- Select Providers under Other Anthem Websites
- Select Indiana, press Enter
- Scroll down to Communications and Updates
- Select ICD-10

For ICD-10 questions and surveys, send us an email to:

- ICD10-Inquiry@anthem.com
ICHIA – Indiana Comprehensive

Indiana Comprehensive Health Insurance Association (ICHIA) terminated on January 31, 2014.

All claims from Indiana Blue Access network providers for services provided ICHIA members prior to and including January 31, 2013 must be filed no later than April 1, 2014.

An Order has been signed by the Indiana Insurance Commissioner partially extending the ICHIA coverage through April 30, 2014. However, the Order extends coverage under the ICHIA program only for HIV/AIDS patients for Inpatient services, and for all covered services for those that are End Stage Renal Disease patients. All other ICHIA participants’ coverage ended January 31, 2014.
Effective Oct. 13, 2013, we began rejecting Medicare primary provider submitted claims with the following conditions:

- Medicare remittance advice remark codes MA18* or N89* that Medicare crossover has occurred
- Received by provider’s local plan within 30 calendar days of Medicare remittance date
- Received by provider’s local plan with no Medicare remittance date
- Received with GY modifier on some lines but not all
- A GY modifier is used by providers when billing to indicate that an item or service is statutorily excluded and is not covered by Medicare. Examples of statutorily excluded services include hearing aids and home infusion therapy.

*MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them

N89 Alert: Payment information for this claim has been forwarded to more than one other payer, but format limitations permit only one of the secondary payers to be identified in this remittance advice.
Effective Oct. 13, 2013:

- Providers who render statutorily excluded services should indicate these services by using GY modifier at the line level.
- Providers will be required to submit only statutorily excluded service lines on a claim (cannot combine with other services like Medicare exhaust services or other Medicare covered services).
- The provider’s local plan will not require Medicare EOMB.
- If providers submit combined line claims (some lines with GY, some without) to their local plan, the provider’s local plan will deny the claims, instructing provider to split the claim and resubmit.

- You can find the detailed article in the August 2013 Network Update.
Comparison Guide for Central Region web applications:
Availity® and MyAnthem®

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<th>After November 2, 2012:</th>
<th>Availity®</th>
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<td>Remittance Inquiry</td>
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**IMPORTANT NOTE:**
Provider organizations will need to continue to register their employees through MyAnthem® who need access to link outs for Secure Messaging and/or AIM Specialty Health via Availity® even after November 2nd.

Anthem BlueCross BlueShield
Changes to Reimbursement for 2014

Anthem in Indiana reviews the professional fee schedule annually and generally makes any changes, if necessary and appropriate, to the fee schedule in late summer or early fall. Representatives from various areas of the company provide data and information and a committee researches and reviews relevant facts to determine whether to make any adjustments. If you have any specific questions regarding your practice, feel free to reach out to your physician contractor.

Please check your fee schedule online at www.anthem.com under MyAnthem® with your secure sign-on.
Enhanced Personal Health Care

With its financial rewards, sharing of meaningful information and practice support, our approach provides practices strong tools and the opportunity to improve the health of our members while also improving the affordability of care.

Inclusive and flexible

- We are creating a set of solutions that help us work with and support primary care providers based on the practice’s current capabilities.
  - Small independent groups and providers within a larger, integrated organization
  - The broader our reach, the greater the opportunity to influence positive change.
- Our model will continue to evolve with practices to support them as they take on increasing accountability for the cost and quality of care delivered to their patients.

- Almost 1,400 contracted primary care providers started in our primary care program (formerly called PC2) on January 1, 2014.
Stay connected with Anthem via Anthem.com

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