



Attention Providers:

Medicare submits mass claims adjustments to Anthem; new process

Background

The Centers for Medicare & Medicaid Services (CMS) uses the Medicare Physician Fee Schedule (MPFS) to reimburse physician services for Medicare services. Recently, Medicare made changes to its fee schedule, prompting mass claim adjustments. This change was made to comply with requirements mandated by the Affordable Care Act (formerly the Patient Protection and Affordable Care Act or PPACA).

Why this is important for you to know

Medicare forwarded mass adjustment requests to Anthem Blue Cross and Blue Shield in large numbers via the electronic crossover – the process through which electronic connectivity to Medicare’s national coordination of benefits contractor is made.

What changed

The volume of mass crossover adjustments has been unprecedented; however, the difference in the average payment is minimal. We understand that these adjustments may be creating undue hassles for you and confusion for your patients. In response, Anthem Blue Cross and Blue Shield stopped the crossover of mass adjustments.

What action do you need to take

If you have not received an adjustment decision through your Anthem Blue Cross and Blue Shield remittance and you wish to have your secondary Medicare claims adjusted to apply the retroactive pricing changes, **please submit Adjustment Requests with the adjusted Medicare EOMB for these claims and using the appropriate values to indicate this is an adjustment request.**

What is excluded

This notice does NOT apply to claims for members enrolled in the Blue Cross and Blue Shield Service Benefit Plan (also known as the Federal Employee Plan or FEP). FEP members can be identified with the letter “R” preceding their contract numbers.

If you have questions, please call your network representative.

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