



00429

June 21, 2019

PO Box 25033
Santa Ana, CA 92799-5033

Re: Changes to timely filing requirements for commercial and Medicare Advantage plans for all claims submitted to plan on or after October 1, 2019 – Amendment to your Provider Agreement and Corresponding Amendment to the Provider Manual

Dear Sweet Dreams Anesthesia and Pain Management Inc:

Blue Cross of California dba Anthem Blue Cross (“Blue Cross” or “Anthem”) continues to look for ways to improve our processes and align with industry standards. 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 an effort to simplify processes, improve efficiencies, and better support coordination of care, we are changing all professional agreements to adopt a common time frame for you to submit claims.

Effective **for all claims submitted to plan on or after October 1, 2019**, your Blue Cross Prudent Buyer Plan Participating Physician Agreement, including the Medicare Advantage attachment if you are a participant in our Medicare Advantage network, will be amended to require the submission of all professional claims for commercial and Medicare Advantage plans within ninety (90) days of the date of service. This means all claims **submitted on or after October 1, 2019** will be subject to a ninety (90) day timely filing requirement, and Blue Cross will refuse payment if submitted more than ninety (90) days after the date of service¹.

For instance, for a claim with a date of service of July 5, 2019, the claim would be untimely if submitted more than 90 days after that date of service (i.e. the claim would deny if submitted on or after October 4, 2019).

NOTE: ALL CLAIMS WITH DATES OF SERVICE PRIOR TO OCTOBER 1, 2019 THAT WILL BE MORE THAN 90 DAYS FROM THE DATE OF SERVICE ON OCTOBER 1 SHOULD BE SUBMITTED PRIOR TO OCTOBER 1, 2019 TO AVOID A TIMELY FILING DENIAL.

As a result of the above references changes, the sections or subsections of your Prudent Buyer Plan Participating Physician Agreement, including any Medicare Advantage attachment thereto, that specify the timeframe for provider submission of claims for Commercial and/or Medicare Advantage business, are hereby amended, by means of this letter amendment, to ninety (90) days from the date medical services are rendered. Please note that such amendment specifically includes the below provision of your Prudent Buyer Plan Participating Physician Agreement, including when attached as Attachment 1 to a Prudent Buyer Plan Participating Physician *Group* Agreement.

¹If Plan is the secondary payor, the ninety (90) day period will not begin until Provider receives notification of primary payor’s responsibility.



6.8 PHYSICIAN shall bill BLUE CROSS on forms and in a manner acceptable to BLUE CROSS within ninety (90) days of performing the Medical Services. PHYSICIAN shall bill using CMS 1500 Health Insurance Claim Forms with "drop out" ink unless PHYSICIAN's scope of practice precludes the use of such Form. PHYSICIAN shall furnish, on request, all information reasonably required by BLUE CROSS to verify and substantiate the provision of Medical Services to Members and applicants and the charges for such services. BLUE CROSS reserves the right to review all such information submitted by PHYSICIAN when necessary and in accordance with this Agreement. PHYSICIAN agrees to bill for Medical Services rendered to Members using HCPCS Level I (CPT) and HCPCS Level II codes which are current as of dates of service or, in the alternative, to accept recoding of such billings by BLUE CROSS using the applicable CPT and HCPCS codes. If BLUE CROSS is the secondary payor, the ninety (90) day period will not begin until PHYSICIAN receives notification of primary payor's responsibility. If BLUE CROSS asks for additional information so that BLUE CROSS may process the claim, PHYSICIAN must provide that information within sixty (60) days, or before the expiration of the ninety (90) day period referenced herein, whichever is longer.

Therefore, provider understands and agrees that for all claims submitted on or after October 1, 2019, the timeframe established for provider submission of claims for commercial and Medicare Advantage business as set forth in provisions in the Agreement, including any exhibits or attachments thereto, regarding the submission of claims/bills for reimbursement is hereby amended to ninety (90) days from the date health services/medical services are rendered or Blue Cross will refuse payment. Provider further understands and agrees that the ninety (90) day period shall also apply to all sections or subsections of the provider agreement that specifically reference this timeframe (i.e., the timeframe provider must submit claims when Blue Cross is secondary payor, and the timeframe provider must submit additional information when requested by Blue Cross for Blue Cross to process the claim). If Blue Cross is the secondary payor, the ninety (90) day period will not begin until provider receives notification of primary payor's responsibility. If Blue Cross asks for additional information so that Blue Cross may process the claim, provider must provide that information within sixty (60) days, or before the expiration of the ninety (90) day period referenced herein, whichever is longer.

The provider manual is also hereby deemed amended for the above corresponding changes to the timely filing deadline.

If you have any questions, please contact our Network Relations staff via e-mail at CaContractSupport@anthem.com. Thank you for your continued participation in the Blue Cross networks and the services you provide to our members.

Sincerely,

A handwritten signature in black ink, appearing to read "John Pickett", written over a light blue horizontal line.

John Pickett
RVP II, Provider Solutions
Anthem Blue Cross

¹If Plan is the secondary payor, the ninety (90) day period will not begin until Provider receives notification of primary payor's responsibility.