

MEDICAID PROVIDER BULLETIN

July 2017

Federally qualified health center and rural health center claims encounters

Anthem Blue Cross and Blue Shield Medicaid would like to inform all federally qualified health centers and rural health centers that only one date of service per claim must be submitted on the *CMS-1500* form to support accurate wrap payments. A front-end claim edit took effect on May 25, 2017, to deny all claims billed with multiple dates of service.

Any claim submitted after May 25, 2017, will be denied and must be resubmitted with only one date of service per claim.

If you have questions about this communication, please contact the Provider Services department at **1-855-661-2028**.

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

<https://mediproviders.anthem.com/ky>

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