

MEDICAID PROVIDER BULLETIN

April 2016

To: Participating Anthem Blue Cross and Blue Shield Medicaid (Anthem) hospitals

Date: April 1, 2016

Subject: Attending provider billing requirements

Summary:

Beginning in 2015, Anthem began enforcing the federal regulation that requires a state Medicaid agency to require all ordering or referring physicians or other professionals providing services under the state plan, or under a waiver of the plan, to be enrolled as a Medicaid participating provider with the Kentucky Department for Medicaid Services (DMS). The specific regulation is §455.410-Enrollment and Screening of Providers. According to DMS, this regulation also applies to prescribers and attending providers.

In accordance with DMS guidance, **effective May 1, 2016**, there will be adjustments made to the claim editing for attending providers. Please take note of these important changes so your claims will not be impacted:

- The attending provider must have an active Kentucky Medicaid ID on file with DMS.
- The claim must include the accurate NPI and taxonomy code for the attending provider, as registered with DMS.
- At the time of claim adjudication, the NPI and taxonomy code of the attending provider will be validated against the DMS provider master file. If this information does not match, the claim will deny.

Provider action:

Please share this information with others within your organization to ensure complete and accurate information is included for the attending providers on your claim submissions.

Questions:

If you have questions about this communication, please contact your local Provider Relations representative or the Provider Services department at 1-855-661-2028.

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