

Message from the President

Anthem Blue Cross and Blue Shield (Anthem) has been serving Wisconsin for 75 years. Since 1996, we have been serving the state's Medicaid population. Just two years ago, Anthem made a strategic investment in the Medicaid business with the purchase of Amerigroup, a company dedicated to serving the Medicaid population and with a reputation for high quality and state of the art medical management practices.

Anthem continues to make strategic investments in the Wisconsin market. In July 2014, we implemented a new core operating system for the sole purpose of administering the Anthem Blue Cross and Blue Shield Medicaid product line.

Anthem WI Medicaid Service Area

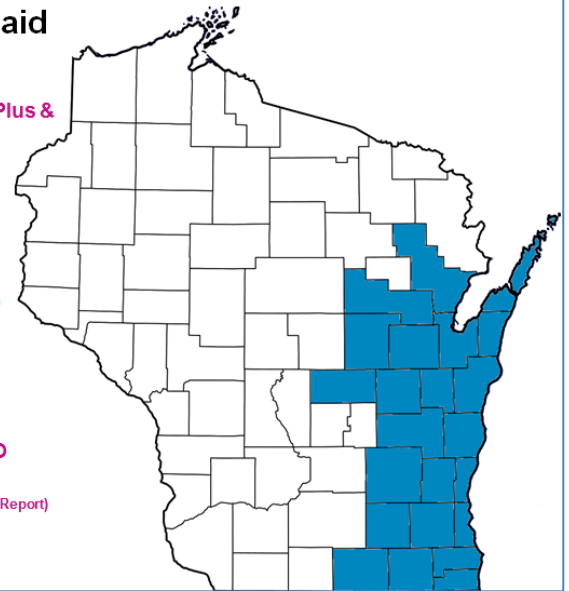
Anthem WI BadgerCare Plus & SSI Service Area

(23 county service area)

- Brown
- Calumet
- Dodge
- Door
- Fond du Lac
- Jefferson
- Kenosha
- Kewaunee
- Manitowoc
- Milwaukee
- Oconto
- Outagamie
- Ozaukee
- Racine
- Rock
- Shawano
- Sheboygan
- Walworth
- Washington
- Waukesha
- Waupaca
- Waushara
- Winnebago

4th Largest Medicaid MCO in Wisconsin

(Source: DHS June 2015 Membership Report)



Provider Collaboration

Beginning in January 2015, we formalized a new local leadership team. I joined the company as part of that leadership investment. From humble beginnings, Anthem has grown to cover 23 counties of the state's Medicaid residents, and we intend to continue to grow until we offer services to the entire state of Wisconsin. Just recently, we began serving the SSI population. With your help, we have grown to be the fourth largest Medicaid managed care organization in the state¹ and we continue to grow in service area and in the Medicaid populations that we serve.

Since the passage of the affordable care act, the insurance landscape has changed. Depending on a person's employment status and/or income, a person can move through the continuum of employer-sponsored plans, the federal exchange (metallic plans), and/or Medicaid eligibility. Having an insurance carrier that can address the entire insurance continuum creates more stability for our members and a higher quality and continuity of care. With the addition of the Medicaid and Medicare lines of business, Anthem is positioned to provide funding for health care, regardless of a person's life circumstance, employment status, income or age.

Anthem is a firm believer in the value of collaborating with our provider community. One of the most significant values that Anthem brings to our provider community is a shared vision of the triple aim of health care – improved quality, enhanced member experience and reduced per capita costs. In Wisconsin, Anthem's medical and case management processes are designed to increase patient compliance to

¹ Based on DHS Membership Reports – June 2015

www.anthem.com/wimedicaidoc

treatment and appointments and to reduce the unnecessary utilization that is typically associated with the Medicaid population. Working together, we can make a difference in the lives of this state's most vulnerable citizens.

Anthem BlueCross and BlueShield is one of the strongest brands in the state and by including our BadgerCare Plus product to the Anthem contract, Medicaid members are provided the peace of mind that comes from belonging to a health plan that is positioned to change as their needs change.

I wanted to take a moment to thank the provider community for the great work that each of you do to serve our Anthem Blue Cross and Blue Shield Medicaid membership.

Anthem Medicaid Updates

Anthem Operations team adds additional staff

On **[June 1, 2015]**, Robert "Bob" Spadaccini joined the health plan as the Director for Operations. Bob joins the team from the Anthem Government Operations Division in Virginia with nine years of experience with Amerigroup. We have also added two team members, building out our Provider Relations team with the addition of Tracy Grabner and Armendina Dominguez. Additional staff is also being added to supplement our Internal Resolution Unit (IRU) to address and resolve claim issues.

Snapshot of Performance (Claims Processing)

Current Claims Statistics	
Total volume	492,842 total claims for seven months (January-July)
Average number of claims	70,406/month (2015 average, YTD)
Average age	5.016 days
Paid/denied within 30 calendar days rate	99.3 percent
Monthly average "paid" dollars	\$7,903,816.57 (2015 average, YTD)

Anthem to discontinue mailing paper remittances to all ERA registered providers beginning [October 1, 2015]

Anthem began notifying providers in May 2014 of HIPAA Administrative Simplification requirements to discontinue the mailing of paper remittances for providers registered for electronic remittance advices (ERA). **In support of these requirements, Anthem will discontinue the mailing of paper remits to all**

providers currently registered for ERA beginning [October 1, 2015]. As previously communicated, in-network providers can continue to conveniently access copies of paper remits online via the Availity Web Portal. **If you are an ERA registered provider, please ensure you have completed the steps to access copies of your paper remits online via Availity immediately to avoid business disruption and to start receiving online remits.**

Please note, providers may continue to receive some remittances by mail for up to four weeks after **October 1, 2015**, to allow for the delivery of paper remittances already in queue.

For additional details, step-by-step instructions and helpful links, providers may access the article "Important information for providers who are registered for ERA" from the home page of the provider portal: www.anthem.com/wimedicaidoc.

Provider satisfaction survey

Over the next few months, Anthem will be seeking feedback from BadgerCare Plus providers through our annual provider satisfaction survey. The survey will be available online via Survey Monkey and available through an easy-to-use link on the provider web portal at www.anthem.com/wimedicaidoc.

Your feedback is essential to helping us understand how best to service our provider panel. Please take the time to answer the short, 25-question survey, adding any comments you have for us.

New front-end edit for billing provider address

New edits for paper claims will mimic the Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliance edit, which prevents claims from entering the system when submitted with a post office box number in the billing provider address field.

ICD-10 Resources

A list of resources to assist providers to prepare for ICD-10 implementation can be accessed from the provider web portal www.anthem.com/wimedicaidoc. Providers can access information regarding testing with Anthem, Frequently Asked Questions; a scenario-based coding practice tool; as well as a list of ICD-10 resources from other entities, including the Centers for Medicare & Medicaid Services (CMS), Workgroup for Electronic Data Interchange (EDI), American Health Information Management and Association (AHIMA), and an e-mail address for direct questions.

EAPG methodology

Anthem has made recent adjustments to its enhanced ambulatory patient groupings (EAPG) pricing methodology to align with the state payment policy. As a result, separate payments for some laboratory codes will be discontinued, otherwise bundling payments into EAPG pricing, consistent with State policy. This will become effective **November 1, 2015**.

Future bulletins accessible only from provider web portal

Providers will find all future bulletins exclusively posted on the health plan's website; communications will no longer be mailed. Providers are encouraged to review the www.anthem.com/wimedicaiddoc website frequently to access the most current information. The provider website home page features a link to the "Network Update" newsletter, as well as a "Provider Communications & Updates" link for additional health plan news.

Inpatient readmissions

Providers were notified through the December 2014 Reimbursement Policy bulletin, effective **[April 1, 2015]**, that Anthem's policy for inpatient readmissions does not allow separate reimbursement for a readmission to the same hospital for the same or a related condition for up to 30 days from discharge. Readmissions occurring on the same day for symptoms related to, or for evaluation and management of, the prior stay medical condition are considered part of the original admission and should be combined. The policy affects only those facilities reimbursed for inpatient services by a diagnosis-related group (DRG) methodology. Providers should refer to the inpatient readmissions policy on the Anthem provider website for a list of exclusions to the policy.

Modifier 90

Independent laboratory providers are reminded that state regulations allow only a physician laboratory to send specimens and to be reimbursed for lab tests performed by an outside or reference laboratory. The amount charged by the outside laboratory must be the billed amount on the claim. State guidelines specify only outside laboratories that are not Medicaid enrolled or are out-of-state may be utilized.