

# Anthem Changes Timely-Filing Deadlines

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## August 09, 2019

Anthem has sent out a notice to all providers who have signed non-Medicare or Medicare Advantage contracts with them, stating:

***“Effective for all commercial and Medicare Advantage Professional Claims submitted to the plan on or after Oct. 1, 2019, your Anthem Blue Cross and Blue Shield (Anthem) Provider Agreement(s) will be amended to require the submission of all commercial and Medicare Advantage professional claims 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.”***

They go on to say in the notice:

***“If you object to the enclosed amendment, you must provide us with written notice of your appeal within 30 days of receipt of this letter. If, after 30 days, we are unable to reach an agreement, your contract will terminate on or before October 1, 2019.”***

What Anthem is telling you is that practices can “negotiate” with them the terms of their contract before Oct. 01, 2019, if they object to the changed terms. and if an agreement cannot be reached, the practice may terminate their contract with Anthem. Since contracts are binding on the two parties, Anthem knows they cannot just unilaterally change the terms of the contracts they have with providers. They have to give providers the option to object and renegotiate.

Although most rules that Medicare Advantage plans must follow, are consistent with Medicare Part B, timely filing is tied to the provider’s contract with the payer,. Contracted provisions override any Medicare Part B rules. If the practice is not contracted with Anthem, then the practice has other remedies they can rely on, such as those provided by state law.

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## Cont'd

If the practice has passed the timely filing deadline, the Medicare Advantage patient can file a grievance with any Medicare Advantage payer and may be able to get the full 12 months allowed under Medicare regulations.

For any patient who has Anthem through their employer group plan (that is not a church plan or a government plan), the practice should appeal using the ERISA law. ERISA considers all employer group plans that are not church or government plans to fall under the federal ERISA law. ERISA provides for a 12-month timely filing for all applicable. So even if you agree to Anthem's contractual changes, which call for the 90-day timely filing, you can appeal under the ERISA law for all ERISA-covered patients to overturn the 90-day timely filing terms.