Anthem Blue Cross and Blue Shield Medicaid
Ohio Medicaid Managed Care

Claims Payment Systemic Errors

November 2025

The current Claims Payment Systemic Errors (CPSEs) for Anthem Blue Cross and Blue Shield are reported below.
If you have any questions, please contact Provider Solutions by phone at 844-912-1226 or email us at Ohiomedicaidprovider@anthem.com

Unique ID and Description of CPSE	Line of Business	Date CPSE was First Identified	Billing Provider Type(s) impacted by CPSE	Timeline for fixing CPSE	Dates and/or date spans(s) of Corrected Claims Adjustments	CPSE status
000034176 CONFIRMED CPSE: Anthem's BH supervising claims logic discounted the claims at 72.25% or 85% depending on the providers modifier at the allowed amount. Anthem is working to correct the logic for historical claims and beginning 10/1/25 will adopt Ohio Medicaid's billing requirements of the HT and HP modifiers for supervised and unsupervised BH services. Impacted providers were notified by Anthem's provider experience team. This project contains a mix of recoupments and payments, Anthem will allow providers to review the identified claims before reprocessing. All claims are expected to be reprocessed by 12/1/25, the project is delayed due to the claims needing to be repriced manually.	Medicaid	6/30/2025	84-Ohio Department of Mental Health (Community Mental Health) Provider, 95-ODADAS Certified/Licensed (SUD) Treatment Program	10/1/2025	12/1/2025	in progress
250701R000197 CONFIRMED CPSE: Anthem was incorrectly paying VFC toxoids when billed on professional claims, resulting in overpayments. The benefit configuration was updated and claims will be recouped. Anthem's program integrity team is working to notify providers who have impacted claims and will allow providers to dispute or resubmit claims before the recoupment occurs, 90 days from the initial notification. Initial notifications have been sent to impacted providers, non-disputed recoupments occur 90 days from the notification date.	Medicaid	7/15/2025	21-Professional Medical Group	8/5/2025	11/5/2025	complete

Date Report Submitted: 11/15/2025

OHBCBS-CD-097764-25 November 2025

Unique ID and Description of CPSE	Line of Business	Date CPSE was First Identified	Billing Provider Type(s) impacted by CPSE	Timeline for fixing CPSE	Dates and/or date spans(s) of Corrected Claims Adjustments	CPSE status
250929R000380 CONFIRMED CPSE: Anthem incorrectly denied claims for Attending providers in enrollment status K on the PMF for not being registered with the state. The logic has been corrected, impacted providers were notified and claims were reprocessed.	Medicaid	8/12/2025	00-All Provider Types (applicable to attending providers in enrollment status K on the provider master file)	9/5/2025	10/17/2025	complete
CECR-3412 CONFIRMED CPSE- Anthem was incorrectly denying lab claims with disallow reason code i53 requiring primary procedure code 80050 to be billed. 80050 is non-covered, the edit was turned off on October 1st and claims were reprocessed.	Medicaid	9/15/2025	80 - Independent Laboratory	10/1/2025	10/23/2025	complete
250929R000186 CONFIRMED CPSE: Anthem identified an error in the Provider Master File logic that is preventing in network provider records to be created for in network providers. This is causing claims to process as out of network incorrectly resulting in no authorization denials. Anthem has implemented a short term correction until the system is updated on 10/17/25. Impacted providers were notified and claims will be reprocessed. Anthem will continue to monitor this issue until a long term solution is in place. Claims will be reprocessed as they are identified, direct provider outreach will be made to impacted providers and updates will be made to the number of impacted providers and claims as needed.	Medicaid	9/29/2025	00-All Provider Types (error is not specific to a provider type)	10/17/2025	11/30/2025	in progress