

Special Bulletin

For professional and facility providers

January 8, 2024

Legacy Claims: Processing Changes for Medicare Crossover and ASK Claims

On **January 1, 2023**, the final group of HealthNow members was migrated to the Highmark Blue Shield (BS) system.

Over the past 12 months, Highmark BS has worked to efficiently process legacy claims — claims for dates of service that occurred **prior to** January 1, 2023.

In a [Special Bulletin](#) published on **July 13, 2023**, we asked providers to submit all outstanding claims and claim adjustments with **dates of service prior to January 1, 2023, by October 1, 2023**.

In 2024, processing changes will occur to the following types of legacy claims:

- Medicare Crossover
- Administrative Services of Kansas (ASK)

MEDICARE CROSSOVER CLAIMS

Effective January 29, 2024, Highmark BS will no longer receive Medicare Crossover claims for services performed for dates of service *prior to the member migrating to the Highmark system*.

Outstanding secondary balances **without** the crossover message on the Explanation of Medicare Benefits (EOMB) or Medicare 835 will need to be billed by the provider.

Important: *Claims for dates of service after the member migrated to the Highmark system will continue to crossover.*

ASK CLAIMS

Effective January 30, 2024, Administrative Services of Kansas (ASK) will no longer accept Hospital (837I), Professional (837P), or Dental (837D) claims with HealthNow (legacy) member IDs for dates of service **on or after January 1, 2023**.

Successful claim submission for Highmark transactions requires the use of the member's ID that is active for the date of service.

Providers will be notified **electronically** regarding rejected claims. They will receive a 277CA (Claim Acknowledgement) with the following codes:

- Claim status code 164 (Entity's contract/member number) in conjunction with code 88 (Entity not eligible for benefits for submitted dates of service).

Previously, providers received notifications via postal mail when legacy claims were rejected for using the incorrect or outdated member ID. Electronic notification enables providers to quickly obtain the correct member ID and resubmit the claim.

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association: Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life or Highmark Senior Health Company. Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company, or Highmark Senior Health Company. Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield. West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company, or Highmark Senior Solutions Company. Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield. Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

