

Reminders for Medicare Advantage Group Retiree PPO plans and National Access Plus FAQ

The Group Retiree Medicare Advantage membership is experiencing a high volume of enrollment, and as we continue to grow, we wanted to send these reminders for our PPO plans for Anthem Blue Cross (Anthem). Group Retiree Medicare Advantage memberships may include the National Access Plus benefit, which allows retirees to receive services from any provider, as long as the provider is eligible to receive payments from Medicare and accepts the member's PPO plan. These PPO plans also offer benefits that original Medicare doesn't cover, including an annual routine physical exam, hearing, vision, chiropractic care, acupuncture, LiveHealth Online* and SilverSneakers®.*

If you are already part of our Medicare Advantage PPO network, thank you. The FAQ below will be helpful as you grow your practice and serve members who may be new to our Group Retiree PPO plans.

Out-of-network providers are paid Medicare allowable rates for covered services, less the member's copay, coinsurance, and/or deductible. **No contract is required.**

With the National Access Plus benefit, the member's cost share doesn't change — whether local or nationwide, doctor or hospital, in- or out-of-network.

Which Medicare Advantage PPO plans offer the National Access Plus benefit?

- Anthem Medicare Preferred (PPO)
- Empire MediBlue Freedom (PPO)

Do I need to participate in the Medicare Advantage PPO network to see members with the National Access Plus benefit?

No contract is required. You can still see your current patients and new patients who have one of the following Medicare Advantage PPO plans:

- Anthem Medicare Preferred (PPO)
- Empire MediBlue Freedom (PPO)

What is the payment rate for out-of-network providers who treat Medicare Advantage PPO members with the National Access Plus benefit?

Out-of-network providers are paid Medicare allowable rates for covered services, less the member's copay, coinsurance, and/or deductible.

* Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross. AIM Specialty Health is an independent company providing some utilization review services on behalf of Anthem Blue Cross. LiveHealth Online is the trade name of Health Management Corporation, an independent company, providing telehealth services on behalf of Anthem Blue Cross. Tivity Health, Inc. is an independent company providing the SilverSneakers fitness program on behalf of Anthem Blue Cross. Aspire Health is an independent company providing palliative care services on behalf of Anthem Blue Cross. CoverMyMeds is an independent company providing electronic prior authorization services on behalf of Anthem Blue Cross. Surescripts is an independent company providing electronic prior authorization services on behalf of Anthem Blue Cross. myNEXUS is an independent company providing claims processing and network management for providers providing home health services on behalf of Anthem Blue Cross. Specialty Condition Management Powered by IngenioRx is an independent company providing targeted disease management services on behalf of Anthem Blue Cross.

Does the member have a higher copay if they see me as an out-of-network provider?

The National Access Plus benefit allows retirees to receive services from any provider, as long as the provider is eligible to receive payments from Medicare. The member’s copay or coinsurance percentage will be the same whether his/her provider is in- or out-of-network. Whether local or nationwide, doctor or hospital, in- or out-of-network — the member’s cost share doesn’t change. If the member is in one of our PPO plans but the plan does **not** include the National Access Plus benefit, the member could have a higher copay. Please check member eligibility and benefits to verify the cost share.

How do I check eligibility and benefits for these members?

- **Online:** Eligibility, benefits, claims, links to secure messaging, commonly used forms and remit information are all available through the Availity Portal* at <https://www.availity.com>. For questions on access and registration, call Availity Client Services at **1-800-AVAILITY (1-800-282-4548)**. Availity Client Services is available Monday through Friday, 8 a.m. to 7 p.m. ET (excluding holidays) to answer your registration questions.
- **Phone:** Call the Provider Services number on the back of the member’s ID card. You may also verify a member’s eligibility by calling the BlueCard Eligibility Line at **1-800-676-BLUE (2583)** and providing the member’s three-digit alpha prefix located on the ID card.

As new members enroll in Group Retiree Medicare Advantage plans under Anthem, they will receive new ID cards. Additionally, existing members may receive new ID cards as a result of benefit changes. Please continue to check member ID cards to ensure you have the most up-to-date eligibility and benefit information.

What are the alpha prefixes for Group Retiree Medicare Advantage PPO members?

Group Retiree Medicare Advantage PPO member alpha prefixes						
AFJ	CBH	MBL	MEW	VAY	VGD	WSP
WZV	XLU	XNS	YGZ	YVK	ZDX	ZMX
ZVR	ZVZ					

How do I file claims for Medicare Advantage PPO members with or without the National Access Plus benefit?

Providers may submit claims electronically using the electronic payer ID for the Anthem plan in their state or submit a *UB-04* or *CMS-1500* form to the Anthem plan in their state. Claims should not be filed with original Medicare. You can file a claim:

- **Online** at <https://www.availity.com>.
- **Via mail** by sending it to the medical claims and inquiries filing address on the back of the member’s ID card.

Is prior authorization (PA) required?

Contracted providers must request PA. Non-contracted providers are not required to request PA, but we recommend that you do so to ensure we can assist you with any questions or issues.

How do I request PA?

- **Online:** <https://www.availity.com>
 - You may also use the Availity Portal to check the status of your PA request. Additional information is available at <https://www.anthem.com/ca/provider/prior-authorization/interactive-care-reviewer>.
- **Phone:** 833-848-8730 — Follow the prompts to identify yourself as a provider and then follow the prompts to connect to the correct PA team. Please see the table at the end of this document for specific utilization management (UM) and PA requests.
- **Fax:** 866-959-1537

The following information is required for a PA:

- Member ID
- Legible name of referring provider
- Legible name of individual referred to provider
- National provider identifier and/or TIN
- Number of visits/services
- Date(s) of service
- Diagnosis
- CPT®/HCPCS codes

I do not participate in the Medicare Advantage PPO network. I am waiting to hear if a PA request is approved. Should I ask the member to reschedule or postpone the appointment until I have confirmation that my PA request is approved?

Non-contracted providers are **not** required to request PA, but we recommend that you do so to ensure we can assist you with any questions or issues. Anthem will work with providers to approve PAs so members do not postpone appointments.

If you encounter any delays and need immediate assistance, please contact us via:

- The Availity Portal at <https://www.availity.com>.
- Phone at 833-848-8730.
- Fax at 866-959-1537.

Contracted providers must request PA.

I requested PA for a particular service for a member, and it was denied. What can I do to help my patient understand his or her options following the denial?

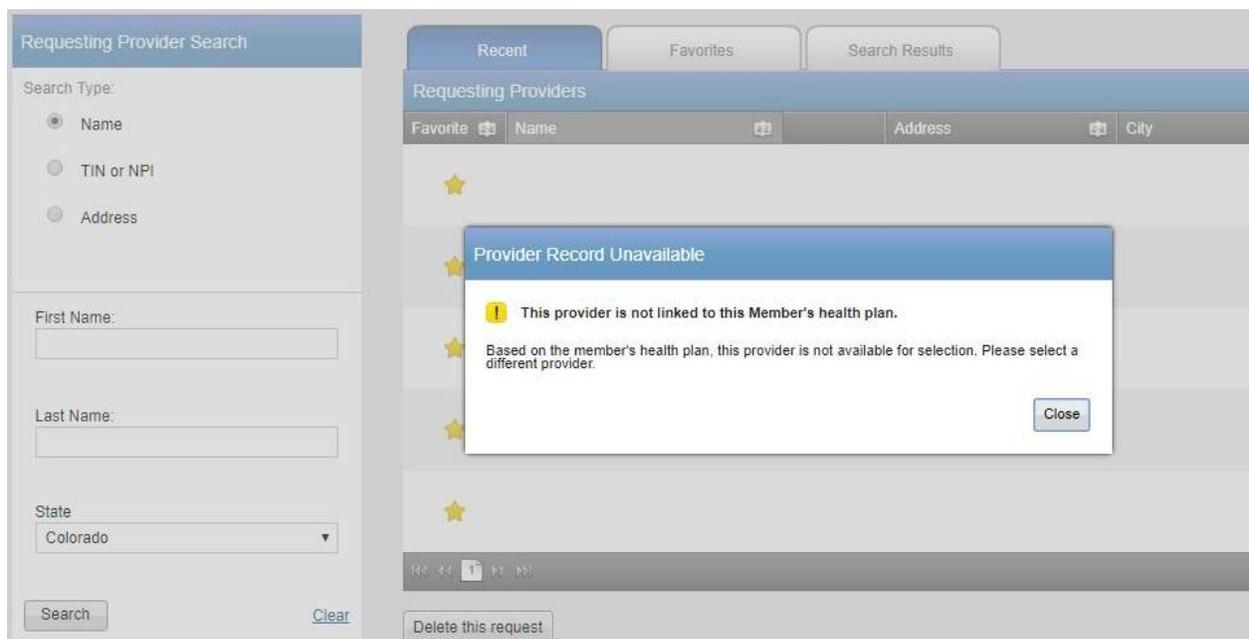
You and your patient will receive written communication that explains why that particular service was denied. For example, Anthem may need additional information, there may be a better place of service for the procedure, or it may be a service that is not approved by CMS for Medicare Advantage members. The letter also will outline other options for the provider, including any peer-to-peer reviews, or reopen or appeal rights that are available.

I requested PA from AIM Specialty Health® (AIM),* but my facility appears to be out-of-network for the Medicare Advantage PPO member I am treating. How do I resolve this?

Many Medicare Advantage PPO members who have the National Access Plus benefit recently moved from a commercial health plan to a Medicare Advantage PPO. When selecting a facility for a Medicare Advantage member's service request, several search options are available. The *Recent* tab includes any previously selected

records that your office uses. The *Favorites* tab captures records that you manually flag for saving. These records can be for any line of business (commercial, Medicare or Medicaid).

When a record for a different line of business is selected, a message will appear to let you know this is not linked to the member's plan. For example, selecting a commercial provider record on a Medicare case will end in this result since the commercial record will not be associated with the required networks. If you are not finding your provider record as in-network while viewing what is under the *Recent* or *Favorites* tabs, we recommend that you perform a member search. The search will only find records associated with the member's line of business. Please contact AIM Specialty Health *ProviderPortal*SM support at **800-252-2021**, Monday through Friday, between 8 a.m. to 7 p.m. ET if you have questions or need further assistance.



How do I learn more about using AIM's *ProviderPortal*?

The *ProviderPortal* allows you to conveniently submit PA requests to AIM online, open a new order, update an existing order, and retrieve your order summary. As an online application, *ProviderPortal* is available 24/7. Your first step is to register your practice in *ProviderPortal* if you are not already registered. Visit <https://www.providerportal.com> to register. If you have previously registered for other services managed by AIM, there is no need to register again.

A recorded training session is available at www.aimproviders.com/msk/Resources.html. The training includes:

- An overview of *ProviderPortal*, an online tool used to request AIM clinical review.
- Guidance to create and submit an order request, update an existing request, and retrieve your PA summary.
- Tips and shortcuts to navigate the system and check the status of your requests.

You may also access AIM via the Availity Portal at <https://www.availity.com>.

How do I request a post-acute admission?

Post-acute admissions (inpatient [IP] rehab, long-term acute care [LTAC] hospital, or skilled nursing facility [SNF]) can be requested:

- **Online** at <https://www.availity.com>.
- **Via email** at grsdischargeplanning@anthem.com.
- **Via fax** at 844-494-8350.

Are referrals required?

No, members are not required to obtain a referral before they see a provider.

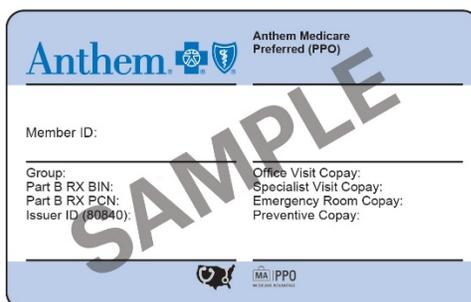
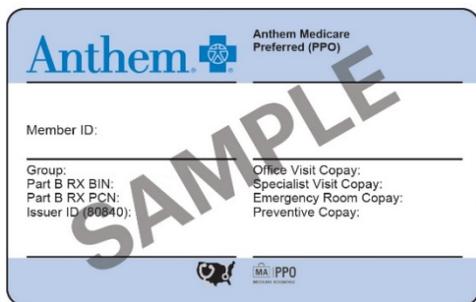
How do I join the Medicare Advantage network under Anthem?

If you are not a participating provider and would like to learn how to join our network, contact your network representative or email grsmanetworksupport@anthem.com. Additional information is available at <https://www.anthem.com/ca/medicareprovider>.

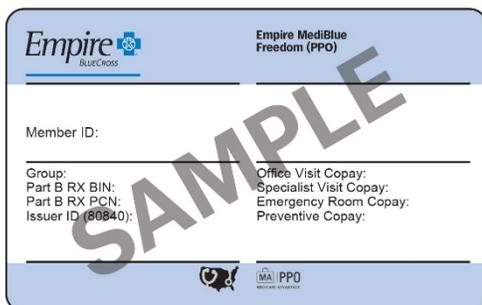
What do member ID cards look like for Group Retiree Medicare Advantage PPO plans?

Examples of Group Retiree Medicare Advantage PPO member ID cards are shown below. Most Group Retiree Medicare Advantage PPO member ID cards will also have the National Access Plus icon.

Anthem Medicare Preferred (PPO):



Empire MediBlue Freedom (PPO):



Identifying National Access Plus members — look for these logos on the member ID card	
Most National Access Plus members have the National Access Plus logo on their member ID cards.	All Group Retiree Solutions PPO members have the suitcase MA PPO Medicare Advantage logo on their member ID cards.
	

Additional PA and UM contacts:

Condition or service	Program description	Contact
Advanced illness	The Aspire Health (Aspire)* program allows Medicare Advantage members and their caregivers timely access to appropriate palliative care 24/7 through the Aspire care management team. Aspire does not replace the care of PCPs and specialists. Members enrolled in this program keep their PCP and other specialists and may continue to seek treatment.	<ul style="list-style-type: none"> • 24/7 patient and referral hotline: 877-702-6863 • Fax: 844-249-5579 • Email: referrals@aspirehealthcare.com
Part B outpatient medical injectable/infusion	Part B requests can be submitted to the health plan by fax, phone or email.	<ul style="list-style-type: none"> • Phone: 866-797-9884, option 5 • Fax: 866-959-1537 • Email: maspecialtypharm@anthem.com
Oral part B medications (Medicare Advantage Part D only)	Part B requests for medications taken by mouth and blood sugar testing supplies for Medicare Advantage Part D enrollees can be submitted to the health plan by fax, phone or electronic PA.	Phone: 833-293-0661 Fax: 844-521-6938 Electronic PA: <ul style="list-style-type: none"> • https://www.covermy meds.com/main/* • https://surescripts.com/enhance-prescribing/prior-authorization/*

Condition or service	Program description	Contact
Medical oncology	CMS-compliant medical necessity determinations on Part B injectable drugs requested by oncologists and used for cancer or cancer supportive therapies.	<ul style="list-style-type: none"> • Access the ProviderPortal. • Access AIM via the Availity Portal. • Call the AIM Contact Center at 800-714-0040, Monday through Friday, 8:30 a.m. to 7 p.m. ET. • If you have already received PA for a member needing these services, that authorization will stay in place until service is complete.
Cardiology medical necessity reviews	AIM conducts pre-service and postservice prepay medical necessity reviews of selected cardiac procedures, including reviews of facility and professional cardiac catheterizations and percutaneous coronary interventions.	<ul style="list-style-type: none"> • Access the ProviderPortal. • Access AIM via the Availity Portal. • Call the AIM Contact Center at 800-714-0040, Monday through Friday, 8:30 a.m. to 7 p.m. ET. • If you have already received PA for a member needing these services, that authorization will stay in place until service is complete.
Clinical IP stay concurrent review		<ul style="list-style-type: none"> • Online: Availity Portal • Secure email — post-acute: GRSDischargePlanning@anthem.com • Secure email — acute: GRSAcute@anthem.com • Fax: 844-494-8350 • Voicemail: 833-607-6514 • Phone: Call number on the back of member's ID card
Emergent hospital admissions	Unplanned IP admissions require concurrent review.	<ul style="list-style-type: none"> • Online: Availity Portal • Secure email: GRSAcute@anthem.com • Fax: 866-959-1537
Genetic testing	Submit genetic testing PA requests to AIM.	<ul style="list-style-type: none"> • Access the ProviderPortal. • Access AIM via the Availity Portal. • Call the AIM Contact Center at 800-714-0040, Monday through Friday, 8:30 a.m. to 7 p.m. ET. • If you have already received PA for a member needing these services, that authorization will stay in place until service is complete.

Condition or service	Program description	Contact
Home health services	The myNEXUS* home healthcare program includes UM (pre- and postservice), claims processing and network management for providers providing home health services to Group Retiree Solutions Medicare Advantage members in CA, GA, IN, KY, ME, MO, NH, NY, OH, VA, and WI.	<ul style="list-style-type: none"> • Information is available either online, via the provider portal at myNEXUS or by calling myNEXUS at 844-411-9622.
Pain management procedures	The following services/treatment requests must be reviewed by AIM for PA: <ul style="list-style-type: none"> • Epidurals • Facet blocks • Implantable infusion pumps • Spinal cord stimulators 	<ul style="list-style-type: none"> • Access the ProviderPortal. • Access AIM via the Availity Portal. • Call the AIM Contact Center at 800-714-0040, Monday through Friday, 8:30 a.m. to 7 p.m. ET.
Post-acute admissions (IP rehab, LTAC hospital, SNF)	PA is required for all post-acute admissions.	<ul style="list-style-type: none"> • Online: Availity Portal • Secure email: grsdischargeplanning@anthem.com • Fax: 844-494-8350
Radiation oncology	Submit PA requests for radiation oncology services to AIM.	<ul style="list-style-type: none"> • Access the ProviderPortal. • Access AIM via the Availity Portal. • Call the AIM Contact Center at 800-714-0040, Monday through Friday, 8:30 a.m. to 7 p.m. ET. • If you have already received PA for a member needing these services, that authorization will stay in place until service is complete.
Radiology	Submit PA requests for radiology services to AIM.	<ul style="list-style-type: none"> • Access the ProviderPortal. • Access AIM via the Availity Portal. • Call the AIM Contact Center at 800-714-0040, Monday through Friday, 8:30 a.m. to 7 p.m. ET. • If you have already received PA for a member needing these services, that authorization will stay in place until service is complete.

Condition or service	Program description	Contact
Rare disease management	Specialty Condition Management Powered by IngenioRx.* It provides targeted disease management services for Medicare Advantage members with rare medical conditions, including: <ul style="list-style-type: none"> • Amyotrophic lateral sclerosis • Chronic inflammatory demyelinating polyradiculoneuropathy • Crohn's disease • Cystic fibrosis • Dermatomyositis • Epilepsy • Gaucher disease • Hereditary angioedema • Hemophilia • HIV • Multiple sclerosis • Myasthenia gravis • Parkinson's disease • Polymyositis • Rheumatoid arthritis • Scleroderma • Sickle cell disease • Systemic lupus erythematosus • Ulcerative colitis 	<ul style="list-style-type: none"> • Phone: 833-691-4015 • Fax: 866-247-1150 • Online Plan name: AnthemReferrals Password: ref1088Anthem

Condition or service	Program description	Contact
Sleep	Submit PA to AIM.	<ul style="list-style-type: none"> • Access the <i>ProviderPortal</i>. • Access AIM via the <i>Availity Portal</i>. • Call the AIM Contact Center at 800-714-0040, Monday through Friday, 8:30 a.m. to 7 p.m. ET. • If you have already received PA for a member needing these services, that authorization will stay in place until service is complete.
Spine procedures	<p>The following services/treatment requests must be reviewed by AIM for PA:</p> <ul style="list-style-type: none"> • Spinal fusion • Spinal decompression • Vertebro/kyphoplasty 	<ul style="list-style-type: none"> • Access the <i>ProviderPortal</i>. • Access AIM via the <i>Availity Portal</i>. • Call the AIM Contact Center at 800-714-0040, Monday through Friday, 8:30 a.m. to 7 p.m. ET.