

October 2019

Medicare Advantage Group Retiree PPO plans and National Access Plus Frequently Asked Questions (FAQ)

The Group Retiree Medicare Advantage PPO plans for Anthem Blue Cross and Blue Shield (Anthem) members 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 members' copayment, 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?

- Medicare Preferred (PPO)
- 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:

- Medicare Preferred (PPO)
- 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 members' copayment, coinsurance and/or deductible.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Anthem Blue Cross and Blue Shield.

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 service 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 provide 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. We encourage providers to request a copy of the member’s ID card particularly at the beginning of the year when members may have new ID cards and new benefits.

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

Group Retiree Medicare Advantage PPO member alpha prefixes						
AFJ	CBH	MEW	VAY	VDG	WSP	WZV
XLU	XNS	YVK	ZDX	ZMX	ZVR	ZVZ
JQB	JQF	JWM	XGK	XKJ		XVL
YGJ	YRE		YLV	MBL	YGZ	VZM

Please note: Providers who see members with alpha prefixes JQB, JQF, XKJ, VGD, YGJ, YRE, WSP and YLV may have new prior authorization (PA) and utilization management (UM) requirements effective January 1, 2020. The chart at the end of this document will help you streamline your PA and UM requests for these members.

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://tinyurl.com/yxegn273>.
- **Phone: 1-833-848-8730** — 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 UM and PA requests.
- **Fax: 1-866-959-1537**

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 **1-833-848-8730**.
- Fax at **1-866-959-1537**.

Contracted providers must request PA.

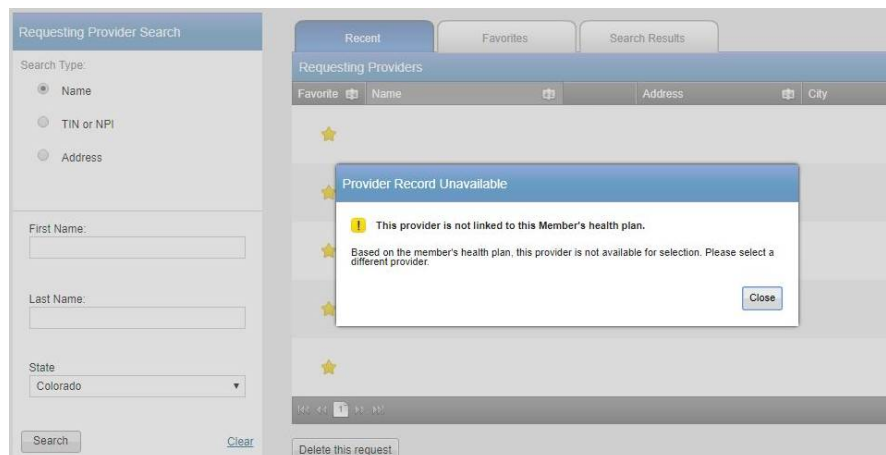
I requested PA for a particular service for a member, and it was denied. What can I do to help my patient understand his or her options following the denial?

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 ProviderPortalSM support at **1-800-252-2021**, 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 **1-844-494-8350**.

Are referrals required?

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

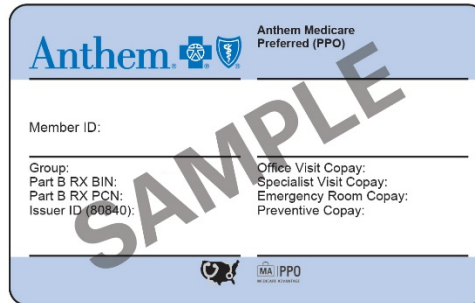
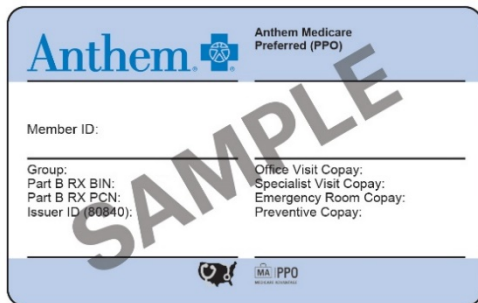
How do I join the Medicare Advantage network under Anthem?

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>.

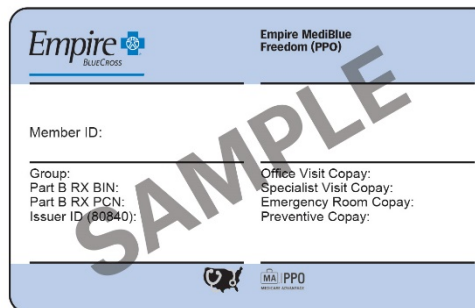
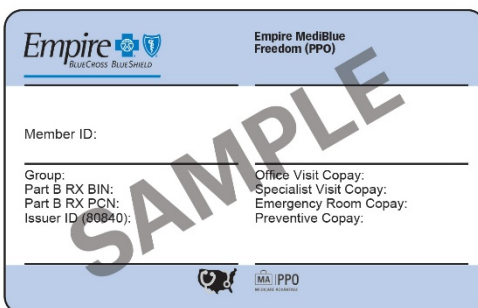
What do member ID cards look like for Group Retiree Medicare Advantage PPO plans?



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: 1-877-702-6863 Fax 1-844-249-5579 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: 1-866-797-9884, option 5 Fax: 1-866-959-1537 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: 1-833-293-0661 Fax: 1-844-521-6938 Electronic PA: <ul style="list-style-type: none"> https://www.covermy meds.com/main/ https://surescripts.com/enhance-prescribing/prior-authorization/
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 <i>Provider Portal</i>. Access AIM via the <i>Availity Portal</i>. Call the AIM Contact Center at 1-800-714-0040, 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
Cardiology medical necessity reviews	AIM conducts preservice 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 1-800-714-0040, 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: 1-844-494-8350 • Voicemail: 1-833-607-6514 • 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: 1-866-959-1537
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 1-800-714-0040, 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.
Home health services	The myNEXUS home health care 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 1-844-411-9622. • FAQs are available under <i>Provider Training and FAQs</i> at www.anthem.com/medicareprovider. • While many Group Retiree Solutions Medicare Advantage members already use myNEXUS for home health care services, some members who are part of a home health plan of care prior to January 1, 2020, will transition to agencies participating with myNEXUS. In compliance with CMS continuity of care requirements, members who transition to myNEXUS participating providers will receive written notification of the transition from Anthem.

Condition or service	Program description	Contact
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 1-800-714-0040, Monday through Friday, 8:30 a.m. to 7 p.m. ET.
Physical therapy (PT), occupational therapy (OT) and speech-language pathology (SLP)	As previously communicated, Anthem is transitioning vendors for review of rehabilitative services for our Medicare Advantage* members to include outpatient PT, OT and SLP, to AIM. Anthem has decided to delay the implementation of this transition. Anthem will not require PA for the above mentioned services through March 2020. During this time, in addition to all other rights Anthem has under our contract and law, Anthem and AIM will monitor claims history and utilization trends and validate provider and member information. * This does not apply to members in FL, NJ and NY for whom PA still will be required.	To prepare for 2020 transition to AIM: <ul style="list-style-type: none"> • Access the ProviderPortal. • AIM will facilitate training sessions to provide an overview of the program and demonstrate the AIM <i>ProviderPortal</i>. • Access the AIM Rehabilitation Provider Portal to register for an upcoming training session. • Call 1-800-252-2021 for portal login issues. • Email rehabprogram@aimspecialtyhealth.com with rehab questions.
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: 1-844-494-8350
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 1-800-714-0040, 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 1-800-714-0040, 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	<p>Accordant Health Services becomes Specialty Condition Management Powered by IngenioRx, effective January 1, 2020. It provides targeted disease management services for Medicare Advantage members with rare medical conditions, including:</p> <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: 1-833-691-4015 • Fax: 1-866-247-1150 • Online <p>Plan name: AnthemReferrals Password: ref1088Anthem</p>
Sleep	Submit PA to AIM.	<ul style="list-style-type: none"> • Access the ProviderPortal. • Access AIM via the Availity Portal. • Call the AIM Contact Center at 1-800-714-0040, 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 ProviderPortal. • Access AIM via the Availity Portal. • Call the AIM Contact Center at 1-800-714-0040, Monday through Friday, 8:30 a.m. to 7 p.m. ET.