



Blue High Performance NetworkSM

Frequently Asked Questions

Colorado

Updated December 2020

Introduction

When you understand how your patient's Anthem plan works, you can help them make the most of their benefits. We created this document to answer some of the most common questions about the Blue High Performance Network. Together, we can make health care simpler for the people we serve.

Q: What is Blue HPN?

Blue HPN[®] provides value to our Members and clients. Anthem Blue Cross Blue Shield is launching Blue HPN to keep pace with the rapidly evolving nature of healthcare and to answer the call from our national employer groups to improve health outcomes and affordability of care for their organizations and employees. Blue HPN networks will go live January 1, 2021 in more than 50 cities across the country.

Blue HPN is a national network designed from our local market expertise, deep data and strong provider relationships, and aligned with local networks across the country. These local networks are then connected to the national chassis to form a national Blue HPN network. In Colorado,

the Blue HPN network includes the same set of providers as the **Pathway PPO/EPO Network** that was already in place.

If you are not sure whether your practice is part of the Pathway PPO/EPO network and therefore the Blue HPN, ask your office manager or business office, or contact your Anthem Provider Relations Representative.

It will be available for National Accounts, local Large Group and Small Group accounts beginning January 1, 2021.

Providers in Colorado might see patients who are enrolled in the Anthem Link product or patients visiting from other states who are in Blue HPN plans. In either case, it's important to understand that under these plans, out-of-network care is only covered for urgent and emergency care.

Q: How is Blue HPN different from BlueCard PPO?

BlueCard is a Preferred Provider Organization (PPO), while the Blue HPN and Anthem Link plans offer an Exclusive Provider Organization (EPO) benefit.

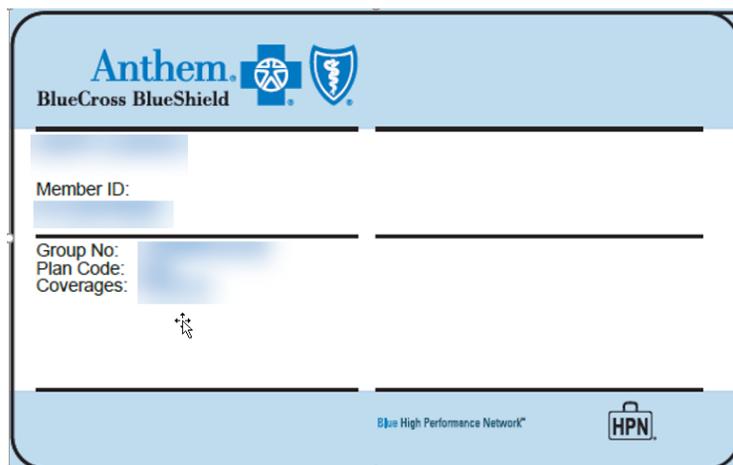
BlueCard PPO offers in-network coverage within the BlueCard PPO network locally and nationally, whereas the HPN offers in-network coverage only inside the tailored Blue HPN networks locally and nationally.

Members of Blue HPN and Anthem Link plans are covered out-of-network for emergency and urgent care services only.

The limited out of network benefit is important to keep in mind if you are recommending care from a medical specialist or helping a patient plan an elective procedure.

Q: How can I tell if a patient is in an HPN plan?

The first and best indicator is on the member ID card, which will show a suitcase with “HPN” inside, as in the example below:



Anthem members can use the Sydney Health app to find and share their ID cards, and providers can view member ID cards via Availity.

The table below offers a quick view of the two different types of plans that offer access to the HPN, and how they will be listed on member ID cards:

Three-Character Prefix	Suitcase Logo	Health Benefit Plan Option	Product Type	Network Name (On Member ID cards)
C5X, H8C, H6D	HPN in suitcase 	Colorado enrollee in Blue HPN / Anthem Link	PPO/EPO	Pathway PPO/EPO
Varies*	HPN in suitcase 	Out-of-state enrollee in Blue HPN	PPO/EPO	Network name on ID card will vary, but when accessing care in Colorado, members will utilize Pathway PPO/EPO.

Q: How does plan coverage work inside and outside of Colorado for Blue HPN and Anthem Link plans from the Colorado Provider’s perspective?

Members of Blue HPN and Anthem Link plans are covered out-of-network for emergency and urgent care services only. Member ID cards for these plans will show a suitcase with “HPN” inside.

Scenario 1: Colorado HPN member accessing care in Colorado	Scenario 2: Out-of-state member accessing care while in Colorado	Scenario 3: Colorado HPN member accessing care outside of Colorado
<p>Colorado enrollees in the Blue HPN receiving care in Colorado:</p> <ul style="list-style-type: none"> In-network coverage from Pathway PPO/EPO network providers No out-of-network benefits in Colorado unless urgent or emergent <p>HPN members will be identified by the HPN in the suitcase logo on their member ID card.</p>	<p>Out-of-state enrollees in the Blue HPN receiving care in Colorado:</p> <ul style="list-style-type: none"> In-network coverage from Pathway PPO/EPO network providers No out-of-network benefits in Colorado unless urgent or emergent <p>HPN members will be identified by the HPN in the suitcase logo on their member ID card.</p>	<p>Colorado enrollees in the Blue HPN who receive care outside of Colorado:</p> <ul style="list-style-type: none"> In-network coverage when accessing an HPN provider within the state/service area they are having services rendered. No out of network benefits unless urgent or emergent. <p>HPN members will be identified by the HPN in the suitcase logo on their member ID card.</p>

Q: How do I know if a provider is in the Blue HPN, or find in-network specialists if I am recommending specialty or inpatient care?

To identify HPN in-network providers, use the Find a Doctor / Find Care tool at www.anthem.com. Enter the member’s identification number or three-character prefix (which

may be C5X, H8C or H6D), or search as “Guest” and select “Medical (Employer Sponsored)” as the type of plan and “Pathway PPO/EPO (Blue HPN)” as the Plan/Network.

Q: What does my billing staff need to know about Blue HPN?

Administrative tasks will be the same for Blue HPN as for other Anthem or BlueCard patients.

As with other plans, Anthem offers electronic and online options for accomplishing many of the most common tasks.

For eligibility and benefits inquiries, you can choose from any of the following options:

- a) Use your existing vendor to submit a HIPAA compliant 270 transaction,
- b) Use the Provider Chat function under “Payer Spaces” in [Availity](#)
- c) Log on to [Availity](#) and run an eligibility and benefits inquiry.
- d) Call the number on the back of the member’s ID card and use our interactive voice response system.

To submit a prior authorization request, choose from the following options:

- a) Log on to [Availity](#) and use the Interactive Care Reviewer (ICR) tool
- b) Send a HIPAA-compliant 278 transaction using your EDI vendor or clearinghouse
- c) Call the number on the back of the member’s ID card and use the interactive voice response system.

To see a list of services that require prior authorization, visit [anthem.com](#) and select “Providers.” Under the “Claims” heading, select “Prior Authorization,” then “[Prior Authorization list.](#)”

Claims submission will work the same as with other health plans and networks. We prefer electronic claims submissions using HIPAA transactions Electronic 837 Professional (837P) and Institutional (837I).

You may also file claims directly with your Local Blue Cross and Blue Shield office, send batch submissions through a vendor¹, or send online submissions through the Availity Portal using single entry claim submission.

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¹ See Availity for list of preferred vendors.