MSMA Insurance Conference

July 20, 2017

This presentation contains proprietary information of Anthem Blue Cross and Blue Shield. It is intended for Anthem providers. Any redistribution or other use is strictly forbidden.
Agenda

- Anthem Network Participation
  - Network verification
- Medical Policy, Clinical UM Guidelines, and Pre-Cert Requirements
  - Local Plan members & BlueCard Out-of-Area members
  - Alpha Router
- Reimbursement Policies
  - Access online
- Eligibility & Benefits
  - Quick Tips
  - Coming Soon
- Questions
Looking to verify network participation?

1. Go to anthem.com
   Select Menu and then choose Find a Doctor

2. Answer a few questions, so we can help find you the right plan and doctor in that plan.
   Enter or select the plan/network.
   Select a type of doctor, or place or name.
   Select Search.

3. Select a doctor to see more information, such as address and phone number.
Changes needed?

If you require changes to your existing provider profile, complete the Provider Maintenance Form online at www.anthem.com. Select Menu > Providers > Missouri > Provider Maintenance Form > Online Provider Maintenance.

Check status of change requests via email: providercontractadmin@anthem.com

Note: changes require a minimum of 30 days advance notice; please do not submit claims until you have received written confirmation from Anthem stating your request has been fully processed.
To view requirements for Local Plan and BlueCard Out-of-Area members. Visit www.anthem.com > Menu > Providers > Missouri > Medical Policy, Clinical UM Guidelines, and Pre-Cert Requirements

Select “Enter” to find a policy or guideline.
How to use the Alpha Router for BlueCard Out-of-Area members:

Select “BlueCard Out-of-Area members Medical Policies Clinical UM Guidelines” or “BlueCard Out-of-Area members Pre-Certification/Pre-Authorization Requirement.”

Medical Policy, Clinical UM Guidelines, and Pre-Cert Requirements

You can get Medical Policies, Clinical UM Guidelines, and Pre-Certification/Pre-Authorization Requirements any time you need them with a simple click of your mouse. Click on one of the appropriate links below:

- Federal Employee Program Precertification Requirements
- Medical Policies and Clinical UM Guidelines (for Local Plan members)
- Pre-Certification/Pre-Authorization Requirements (for Local Plan members)
- Medical Policies and Clinical UM Guidelines (for BlueCard Out-of-Area members)
- Pre-Certification/Pre-Authorization Requirements (for BlueCard Out-of-Area members)
- Pre-Certification/Pre-Authorization Requirements (Medicare Advantage)
- Federal Employee Program® Medical Policy

*Medicare Advantage Products never require Pre-Existing Condition signoff
Select request type “Medical Policy” or “General pre-certification/pre-authorization information”.
Select “Continue” to be directed to a site outside of Anthem.com. Review the disclaimer stating that the user will be leaving Anthem’s site and being directed to an external site not affiliated with Anthem. This disclaimer will only appear for BlueCard inquiries.
Medical Policy, Clinical UM Guidelines, and Pre-Cert Requirements

Medical Policy

Providers should be knowledgeable about BCBSIL Medical Policies. These Medical Policies serve as guidelines for health care benefit coverage decisions, which may vary according to the different products and benefit plans offered by BCBSIL.

In addition to the active and pending Medical Policies, BCBSIL has included policies which are under development or being revised. Providers have the opportunity to review draft Medical Policies and respond online with any comments, feedback or pertinent references.

- View all Active and Pending Medical Policies
- View and comment on Draft Medical Policies
- Medical Policy Router (out-of-area Members)
Reimbursement Policies

Anthem reviews its professional reimbursement policies annually to determine if changes or revisions are required.

To view Anthem’s reimbursement policies, sign onto the Availity Web Portal at availity.com.

From the Availity Home page, select More, then Provider Portal (Anthem). Click the Administrative Support tab, then the link labeled Procedures for Professional Reimbursement or Procedures for Facility Reimbursement.

(Note: To view online reimbursement policies, you must be registered for access to Availity.) Non-Registered for Availity: To register for access to Availity, go to availity.com/providers/registration-details/.
Eligibility & Benefits

www.Availity.com

Eligibility & Benefits located under Patient Registration.
Eligibility & Benefits

Select a patient from the patient history list (a) to display the results (b). Click tabs (c) and buttons (d) to view more information and use additional features. What displays varies by health plan, plan, and user access.

TIP: Every response includes a transaction ID, transaction date, and customer ID.
Eligibility & Benefits

- Member Certificates of Coverage
  - Local Anthem members
  - Accessed from an eligibility and benefits inquiry result
Eligibility & Benefits

Coming Soon…
MO local and Pathway/PathwayX member ID cards will be available to view on Availity.

Quick Reference Guide for Exchange Membership

<table>
<thead>
<tr>
<th>Plans purchased on the exchange</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha Prefix</td>
<td>Health Plan Benefit Option</td>
<td>Product Type</td>
<td>Network Name</td>
</tr>
<tr>
<td>YCH</td>
<td>Individual</td>
<td>PPO</td>
<td>Pathway X</td>
</tr>
<tr>
<td>JWZ</td>
<td>Individual</td>
<td>PPO</td>
<td>Pathway X</td>
</tr>
<tr>
<td>JWU</td>
<td>Small Group</td>
<td>PPO/HSA-PPO</td>
<td>Blue Preferred</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plans purchased off the exchange</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha Prefix</td>
<td>Health Plan Benefit Option</td>
<td>Product Type</td>
<td>Network Name</td>
</tr>
<tr>
<td>JWY</td>
<td>Individual</td>
<td>PPO</td>
<td>Pathway</td>
</tr>
<tr>
<td>YCB</td>
<td>Small Group</td>
<td>PPO</td>
<td>Blue Preferred</td>
</tr>
<tr>
<td>YCC</td>
<td>Small Group</td>
<td>PPO/HSA-PPO</td>
<td>Blue Access</td>
</tr>
<tr>
<td>YCD</td>
<td>Small Group</td>
<td>PPO/HSA-PPO</td>
<td>Blue Access Choice</td>
</tr>
</tbody>
</table>
Questions?