Working with Anthem Blue Cross and Blue Shield (Anthem)

New rehabilitation program
Overview

AIM Specialty Health® (AIM) works with leading insurers to improve health care quality and manage costs for today’s most complex and prevalent tests and treatments, helping to promote care that is appropriate, safe and affordable. AIM will manage a new Rehabilitation Program for Medicaid members.

The following resources are available now:

• **ProviderPortal** — This website, [www.providerportal.com](http://www.providerportal.com), will be available for ordering request submissions 24 hours a day, 7 days a week, processing requests in real-time using clinical criteria.

• AIM call center — The call center is available Monday through Friday, 7:30 a.m. to 7 p.m.(Central Time) at **1-800-714-0040**, effective April 1, 2019.
Provider Portal

Anthem Blue Cross and Blue Shield
Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect
Rehabilitation Program

The AIM Rehabilitation Program uses evidence-based clinical practice guidelines in the rehabilitative services industry to maximize a member’s functional outcomes, coordinate integrative health care decisions, improve the member’s total cost of care and optimize provider satisfaction.

This program provides a clinical appropriateness review process that encompasses the appropriate duration of rehabilitative services at the appropriate place of service, with the goal of maximizing the member’s functional improvement while enhancing and simplifying the provider’s experience in the delivery of care.
Program scope

Physical therapy

- CG-REHAB-04
  - Supervised modalities
  - Constant attendance modalities
  - Therapeutic procedures
  - Adaptive equipment training
  - Wound care and lymphedema treatment
  - Other physical therapy services
  - Unlisted procedures not covered

Occupational therapy

- CG-REHAB-05
  - Supervised modalities
  - Constant attendance modalities
  - Therapeutic procedures
  - Adaptive equipment training
  - Wound care and lymphedema treatment
  - Other occupational therapy services
  - Biofeedback not covered
  - Unlisted procedures not covered

Speech therapy

- CG-REHAB-06
  - Speech fluency
  - Speech sound production
  - Language comprehension and expression
  - Oral and pharyngeal swallowing function
  - Auditory processing

Please note: Procedure codes may vary by line of business or may be managed by the local health plan.
Rehabilitation clinical experts power our program

Our clinical experts lead the way:
- An experienced team of therapists and physicians lead and support our Rehabilitation Program.
- Their expertise across numerous clinical specialties immediately expands your organization's clinical acumen.

Our clinician reviewers specialties include:
- Physical therapy
- Occupational therapy
- Speech therapy
- Psychiatry
- Internal medicine
- Orthopedics
- Pediatrics

- Dr. Kerrie Reed
  Medical Director, Rehabilitation
  Serves as the clinical leader and is responsible for the clinical strategy

- Gina Giegling
  GM / VP, Rehabilitation and MSK
  Serves as the business leader and is responsible for the business strategy and design

- Disha Patel
  Director, Rehabilitation and MSK
  Serves as the clinical architect and is responsible for the clinical design
An **episode of care** is the managed care provided for a specific injury, surgery, condition or illness during a set time period. The episode of care is generally defined as the period from initial evaluation until discharge.

AIM will provide an authorization with a visit allocation for those requests where the member meets medical necessity. For an optimal request response, requests should be made only after an active authorization has either expired, or there are no more authorized visits remaining for the member. Initiating a request before those visits have been rendered may not reflect the accurate medical necessity criteria. An authorization cannot be obtained more than 30 days prior to your service date.

If after delivering the initial authorized number of visits, the member still needs additional therapy, the provider can return to the AIM **ProviderPortal** and create a second request. Because these requests are treating the same medical problem/condition, the system will consider both requests (cases) under the same episode of care.

The system will take into consideration that the provider is continuing treatment, and the clinical questions will be presented to capture the progress made in order to render a determination. You can have several cases, or authorizations, under the same episode of care.
Patient is evaluated.
Therapist performs the evaluation and determines therapy is needed.

**Initial request**
Provider creates an AIM portal request, reports patient's functional tool score and diagnosis, and answers clinical questions. If clinical necessity is met, an authorization with visits is provided.

**Therapy is delivered.**
Therapist delivers the authorized visits, then determines if the patient attained their goals (discharge). If the patient didn't respond to therapy or made improvements but still needs more therapy, that can be recorded.

**Progress is reported after delivery of initial visits.**
Therapist reports patient's updated functional tool score, progress towards goals, and if relevant, mitigating factors. Next, a determination is made if additional visits are clinically necessary.

**Patient attains goals or skilled services are no longer needed.**
Patient is ready for discharge.

Therapist uploads documentation.
Next, a determination is made if additional visits are clinically necessary.
Clinical appropriateness review

Basis for visit allotment:

- Primary treatment diagnosis
- Confirmation of autism or developmental delay
- Evaluation date remains consistent throughout the episode of care
- Functional tool and score

Included settings:

- Office
- Outpatient hospital
- Independent clinic

Check to see if the facility is in network for the member before starting therapy.

Please note: Additional documentation may be required when requesting additional visits (for example, progress notes, initial evaluation/re-evaluation, etc.).
Review responsibilities

**AIM will perform:**
- Prospective reviews.
- Within a less than two business days service grace period.
- Reconsiderations up to 10 business days with additional information*.
- Valid timeframe for requests are based on the number of visits that are allocated.
- Peer-to-peer/therapist-to-therapist discussion.

**Anthem will perform:**
- Inpatient and home health requests.
- Unspecified codes not managed by AIM*.
- Less than two business day service grace period.
- Appeals.
- Pre-authorization prior to AIM’s effective date.
- Responses to member questions.

* Where applicable, may vary by state and line of business.
Rehabilitation microsite

Comprehensive provider microsite contains:
- Overview of the program
- Resources with checklists
- FAQ
- CPT codes included in the program
- Available webinars
- Information on how to register for the ProviderPortal

http://www.aimproviders.com/rehabilitation

Anthem Blue Cross and Blue Shield
Serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect
Rehabilitation microsite — resources

Resources section
- Checklists containing the information needed for requests, including a list of the functional tools and score values
- Link to Anthem guidelines
- CPT codes included in the program

Available support
- Portal login Issues 1-800-252-2021
- Rehab questions for providers only — rehabprogram@aimspecialtyhealth.com

http://aimproviders.com/rehabilitation/Resources.html
ProviderPortal demo
Request flow demonstrated during the **ProviderPortal** demo

**REQUEST**

Enter *therapy request* with other member information via the AIM **ProviderPortal**.

**REVIEW**

Request reviewed in **real time** against:

- State mandates.
- Clinical guidelines.

**DETERMINE**

Immediate approval is granted if *consistent with clinical criteria*.

Clinical experts are available for discussion if criteria is not met.

**SYNC**

Integration with **health plan** for claims processing, letter generation and reporting.

Anthem Blue Cross and Blue Shield
Serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect
ProviderPortal home page
Select member

- **Member Name**: Black, Bob
- **Member Number**: 000000000
- **Relation**: Employee
- **Sex**: M
- **Date of Birth**: xx/xx/xxxx
- **State**: NY
- **Health Plan**: BCBS

**Total Number of Records Found**: 1
Select Rehabilitation
### Enter Condition & Services

<table>
<thead>
<tr>
<th>Condition (ICD-10)</th>
<th>Service (CPT)</th>
</tr>
</thead>
</table>
| Condition **•** Enter an ICD code or description to search | Services **•** Type at least two characters  
- Enter one ICD code or description  
- Searching by ICD Code typically provides the best results  
- Searching by description may provide less precise results  
- A condition selection is required to continue |  
- Enter one CPT code, HCPCS code, or description at a time  
- Multiple Services can be entered |  
**CONTINUE**
Enter ICD-10 code or description
Service (CPT code) selection

Enter Condition & Services

<table>
<thead>
<tr>
<th>Condition</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>M75.90 – Bursitis of unspecified shoulder</td>
<td>9711 - Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes</td>
</tr>
<tr>
<td></td>
<td>97112 - Therapeutic procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes</td>
</tr>
<tr>
<td></td>
<td>97113 - Water pool therapy with therapeutic exercises to 1 or more areas, each 15 minutes</td>
</tr>
<tr>
<td></td>
<td>97116 - Walking training to 1 or more areas, each 15 minutes</td>
</tr>
</tbody>
</table>

CONTINUE
Identify therapy type

Some CPT codes are associated with multiple therapy disciplines.

<table>
<thead>
<tr>
<th>Condition &amp; Service(s)</th>
<th>Ordering Provider</th>
<th>Servicing Provider(s)</th>
<th>Clinical</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enter Condition &amp; Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condition *</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M75.50 – Bursitis of unspecified shoulder</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Rehabilitation (1)**

What is the therapy type for the service requested? (97110 Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes) *

- Occupational Therapy
- Physical Therapy

- Type at least two characters
- Enter one CPT code, HCPCS code, or description at a time
- Multiple Services can be entered
Selection of physical therapy

### Enter Condition & Services

**Condition**
- M75.50 – Bursitis of unspecified shoulder

### Rehabilitation (1)

What is the therapy type for the service requested? *(97110 Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes)*

- [ ] Occupational Therapy
- [x] Physical Therapy

**Service Search Tips**
- Type at least two characters
- Enter one CPT code, HCPCS code, or description at a time
- Multiple Services can be entered
Therapy start date selection
Episode of care metrics

The system will request information on the current metrics for the member.

Physical Therapy

Was an evaluation performed by a therapist or a licensed qualified provider of therapy services? *

☐ Yes
☐ No

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Serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect
### Episode of care metrics — continued

<table>
<thead>
<tr>
<th>Member</th>
<th>Condition &amp; Service(s)</th>
<th>Ordering Provider</th>
<th>Servicing Provider(s)</th>
<th>Clinical</th>
<th>Review</th>
</tr>
</thead>
</table>

**Physical Therapy**

Was an evaluation performed by a therapist or a licensed qualified provider of therapy services? *

- [ ] Yes
- [ ] No

What was the Evaluation Date? *

mm/dd/yyyy

Has the patient received therapy visits related to this evaluation since the start of the AIM Program? *

- [ ] Yes
- [ ] No

Select the Functional Tool used from the groups provided. Up to two (2) functional tool scores can be entered.*

- [ ] O - 9
- [ ] A - C
- [ ] D - F
- [ ] G - K
- [ ] L - P
- [ ] Q - Z
- [ ] TOOL NOT LISTED

- [ ] 10MWT - 10 meter walk test
- [ ] 12 Item MS Walking Scale
- [ ] 2MWT - 2 Minute walk test
- [ ] 6MWT - 6 Minute Walk Test

[BACK TO MEMBER] [CONTINUE]
## Functional Tool selection – Example using DASH

### Physical Therapy

Was an evaluation performed by a therapist or a licensed qualified provider of therapy services? *
- Yes
- No

What was the Evaluation Date? *

Has the patient received therapy visits related to this evaluation since the start of the AIM Program? *
- Yes
- No

Select the Functional Tool used from the groups provided. Up to two (2) functional tool scores can be entered.*

- [ ] DASH - Disabilities of Arm, Shoulder, Hand
- [ ] Dizziness Handicap Inventory
- [ ] Dynamic Gait Index
- [ ] ESDM - Early Start Denver Model
- [ ] FIM - Functional Independence measure
- [ ] Foot and Ankle Ability Measure
- [ ] Functional Gait Assessment

[BACK TO MEMBER] [CONTINUE]
Enter score

**Physical Therapy**

Was an evaluation performed by a therapist or a licensed qualified provider of therapy services? *
- Yes
- No

What was the Evaluation Date? *
- 03/17/2019

Has the patient received therapy visits related to this evaluation since the start of the AIM Program? *
- Yes
- No

Select the Functional Tool used from the groups provided. Up to two (2) functional tool scores can be entered. *
- Select Additional Functional Tool

- DASH - Disabilities of Arm, Shoulder, Hand *
  - Enter the value between 0 and 100
Ordering provider selection

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPI</td>
<td>TIN</td>
<td>Phone</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<Fewer Search Options > Search Tips >

Provider Results

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>NPI</th>
<th>TIN</th>
<th>Health Plan</th>
</tr>
</thead>
</table>

SAVE & EXIT  CANCEL REQUEST
Specify if ordering and treating therapist are the same

Ordering Provider Information

PATEL, D

Address
City, State Zip Code

Phone: (xxx) xxx-xxxx
Fax: (xxx) xxx-xxxx
Email

Individual NPI: 1234567890
TIN: 1234567890
Client Provider ID:

Ordering Provider is also the:

- [ ] Treating Therapist

[BACK] [CONTINUE]
Facility search

Search for facility and specify if it is the billing entity.
Facility place of service selection
Treating therapist selection (optional)

Search for the treating therapist if they are the billing entity; otherwise *unknown* is acceptable.
Clinical entry

Rehabilitation (1)

START CLINICAL

Condition:
M75.50 Bursitis of unspecified shoulder

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>97110</td>
<td>Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes</td>
<td>Not Started</td>
</tr>
</tbody>
</table>

BACK TO SERVICING PROVIDER(S)
**Clinical entry (cont.)**

<table>
<thead>
<tr>
<th>Condition &amp; Service(s)</th>
<th>Ordering Provider</th>
<th>Servicing Provider(s)</th>
<th>Clinical</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rehabilitation (1)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Condition:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<th>Description</th>
<th>Clinical</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>97110</td>
<td>Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes</td>
<td>In Progress</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Clinical Questions**

- What is the complexity level of the evaluation that was completed for this request?
  - Low complexity (CPT 97161)
  - Moderate complexity (CPT 97162)
  - High complexity (CPT 97163)
  - Unknown

[Close]

[Back to Servicing Provider(s)]

[Continue]
Clinical entry (cont.)

Servicing Provider(s)  Clinical  Review

Clinical Questions

What is the complexity level of the evaluation that was completed for this request?

- Moderate complexity (CPT 97162)

Which of the following best describes the primary purpose of therapy?

- Developing age appropriate skills which were previously undeveloped or keeping functions which are at risk of being lost
- Improving, restoring, or adapting functional mobility or skills
- Maintaining the current level of function, range of motion, strength, pain, or balance
- Enhancing athletic performance or for recreational capability
- Providing massage therapy
- Elastic therapeutic taping (eg, Kinesio Tape)
- None of these apply
Clinical entry (cont.)

<table>
<thead>
<tr>
<th>Servicing Provider(s)</th>
<th>Clinical Questions</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Clinical Questions**

What is the complexity level of the evaluation that was completed for this request?
- Moderate complexity (CPT 97162)

Which of the following best describes the primary purpose of therapy?
- Improving, restoring, or adapting functional mobility or skills

Did the patient have a surgical procedure in the last three (3) months related to the conditions for which services are being requested?
- Yes
- No
- Unknown

**SAVE & EXIT**  **CANCEL REQUEST**

**CLOSE**  **CONTINUE**
Clinical entry (cont.)

**Clinical Questions**

- What is the complexity level of the evaluation that was completed for this request?
  - Moderate complexity (CPT 97162)

- Which of the following best describes the primary purpose of therapy?
  - Improving, restoring, or adapting functional mobility or skills

- Did the patient have a surgical procedure in the last three (3) months related to the conditions for which services are being requested?
  - No

Select all conditions that apply.

- BMI > 40
- Chronic obstructive pulmonary disease (COPD)
- Cognitive impairment
- Diabetes mellitus
- Arthritis conditions
- Neurological condition
- Immunosuppression
- None of these apply
- Unknown

Continue
Clinical attestation

Please attest to all of the following:

<table>
<thead>
<tr>
<th>Attest</th>
<th>Do not attest</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Attest" /></td>
<td><img src="image2.png" alt="Do not attest" /></td>
</tr>
<tr>
<td><img src="image3.png" alt="Attest" /></td>
<td><img src="image4.png" alt="Do not attest" /></td>
</tr>
<tr>
<td><img src="image5.png" alt="Attest" /></td>
<td><img src="image6.png" alt="Do not attest" /></td>
</tr>
</tbody>
</table>

There is a complete plan of care documented. (Plan of care includes short- and long-term goals, objective assessments used, and estimated frequency and duration of treatment)

It is expected that functional improvement will be achieved and documented over a reasonable and predictable timeframe.

The services will be delivered by a licensed provider of physical therapy.
Order preview – review information collected

Rehabilitation Order Preview

Review the information for this case to make any changes and submit to confirm the Pre-authorization number or if additional review is needed.

<table>
<thead>
<tr>
<th>Services Requested (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Date: 06/03/2019</td>
</tr>
<tr>
<td>Condition: M75.50 Fracture of unspecified shoulder</td>
</tr>
</tbody>
</table>

**Physical Therapy Services(s)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9710</td>
<td>Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes</td>
</tr>
</tbody>
</table>

**Ordering Provider**

PATEL, E

**Billing Provider**

PHYSICAL THERAPY

**Treatement Therapist**

Unknown

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Anthem Blue Cross and Blue Shield
Serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect
Order summary (after request is submitted)

Rehabilitation

Order Number: 04V5P0KKZ
Valid Dates: 8/1/2019 - 8/30/2019
Order Status: CLOSED

Order ID only applies to the Rehabilitation service(s) requested. Other services for this request will have a separate Order ID if Approved.

Rehabilitation Visits
Approved Visits: 6

Services Requested (1)

All requested services meet criteria
Service Date: 06/03/2019
Condition: M75.50 - Bursitis of unspecified shoulder

Physical Therapy Service(s):

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Clinical Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>97110</td>
<td>Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

Email link to review this case: Send Email

WITHDRAW ORDER
Condition (ICD10) and service (CPT) selection
Start new request
FAQ

Is the initial treatment included in the *Evaluation Authorization* for the first visit?

- While the initial evaluation does not require preauthorization (PA), treatment for Medicaid patients rendered with the evaluation does require PA. Because of this, we have improved functionality for Medicaid patients to allow a two business dayservice grace period to initiate a request. For commercial patients, treatment rendered with the evaluation does not require PA.

What if I already have an authorization that is valid through the go-live date?

- If you have a PA for visits that extends through the go-live date, Anthem will honor that authorization and those visits will get paid. If patient still requires skilled services beyond that date, you will need to request an authorization from AIM.
- Please ensure your current active authorization has either expired, or there are no more authorized visits remaining before initiating a new request. Initiating a request before those visits have been rendered may not reflect the accurate medical necessity criteria.
FAQ (cont.)

What if the member did not previously require PA, but are in the middle of treatment as of AIM go-live date?
• The provider should initiate a PA request for the treatment as of the AIM go-live date.

What if the patient finishes therapy before the valid time frame ends and still needs skilled services?
• You can return to the AIM Provider Portal to submit another request.

If we do not utilize all the visits in an authorization during the valid time frame, can we extend the time frame?
• In most instances, sufficient time is allowed to provide the authorized number of visits based on your patient’s condition. If the valid time frame expires, you can return to the AIM portal to submit another request and receive additional visits if medical necessity criteria are met.
FAQ (cont.)

Is there any change to the reimbursement contracting, for example fee for service or daily case rates?
• No, AIM is not involved in any contracting or networking negotiations, and nothing has changed relative to the implementation of this AIM Program.

What if I utilize a Functional Tool that is not listed in the AIM portal?
• AIM has incorporated a very comprehensive list of Functional Tools and feel strongly that every practitioner should incorporate a functional assessment into their treatment plan. However, there is an option to add a different tool and the associated score. You can enter up to two functional tools per patient per discipline.

What is the process for faxing in documentation if I am unable to upload my documentation on the AIM Provider Portal?
• Faxes are not available for initiating cases, please log on to AIM Provider Portal or call AIM to complete the request. If you are unable to upload your documents on a recurring case, please fax to 1-833-420-9489.

How can I discuss my case with a clinician or participate in a peer-to-peer?
• If your request went for clinical review and you would like to discuss it, you can call AIM and discuss the request with a like-discipline reviewer, or subsequently a physician for a peer-to-peer.
FAQ (cont.)

Do I have to submit modifiers to AIM to get my PA?
• You would continue to submit claims with the appropriate modifiers required for your billing based on payer and line of business. AIM does not require you submit modifiers to us.
• Per Anthem clinical guidelines, if the program is for Habilitation Services, we will pass the appropriate modifier to Anthem with the authorization extract.

How do I know if specific CPT codes require authorization by AIM?
• Please refer to the Anthem rehabilitation clinical guidelines, Availity, or the AIM ProviderPortal for a list of codes. If you have specific questions relative to your market, you can reach out to the local health plan for clarification.

Can a member receive an authorization for more than one discipline (PT, OT, ST) at the same time?
• Yes, if the member meets the clinical criteria, AIM will issue separate authorizations for each discipline, even if these disciplines belong to the same facility/billing entity.

Can I receive an authorization if I am an out of network provider?
• Yes, if the clinical criteria is met and the member has out of network benefits, but the ordering provider will be informed if they are out of network and that the member may have a higher out of pocket expenses. If the member does not have out of network, the request may get denied.
FAQ (cont.)

Should I use the treatment diagnosis or the medical diagnosis provided by the referring physician?
• You should use the most relevant treatment diagnosis, as allowed by your state practice act. The system only requests one diagnosis per discipline.

Will AIM track the number of visits available within a patient’s annual visit limitation?
• AIM will, as a courtesy, check the visit accumulator to see how many visits are remaining. However, this number is based on those visits that have been claimed and paid, but as always, an authorization is not a guarantee of payment, noting that an authorization can be provided before a prior claim has been submitted.

Can you clarify who the ordering provider is on the AIM Provider Portal?
• The ordering provider is the individual who is requesting the authorization. It can be the referring physician office or the therapy office. In states including Indiana that allow direct access, the ordering provider can be the same as the servicing provider.

Do we need a PA if Anthem is secondary to Medicare?
• No, a PA is not required when Anthem is secondary. Medicare plans under Anthem are not part of this AIM implementation program at this time.
Thank you

www.anthem.com/inmedicaiddoc

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AINPEC-2311-19 rdate
Session Survey

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.

[QR Code]

https://tinyurl.com/fssa1088

www.anthem.com/inmedicaiddoc

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AINPEC-2311-19 October 2019