



# Professional provider workshop

Fall 2019

This communication applies to the Commercial, Medicare Advantage, and Medicaid programs in Kentucky.

# Agenda

- Provider Relations territory map
- Administrative Services directory
- Availity Portal overview
- Commercial claims escalation process
- *Provider Maintenance Form (PMF)*
- Kentucky Medicaid
- Indiana Medicaid
- AIM Specialty Health® (AIM)
- BlueCard
- Key contact information and resources

# Provider Relations territory map

## Provider Solutions regions

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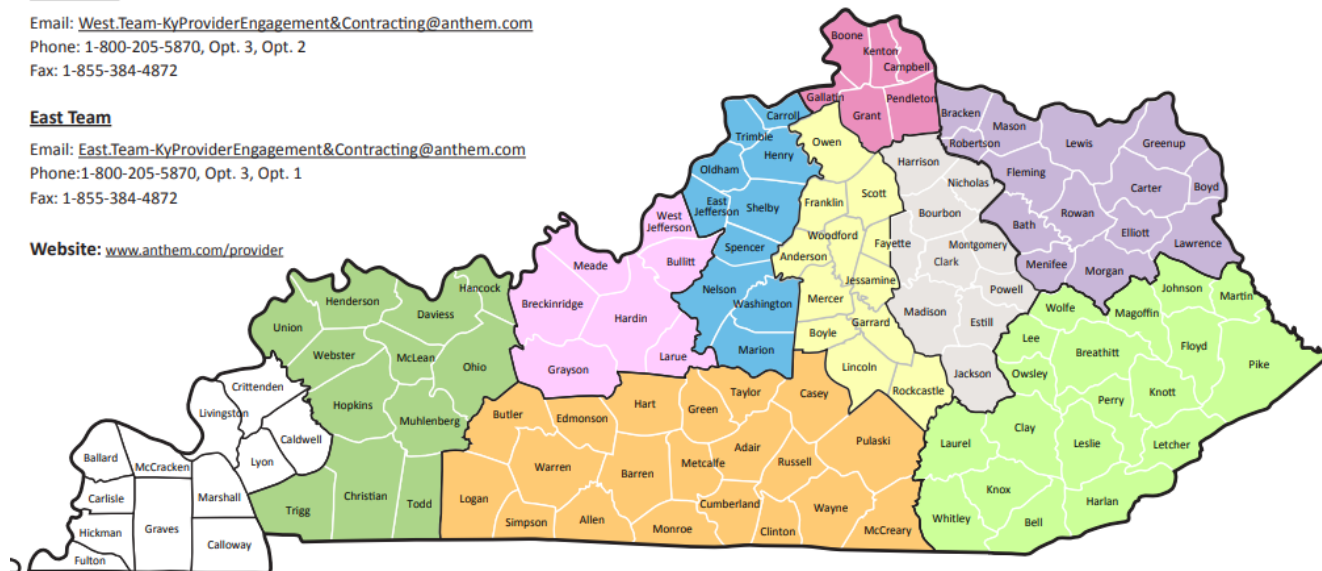
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# Administrative Services directory

Product/group	Prefix	Provider inquiry	Precert.	Miscellaneous
Anthem Blue Access (PPO)	YRL YRP YRN YRJ XTA YZE	1-888-650-4133 1-800-282-1016	1-877-814-4803	OON referrals: 1-800-568-0075
Anthem Blue Preferred (HMO)	YRG YRM	1-888-650-4133 1-800-282-1016	1-877-814-4803	OON referrals: 1-800-568-0075
Anthem Traditional	YRT YRB YRY	1-888-650-4133 1-800-282-1016	1-877-814-4803	OON referrals: 1-800-568-0075
Anthem Medicare Supplement/Select	YRR VNG	1-866-848-1057	1-877-814-4803	OON referrals: 1-800-568-0075
Anthem Medicare Advantage Individual Business	XTH JRG JRJ JWF JWO VOA VOC VOD VOH VOK XPF XPG XPK YTW VOP XTG XPS	1-844-421-5662	1-866-797-9884	Fax: 1-866-959-1537 for Acute Fax: 1-877-423-9972 for SNF, LTAC and inpatient rehab
Anthem Medicare Advantage Group Business	JWM WSP YCG YRA YRE YRS YRU	1-800-676-2583	1-866-797-9884	Fax: 1-866-959-1537 for Acute Fax: 1-877-423-9972 for SNF, LTAC and inpatient rehab
Anthem Blue Cross and Blue Shield (Anthem)/Hoosier Healthwise (Indiana)	YRH	1-866-408-6131	1-866-408-7187	
Anthem — Kentucky	XTF	1-855-661-2028	1-855-661-2028	
Blue Card Program		1-866-594-0521		1-800-676-2583: Eligibility and benefits
<b>Exchange Kentucky:</b>				
Pathway Individual (PPO)	XTC	1-855-854-1438	1-877-814-4803	Behavioral health: 1-800-788-4003
Pathway X Individual (PPO)	XTD XVK	1-855-854-1438	1-877-814-4803	Behavioral health: 1-800-788-4003
Pathway Small Group (PPO)	XTB XTA YZF	1-855-854-1438	1-877-814-4803	Behavioral health: 1-800-788-4003
Pathway X Small Group (PPO)	XTE	1-855-854-1438	1-877-814-4803	Behavioral health: 1-800-788-4003
Pathway Individual (HMO)	XTK	1-855-854-1438	1-877-814-4803	Behavioral health: 1-800-788-4003
Pathway X Individual (HMO)	XTJ	1-855-854-1438	1-877-814-4803	Behavioral health: 1-800-788-4003
Pathway Small Group (HMO)	XTI YZG	1-855-854-1438	1-877-814-4803	Behavioral health: 1-800-788-4003
Pathway X Small Group (HMO)	HWU XTN	1-855-854-1438	1-877-814-4803	
Pathway Transition Individual (HMO)	XTV	1-855-854-1438	1-877-814-4803	
Pathway X Transition Individual (HMO)	VXZ	1-855-854-1438	1-877-814-4803	
Pathway Transition Small Group (HMO)	VTY AKX	1-855-854-1438	1-877-814-4803	

# Administrative Services directory (cont.)

Product/group	Prefix	Provider inquiry	Precert.	Miscellaneous
<b>Exchange Indiana:</b>				
Pathway Individual (HMO)	XPD	<b>1-855-854-1438</b>	<b>1-877-814-4803</b>	Behavioral health: <b>1-855-854-1438</b>
Pathway X Individual (HMO)	XPE XPH	<b>1-855-854-1438</b>	<b>1-877-814-4803</b>	Behavioral health: <b>1-855-854-1438</b>
Pathway X Individual (POS)	XPU	<b>1-855-854-1438</b>	<b>1-877-814-4803</b>	Behavioral health: <b>1-855-854-1438</b>
Pathway Individual (POS)	XPV	<b>1-855-854-1438</b>	<b>1-877-814-4803</b>	Behavioral health: <b>1-855-854-1438</b>
Pathway Small Group (HMO)	XPB XPC	<b>1-855-854-1438</b>	<b>1-877-814-4803</b>	Behavioral health: <b>1-855-854-1438</b>
Pathway Small Group (POS)	XPR XPW	<b>1-855-854-1438</b>	<b>1-877-814-4803</b>	Behavioral health: <b>1-855-854-1438</b>
Pathway Small Group (PPO)	XPA	<b>1-855-854-1438</b>	<b>1-877-814-4803</b>	Behavioral health: <b>1-855-854-1438</b>
Federal Employee Program®	R	<b>1-800-456-3967</b>	<b>1-800-860-2156</b>	
Healthy Indiana Plan (HIP)	YRK	<b>1-800-345-4344</b>	<b>1-866-398-1922</b>	<b>1-800-553-2019</b> : Eligibility and benefits
Appalachian Regional Health Care	RHR	<b>1-833-832-2455</b>	<b>1-833-832-2455</b>	Behavioral health: <b>1-833-832-2455</b>
Baptist Health Care	BPT WBT	<b>1-800-676-BLUE</b>	<b>1-877-449-2884</b>	Optum Behavioral: <b>1-877-369-2201</b>
Kentucky State Group (KEHP)	KYH	<b>1-844-402- KEHP</b>	<b>1-844-4-2-KEHP</b>	Behavioral health: <b>1-855-873-4931</b>
Norton Health Care	JNJ	<b>1-844-344-7416</b>	<b>1-866-643-7087</b>	<b>1-866-643-7087</b>
UK Health Care (HMO)	ULS UHI	<b>1-800-676-2583</b>	<b>1-866-776-4793</b>	<b>1-866-776-4793</b>
UK Health Care (PPO/EPO)	USP	<b>1-800-676-2583</b>	<b>1-866-776-4793</b>	<b>1-866-776-4793</b>
UK Health Care (Indemnity)	UTA UCU	<b>1-800-676-2583</b>	<b>1-866-776-4793</b>	<b>1-866-776-4793</b>
Anthem — Dental (Kentucky)		<b>1-888-209-7854</b>	<b>1-800-627-0004</b>	
American Imaging Management				<b>1-800-554-0580</b>
EDI Helpdesk		<b>1-800-470-9630</b>		

# Administrative Services directory (cont.)

<b>Claims</b>	<b>Correspondence/Medical Records/Prov. Adjust Forms</b>	<b>Non-UM appeals</b>	<b>Medicare Advantage grievances and appeals</b>	<b>Federal Employee Program claims and correspondence</b>
Anthem Blue Cross and Blue Shield P.O. Box 105187 Atlanta, GA 30348-5187	Anthem Blue Cross and Blue Shield P.O. Box 105557 Atlanta, GA 30348-5557	Anthem Blue Cross and Blue Shield P.O. Box 105568 Atlanta, GA 30347	Anthem Blue Cross and Blue Shield Mail Point OH0205-A537 4361 Irwin Simpson Road Mason, OH 45040	Anthem Blue Cross and Blue Shield P.O. Box 105557 Atlanta, GA 30348-5557

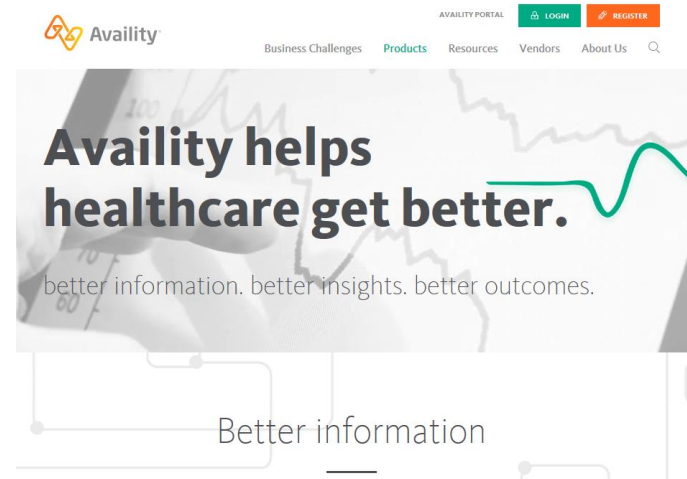
<b>Anthem (Kentucky)</b>	<b>UM appeals</b>	<b>Federal Employee Program grievances and appeals</b>
Anthem Blue Cross and Blue Shield P.O. Box 61010 Virginia Beach, VA 23466-1010	Anthem Blue Cross and Blue Shield P.O. Box 105662 Atlanta, GA 30348	Anthem Blue Cross and Blue Shield 3075 Vandercar Way Cincinnati, OH 45209

# Availity Portal overview

Use the Availity Portal to get the tools and real-time information exchange you need to drive measurable and meaningful organizational improvements, and enjoy the vitality of a healthy business. Best of all, health care providers can use a single login to access to multiple health plan providers at no cost.

Availity helps you:

- Improve:
  - Administrative efficiency.
  - Payments and collections.
  - Regulatory compliance.
- Reduce:
  - Administrative costs.
  - Revenue cycle complexities.
  - Abrasion between plans and providers.



# Claims dispute functionality

## Do you have all the permissions that you need?

To use the Appeals app, your organization's Availity administrator must assign the **Claim Status** role to your user account.

Contact your administrator(s) to get more or different permissions.

### HIGHLIGHTS AND INSIGHTS

In My Account Dashboard, click **My Administrators** to find administrators for your business. Be sure to allow pop-ups from Availity sites.





# Claims dispute functionality (cont.)

The screenshot displays the Availity web portal interface. At the top, there is a navigation bar with links for Home, Notifications (4), My Favorites, Help & Training, Michelle's Account, and Logout. Below this is a secondary navigation bar with links for Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More, along with a Keyword Search box. The main content area is titled "Claim Status" and includes buttons for "Give Feedback" and "New Request". The transaction ID is 423508004, dated August 9th, 2018, at 12:07 pm. The subscriber is AVAILITY, SOPHIA. Patient ID is ABC123456789, DOB is 03/01/1961. Provider is JAMES MATERNITY, Provider ID is 1234567893. A PAYER LOGO is also present. A summary box on the left shows claim 123456, processed on 04/14/2012, with a billed amount of \$118.50 and a paid amount of \$15.36. The main claim details section shows "Claim 123456 (Processed 04/14/2012)" with a "Verify Eligibility Information" link. A table lists: Check Number 000012345, Check Date 04/14/2012, Patient Account # 12345678, Billed \$118.50, and Paid \$15.36. A "Dispute claim" link is available. The status as of 04/13/2012 is "FINALIZED" with a list of details: "Finalized The Claim/Encounter has completed the adjudication cycle and no more action will be taken", "Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services)", and "Entity: Provider". A summary box at the bottom shows: Dates 04/03/2012 - 04/03/2012, Billed \$77.50, Coinsurance<sup>1</sup> N/A, Procedure Code 82043, Allowed<sup>1</sup> N/A, Copay<sup>1</sup> N/A, and Paid \$5.73.

# Claims dispute functionality (cont.)

**Complete Dispute Request** Claim# 12345678

This Amerigroup dispute was initiated on 03/07/2019

**Request Reason**  
Claim Payment Issue

**Please explain the supporting rationale for your request**  
Here is a detailed explanation of why I am disputing the amount paid on this claim.

This issue has impacted claims for other members. Please re-evaluate claims on file.  
 This issue has impacted additional claims for this member. Please re-evaluate claims on file.

**Contact Information**  
Web

**Upload Supporting Documentation**  
**IMPORTANT:** Individual file size can not exceed 50MB  
Supported file types include MS Word, MS Excel, .jpg, .pdf, .tiff, .bit, and .csv  
**NOTE:** File names cannot contain spaces or special characters with the exception of "\_" and "-".

Your request does not contain supporting documentation that may be needed for processing.

I understand that by submitting this dispute without attachments it may delay processing.

+ Add File

Cancel Submit Request

Status	Billed Amount	Payment Amount
dated	\$220.00	\$121.01
dated	\$861.43	\$0.00
Status	\$77,487.64	

Message if you 'Submit Request' without attaching a document

# Claims dispute functionality (cont.)

The screenshot displays a web application interface for managing claims disputes. At the top, there is a navigation bar with options like 'Home', 'Publications', 'My Favorites', 'Help & Training', and 'Logout'. Below this, a secondary navigation bar includes 'Client Registration', 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. The main content area shows a list of claim entries, each with a 'PAYER LOGO' placeholder and a status indicator. A modal window is open in the center, displaying a green checkmark and the word 'Success'. The modal text reads: 'Your request was successfully sent to the payer and the current request status can be found in your worklist for processing. Please allow up to 30 business days.' Below the modal, there are two buttons: 'Close' and 'View Details'. The background shows three claim entries. The middle entry is expanded to show a table of details.

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
325132500	016082011700018	CHANEL MILES	06/06/2016	\$861.43
	Payment Date	Patient Account Number	Service End Date	Payment Amount
	08/19/2016	3091626600J37003	06/06/2016	\$0.00

# Fee schedule look-up

## **Availity fee schedule basics:**

- Availity web portal administrator and assistant administrator will be granted automatic access to the *Professional Fee Schedule Application*
- Ability to select date of service range from current date up to two weeks
- Ability to print up to 50 priced codes
- Additional details on pricing located at the disclaimer on the bottom of the Inquiry Results page

# Fee schedule look-up (cont.)


## Professional fee schedule:


The screenshot shows a web portal interface. At the top, there is a blue box with the text "You will see a welcome message here." To the right is a photo of a smiling female doctor holding a tablet. Below the photo is a navigation bar with "Applications", "Resources", and "News and Announcements". Under "Applications", there are two main sections: "Remittance Inquiry" and "Fee Schedule". The "Fee Schedule" section contains the text "Fee Schedules retrieves your contracted price information for the patient services you perform." and a button labeled "Open »". A red box highlights the "Open »" button, and a red arrow points from a callout box to it. The callout box contains the text "Select Applications, then select Open below the Fee Schedule option."

# Fee schedule look-up (cont.)


## Professional fee schedule:

1 My Organization      2 Procedures      3 Results

Organization   
Select an organization

Tax ID   
Select a tax id

Servicing Provider  
Select a Servicing Provider

Network   
Select a network

Continue →

**Disclaimer**

Please note that the fee schedule information provided reflects the information currently on file. New provider fee schedules or industry changes in pricing are updated timely as required. Please contact your designated Network Management Office if you have questions.

Select an option from the *Organization* and *Tax ID* drop-down menus.

Select an option from the *Network* drop-down menu.

# Fee schedule look-up (cont.)

## Professional fee schedule:

1 My Organization

2 Procedures

3 Results

Date of Service  
05/02/2016

Place of Service  
11 - Office

Procedure Code	Modifier (Optional)	Units (Optional)
99213		
99215		
98940		

← Back

Add Procedure

Continue →

**Disclaimer**

Please note that the fee schedule information provided reflects the information currently on file. New provider fee schedules or industry changes in pricing are updated timely as required. Please contact your designated Network Management Office if you have questions.

Type *Date of Service*.

Select an option from the *Place of Service* drop-down menu.

Type procedure codes into the *Procedure Code* fields.

Select **Add Procedure** to open five more fields. You can request up to 50 procedure codes.

# Fee schedule look-up (cont.)

## Professional fee schedule:

The screenshot shows a web interface for a professional fee schedule look-up. It is divided into three numbered steps: 1. My Organization, 2. Procedures, and 3. Results. The 'Results' step is active, displaying 'Organization Information' and 'Fee Schedule Inquiry Results'. A blue callout box points to a 'Print' button, and another points to the pricing results table. A 'Back' button is at the bottom left, and a 'New Request' button is at the bottom right.

**1 My Organization**      **2 Procedures**      **3 Results**

Organization Information

Organization: Anthem Provider Payer Spaces [redacted]      Service Date: Mar 11, 2018  
Tax ID: [redacted]      Contract: PPO  
Place Of Service: 11 - Office      Trace Number: BCBS-CP-7454048

Fee Schedule Inquiry Results Print

Procedure Code	Modifier	Units	Maximum Allowed Amount	Message
99213		1	\$50.00	
99215			\$150.00	
99940			\$30.00	

← Back      New Request ↻

Select **Print** to print or save as PDF.

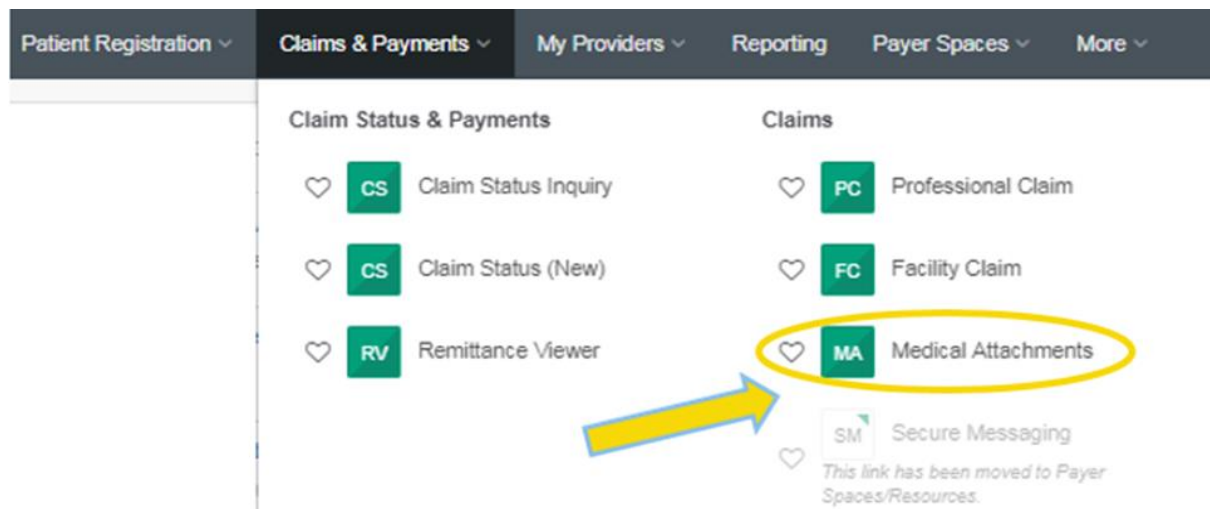
Pricing results



# Solicited Medical Attachments tool

## Submit using the Availity Portal Medical Attachments tool:

- Send medical records requested via a letter.



To submit a medical record electronically via Availity:  
Log in to the Availity Portal, then from the *Claims* drop down box, select **Medical Attachments**.

# Solicited Medical Attachments tool

## Submit using the Availity Portal Medical Attachments tool:

- Complete the required fields.
- Insert the required medical records.
- Select **Submit**.

All fields required unless noted.

Organization  Payer

Patient / Request Information

First Name  Middle Name or Initial (optional)  Last Name

Subscriber ID  Patient Account Number

Request Number  Claim Amount

Date of service

From: MM/DD/YYYY  To: MM/DD/YYYY

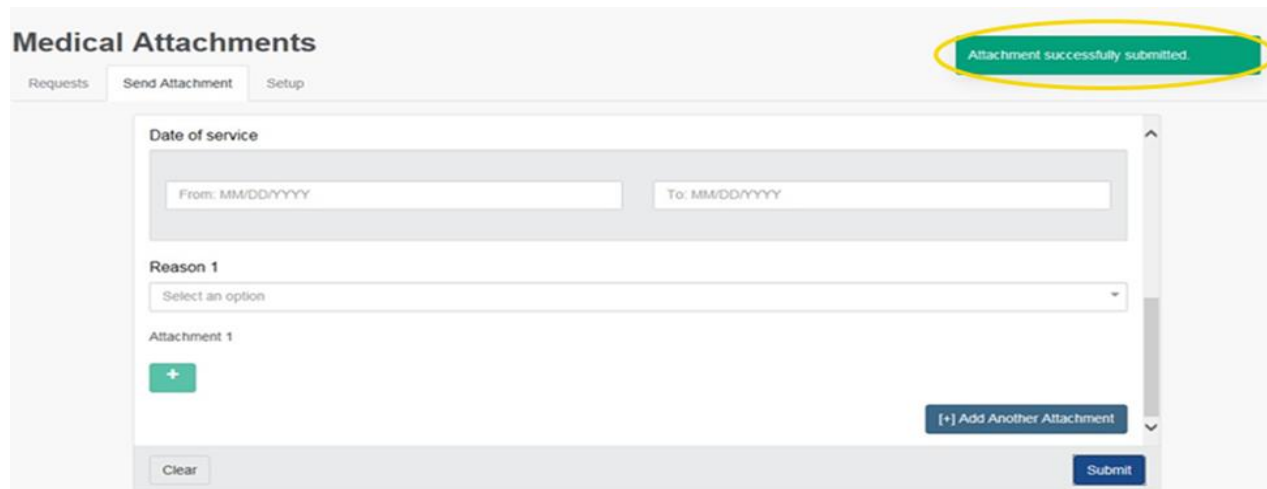
Reason 1

Attachment 1

# Solicited Medical Attachments tool

## Submission confirmation:

- A confirmation message will display in the upper right.
- An error message will display next to a field if a detail is missing.
- Upon a successful submission, you will be returned to a new blank *Send Attachment* page.



The screenshot displays the 'Medical Attachments' interface. At the top, there are three tabs: 'Requests', 'Send Attachment', and 'Setup'. The 'Send Attachment' tab is active. In the upper right corner, a green confirmation message 'Attachment successfully submitted.' is displayed and circled in yellow. Below the tabs, there is a form with the following fields:

- Date of service:** Two input fields labeled 'From: MM/DD/YYYY' and 'To: MM/DD/YYYY'.
- Reason 1:** A dropdown menu with the text 'Select an option'.
- Attachment 1:** A green button with a white plus sign (+).
- Buttons:** A 'Clear' button at the bottom left, a 'Submit' button at the bottom right, and a '+] Add Another Attachment' button in the middle right.

# Interactive Care Reviewer

## **Advantages of using the Interactive Care Reviewer (ICR):**

- Quickly determine if precertification is needed — For most requests, you can enter patient, service and provider details, and receive a message indicating whether or not precertification is required.
- Inquiry capability — Ordering and servicing physicians, and facilities can find information on any precertification they are affiliated with.
- Easy to use — Obtain precertification online for medical and behavioral health outpatient and inpatient requests.\* You can also submit a referral for members of our affiliated health plans using the same functionality.

\* Excludes Medicare and Medicaid in some state and national accounts — now available:

- Medicare markets: Indiana, Kentucky, Missouri and Ohio
- Medicaid markets: Kentucky and Indiana

# Availity administrator: granting access

The screenshot shows the Availity administrator interface. At the top, there is a navigation bar with links for Patient Registration, Claims, Payments, More, and Reporting. On the right side of the navigation bar, there are links for My Favorites and Payer Spaces. Below the navigation bar is a Notification Center. The main content area is titled 'My Top Applications' and contains three tiles: 'Eligibility and Benefits Inquiry' (EB), 'Provider Portal (Anthem)', and 'Authorizations & Referrals' (A&R). Below the applications is a 'News and Announcements' section with a link to 'Get ready to manage your provider data'. In the upper-right corner, there is a 'My Account Dashboard' menu, which is circled in red. The menu items are: My Account, My Administrators, Maintain User, Add User, Maintain Organization, Express Entry, and Medical Attachments Setup. A user profile icon is visible to the right of the menu.

To add functionality to an existing user, your organization's Availity administrator can select **Maintain User** from the *My Account Dashboard* menu, located in the upper-right corner of the homepage. To create a new access, select **Add User**.

# Accessing the ICR through the Availity Portal

The screenshot displays the Availity portal interface. At the top, there is a navigation bar with the Availity logo, 'Home', and 'Notifications'. Below this, a secondary navigation bar contains 'Patient Registration', 'Claims', 'More', and 'Reporting'. The 'Patient Registration' tab is circled in red. Underneath, a list of services is shown: 'EB Eligibility and Benefits Inquiry', 'A&R Authorizations & Referrals' (circled in red), and 'PCS Patient Care Summary Inquiry'. A feedback form is visible at the bottom left, titled 'Tell us what you think about the new navigation.', with three smiley face icons and a 'Send' button. On the right side, there are two large buttons: 'CS Claim Status Inquiry' and 'A&R Authorizations & Referrals'.

Select **Authorizations & Referrals** under the *Patient Registration* tab.

# Creating a new request

Select **Create New Request**.

The screenshot shows a dark grey navigation bar with four items: 'My Organization's Requests' (document icon), 'Create New Request' (pencil icon, highlighted with a red box), 'Search Organization Requests' (magnifying glass icon), and 'Authorization/Referral Inquiry' (magnifying glass icon). Below the navigation bar is a light blue informational bar with a red border containing the text: 'In addition to the subscriber id, please enter at least ONE of the following patient identifiers from Patient First Name, Last Name or Birth Date. Patient Birth Date is recommended.' Below this is a horizontal menu with six items: 'Patient Details' (numbered 1, highlighted with a blue bar), 'Service Details' (numbered 2), 'Provider Details' (numbered 3), 'Request Summary' (numbered 4), 'Clinical Details' (numbered 5), and 'Case Overview' (numbered 6). A red arrow points from the 'Patient Details' menu item to a text box below. A blue bar is visible at the bottom right of the interface, containing a printer icon.

Watch the blue bar for messaging. Errors turn the box red.

The menu bar shows where you are.

# The ICR landing page/dashboard

Interactive Care Reviewer Logout Contact Us Quick Links

[My Organization's Requests](#) [Create New Request](#) [Search Organization Requests](#) [Authorization/Referral Inquiry](#)

Page 1 of 27 | View Results 20 | 533 Requests found Displaying 1 to 20

Request Tracking ID	Reference Number	Status	Patient Name	Service Date Range	Request Type	Requesting Provider NPI	Submit Date	Created By	Updated Date	Updated By
		Review In Progress		10/09/2015 - 10/09/2015	Outpatient	1073549929	2015-10-08 12.22.54 PM		2015-10-08 12.23.52 PM	System
		See Details		10/09/2015 - 10/10/2015	Inpatient	1912007543	2015-10-07 10.41.44 AM		2015-10-07 10.54.43 AM	System
		See Details		10/09/2015 - 10/10/2015	Inpatient	1912007543	2015-10-07 10.30.37 AM		2015-10-07 10.35.34 AM	System
		See Details		10/09/2015 - 10/10/2015	Inpatient	1912007543	2015-10-07 10.06.40 AM		2015-10-07 10.17.39 AM	System

The dashboard displays requests submitted, requests not yet submitted, cases that require additional information and cases in which a decision has been rendered.



# Support and training resources

Webinars and training are available via the [Availity Portal](#):

- Log in to the Availity Portal, select **Help & Training** and then select **Get Trained**.
- From the Availity Learning Center, enroll using one of the following methods:
  - Select the *Dashboard* dropdown arrow, select **Catalog**, select **Sessions**, choose the date of the webinar, select the webinar title and then select **Enroll**.
  - While in the *Catalog*, select the *Search* button, enter the webinar title and select **Enroll**.

## Additional questions?

Feel free to call Availity Provider Support at **1-800-282-4548**.

# Commercial claims escalation process

## Provider Services role

- Your Provider Services representative's primary role is centered around professional contracting and education.
- Due to *HIPAA/PHI*, consultants have limited access to eligibility, benefits and claims, and are, therefore, unable to assist with such issues.
- The escalation process should be followed after attempts to resolve a claims issue have failed using the established provider inquiry channels.

# Commercial claims escalation process

## Step 1:

- The first point of contact for questions and issue resolution is Provider Services:
  - Call using the numbers listed on the *Anthem Administrative Service Directory*, available on the **Contact Us page** of the **provider website**.
    - **1-855-854-1438**
    - BlueCard: **1-866-594-0521**
    - Ask the Provider Services representative for the call reference number and document it.
  - Send a secure message via the Availity Portal.
    - Retain the secure message inquiry number.

# Commercial claims escalation process

## Step 2:

- If the Provider Services representative cannot answer the question or resolve the issue (step 1), ask for a Provider Services supervisor. If a supervisor is not immediately available, a call back will be made to the provider within 48 hours.
- If the response does not answer the question or resolve the issue, send a follow-up secure message by adding to your original message and asking for it to be escalated to a supervisor.

# Commercial claims escalation process

## Step 3:

- If the question or issue remains outstanding after speaking with a supervisor, a supervisor call back was not received or promised action was not completed, contact your Provider Services representative.
- Provide full details of your issue along with the date(s) and telephonic reference or secure message inquiry numbers given in steps 1 and 2.
  - Include: TIN, call/inquiry reference numbers, member ID with alpha prefix, date of service and claim number

Network Relations will further escalate the issue on your behalf.

\* **Important note:** Failure to follow the commercial escalation process may result in delays and rejections to issue resolution.

# Commercial claims escalation process

Helpful links:

- [Commercial escalation process](#)
- [Provider Inquiry/Refund/Adjustment Form](#)
  - This form can take the place of one call attempt to Claims customer service.

You should only submit an inquiry to your Provider Services representative for further assistance **after** attempts have been made via the above escalation channels.

# Commercial claims escalation process

## National Provider Solutions Escalation Process

For issues which you have been unable to resolve through *normal* Provider Inquiry channels, a National Provider Solutions escalation process has been established; however National Provider Solutions cannot escalate a claim inquiry until the following steps below have been taken and documented.

Member ID: \_\_\_\_\_

Member Name: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Issue: \_\_\_\_\_

Contact Provider Inquiry or Secured email contact date: \_\_\_\_\_

Call Reference number: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

What was the issue discussed: \_\_\_\_\_

Resolution told to provider: \_\_\_\_\_

Provider needs to wait 30 days. If after 30 days you do not have a resolution, please contact Provider Inquiry or Secured email again. This time you need to ask for a supervisor:

Contact Provider Inquiry or Secured email contact date: \_\_\_\_\_

Call Reference number: \_\_\_\_\_

Name of Representative and or Supervisor: \_\_\_\_\_

What was the issue discussed: \_\_\_\_\_

Resolution told to provider: \_\_\_\_\_

If after another 30 days you still do not have a resolution, you may forward this issue to Provider Network Solutions.


Group Name: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Group NPI: \_\_\_\_\_

Group contact information: \_\_\_\_\_

Please complete the form and fax or email to your Provider Rep Team: 502-889-2733  
[East.team-kyproviderengagement&contracting@anthem.com](mailto:East.team-kyproviderengagement&contracting@anthem.com)  
[West.team-kyproviderengagement&contracting@anthem.com](mailto:West.team-kyproviderengagement&contracting@anthem.com)

# Commercial claims escalation process



**INSTRUCTIONS**  
**ANTHEM BLUE CROSS AND BLUE SHIELD PROVIDER INQUIRY/REFUND/ADJUSTMENT FORM**  
 Incomplete forms may be returned without action.

<b>1. Inquiry:</b>	Please check the box that best describes the type of inquiry you are submitting. ◻ <b>Corrected Claim:</b> Provider is adding, deleting, or replacing charges. ◻ <b>Underpayment:</b> Provider is inquiring about payment and believes additional payment should be made. ◻ <b>Overpayment:</b> Anthem paid services twice, paid as primary incorrectly, overpaid allowance, etc. <i>(If an overpayment occurs and money needs to be recouped, we will not provide a written response. The EOB will be your notification that the dollars have been recouped).</i>
<b>2. Type of Inquiry</b>	◻ <b>Physician</b> – For all providers billing on a CMS1500 form.    ◻ <b>Dental</b> – For dental claims on CMS1500 form. ◻ <b>Facility</b> – For all providers billing on a UB04 form.    ◻ <b>Vision</b> – For vision claims on CMS1500 form.
<b>3. Identification Number:</b>	Subscribers' 12-digit identification number, including the three letter alpha prefix.
<b>4. Member Name:</b>	Name of the policy holder.
<b>5. Patient's Name:</b>	Name of person receiving medical services.
<b>6. Account Number:</b>	Identification number assigned to patient by provider.
<b>7. Claim Number:</b>	12-digit number included on Anthem's payment voucher.
<b>8. Service Date/Admission Date:</b>	Date services were rendered, or date patient was admitted.
<b>9. Billed Amount:</b>	Total of billed charges.
<b>10. Provider Tax ID Number:</b>	Provider's 9-digit Federal Tax Identification Number.
<b>11. Anthem Provider Number:</b>	Provider's Anthem assigned personal identification number. (Please include all preceding zeros)
<b>12. National Provider Identifier (NPI):</b>	Provider's National Provider Identifier. (Please include all 10 positions)
<b>13. Office Contact Name &amp; Phone #</b>	Name of person completing form.
<b>14. Provider's Information:</b>	Please be sure to include provider's name, address, phone, and fax number.

**SECTION 1**  
 If additional space is needed for comments, please attach an additional page.

<b>Late Charges:</b>	Charges not included on original bill. Please complete Section 2 with information to be changed that will result in a refund. If adding late charges please be specific as to what charges you wish to add. (Note: Late charges can be submitted electronically using the ANSI.X12.837 claim format.)
<b>Duplicate Payment:</b>	Services paid twice for the same claim. Services paid twice on different claims.
<b>Medicare/COB:</b>	Coinsurance incorrect, incorrect coinsurance paid. Please Attach Medicare EOMB. Paid as Primary – Anthem paid in full without applying Medicare or other carrier's payment.
<b>WC/Subrogation</b>	If Workers Compensation or Subrogation is involved. Please include accident date. Please Attach EOB
<b>Diagnosis Change</b>	If changing diagnosis code originally billed, Please fill in Other Comments section and submit corrected claim.
<b>Charge Error:</b>	Charges billed in error, charges billed incorrectly, charges needing removed from claim, etc. Please complete Section 2 with corrected information. (Note: Adjustments, Replacements or Corrections can be submitted electronically using the ANSI.X12.837 claim format.)

**SECTION 2**

<b>Added</b>	Enter date of service, CPT code, and line charge for the late charges you are adding. See example #1
<b>Deleted</b>	Enter date of service, CPT code, and line charge for the charges you would like to have removed or credited. See example #2
<b>Replaced</b>	Enter date of service, CPT code, and line charge for the charges you would like to replace. See example #3

Add/Delete/Replace	Date of Service	CPT/Revenue Code	Line Charge	# of Units
Example #1    A	8/12/11	92283	40.00	1
Example #2    D	8/12/11	80003	-10.00	1
Example #3    R	8/12/11	80003	30.00	3
<b>Total Charges \$</b>		<b>Debit – (Pay More) \$</b>	<b>Credit – (Take Back) \$</b>	

<p><b>If you are sending a refund check with this form, mail to:</b></p> <p style="text-align: center;"> <b>Anthem Blue Cross and Blue Shield</b>                      CCOA Lockbox                      P.O. Box 73651                      Cleveland, OH 44193-1177</p>	<p><b>If you are returning a check issued by Anthem Blue Cross and Blue Shield, please mail to:</b></p> <p style="text-align: center;"> <b>Anthem Finance Dept.</b>                      1351 William Howard Taft                      Mail-Point: CW1-262                      Cincinnati, Ohio 45206</p>
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**IF NO CHECK IS ENCLOSED, PLEASE RETURN PROVIDER ADJUSTMENT REQUEST FORM TO:**

**ANTHEM BLUE CROSS & BLUE SHIELD**  
 P.O. BOX 105557  
 ATLANTA, GA 30348-5557  
 Or FAX to 800-376-0247

Anthem Finance Dept. is the trade name of In-Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (including 30 counties in the Kansas City area): Right2Choice Managed Care, Inc. (R2C), Healthy Alliance Life Insurance Company (HALC), and HMO Missouri, Inc. RPT and certain affiliate subsidiaries (HMO benefits only) and HMO Missouri, Inc. RPT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; Corporate Health Services Insurance Corporation ("Corpspar"), which underwrites or administers the HMO policies and Corporate and BCBSWI (including, which underwrites or administers the PPO policies. Independent licensees of the Blue Cross and Blue Shield Association. © ANHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association.



# Commercial claims escalation process

Anthem 

**ANTHEM BLUE CROSS AND BLUE SHIELD PROVIDER INQUIRY/REFUND/ADJUSTMENT FORM**  
 Date: \_\_\_\_\_  Underpayment  Overpayment  Corrected Claim  Unknown Type of Inquiry  
 Physician  Facility  Dental  Vision

Identification Number	Member Name	Patient Name	Patient Account No.
Claim No.	Serv. Date/Adm. Date	Billed Amount	

Provider Tax ID No. \_\_\_\_\_ Anthem Provider NPI \_\_\_\_\_ Office Contact Name \_\_\_\_\_  
 No. \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
 Provider Name \_\_\_\_\_ Remit Address: \_\_\_\_\_

**Section 1 Check box that best describes reason for adjustment:**  
 Late Charges (Fill out Section 2). Note: Late charges can be submitted electronically using the ANSIXI2 837 claim format.  
 Workers Compensation/Subrogation (Attach EOB)  Accident Date \_\_\_\_\_  
 Diagnosis Change  Charge Error  
 Charges billed in error (Fill out Section 2) Note: Late charges can be submitted electronically using the ANSIXI2 837 claim format.  
 Charges incorrect (Fill out Section 2)  
 Duplicate Payment  
 Services paid twice  
 Duplicate Claim No. \_\_\_\_\_  
 Medicare/COB Note: COB can be submitted electronically using the ANSIXI2 837 claim format.  
 Coinsurance incorrect (Attach Medicare EOB or other carrier EOB)  
 Paid as primary (Attach Medicare EOB or other carrier EOB)  
 Take Back Requested \$ \_\_\_\_\_  
 No Take Back Required (Check Enclosed) Please refer to mailing information on the Adjustment Form Instruction sheet.  
 Check No. \_\_\_\_\_ Check Amt. \$ \_\_\_\_\_ Check Date \_\_\_\_\_  
 Other Comments: \_\_\_\_\_

**Section 2 – Information to be Added, Deleted, or Replaced. (A for Add – D for Delete – R for Replaced) If you require additional space for items that need to be added, deleted or replaced, please use the second page of this form for these items.**

Add/Delete/Replace	Date of service	CPT/Revenue Code	Line Charge	# of Units
Total Charges: \$ _____		Debit + (Pay More) \$ _____	Credit – (Take Back) \$ _____	

**Anthem's Reply To Provider**  
 Claim Forwarded to Processing  
 Claim Will be Adjusted: \$ \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_  
 Payment Applied to Deductible: \$ \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_  
 Check Voided ( See explanation below)  
 Check Will be Reissued  
 Please Send Operative Report  
 Secondary – Refund To Us: \$ \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Explanation: \_\_\_\_\_

Claim Disposition:  
 Paid  Denied  Processed  
 Date: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_  
 Paid to: \_\_\_\_\_  
 Denial Reason: \_\_\_\_\_  
 No Record of Billing. Please Resubmit  
 Not an Anthem Member  
 Please send other carrier information  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

\*This form and supporting documentation may be faxed to 800-376-0247. Please refer to the instruction sheet for additional addresses for mailing.

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# Provider Maintenance Form (PMF)

The screenshot shows the Anthem website's provider portal for Kentucky. At the top left is the Anthem logo. To its right is a search bar with a magnifying glass icon. Below the logo is a navigation menu with links for Medicare, Individual & Family, Employers, Producers, Providers, and Medicaid. On the right side of the navigation menu is a "Find a Doctor" link. Below the navigation menu is a grey header bar with the text "Information for Kentucky" on the left and a blue button with a location pin icon and the text "Change State" on the right. The main content area features a large background image of a female doctor in a white lab coat talking to a patient. Overlaid on the left side of this image are two white boxes. The top box has the heading "Welcome Providers" and the text "Access resources to help health care professionals do what they do best—care for our members." The bottom box has the heading "Join Us!" and the text "Interested in joining our provider network? We look forward to working with you to provide quality services to our members." Below this text is a red button with the text "Begin Application".

Welcome to the New Provider Experience

# Provider Maintenance Form (PMF) (cont.)



Search

Medicare

Individual & Family

Employers

Producers

Providers

Medicaid

Find a Doctor

To get started, please indicate the market where you practice and your provider type below. To learn more about the application process before you begin, see [Getting Started with Anthem](#).

State

If your state isn't listed, go to [bcbs.com](https://www.bcbs.com)

Provider type

Does your organization have an existing Availity account?

Yes  No

Continue



# Provider Maintenance Form (PMF) (cont.)



Search is temporarily unavailable [Contact Us](#)

[Provider Home](#) [Health & Wellness](#) [Plans & Benefits](#) [Answers@Anthem](#) [Communications](#) [Join Our Network](#)

### Availity Portal

Find important self-service tools exclusively at [www.availity.com](http://www.availity.com)


Access our secured site to check eligibility and benefits, manage claims, view remittances, and complete secured administrative tasks online.

[Login](#)

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

View requirements for Local Plan and BlueCard Out-of-Area members.

[Enter](#)



### Find a Doctor

Search our online provider directory when you need a doctor, hospital or other health care provider.

[Enter](#)

## Join Our Network

Thank you for your interest in wanting to join Anthem Blue Cross and Blue Shield (Anthem) in Kentucky as a network provider. We seek to establish professional contracts with exceptional providers, and look forward to working with you to provide quality service for our members. Participation in our networks is based on member access and the need for specific provider services.

If you are a non-contracted provider and would like to join Anthem's network, you will need to complete the [Provider Enrollment Form](#) and fax it to KY National Provider Solutions @ (855)384-4872.

We also require you to complete and submit the online [Provider Maintenance Form - Provider Application/Add Provider Form](#).

These forms are for physicians, providers, professionals and ancillary providers to apply for participation with Anthem Blue Cross and Blue Shield in KY. The information provided will be used to determine contract eligibility and to draft legal documents for signatures.

Providers (if applicable) must have a complete CAQH application. An incomplete application will delay the credentialing process. Contact information: 888-599-1771 or <https://proview.caqh.org>

#### CHANGE OF TAX ID NUMBER

If you are an existing provider changing your Tax ID number, please complete the [Provider Enrollment Form](#) and fax it to KY National Provider Solutions @ (855)384-4872. We also require you to complete and submit the online [Provider Maintenance Form - Provider Application/Add Provider Form](#).

Please note that a TIN change requires a new Anthem contract, reissue of Anthem PINS, and a minimum of 30 days advance notice. Claims cannot be submitted under a new TIN until National Provider Solutions has confirmed system load and approved claim release.

#### ADDING ADDITIONAL NETWORKS

If you are already contracted with Anthem and are interested in participating in additional networks, please complete a [Provider Enrollment Form](#) and also complete and submit the online [Provider Maintenance Form - Provider Application/Add Provider Form](#).

Eligible providers applying for ANTHEM KY MEDICAID, INDIANA MEDICAID, HEALTHY INDIANA, HOOSIER CARE CONNECT or HOOSIER HEALTHWISE must be enrolled through the state and have an active Medicaid number.

#### CONTACT US


If you have contract questions please call KY National Provider Solutions (NPS) at 800-205-5870 or you can reach out to us through email (preferred):

[East.Team-KYProviderEngagement&Contracting@Wellpoint.com](mailto:East.Team-KYProviderEngagement&Contracting@Wellpoint.com)  
[West.Team-KYProviderEngagement&Contracting@Wellpoint.com](mailto:West.Team-KYProviderEngagement&Contracting@Wellpoint.com)

#### [Practitioner Credentialing Rights](#)

# Provider Maintenance Form (PMF) (cont.)

Click [here](#) to access the *PMF*.



**Provider Maintenance Form**

November 04, 2019

**Welcome to Anthem's Provider Maintenance Form. This site gives you the capability to submit the Provider Maintenance Form electronically.**

Do you currently participate in and want to update information or wish to apply for participation in the Medicaid State Sponsored networks and/or Healthy Indiana Plan (HIP) managed by Anthem?

Attention Anthem Blue Cross and Blue Shield of Kentucky Providers: If you currently participate in the state of Kentucky's Medicaid program or would like to enroll, please select "No".

Yes  
 No

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# Provider Maintenance Form (PMF) (cont.)

## **SECTION A: (GENERAL INFORMATION)**

Tax ID, Group Name, etc.

## **SECTION B: (REASON FOR SUBMITTING)**

Adding/Terminating Provider, Adding/Deleting Address, Specialty Change, Name Change, etc.

## **SECTION C: (PROVIDER INFORMATION)**

Name, NPI, Date of Birth, etc.

Healthy Indiana Plan and Indiana Medicaid information  
APRN or Physician Assistant—Specify whether supporting a PCP or Specialist

## **SECTION D: (PROVIDERS OF AUTISM ONLY)**

## **SECTION E: (PRACTICE ADDRESS)**

Primary and Remit address

## **SECTION F: (ADDRESS INFORMATION CHANGE)**

Only complete if changing address

## **SECTION G: (ADDITIONAL OFFICE LOCATIONS)**

Additional locations in addition to the group's primary address

## **SECTION K: (ATTACHMENTS)**

Any additional information

## **SECTION L: (COMMENTS)**

Free text to be specific on what is being requested



# Kentucky Medicaid

Credentialing provider  
portal taxonomy edits

# Credentialing process

- The credentialing process follows the existing Anthem process in Kentucky.
- All Medicaid providers are required to be credentialed for Anthem in addition to commercial plans.
- Providers must have an active Medicaid number in Kentucky, current NPI and a completed CAQH application for Anthem.
- Anthem must be notified of any changes in licensure, demographics or participation status.

**Open member enrollment: November 4, 2019, through December 13, 2019**



# Provider website



The screenshot shows the header of the Anthem Kentucky Providers website. On the left, the Anthem logo is displayed above the text "BlueCross BlueShield" and "Medicaid". To the right is a photograph of a family: a woman in a blue shirt is brushing a child's teeth, while a man in a dark shirt looks on. A purple banner on the left side of the header contains the text "Kentucky Providers". Below the banner are three small buttons labeled "A-", "A", and "A+". In the bottom right corner of the header, there are links for "Login" and "Register".

Anthem  
BlueCross BlueShield  
Medicaid

Kentucky Providers

A- A A+

Login | Register

# Billing guidance — taxonomy

## *CMS-1500 Form* and UB04 taxonomy code requirements

### State requirements:

- Providers must complete one of the following forms in order to request a change in the provider's NPI or taxonomy code:
  - *Fox System Verification* letter
  - *Fox System Verification* email
  - *NPPES Registry* printout
- Forms should be submitted to the Kentucky Department for Medicaid Services (DMS) Provider Enrollment
- To verify the provider's NPI or taxonomy code(s), contact DMS via:
  - Email at [program.integrity@ky.gov](mailto:program.integrity@ky.gov).
  - Phone at **1-877-838-5085**.



# Indiana Medicaid

# Indiana Medicaid

- Anthem credentials for Kentucky and southern Indiana plans.
- Providers must be enrolled in Indiana Medicaid (Healthy Indiana Plan, Hoosier Healthwise and Hoosier Care Connect) before enrolling with Anthem.
- To add IN Medicaid, provider must answer *yes* to the opening *PMF* question.
- Provider types are similar to Kentucky Medicaid.
- Anthem must be notified of any changes in licensure, demographics or participation status.



# AIM and Optinet survey

# AIM program updates for Kentucky Medicaid

- Effective December 1, 2019, AIM will be managing the prior authorization (PA) process for radiology and cardiology
- Beginning November 11, 2019, providers will be able to contact AIM for PA on services to take place on or after December 1, 2019.
- Anthem invites you to take advantage of a free informational webinar that will introduce you to the robust capabilities of the AIM ProviderPortal<sup>SM</sup>.

# AIM program updates for Kentucky Medicaid (cont.)

## **REMINDER: new AIM Rehabilitative Program effective November 1, 2019**

Published: Nov 1, 2019

As previously communicated in the October 2019 edition of Anthem Blue Cross and Blue Shield (Anthem)'s *Provider News*, the AIM Rehabilitative program for Anthem's Commercial Membership relaunched November 1, 2019. AIM Specialty Health® (AIM), a separate company, will begin to perform prior authorization review of physical, occupational and speech therapy services. Requests may be submitted via the AIM [ProviderPortal<sub>sm</sub>](#) for dates of service November 1 and after. The OrthoNet program is no longer active in applicable markets.

Anthem is also transitioning vendors for review of Rehabilitative Services for our \*Medicare members to include outpatient physical therapy, occupational therapy, and speech-language pathology, to AIM Specialty Health. Anthem has decided to delay the implementation of this transition. The AIM Rehab program will now begin in April 2020. Pre-authorization will not be required for the above mentioned services through March 2020.

\*This does not apply to members in the states of Florida, New Jersey and New York for whom prior authorization will still be required.

# AIM program updates for Kentucky Medicaid (cont.)

## Quick Reference Guide



### AIM Specialty Health® (AIM) Services

AIM Specialty Health® (AIM) services include management of High-Tech Imaging,\* Echocardiography, Specialty Pharmacy, Radiation Therapy and Sleep Studies. All of these services require precertification or pre-notification.\*\* This does not apply to services rendered as part of an emergency department or inpatient stay. In addition, for providers of high-tech imaging and sleep testing and therapy services, AIM requires the completion of an *OptiNet* online site assessment.

\*High-Tech Imaging Services include CT, CTA, MRI, MRA, Nuclear Cardiology and PET.

### Ordering and Servicing Providers: Getting Started

Both AIM's management services and the *OptiNet* online site assessment can be accessed through the Availity Web portal at [www.availity.com](http://www.availity.com) or by going directly to the AIM portal at [www.aimspecialtyhealth.com/goweb](http://www.aimspecialtyhealth.com/goweb).

#### Availity:

- You need an Availity User ID and Password.
- Go to [www.availity.com](http://www.availity.com) and select "Log on."
- From the Availity Patient Registration drop-down menu - Click Authorizations & Referrals | AIM Specialty Health.
- If your organization is not registered, go to [www.availity.com](http://www.availity.com).
- Select Register Now.

#### Additional Resources:

The CPT® code list and list of prefixes that require Precertification or Pre-notification\*\* may be found in the Reference Desk on the AIM *ProviderPortal* page. Select the Reference Desk and then the code set you are interested in viewing.

For technical questions about the *OptiNet* Online Site Application, call (800) 252-2021. For all other questions, contact your local Network Management Representative.

### Precertification/Pre-notification Requests and Inquiries

After you have logged into Availity or AIM directly, select "I Agree" to the HIPAA disclaimer on the AIM *ProviderPortal* page.

#### To submit a request:

- Select Order Type.
- Enter Member Search criteria.
- Select "Find this member."
- Complete requested information and if submitted information meets criteria, an authorization number will be issued.

#### To locate code lists:

- Select Reference Desk
- Choose appropriate code set (diagnostic imaging, specialty drug, radiation therapy, sleep, or surgical)

#### To confirm a request (inquiry):

- Select Check Order Status.
- Select the Order Type.
- Select the search type (Order ID, Member Number, Member Name, WMDS Number)
- Click Find This Order.
- If a precertification request has been submitted and approved, it will be returned. The returned report can be printed and placed in the member's chart.

03/2017

#### \*\*Important Notice:

- Please contact 800-676-BLUE (2583) to verify precertification requirements for members covered by a non-Anthem Plan.

### OptiNet Online Site Assessment (IN, KY, MO, OH, WI)

*OptiNet* is an online provider assessment tool that collects information on the imaging facility, such as services, staffing and accreditation. The assessment does not need to be completed in one sitting. Data can be saved as you proceed through the assessment. The survey results will be available within 24 hours after you submit the assessment. The information gathered from the *OptiNet* assessment will be made available to ordering providers during the precertification /pre-notification request process.

Servicing providers of high tech imaging services and sleep studies need to complete the self-assessment survey by selecting *Access Your Optinet Registration* in the AIM application. The Availity or AIM User ID and password is required to access the site assessment. Note: If you have not already done so, please register with AIM at [www.aimspecialtyhealth.com/goweb](http://www.aimspecialtyhealth.com/goweb) in order to access the assessment.

To access the *OptiNet* site assessment application from the Availity Web Portal, log in to Availity, then from the Patient Registration drop-down menu, select Authorizations & Referrals | AIM Specialty Health

You may also access the assessment via [www.aimspecialtyhealth.com/goweb](http://www.aimspecialtyhealth.com/goweb).

After you have logged into the AIM application:

- Select "I Agree" to accept the HIPAA disclaimer.
- Select Access Your Optinet Registration.
- Select Registration Type: Diagnostic or Sleep Medicine.
- Select the green bar - Access Your Optinet Registration.
- Select Begin Registration on the AIM Provider Registration Wizard page.
- Find your location/site and complete the requested information.
- Choose the Submit button (sends assessment for tabulation).

Availity, an independent company, provides claims management services for Anthem Blue Cross and Blue Shield.

AIM Specialty Health is a separate company providing utilization review services on behalf of Anthem Blue Cross and Blue Shield.

CPT® is a registered trademark of the American Medical Association

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# AIM program updates for Kentucky Medicaid (cont.)



Provided below is a template checklist for the implementation of the *OptiNet* for Radiology Assessment, Provider Transparency and Member Engagement Solutions. This language should be revised as your plan sees fit to align with existing messaging, for your various target audience groups, and based upon your program specifications. AIM Specialty Health<sup>SM</sup> company and product branding (*OptiNet*, *ProviderPortal*<sub>SM</sub>), web addresses ([www.aimspecialtyhealth.com](http://www.aimspecialtyhealth.com), [www.aimspecialtyhealth.com/goweb](http://www.aimspecialtyhealth.com/goweb)), and proprietary information such as application terminology and operational details may not be changed.

## Registration Information Checklist

### 1. Site and Contact Information

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Verify imaging facility address</li> <li>• Designated contact person</li> </ul> | <ul style="list-style-type: none"> <li>• Hours of operation</li> <li>• Accreditations and expiration dates</li> </ul> |
|--|---|

### 2. Equipment Information

For each modality (if applicable)

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Manufacturer</li> <li>• Type</li> <li>• Model</li> <li>• Year Made</li> <li>• Number of channels</li> <li>• Magnet strength</li> <li>• Table weight limit (if applicable)</li> </ul> | <ul style="list-style-type: none"> <li>• Accreditations and expiration date</li> <li>• Procedures performed</li> </ul> |
|---|--|

### 3. Staff Information

For each Interpreting Physician

- Specialty
- Board certification and expiration date
- Sub specialties/CAQ

For each Technologist/Imager

- Modalities performed
- Certification(s) by modality
- Certification expiration date(s)

OptiNet Provider Registration Checklist



### 4. Shared and Mobile Services

- Other users of equipment & facility

Note: All registration information is subject to audit verification

OptiNet Provider Registration Checklist



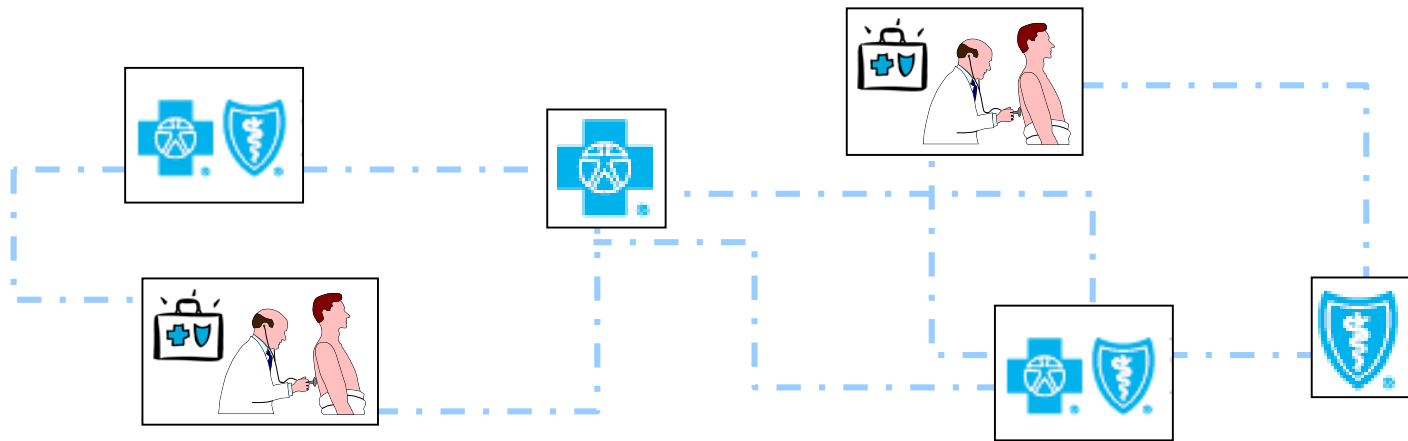
BlueCard®

# What is BlueCard?

BlueCard is a collection of programs and policies that enable members to receive health care services while traveling or living in another plan's service area.

# What is BlueCard?

BlueCard links participating providers and the independent Anthem plans across the country through a single electronic network for claims processing and reimbursement.



# What is BlueCard?

- The programs are for members who receive health care while traveling or living in another plan's service area
- BlueCard:
  - Gives members access to local plan's provider networks and discounts for services covered under their own benefit plans.
  - Allows members' own plans to adjudicate claims and local plans to pay providers.

# Key players

- Home plan:
  - Insures and/or administers member's benefit plan.
  - Interfaces with members/accounts.
- Host plan:
  - Establishes and maintains the provider networks.
  - Interfaces with providers.
- Blue Cross Blue Shield Association (BCBSA):
  - Administers programs.
  - Creates policies and provisions.
  - Governs processing standards and rules.

# Control/home plan responsibilities

- Controls all aspects of benefit plan delivery, and deals with the member and account
- Issues ID cards and member *EOBs*
- Member service calls
- All member interactions
- Membership and eligibility determination
- Claims adjudication
- All account interactions
- Creates plan profile

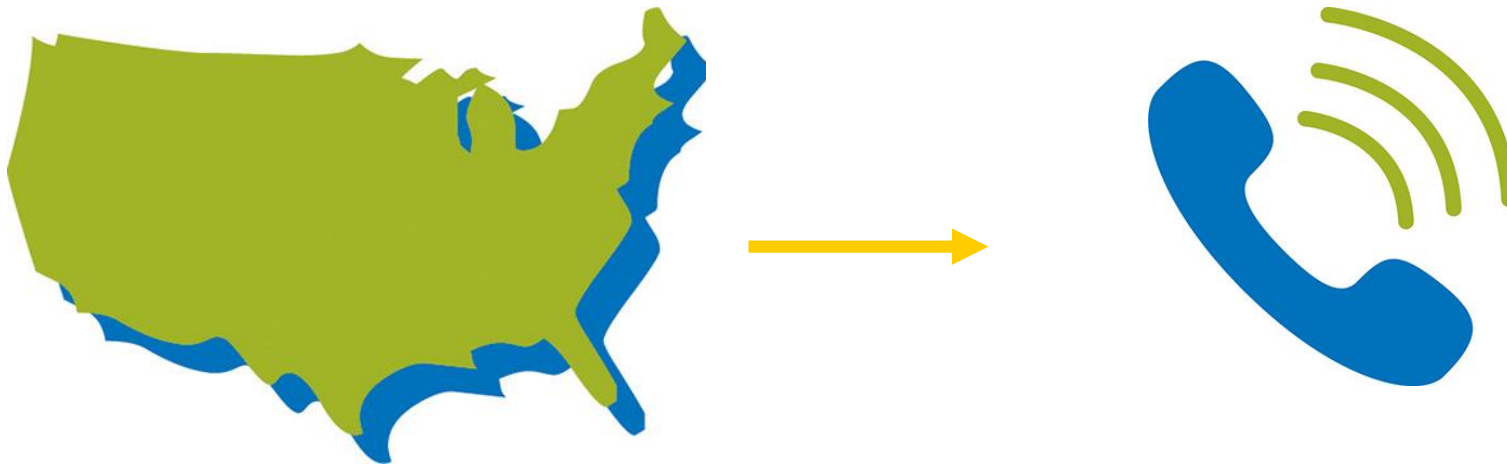
# Par/host plan responsibilities

- Deals with the provider
- Provider contracting and education
- Servicing of **all** network providers in host area
- Receives claims and prices claims
- Routes claims and pricing data to the home plan
- Provider receives reimbursement from host plan

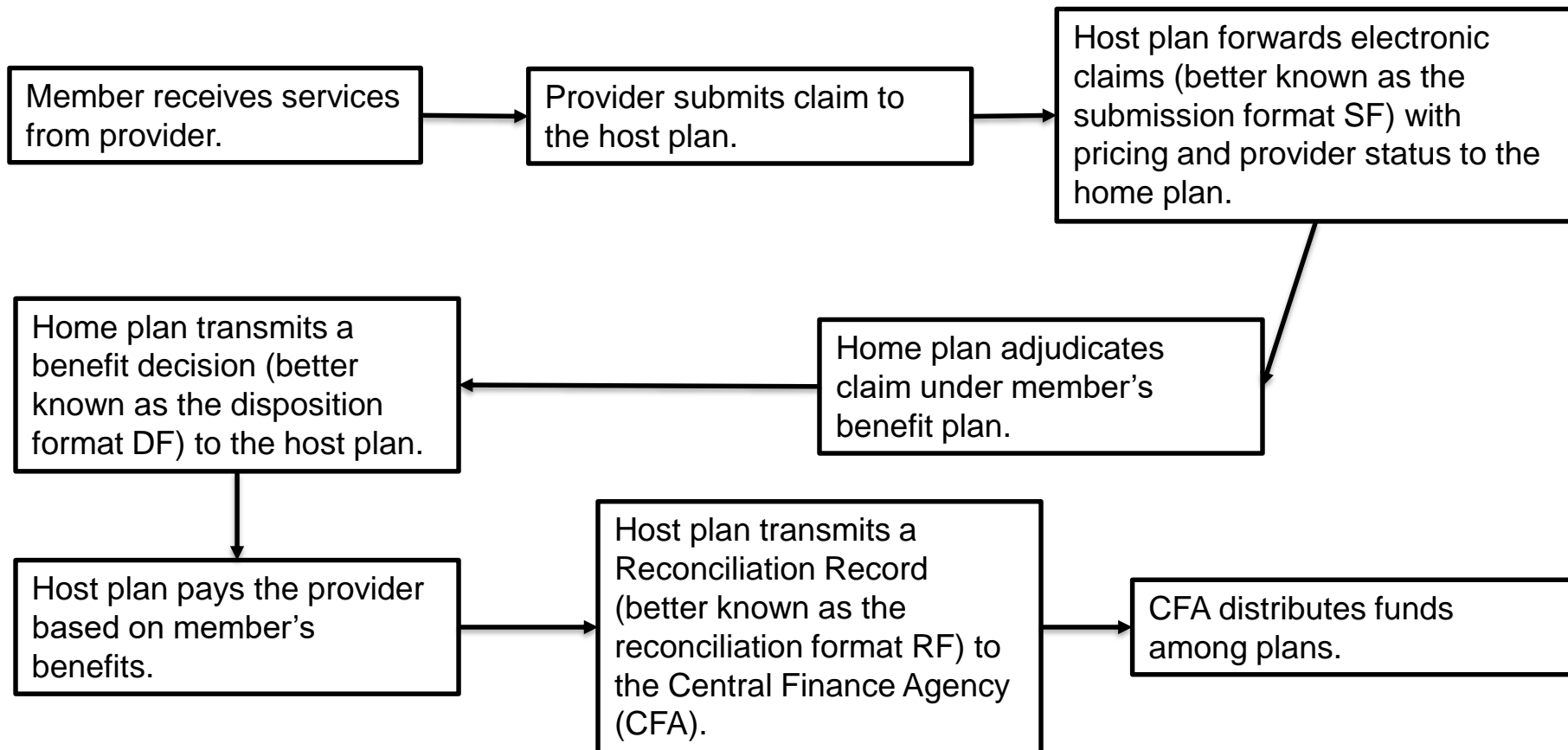


# How BlueCard works

The member lives in/travels to a state other than the state that administers the health benefits of the insured. The member may obtain names of BlueCard providers by contacting BlueCard Access at [BCBS.com](https://www.bcbs.com) or calling **1-800-810-BLUE**.



# How BlueCard claims work



# Helpful resources

## Provider Relations team information:

- Provider Relations phone: **1-800-205-5870, opt. 3**
- East team email: East.Team-KyPrviderEngagement&Contracting@anthem.com
- West team email: West.Team-KyProviderEngagement&Contracting@anthem.com
- ***Commercial Provider Manual***
- ***Medicare Advantage Guidebook***
- ***Medicaid Provider Manual***
- All Anthem products updates:
  - Sign-up for **eUpdates**

# Thank you

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc., an independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., an independent licensee of the Blue Cross and Blue Shield Association. AIM Specialty Health is a separate company providing utilization review services on behalf of Anthem Blue Cross and Blue Shield Medicaid.

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