Anthem

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

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Provider Relations territory map

Provider Solutions regions

West Team

Email: West.Team-KyProviderEngagement&Contracting@anthem.com
Phone: 1-800-205-5870, Opt. 3, Opt. 2
Fax: 1-855-384-4872

East Team

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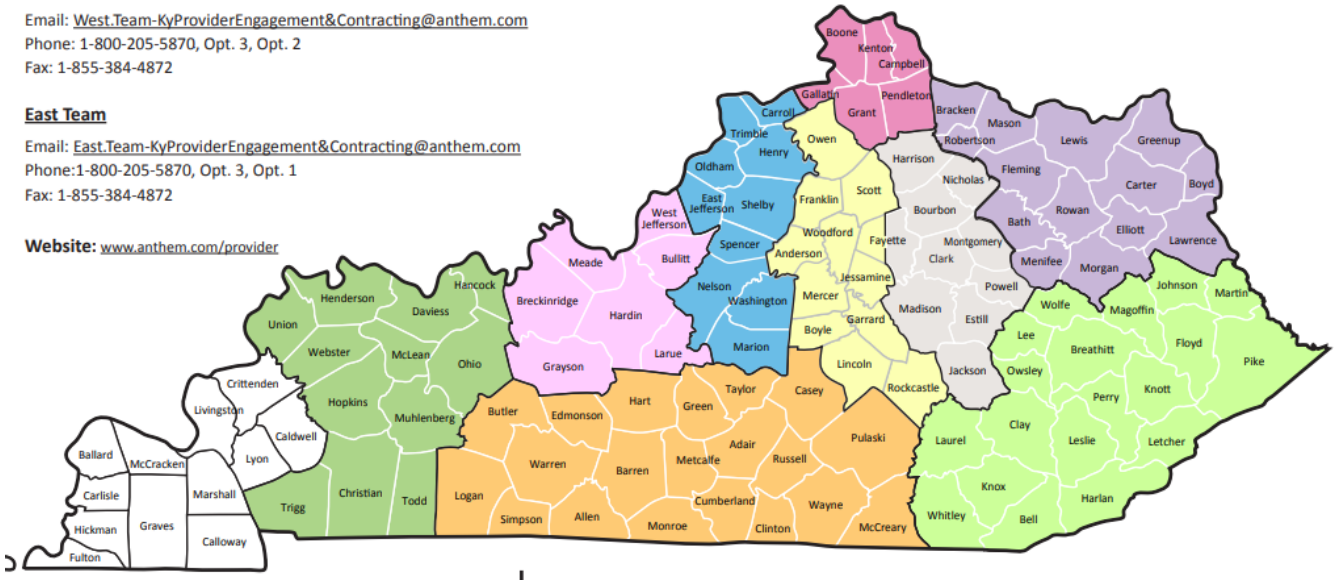
Phone:1-800-205-5870, Opt. 3, Opt. 1
Fax: 1-855-384-4872

Website: www.anthem.com/provider



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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
Exchange Kentucky:				
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
Exchange Indiana:				
Pathway Individual (HMO)	XPD	**1-855-854-1438**	**1-877-814-4803**	Behavioral health: **1-855-854-1438**
Pathway X Individual (HMO)	XPE XPH	**1-855-854-1438**	**1-877-814-4803**	Behavioral health: **1-855-854-1438**
Pathway X Individual (POS)	XPU	**1-855-854-1438**	**1-877-814-4803**	Behavioral health: 1-**855-854-1438**
Pathway Individual (POS)	XPV	**1-855-854-1438**	**1-877-814-4803**	Behavioral health: **1-855-854-1438**
Pathway Small Group (HMO)	XPB XPC	**1-855-854-1438**	**1-877-814-4803**	Behavioral health: **1-855-854-1438**
Pathway Small Group (POS)	XPR XPW	**1-855-854-1438**	**1-877-814-4803**	Behavioral health: **1-855-854-1438**
Pathway Small Group (PPO)	XPA	**1-855-854-1438**	**1-877-814-4803**	Behavioral health: 1-85**5-854-1438**
Federal Employee Program®	R	**1-800-456-3967**	**1-800-860-2156**	
Healthy Indiana Plan (HIP)	YRK	**1-800-345-4344**	**1-866-398-1922**	**1-800-553-2019**: Eligibility and benefits
Appalachian Regional Health Care	RHR	**1-833-832-2455**	**1-833-832-2455**	Behavioral health: **1-833-832-2455**
Baptist Health Care	BPT WBT	**1-800-676-BLUE**	**1-877-449-2884**	Optum Behavioral: **1-877-369-2201**
Kentucky State Group (KEHP)	KYH	**1-844-402- KEHP**	**1-844-4-2-KEHP**	Behavioral health: **1-855-873-4931**
Norton Health Care	JNJ	**1-844-344-7416**	**1-866-643-7087**	**1-866-643-7087**
UK Health Care (HMO)	ULS UHI	**1-800-676-2583**	**1-866-776-4793**	**1-866-776-4793**
UK Health Care (PPO/EPO)	USP	**1-800-676-2583**	**1-866-776-4793**	**1-866-776-4793**
UK Health Care (Indemnity)	UTA UCU	**1-800-676-2583**	**1-866-776-4793**	**1-866-776-4793**
Anthem — Dental (Kentucky)		**1-888-209-7854**	**1-800-627-0004**	
American Imaging Management				**1-800-554-0580**
EDI Helpdesk		**1-800-470-9630**		

Administrative Services directory (cont.)

Claims	Correspondence/*Medical Records/Prov. Adjust Forms*	Non-UM appeals	Medicare Advantage grievances and appeals	Federal Employee Program claims and correspondence
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

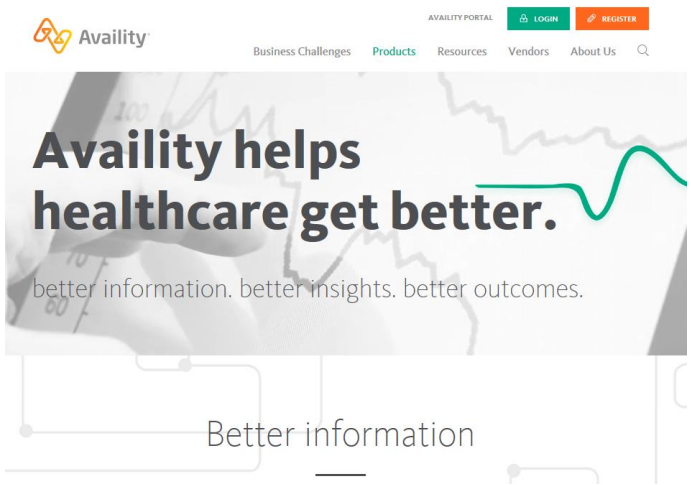
Anthem (Kentucky)	UM appeals	Federal Employee Program grievances and appeals
Anthem Blue Cross and Blue Shield P.O. Box 61010 Virginia Beach, VA 23466-1010	Anthem Blue Cross and Blue Shield P.O. Box 105662 Atlanta, GA 30348	Anthem Blue Cross and Blue Shield 3075 Vandercar Way Cincinnati, OH 45209

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.

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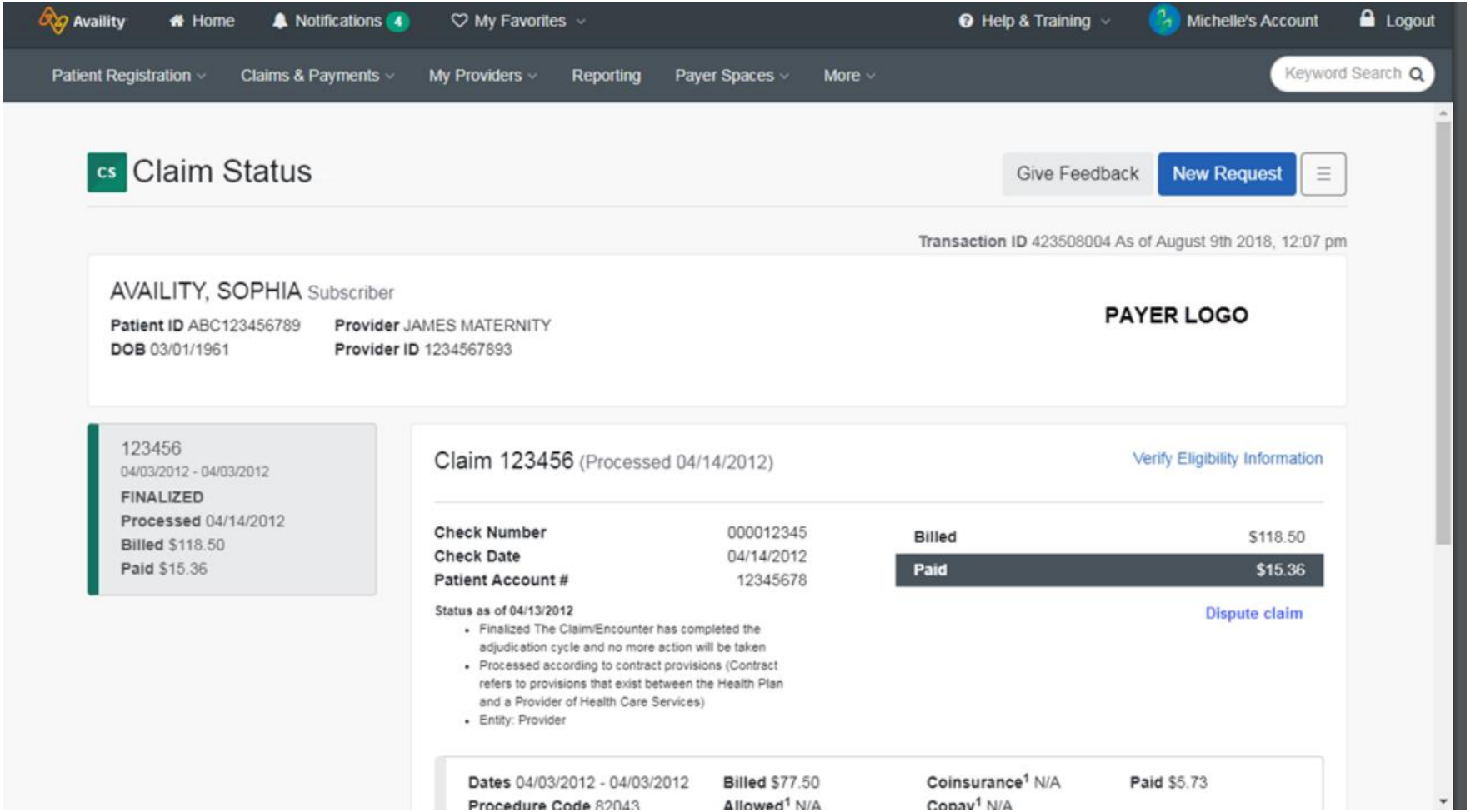
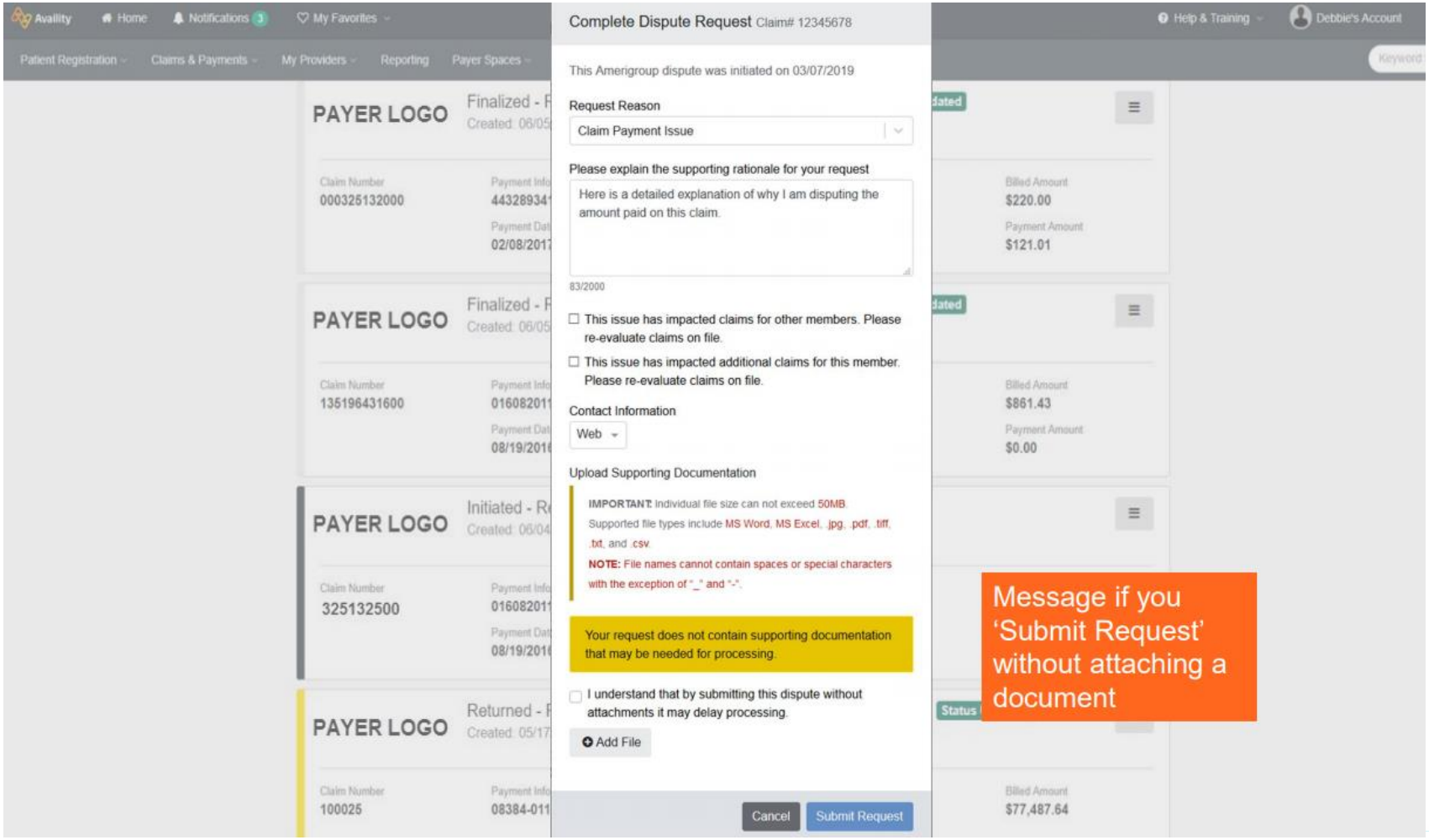
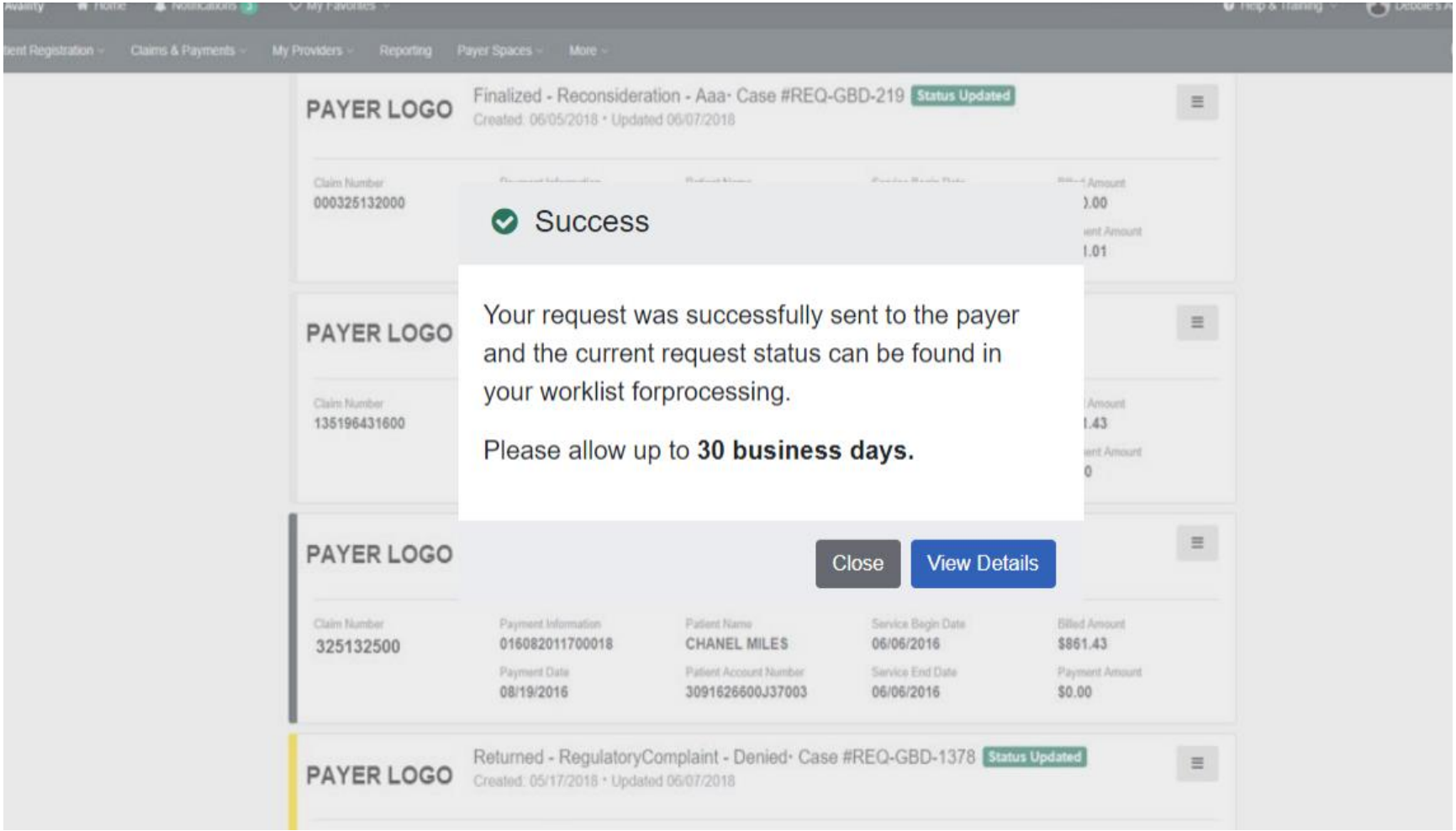
Claims dispute functionality (cont.)



Claims dispute functionality (cont.)



Claims dispute functionality (cont.)



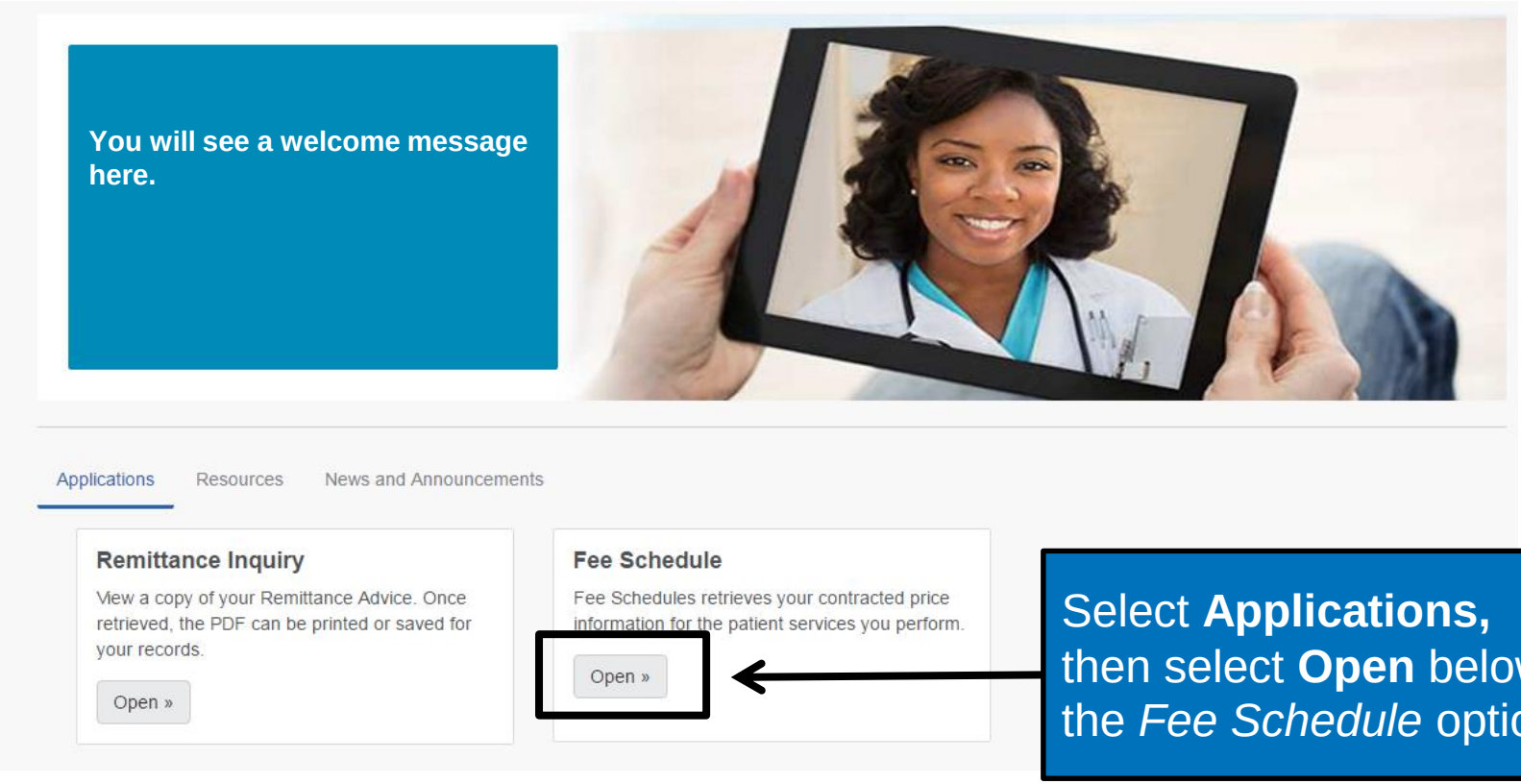
Fee schedule look-up

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

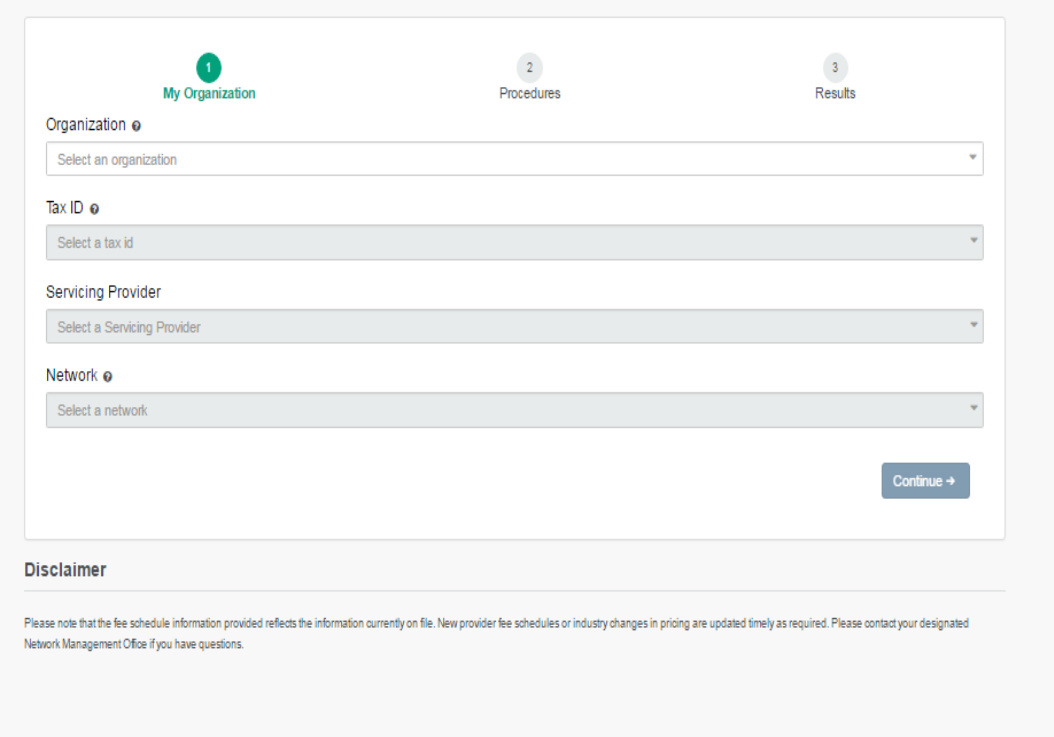
Fee schedule look-up (cont.)

Professional fee schedule:



Fee schedule look-up (cont.)

Professional fee schedule:

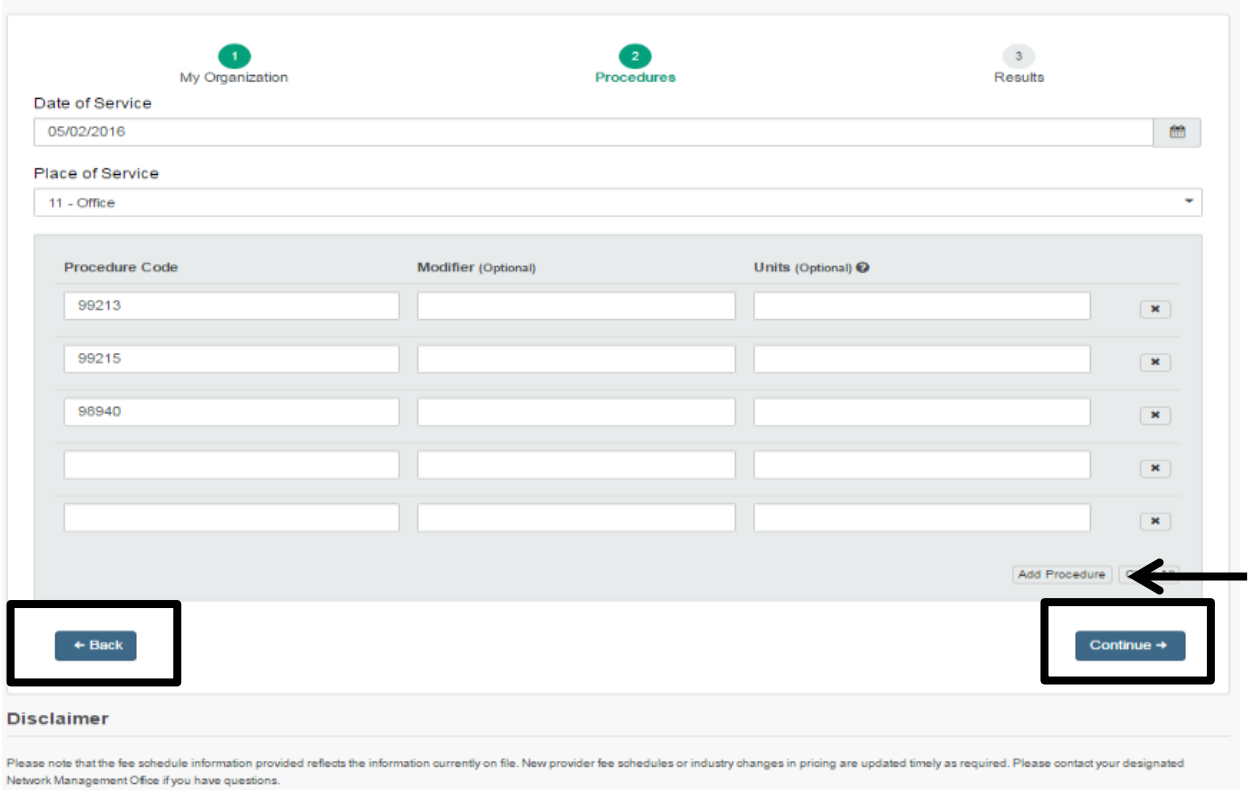


Select an option from the *Organization* and *Tax ID* drop-down menus.

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

Fee schedule look-up (cont.)

Professional fee schedule:



Type *Date of Service*.

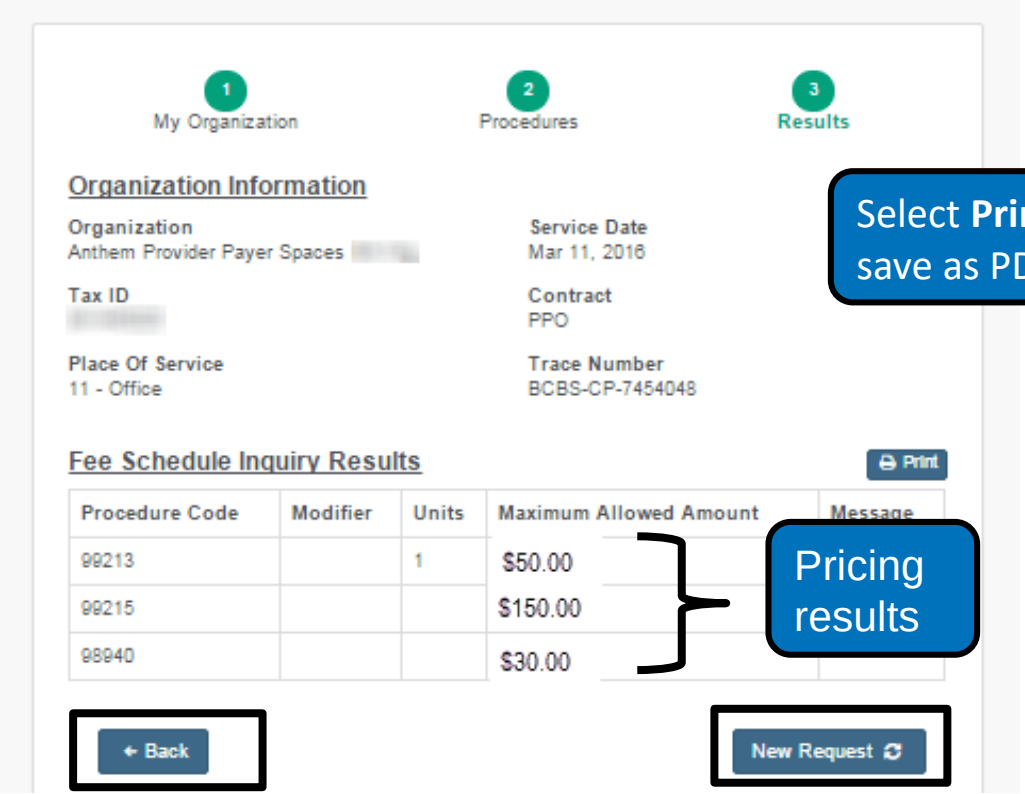
Select an option from the *Place of Service* drop-down menu.

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.)

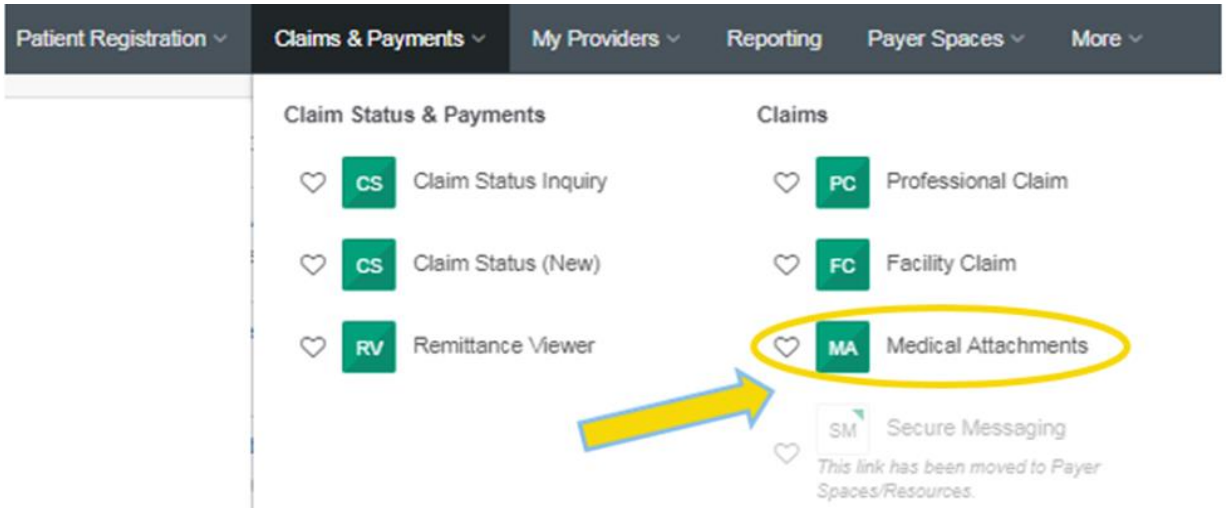
Professional fee schedule:



Solicited Medical Attachments tool

Submit using the Availity Portal Medical Attachments tool:

- Send medical records requested via a letter.

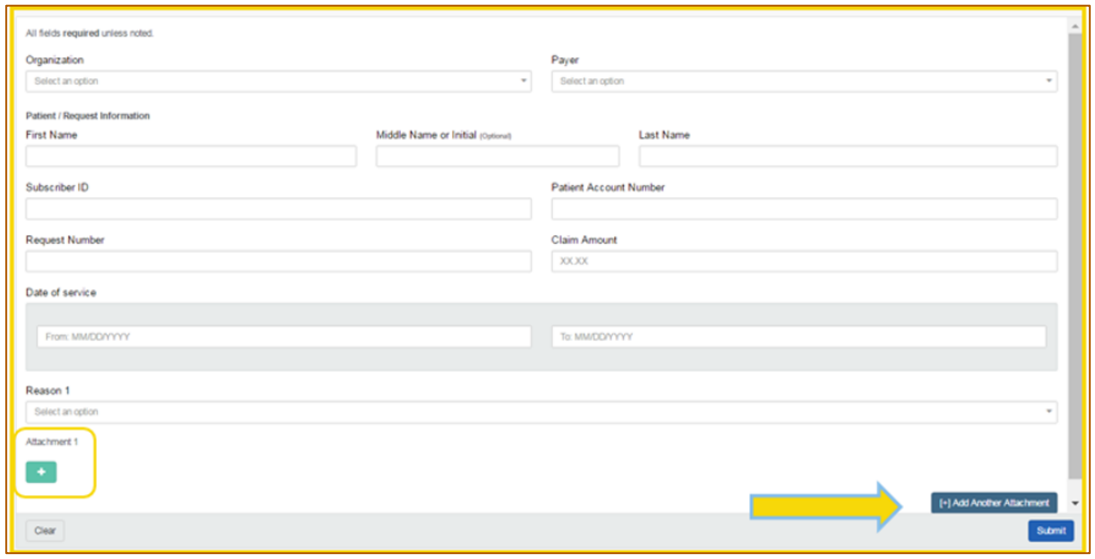


To submit a medical record electronically via Availity:
Log in to the Availity Portal, then from the *Claims* drop down box, select **Medical Attachments**.

Solicited Medical Attachments tool

Submit using the Availity Portal Medical Attachments tool:

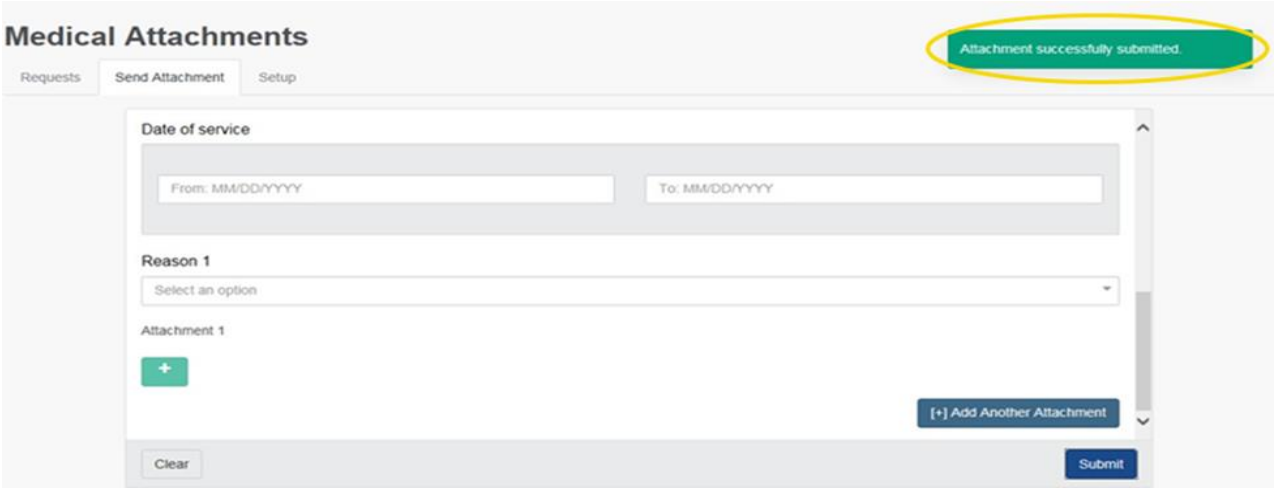
- Complete the required fields.
- Insert the required medical records.
- Select **Submit**.



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.



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

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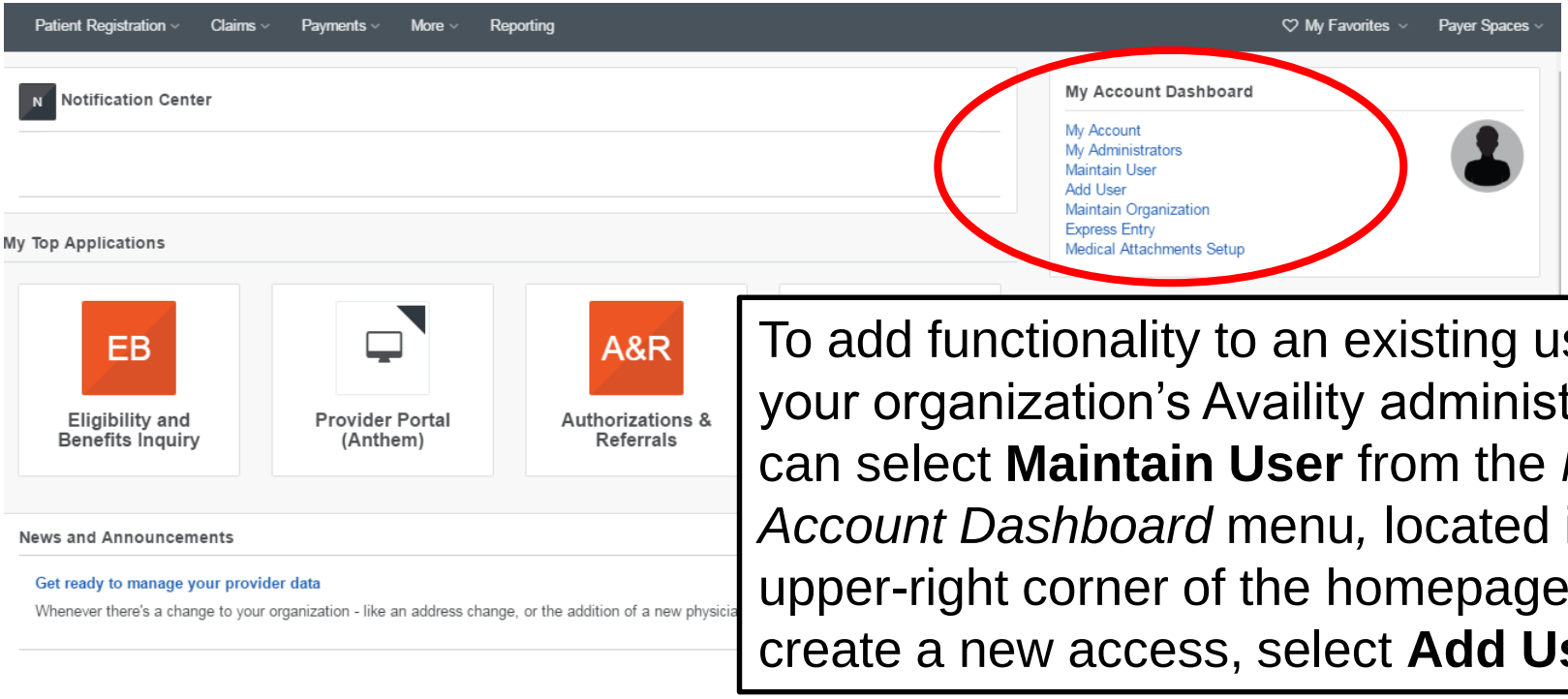
Availity administrator: granting access



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**.

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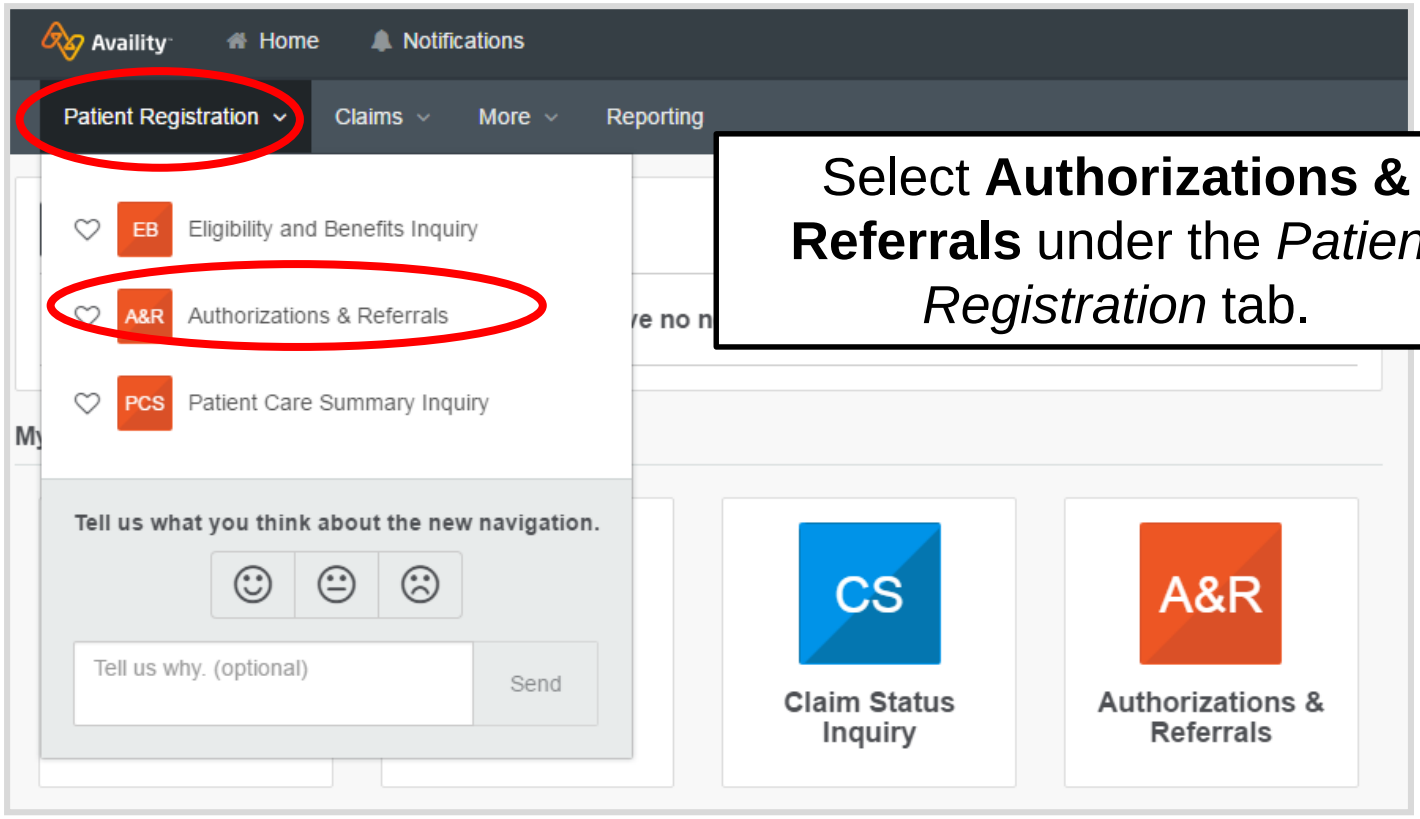
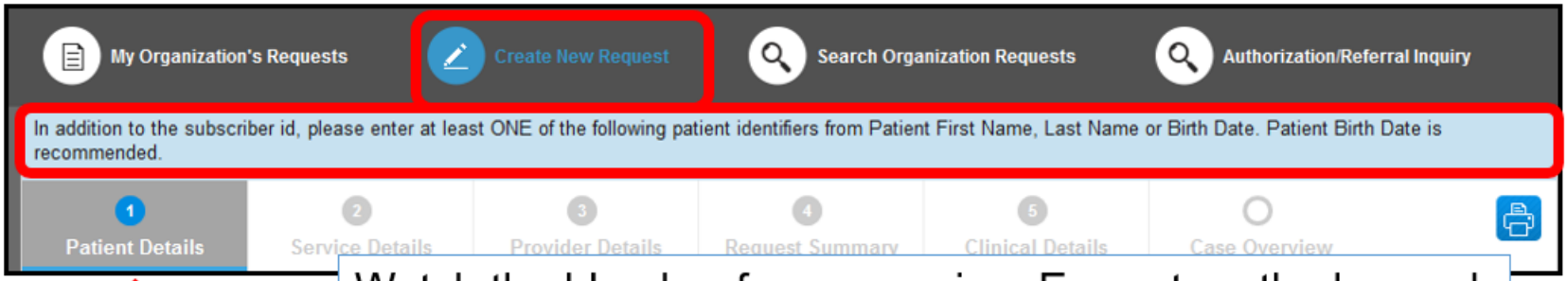
Accessing the ICR through the Availity Portal



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

Creating a new request

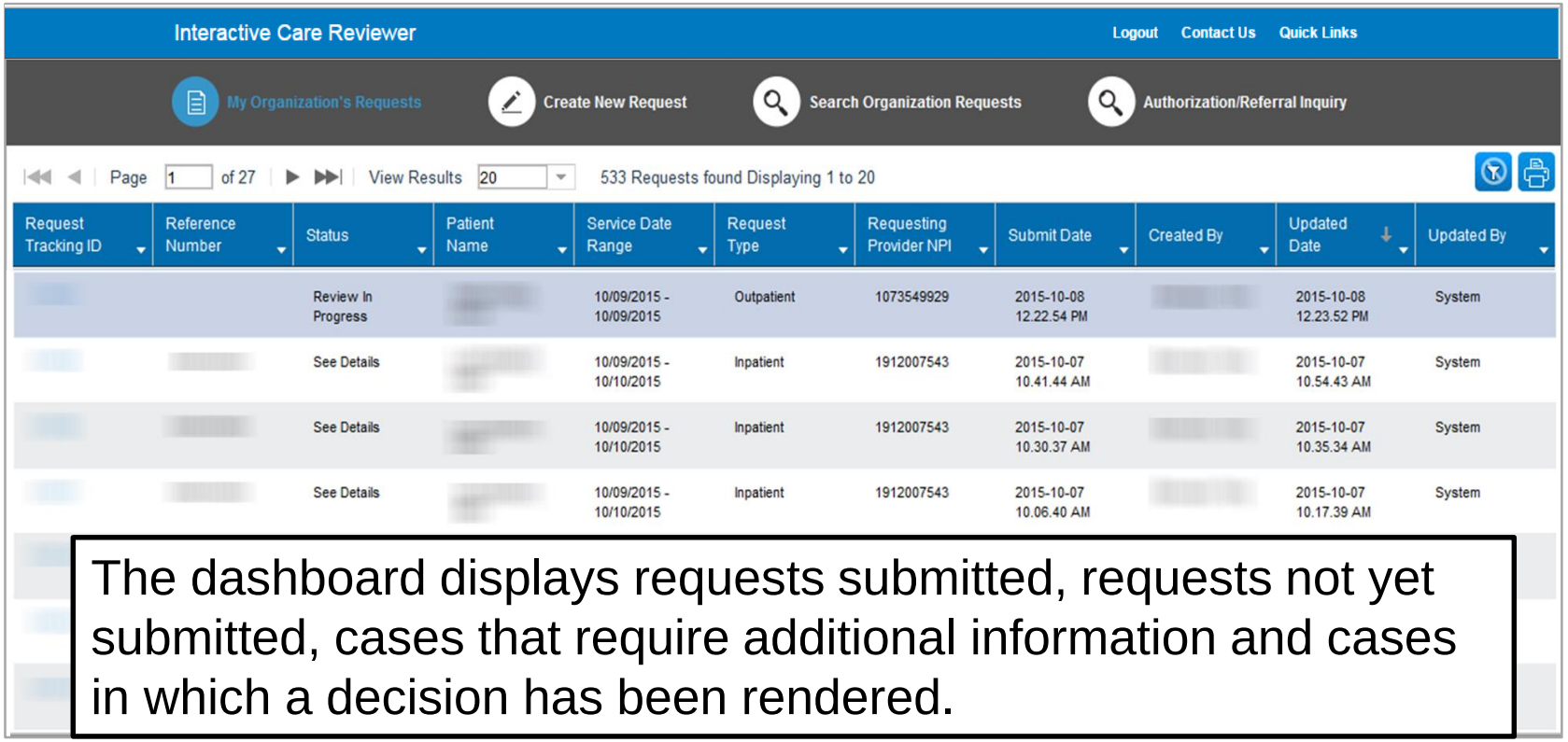
Select **Create New Request**.



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

The menu bar shows where you are.

The ICR landing page/dashboard



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

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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**.

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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.

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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
West.team-kyproviderengagement&contracgting@anthem.com

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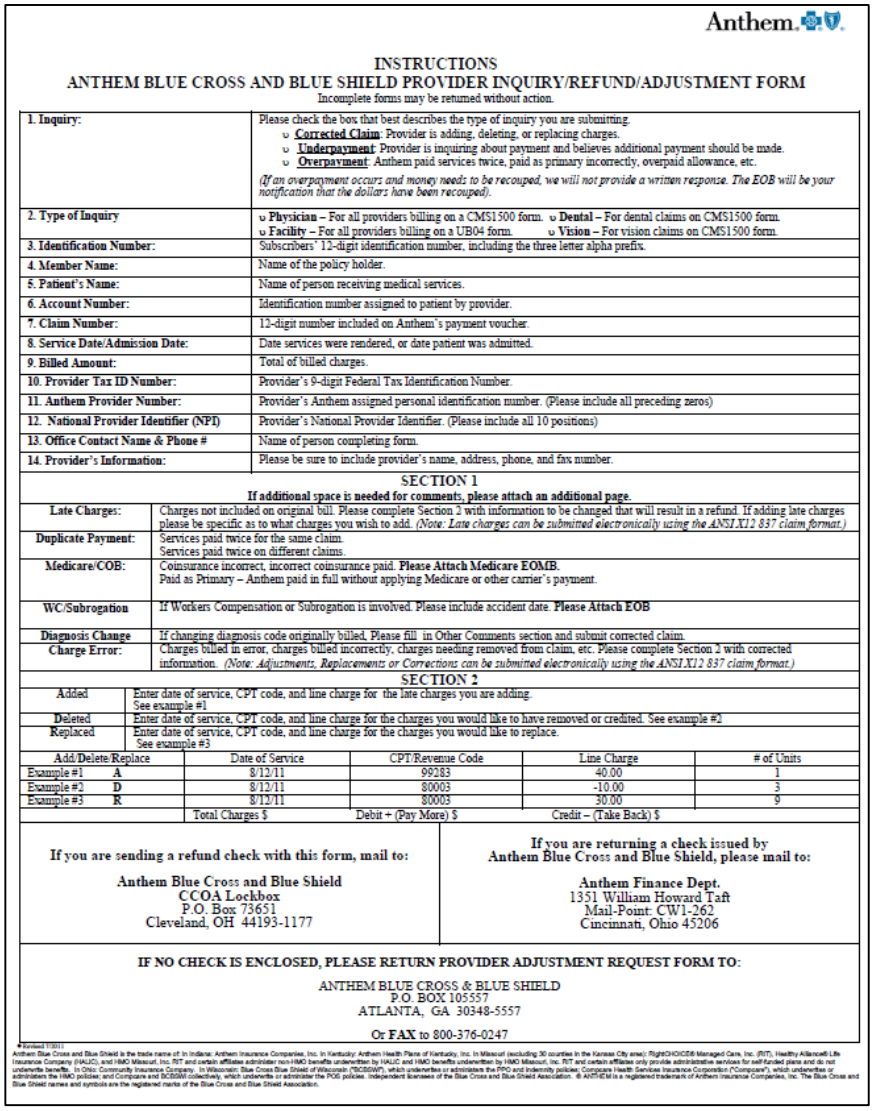
Commercial claims escalation process



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

1. Inquiry:	Please check the box that best describes the type of inquiry you are submitting. υ **Corrected Claim**: Provider is adding, deleting, or replacing charges. υ **Underpayment**: Provider is inquiring about payment and believes additional payment should be made. υ **Overpayment**: Anthem paid services twice, paid as primary incorrectly, overpaid allowance, etc. *(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).*
2. Type of Inquiry	υ **Physician** – For all providers billing on a CMS1500 form. υ **Dental** – For dental claims on CMS1500 form. υ **Facility** – For all providers billing on a UB04 form. υ **Vision** – For vision claims on CMS1500 form.
3. Identification Number:	Subscribers' 12-digit identification number, including the three letter alpha prefix.
4. Member Name:	Name of the policy holder.
5. Patient's Name:	Name of person receiving medical services.
6. Account Number:	Identification number assigned to patient by provider.
7. Claim Number:	12-digit number included on Anthem's payment voucher.
8. Service Date/Admission Date:	Date services were rendered, or date patient was admitted.
9. Billed Amount:	Total of billed charges.
10. Provider Tax ID Number:	Provider's 9-digit Federal Tax Identification Number.
11. Anthem Provider Number:	Provider's Anthem assigned personal identification number. (Please include all preceding zeros)
12. National Provider Identifier (NPI)	Provider's National Provider Identifier. (Please include all 10 positions)
13. Office Contact Name & Phone #	Name of person completing form.
14. Provider's Information:	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.

Late Charges:	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.)*
Duplicate Payment:	Services paid twice for the same claim. Services paid twice on different claims.
Medicare/COB:	Coinsurance incorrect, incorrect coinsurance paid. **Please Attach Medicare EOMB.** Paid as Primary – Anthem paid in full without applying Medicare or other carrier's payment.
WC/Subrogation	If Workers Compensation or Subrogation is involved. Please include accident date. **Please Attach EOB**
Diagnosis Change	If changing diagnosis code originally billed, Please fill in Other Comments section and submit corrected claim.
Charge Error:	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

Added	Enter date of service, CPT code, and line charge for the late charges you are adding. See example #1
Deleted	Enter date of service, CPT code, and line charge for the charges you would like to have removed or credited. See example #2
Replaced	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	99283	40.00	1
Example #2	D	8/12/11	80003	-10.00	3
Example #3	R	8/12/11	80003	30.00	9
		Total Charges $	Debit + (Pay More) $	Credit – (Take Back) $	

If you are sending a refund check with this form, mail to:

Anthem Blue Cross and Blue Shield
CCOA Lockbox
P.O. Box 73651
Cleveland, OH 44193-1177

If you are returning a check issued by Anthem Blue Cross and Blue Shield, please mail to:

Anthem Finance Dept.
1351 William Howard Taft
Mail-Point: CW1-262
Cincinnati, Ohio 45206

IF NO CHECK IS ENCLOSED, PLEASE RETURN PROVIDER ADJUSTMENT REQUEST FORM TO:

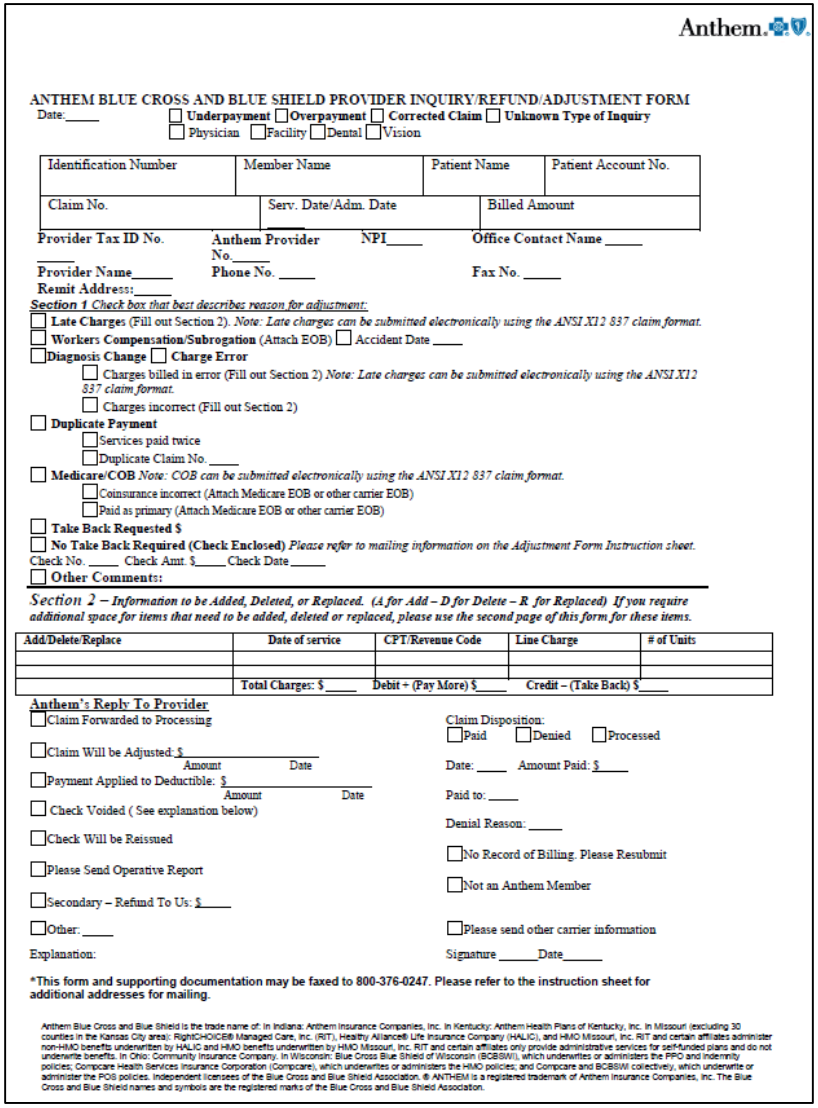
ANTHEM BLUE CROSS & BLUE SHIELD
P.O. BOX 105557
ATLANTA, GA 30348-5557

Or **FAX** to 800-376-0247

Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI"), which underwrites or administers the PPO and Indemnity policies; Compcare Health Services Insurance Corporation ("Compcare"), which underwrites or administers the HMO policies; and Compcare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM 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.

Anthem

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 No.**_____ **NPI**_____ **Office Contact Name** _____
Provider Name_____ **Phone No.** _____ **Fax No.** _____
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 ANSI X12 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 ANSI X12 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 ANSI X12 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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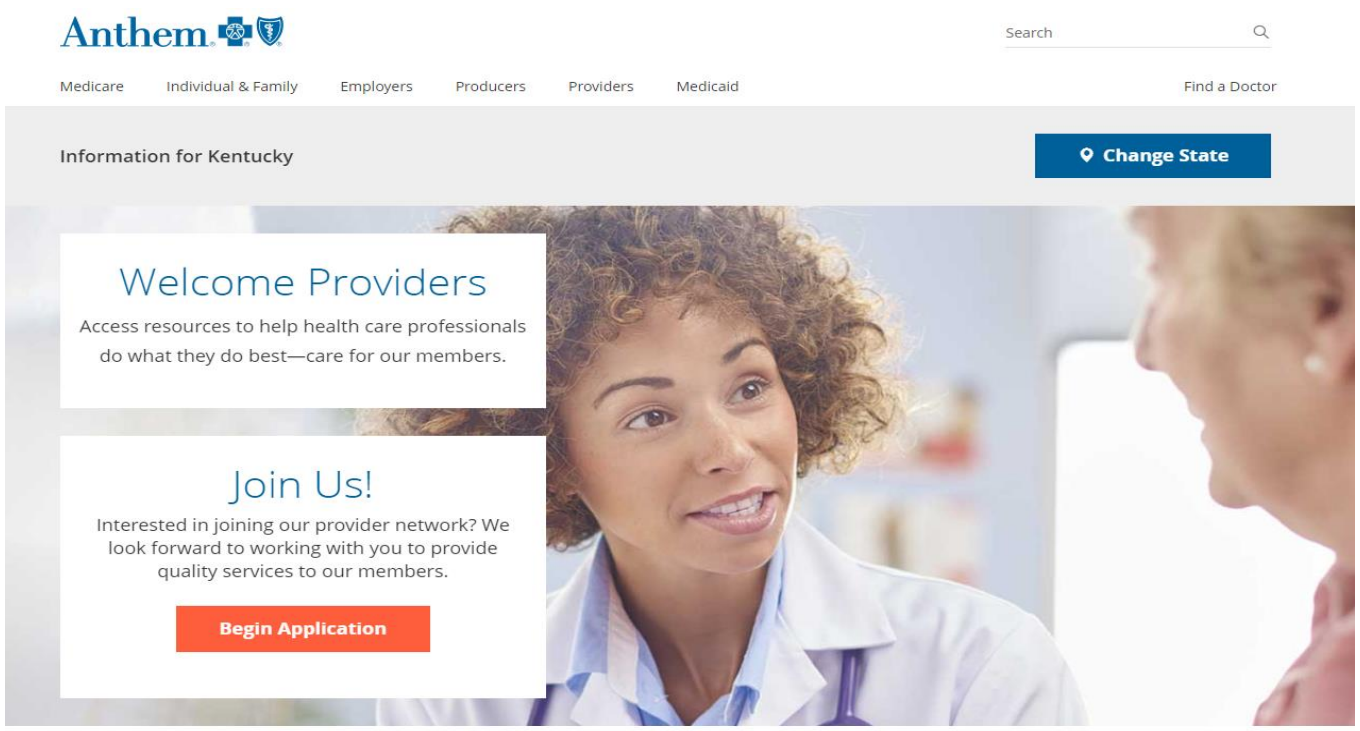
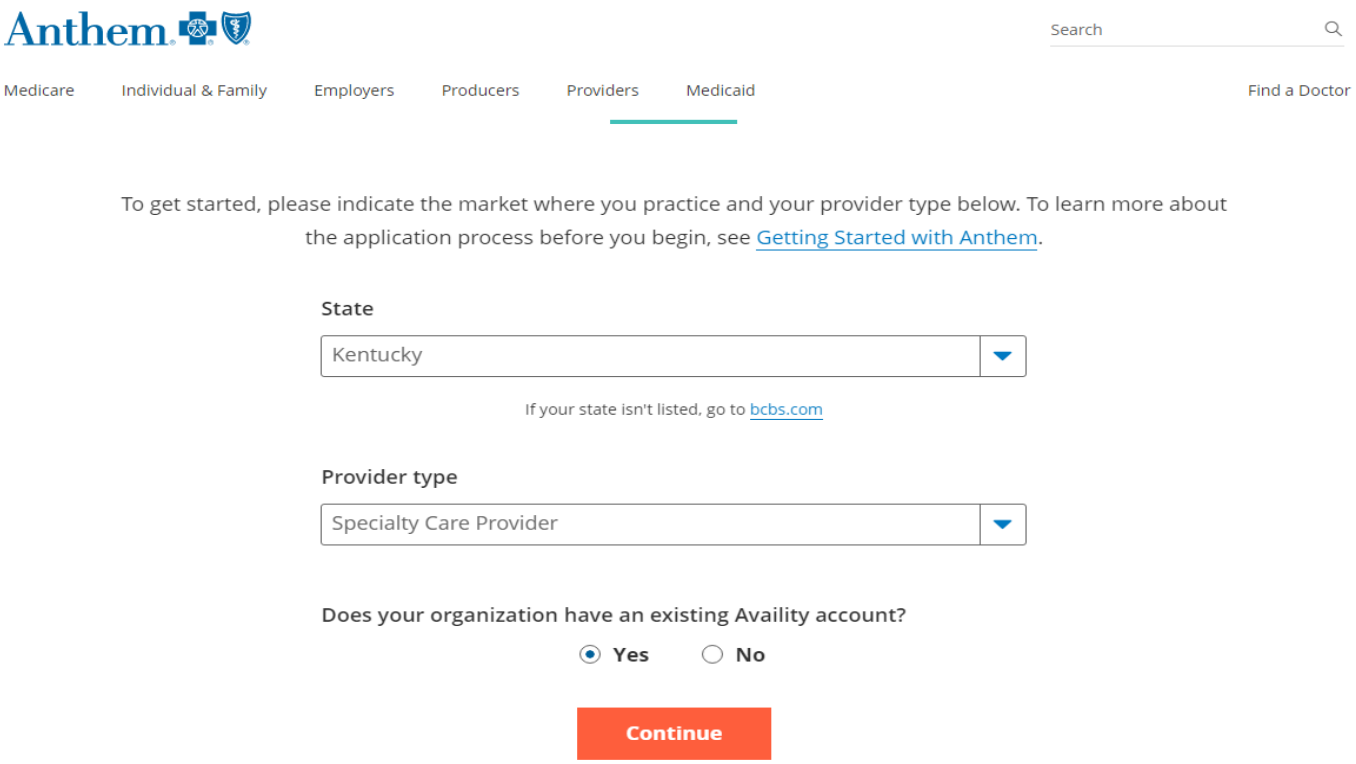
Provider Maintenance Form (PMF)



Welcome to the New Provider Experience

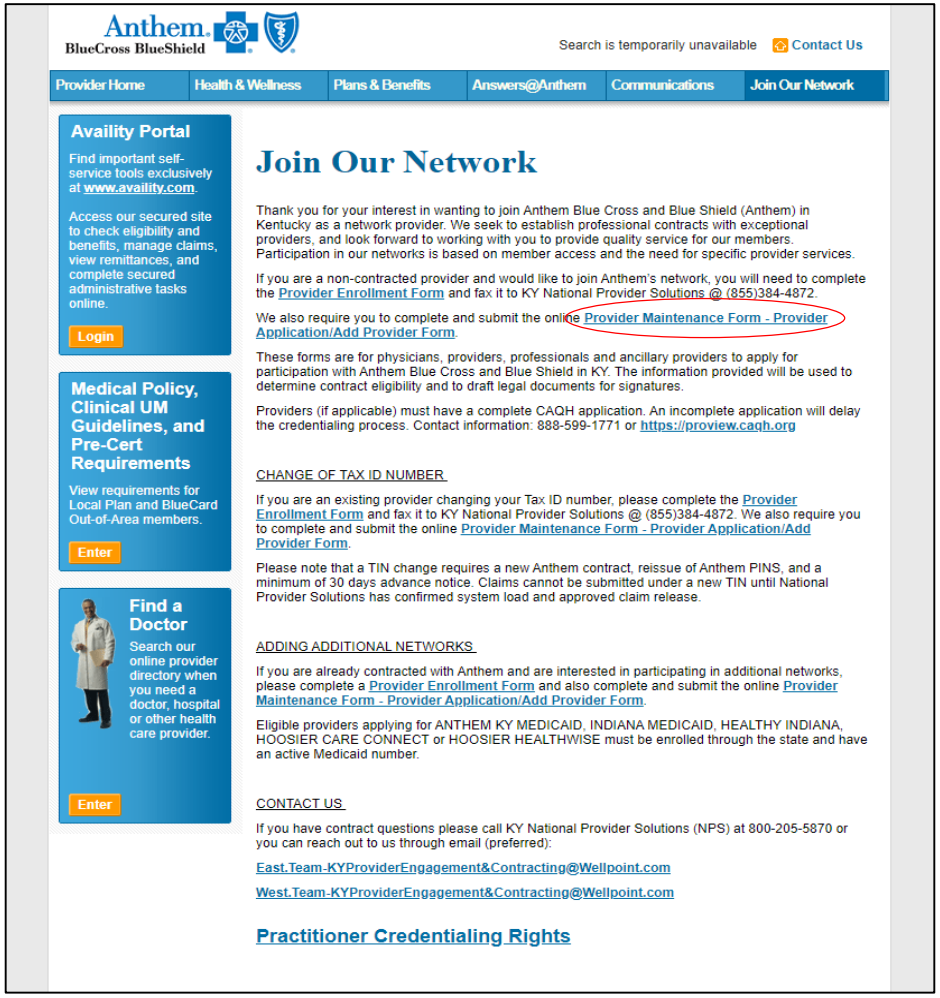
Anthem

Provider Maintenance Form (PMF) (cont.)



Anthem

Provider Maintenance Form (PMF) (cont.)



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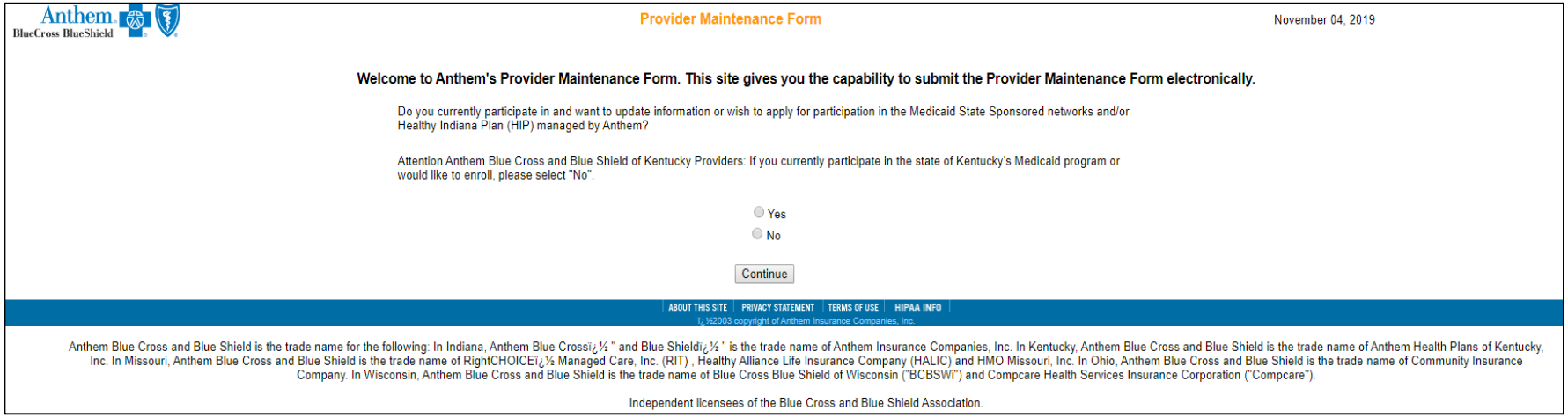
Provider Maintenance Form (PMF) (cont.)

Click **here** to access the *PMF.*



Anthem BlueCross BlueShield

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

Continue

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Independent licensees of the Blue Cross and Blue Shield Association.

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Provider Maintenance Form (PMF) (cont.)

SECTION A: (GENERAL INFORMATION)
Tax ID, Group Name, etc.

SECTION B: (REASON FOR SUBMITTING)
Adding/Terming 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

Anthem

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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

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.
  - Phone at **1-877-838-5085**.

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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℠.

Anthem

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℠ 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

Anthem BlueCross BlueShield

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 on 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 or by going directly to the AIM portal at www.aimspecialtyhealth.com/goweb.

Availity:

- You need an Availity User ID and Password.
- Go to 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.
- 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 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.

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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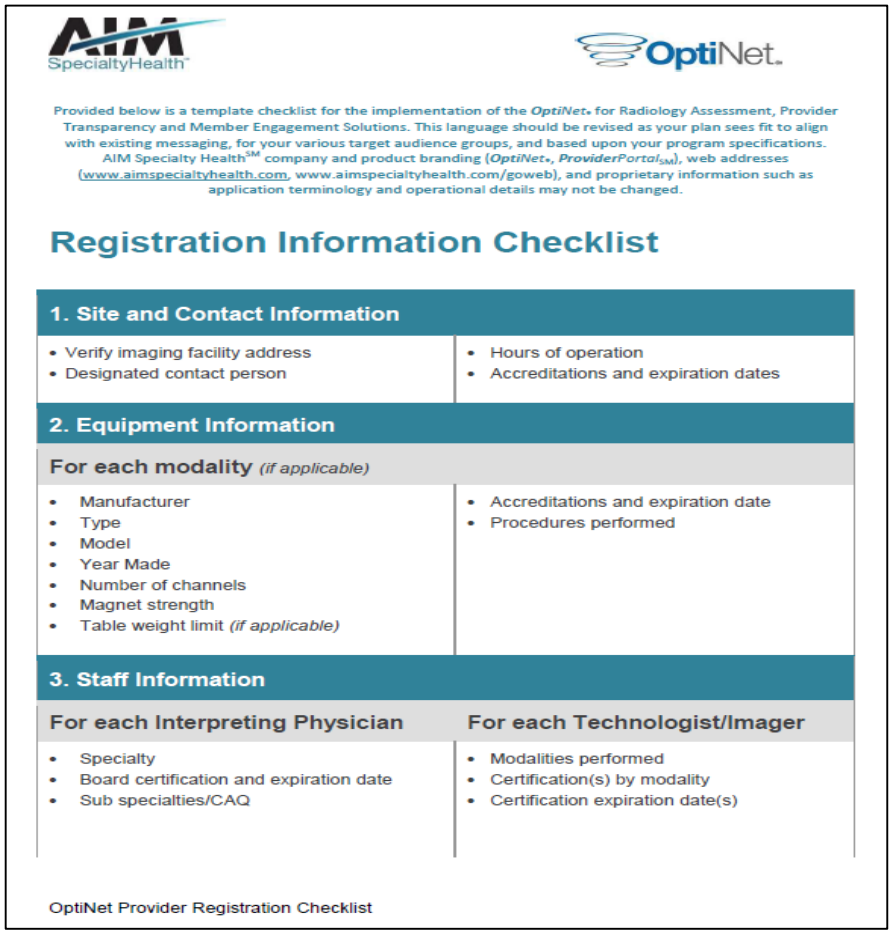
AIM program updates for Kentucky Medicaid (cont.)



AIM SpecialtyHealth

OptiNet

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℠ company and product branding (*OptiNet*℠, *ProviderPortal*℠), web addresses (www.aimspecialtyhealth.com, 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

- Verify imaging facility address
- Designated contact person
- Hours of operation
- Accreditations and expiration dates

2. Equipment Information

For each modality *(if applicable)*

- Manufacturer
- Type
- Model
- Year Made
- Number of channels
- Magnet strength
- Table weight limit *(if applicable)*
- Accreditations and expiration date
- Procedures performed

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

AIM SpecialtyHealth

OptiNet

4. Shared and Mobile Services

- Other users of equipment & facility

Note: All registration information is subject to audit verification

OptiNet Provider Registration Checklist

Anthem

Anthem®

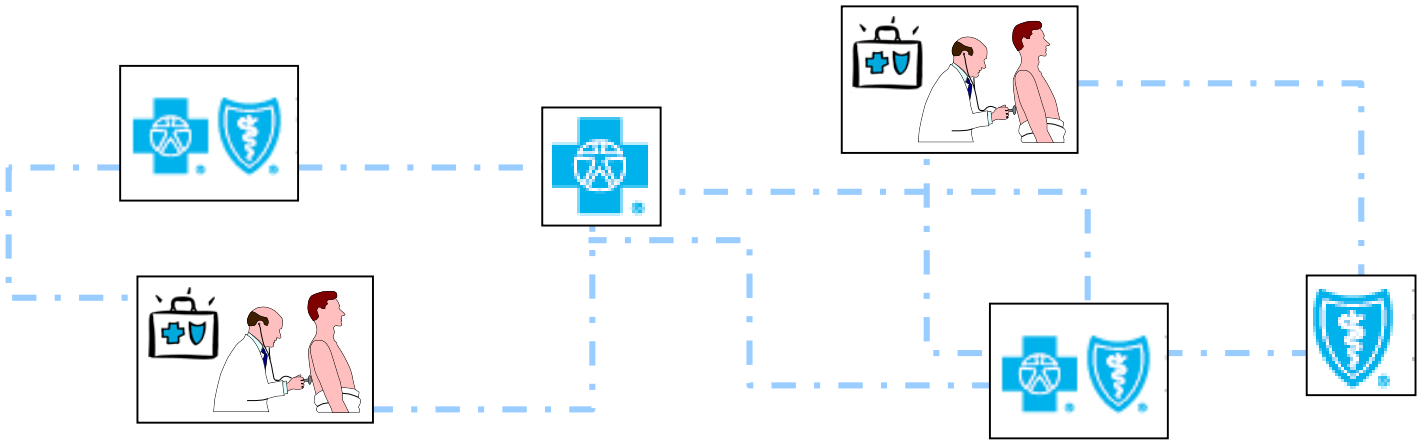
BlueCard®

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

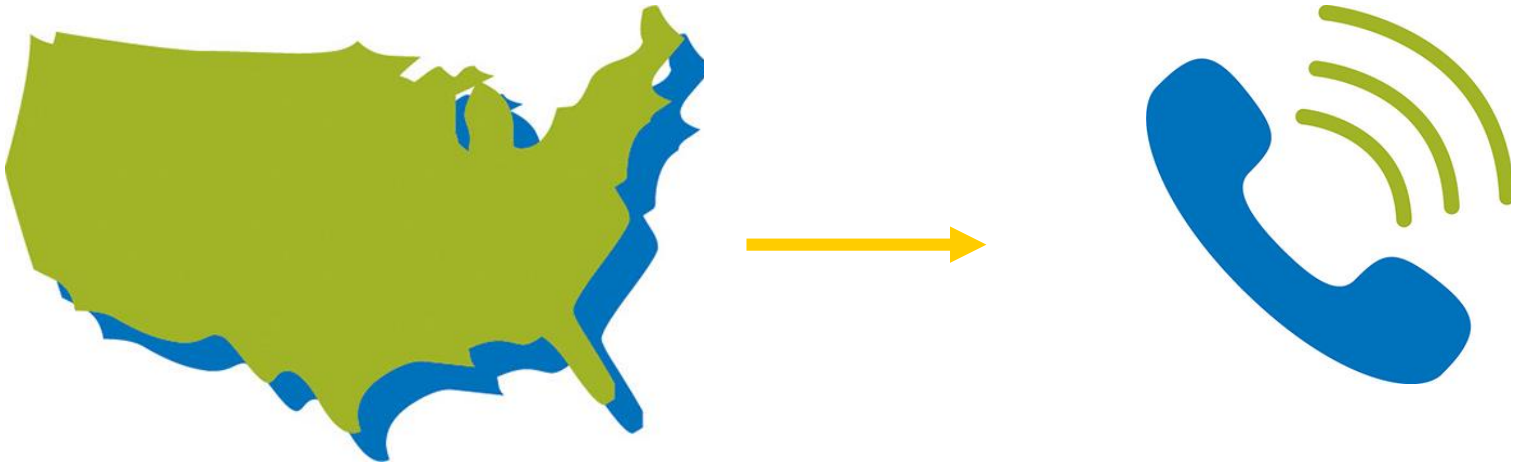
- Controls all aspects of benefit plan delivery, and deals with the member and account
- Issues ID cards and member *EOB*s
- Member service calls
- All member interactions
- Membership and eligibility determination
- Claims adjudication
- All account interactions
- Creates plan profile

Par/host plan responsibilities

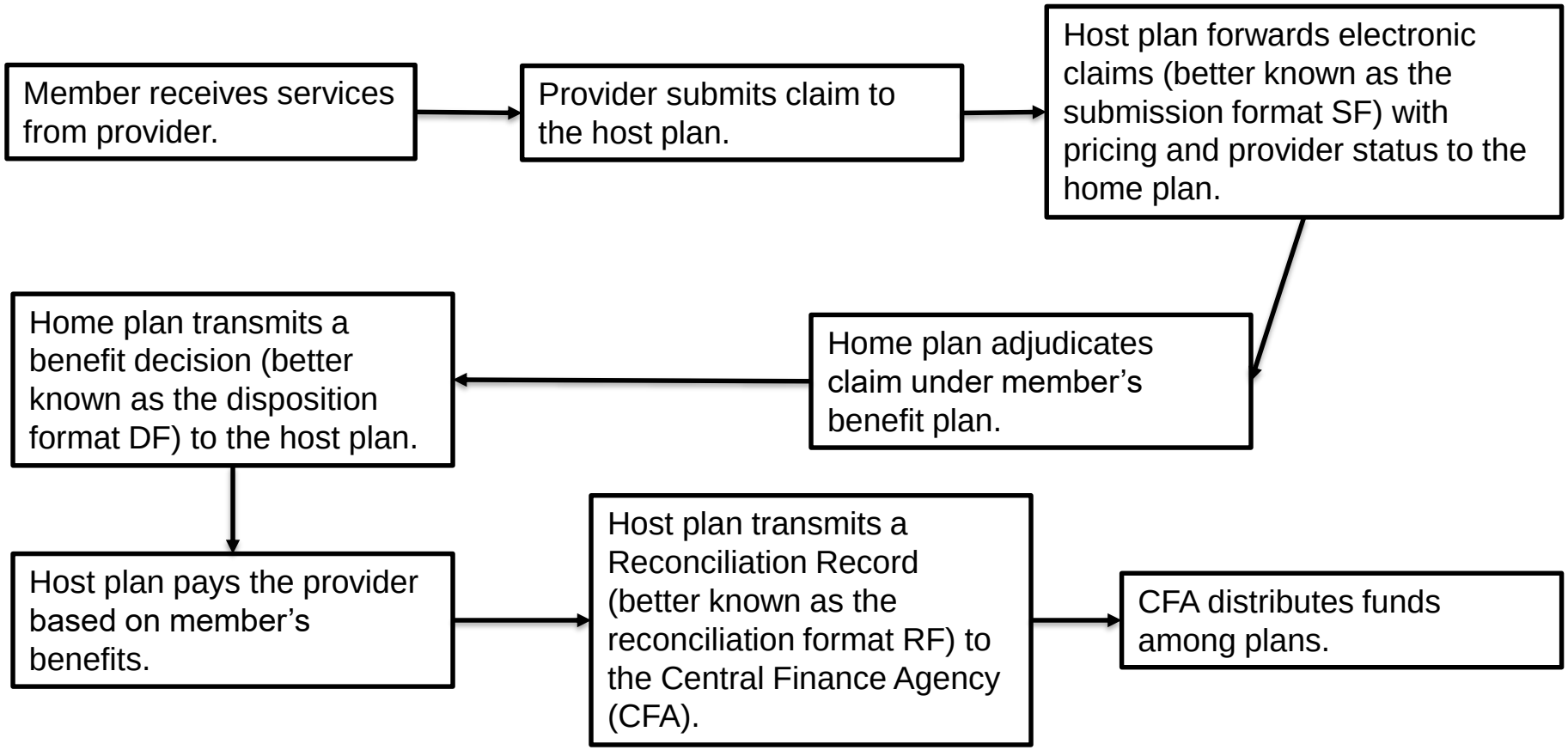
- Deals with the provider
- Provider contracting and education
- Servicing of **all** network providers in host area
- Receives claims and prices claims
- Routes claims and pricing data to the home plan
- Provider receives reimbursement from host plan

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** or calling **1-800-810-BLUE**.



How BlueCard claims work



Anthem

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**

Anthem

Thank you

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AKYPEC-2253-19 January 2020 507313KYPENABS