Anthem

Anthem Blue Cross and Blue Shield provider orientation

This communication applies to Commercial, Medicaid, and Medicare Advantage plans from Anthem Blue Cross and Blue Shield (Anthem) in Kentucky.

Agenda

- Welcome
- Introductory announcements
- Territory map and admin directory
- Electronic data interchange (EDI) transactions
- Anthem Blue Cross and Blue Shield (Anthem) provider websites
- Anthem guidelines for Medicaid
- Carelon Medical Benefits Management, Inc.*
- CAHPS® survey
- E-tools for providers:
  - Interactive Care Reviewer (ICR)
  - Availity Essentials:*
    - Payer Spaces — Anthem tools
    - Medical record attachment (solicited records)
    - New — appeals (Medicaid and Medicare Advantage)
- Questions?

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Introductory announcements

Register to receive Network eUpdates from Anthem:

- messageinsite.com/networkeupdate

Please submit questions using the chat box in the WebEx. If we are unable to get to your question(s) during the session, please email your assigned Provider Relationship Management consultant or the applicable mailbox below:

- West.Team-KyProviderEngagement&Contracting@anthem.com
- East.Team-KyProviderEngagement&Contracting@anthem.com

Provider Relationship Management territory map

Provider Relationship Management regions

West team

Email: West.Team-KyProviderEngagement&Contracting@anthem.com

Phone: **800-205-5870, Opt. 3, Opt. 2**

Fax: **855-384-4872**

East team

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502-396-5182

Administrative Services directory

Service directory

PRODUCT/GROUP	PREFIX	PROVIDER INQUIRY	PRECERTIFICATION	MISCELLANEOUS
Anthem Blue Access (PPO)	YRL YRP YRN YRJ XTA YZE	888-650-4133 800-282-1016	877-814-4803	OON Referrals - 800-568-0075
Anthem Blue Preferred (HMO)	YRG YRM	888-650-4133 800-282-1016		
Anthem Traditional	YRT YRB YRY	888-650-4133 800-282-1016		
Anthem Medicare Supplement / Select	YRR VNG	866-848-1057		
Anthem Medicare Advantage Individual Business	XTH JRG JRI JWF JWO VOA VOC VOD VOH VOK XPF XPG XPK YTW VOP XTG XPS	(844) 421-5662	866-797-9884	Fax 866-959-1537 for Acute Fax 877-423-9972 for SNF, LTAC & Inpatient Rehab
Anthem Medicare Advantage Group Business	JWM WSP YCG YRA YRE YRS YRU	800-676-2583	866-797-9884	Fax 866-959-1537 for Acute Fax 877-423-9972 for SNF, LTAC & Inpatient Rehab
Anthem IN Medicaid /Hoosier Health Wise	YRH	866-408-6131	866-408-7187	
Anthem Kentucky Medicaid	XTF	855-661-2028	855-661-2028	
Blue Card Program		866-594-0521		800-676-2583 Eligibility & Benefits
Exchange Kentucky				
Pathway Individual (PPO)	XTC	855-854-1438	877-814-4803	Behavioral Health 800-788-4003
Pathway X Individual (PPO)	XTD XVK	855-854-1438	877-814-4803	Behavioral Health 800-788-4003
Pathway Small Group (PPO)	XTB XTA YZF	855-854-1438	877-814-4803	Behavioral Health 800-788-4003
Pathway X Small Group (PPO)	XTE	855-854-1438	877-814-4803	Behavioral Health 800-788-4003
Pathway Individual (HMO)	XTK	855-854-1438	877-814-4803	Behavioral Health 800-788-4003
Pathway X Individual (HMO)	XTJ	855-854-1438	877-814-4803	Behavioral Health 800-788-4003
Pathway Small Group (HMO)	XTI YZG	855-854-1438	877-814-4803	Behavioral Health 800-788-4003
Pathway X Small Group (HMO)	HWU XTN	855-854-1438	877-814-4803	Behavioral Health 800-788-4003
Pathway Transition Individual (HMO)	XTV	855-854-1438	877-814-4803	
Pathway X Transition Individual (HMO)	VXZ	855-854-1438	877-814-4803	
Pathway Transition Small Group (HMO)	VTY AKX	855-854-1438	877-814-4803	
Exchange Indiana				
Pathway Individual (HMO)	XPD	855-854-1438	877-814-4803	Behavioral Health 855-854-1438
Pathway X Individual (HMO)	XPE XPH	855-854-1438	877-814-4803	Behavioral Health 855-854-1438
Pathway X Individual (POS)	XPU	855-854-1438	877-814-4803	Behavioral Health 855-854-1438
Pathway Individual (POS)	XPV	855-854-1438	877-814-4803	Behavioral Health 855-854-1438
Pathway Small Group (HMO)	XPB XPC	855-854-1438	877-814-4803	Behavioral Health 855-854-1438
Pathway Small Group (POS)	XPR XPW	855-884-1438	877-814-4803	Behavioral Health 855-854-1438
Pathway Small Group (PPO)	XPA	855-854-1438	877-814-4803	Behavioral Health 855-854-1438
Federal Employee Program	R	800-456-3967	800-860-2156	
Healthy Indiana Plan (HIP)	YRK	800-345-4344	866-398-1922	Eligibility & Benefits 800-553-2019
Appalachian Regional Health Care	RHR	833-832-2455	833-832-2455	Behavioral Health 833-832-2455
Baptist Health Care	BPT WBT	800-676-BLUE	877-449-2884	Optum Behavioral 877-369-2201
Kentucky State Group (KEHP)	KYH	844-402-KEHP	844-4-2-KEHP	Behavioral Health 855-873-4931
Norton Health Care	JNH	844-344-7416	866-643-7087	866-643-7087
UK Health Care (HMO)	ULS UHI	800-676-2583	866-776-4793	866-776-4793
UK Health Care (PPO/EPO)	USP	800-676-2583	866-776-4793	866-776-4793
UK Health Care (Indemnity)	UTA UCU	800-676-2583	866-776-4793	866-776-4793

Service directory (cont.)

Anthem Dental KY		888-209-7854	800-627-0004	
American Imaging Management				800-554-0580
EDI Helpdesk		800-470-9630		

Claims	Correspondence/Medical Records/Prov Adjust Forms	Non-UM Appeals	Medicare Advantage Grievance & Appeals	Federal Employee Program Claims & Correspondence
Anthem Blue Cross Blue Shield PO Box 105187 Atlanta GA 30348-5187	Anthem Blue Cross Blue Shield PO Box 105557 Atlanta GA 30348-5557	Anthem Blue Cross Blue Shield PO Box 105568 Atlanta GA 30347	Anthem Blue Cross Blue Shield Mail Point OH0205-A537 4361 Irwin Simpson Rd Mason OH 45040	Anthem Blue Cross Blue Shield PO Box 105557 Atlanta GA 30348-5557

Anthem KY Medicaid	UM Appeals	Federal Employee Program Grievance & Appeals
Anthem Blue Cross Blue Shield PO Box 61010 Virginia Beach VA 23466-1010	Anthem Blue Cross Blue Shield PO Box 105662 Atlanta GA 30348	Anthem Blue Cross Blue Shield 3075 Vandercar Way Cincinnati OH 45209

EDI transactions

EDI transactions

***HIPAA*-compliant transactions**:

- 270/271 Eligibility Verification
- 275/276 Claim Status (batch and real-time)
- 837P and 837I Claim Submission:
  - Supports new claims
  - Secondary (COB) claims
  - Corrected claims
- 835 Remittance Advice (ERA):
  - Enroll in ERA via Availity
- Electronic funds transfer (EFT):
  - Enroll for EFT via CAQH® Solutions EnrollHubTM

EDI transactions (cont.)

- **Why submit claims electronically?**
  - Accuracy, time, money

- **Electronic claim payments — What's in it for you?**
  - Payments through EFT accelerates availability of funds.
  - 835 Electronic Remittance Advice (ERA) is an industry consistent data format that may be integrated for auto-posting with practice management systems saving time and eliminating human error.
  - Paper Remittance Advice Suppression eliminates the need for storage and archiving paper documents.
  - These three elements combined can significantly increase back-office efficiency for providers, regardless of practice size.

EDI transactions (cont.)

Availity is Anthem's designated EDI Gateway:

- All trading partners must transition to the Availity EDI Gateway.
- *March 2019 Network Update* article has additional information.

Assistance:

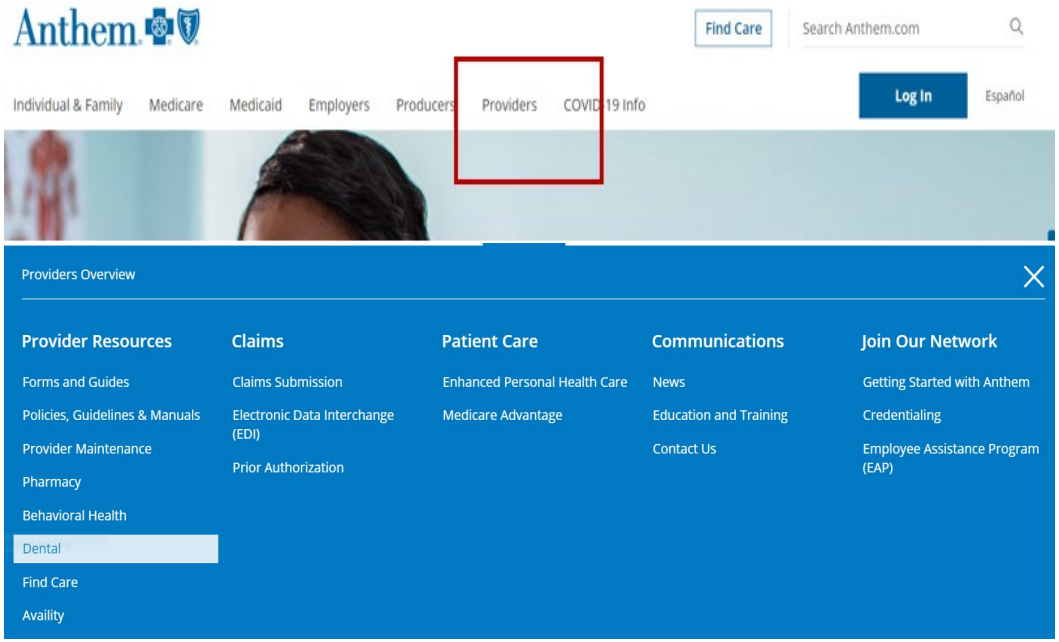
- Introduction to Availity EDI Gateway Services Anthem Provider Organizations live or On-Demand webinar:
  - Select **Availity Help**, then select **Get Trained**.
- Availity Client Services: **800-282-4548**

Anthem provider websites

Public provider website — Commercial

Welcome to the new Provider Experience landing page:

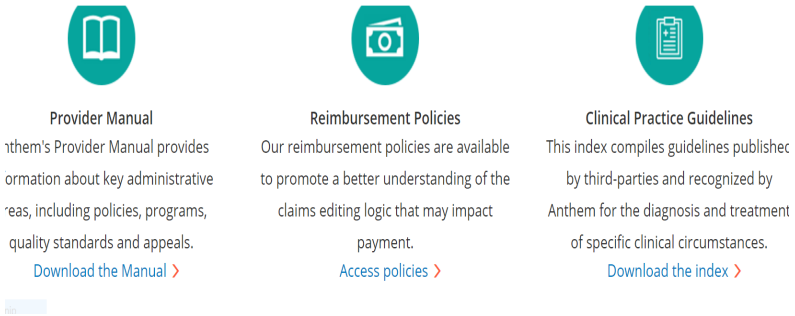
- Select **Providers** to access additional information for provider resources (Forms & Guides, Policies, Guidelines & Manuals, Provider Maintenance, Pharmacy, Behavioral Health, Dental, Find Care, and Availity), Claims, Patient Care, Communications and How to join our Network.

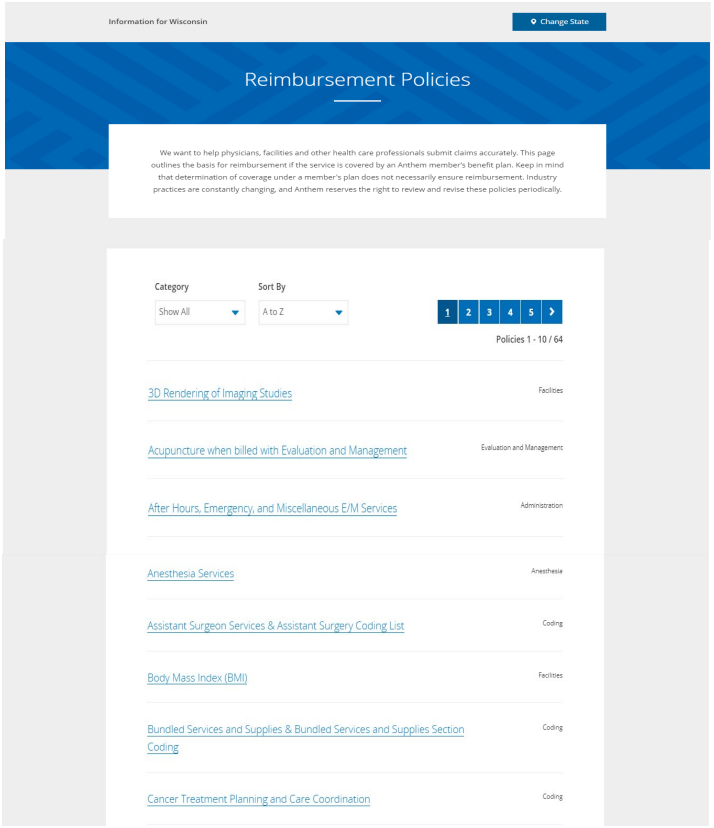


Public provider website — Commercial (cont.)

Public website —anthem.com:

- For **Policies and Guidelines**, select state as **Kentucky**.
- Reimbursement policies
- Easy access to library

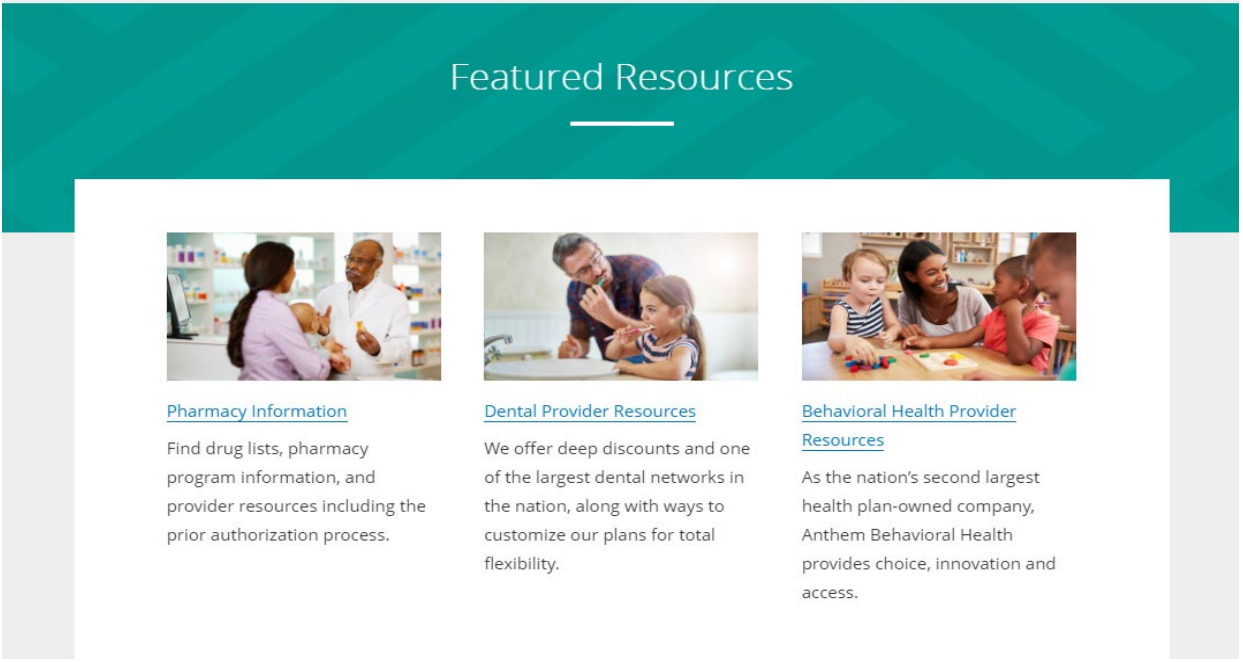


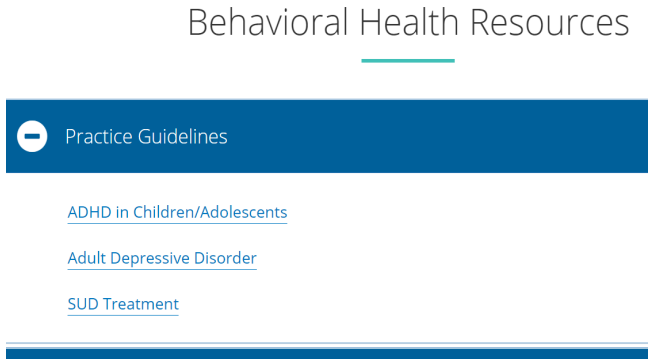


Public provider website — Commercial (cont.)

Public website —anthem.com:

- Behavioral health:
  - Centralized location for all behavioral health resources
  - Easy access to relevant forms

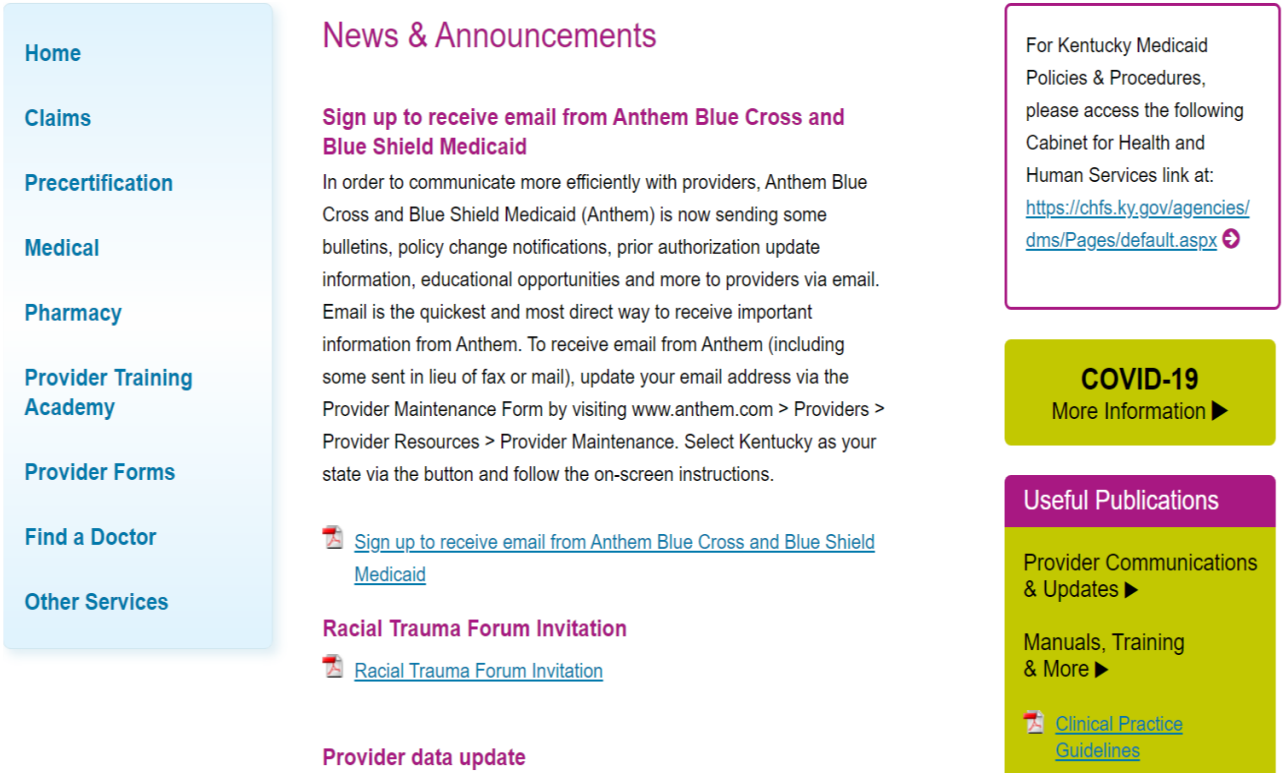




Medicaid provider website (cont.)

https://providers.anthem.com/ky home page:

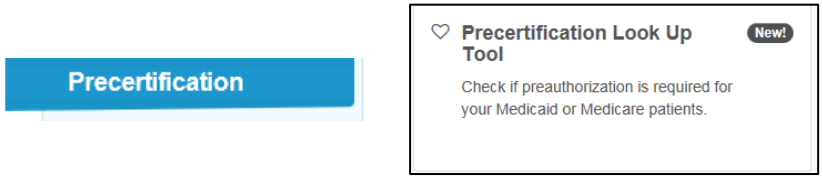
- News and announcements
- Useful publications
- Vertical menu
- Claims
- Precertification
- Medical
- Pharmacy
- Provider education
- Provider forms
- Find a doctor
- Other services



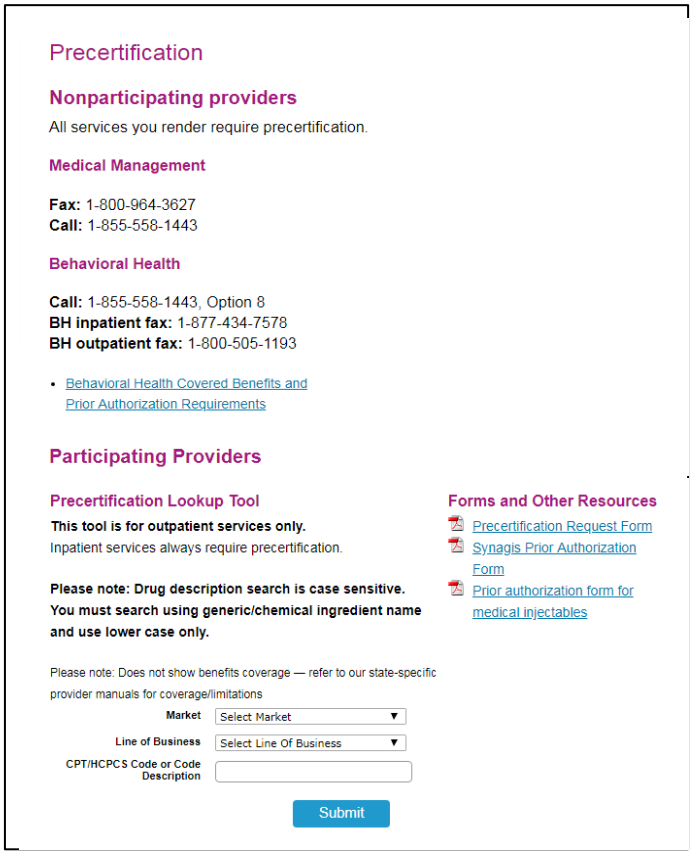
Medicaid provider website (cont.)

Vertical menu:

- Precertification:
  - Precertification Look-up Tool:
    - Outpatient services
    - Precertification look up now available on Availity under **Payer Spaces**



  - Request precertification via the Interactive Care Reviewer (ICR) on Availity



Medicaid guidelines for Anthem

Medicaid eligibility

Medicaid recipients who meet the state's eligibility requirements for participation in managed care are eligible to join Anthem. Members are enrolled without regard to individual health status. Anthem members:

- May change the chosen Managed Care Organization (MCO) within the first 90 days, and then once a year thereafter.
- Can choose primary care providers (PCPs) and will be auto-assigned to PCPs if the member does not select a PCP.
- Are encouraged to make appointments with the chosen PCPs within 90 calendar days of the effective dates of enrollment.

Eligible newborns born to members are automatically enrolled with Anthem on the date of birth if the mother of the newborn was enrolled with Anthem before the birth and has not made an alternative MCO or PCP selection. Anthem is responsible for all covered medically necessary services to the qualified newborn.

Verifying member eligibility

There are a few options for verifying member eligibility: Panel Reports, Availity (availity.com), Provider Services (**855-661-2028**), or Kentucky Health Net (https://sso.kymmis.com).

The provider should verify the eligibility of each member receiving treatment in the provider's office and that the member appears on the provider's panel report. Accessing the panel report via Anthem's provider website is the most accurate way to determine member eligibility. There is secure access to an electronic listing of the provider's panel of assigned members, once the provider has registered, by logging in to https://providers.anthem.com/ky.

In addition, Kentucky Health Net provides member eligibility status and any applicable eligibility warning flags.

Kentucky Health Information Exchange (KHIE)

What is the KHIE?

The KHIE is a healthcare game changer. It is a robust, interoperable health information exchange network. More than 100 hospitals and approximately 2500 ambulatory healthcare locations are connected through the KHIE. This represents 5600 data feeds that offer healthcare providers secure access to essential patient health information from multiple sources. The value is recognized at the point of care, when healthcare providers can quickly access a comprehensive, more holistic view of a patient's health history.

KHIE
KENTUCKY
HEALTH INFORMATION EXCHANGE
Connecting Kentucky. Improving Healthcare.

What can the KHIE do for you, your office and your patients?

The facilitation of information exchange empowers healthcare providers to improve the quality, safety, and efficiency of care. It can influence the way healthcare is planned, coordinated, and delivered.

KHIE is a tool that, if used, could support improved health outcomes and reduce healthcare costs in Kentucky, including in the Commonwealth's rural areas.

What can the KHIE do for you?

KHIE participants have access to the following types of data:

- Patient demographics
- Lab results (and pathology)
- Transcribed radiology reports (other transcribed reports)
- Summaries of care
- ADTs: Admit, discharge, and transfer date
- Immunizations
- Behavioral health data
- Health date for correctional facilities
- EMS data

Enhanced value-added functionality

- Event notifications: Inform providers about specific healthcare events that have occurred with specific patients in their care
- Kasper integration
- Immunization query: View KYIR information directly
- ePartner viewer: Customize the display of essential patient data (easy to use format)

Enhanced value-added services

- The KHIE via Integration with EHR/EMR records
- Direct secure messaging
- ePartner viewer: log in through KOG or SSO
- Public health registries and reporting:
  - Immunization query and delivery
  - Reportable labs
  - Syndromic surveillance
  - Kentucky Cancer Registry

We encourage providers to establish connectivity with the KHIE

Providers are required to sign a contract with KHIE within 30 days of their Anthem effective date. By connecting an electronic health records system to the KHIE, summary of care records are shared with other providers connected to the KHIE. **If a provider does not have an electronic health records system, providers are still encouraged to enter into an agreement with KHIE and elect for direct secure messaging services. This allows clinical information to be shared securely with other providers in the community of care.** Hospitals are also encouraged to submit admission, discharge and transfer messages to the KHIE.

For more information, please access the KHIE website at https://khie.ky.gov/Pages/index.aspx

Early and periodic screening, diagnostic and treatment (EPSDT)/special services

The intent of the EPSDT program is to focus attention on early prevention and treatment for members under 21 years of age. Requirements include periodic screening, vision, dental, and hearing services.

Services include:

- Screening, diagnosis, and treatment
- Transportation and scheduling assistance

EPSDT/special services (cont.)

Screenings must include:

- Comprehensive health and developmental history — both physical and mental health development.
- Comprehensive unclothed physical exam.
- Appropriate immunizations.
- Nutrition and activity assessment.
- Laboratory tests.
- Lead toxicity screening.
- Health education and anticipatory guidance.
- Sexually transmitted.
- Vision services.
- Dental services.
- Hearing services.

EPSDT/special services (cont.)

EPSDT special services:

- For members under 21 years of age, EPSDT provides any diagnosis/treatment indicated as medically necessary on an EPSDT health assessment (or any other encounter with a licensed or certified health care professional), even if the service is not covered by the Kentucky HEALTH program. Services not otherwise covered by the Kentucky HEALTH program are called **EPSDT special services**.

Preventive health services

The following medically necessary preventive, screening, diagnostic, rehabilitative, and remedial services are considered covered preventive health services:

- Preventive medicine counseling
- Genetic testing for diagnostic purposes
- Immunizations
- A chronic disease service
- A communicable disease service
- An EPSDT service
- A family planning service
- A maternity service
- A pediatric service

Condition Care

The Condition Care department offers services for Anthem members. These services are based on a system of coordinated care management interventions and communications designed to assist physicians and others in managing members with chronic conditions. Condition Care services include:

- A holistic, member-centric approach to Condition Care focusing on the needs of the member.
- Motivational interviewing techniques used in conjunction with member self-empowerment.
- Condition Care programs for asthma, bipolar disorder, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease, diabetes, HIV/AIDS, hypertension, major depressive disorder in adult and child/adolescent, schizophrenia, and substance use disorder.
- The ability to manage more than one disease to meet the changing healthcare needs of our member population.
- Weight management and smoking cessation education.

Condition Care (cont.)

Please call **888-830-4300** to reach a Condition Care case manager. Your patients can get information about Condition Care program services by visiting https://mss.anthem.com/ky/home.html or calling **888-830-4300**.

Overview of Anthem's behavioral health program

The mission of Anthem is to coordinate the physical and behavioral healthcare of members, offering a continuum of targeted interventions, education, and enhanced access to care to improve outcomes and quality of life for members. Anthem works collaboratively with a wide range of behavioral healthcare providers, community agencies, and resources to successfully meet the needs of members with mental health, substance abuse, and intellectual disabilities/developmental disabilities.

Anthem contracted providers deliver behavioral health and substance use disorder services in accordance with best practice guidelines, rules and regulations, and policies and procedures set forth by Kentucky.

Screening, brief intervention, and referral to treatment (SBIRT)

Anthem adopted SBIRT, which is a comprehensive, integrated approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

Overview of Anthem's behavioral health program (cont.)

SBIRT is an assessment tool used to identify and reduce ongoing use, dependency and abuse of alcohol and other substances in a primary care setting. The screening will provide opportunities for early intervention with at-risk alcohol and other substance abuse.

All eligible members will be required to have an annual SBIRT screening by their assigned primary care physician. An SBIRT can be assessed by a primary care physician, nurse practitioner or a physician assistant who has completed SBIRT training. Screening is recommended beginning at age 9.

Overview of Anthem's behavioral health program (cont.)

SBIRT practice:

- Screening — identifies the appropriate level of treatment and the severity of substance use
- Brief intervention — focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change
- Recommendations for additional care and treatment — provides those identified as needing more extensive treatment with access to specialty care

Population Health Management (PHM) program

Anthem's PHM program is an integrated, holistic approach that enhances our commitment to improving the biopsychosocial well-being of members by delivering high quality care through tailored health solutions, while lowering the total cost of care.

To accomplish this, our approach is founded in extensive data analytics and goes beyond our walls and into the communities we serve through collaboration with members, providers, community-based organizations, stakeholders, and Commonwealth partners.

We promote individual and population health wellness and prevention through a combination of proactive identification of members with emerging and high-risk, member engagement and self-management, member and provider education, provider partnerships, and innovative clinical and SDOH programs and initiatives.

Population Health Management (PHM) program (cont.)

Integrated throughout our PHM program is the identification of social drivers of health (SDOH) (safe and stable housing, transportation, food security, economic stability, employment, education, social and community inclusion) barriers and assuring access to complementary, non-duplicative community-based resources and health plan value-added services.

Our PHM model is built to be local; We meet members where they are, both physically in terms of environment, as well as in their readiness for engagement and behavioral change. Our approach is complementary to community resources and delivers whole person care without duplicating services and supports.

Clinical practice guidelines

Anthem works with providers to develop clinical policies and guidelines. Each year, Anthem selects at least four evidence-based clinical practice guidelines that are relevant to Anthem's members and measure at least two important aspects of each of those four guidelines. Anthem also reviews and revises these guidelines at least every two years.

Providers can find these clinical practice guidelines on the provider website at https://providers.anthem.com/ky.

Quality Management program

Anthem has a comprehensive Quality Management program, designed to monitor and address the demographic and epidemiological needs of the population served, with a focus on management and delivery of care in regard to:

- Individualized and culturally competent care
- Overall quality of care
- Member and provider satisfaction
- Medical, behavioral and quality of life outcomes
- Coordination and continuity of care across healthcare settings
- Medical record standards and review
- Network adequacy
- Provider availability
- Cultural competency
- Preventive health
- Condition Care, Case Management, and Behavioral Health Management
- Member complaints, appeals, and grievances
- Federal/state/regulatory requirements
- Accreditation requirements

Advance directives

Anthem respects the right of the member to control decisions relating to his or her own medical care, including the decision to have the medical or surgical means or procedures calculated to prolong life provided, withheld or withdrawn. This right is subject to certain interests of society, such as the protection of human life and the preservation of ethical standards in the medical profession.

Anthem adheres to the *Patient Self-determination Act* and maintains written policies and procedures regarding advance directives. Advance directives are documents signed by a competent person giving direction to healthcare providers about treatment choices in certain circumstances.

- Anthem recognizes and supports the following advance directives:
  - Durable power of attorney
  - Living will
- A durable power of attorney lets a member name a patient advocate to act on his or her behalf.

Additional information about a living will/durable power of attorney or Do Not Resuscitate Order can be found at https://chfs.ky.gov.

Kentucky HEALTH policies and procedures

For *Kentucky Medicaid Policies & Procedures*, you can find a link to the following Cabinet for Health and Family Services (CHFS) at https://chfs.ky.gov/agencies/dms/Pages/default.aspx or by accessing our provider website at https://providers.anthem.com/ky.

Anthem's medical records standards are fully documented in the *Provider Manual*, including the following:

- Documentation of reportable diseases and conditions to the local health department and/or department for public health.
- Kentucky law requires hospitals and physicians to reports communicable diseases to the health department in a timely manner. To see a complete version of the regulation (*902 KAR 2:020*), visit https://apps.legislature.ky.gov/law/kar/902/002/020.pdf.

Cultural competency

With the increasing diversity of the American population, it is important for Anthem to work effectively in cross-cultural situations. The provider's ability to communicate with patients has a profound impact on the effectiveness of the healthcare provided. The provider's patients must be able to communicate symptoms clearly and understand the provider's recommended treatments.

Cultural competency helps the providers and patients to:

- Acknowledge the importance of culture and language.
- Embrace cultural strengths with people and communities.
- Assess cross-cultural relations.
- Understand cultural and linguistic differences.
- Strive to expand the provider's cultural knowledge.

Cultural competency (cont.)

Some important reminders include:

- The perception that illness, disease, and causes vary by culture.
- Belief systems on health, healing, and wellness are very diverse.
- Culture influences help-seeking behaviors and attitudes toward providers.
- Individual preferences affect traditional and nontraditional approaches to healthcare.
- Patients must overcome personal biases toward healthcare systems.
- Providers from culturally and linguistically diverse groups are underrepresented.

Providers may access the *Cultural Competency Toolkit* by visiting http://anthem.ly/3hvvkUE.

Fraud, waste, and abuse

As the recipient of funds from federal and state-sponsored health care programs, Anthem has a duty to help prevent, detect and deter fraud, waste, and abuse. Anthem has outlined Anthem's commitment to this in Anthem's Corporate Compliance program.

Providers are the first line of defense against fraud, waste, and abuse. As part of the requirements of the *Federal Deficit Reduction Act*, providers are required to adopt Anthem's policies on this. Providers can find Anthem's policies and *Code of Business Conduct and Ethics* at https://providers.anthem.com/ky.

Providers and their staff can report fraud, waste, and abuse:

- For FWA reporting, providers can call **757-518-3633**. Callers who wish to remain anonymous can call the External Compliance Hotline at **877-660-7890** or can email directly to the Special Investigations Unit (SIU) at corpinvest@anthem.com.
- Contact Anthem's Health Plan Compliance Officer at **855-661-2027, ext. 26717**.
- Contact Provider Services at **855-661-2028**.

Value-based programs (VBP)

The goal of our value-based payment program is to support providers' success and, over time, movement through the continuum to accept more risk and to improve health care quality in terms of access, outcomes, and savings.

Our VBP and provider collaboration models provide an effective framework to incent providers to collaborate on effective population health management strategies. We design our enablement strategies to train and support provider organizations in the techniques and tools for managing population health risks, enabling providers to become more willing to assume risk and more effective at producing improved outcomes for members.

Additional programming is to be added in the future for other provider populations.

VBP (cont.)

Provider Quality Incentive Program (PQIP): Implemented in 2016, PQIP (HCP-LAN category 3A) provides incentives for PCPs to undertake systemic improvements that affect both health care outcomes and cost trends.

Provider Quality Incentive Program Essentials (PQIP Essentials): Implemented in 2018, PQIP Essentials (HCP-LAN category 3A) incents smaller practices, focusing on PCPs with 250-999 attributed Members.

Behavioral Health Quality Incentive Program (BHQIP): Implemented in 2017, BHQIP (HCP-LAN category 2C) incents eligible BH Providers (such as Community Mental Health Centers and high-volume BH groups) to improve coordination of Members' PH and BH needs and the quality of care provided to Members with BH conditions.

Behavioral Health Facility Incentive Program (BHFIP): Implemented in 2018, BHFIP (HCP-LAN category 2C) offers incentives to BH inpatient facilities for improvements in indicators related to clinical quality and patient outcomes (readmission rates, follow-up rates with a BH Provider).

Telehealth services

Telehealth is a critical tool to help create and improve access to needed primary and specialty care services in a clinically appropriate manner for our members and in accordance with *KRS 205.559* and KRS 205.5591.

Kentucky HEALTH is required to reimburse for covered services provided to a Medicaid recipient through telehealth. The Department for Medicaid Services (DMS) must establish requirements for telehealth coverage and reimbursement which are equivalent to the coverage for the same service provided in-person unless the telehealth provider and the Medicaid program contractually agree to a lower reimbursement rate for telehealth services, or DMS establishes a different reimbursement rate.

Telehealth services (cont.)

A telehealth care provider is a Medicaid provider who is:

- Currently enrolled as a Medicaid provider.
- Participating as a Medicaid provider.
- Operating within the scope of the provider's professional licensure.
- Operating within the provider's scope of practice.
- Licensed in the state of Kentucky.

Telehealth services (cont.)

Kentucky HEALTH and Medicaid MCOs are restricted from doing the following:

- Requiring a Medicaid provider to be physically present with a Medicaid recipient, unless the provider determines that it is medically necessary to perform those services in-person.
- Requiring prior authorization, medical review, or administrative clearance for telehealth that would not be required if a service were provided in-person.
- Requiring a Medicaid provider to be employed by another provider or agency in order to provide telehealth services that would not be required if that service were provided in-person.
- Requiring demonstration that it is necessary to provide services to a Medicaid recipient through telehealth.
- Restricting or denying coverage of telehealth based solely on the communication technology or application used to deliver the telehealth service.
- Requiring a Medicaid provider to be part of a telehealth network.

Medicaid claim submission

Claim guidelines:

- Effective January 1, 2021, Medicaid timely filing became 365 days from the date of service.

Mail completed paper claim forms to:

- Anthem Blue Cross and Blue Shield Medicaid

  Kentucky Claims

  P.O. Box 61010

  Virginia Beach, VA 23466-1010

EDI:

- Call our EDI Support Line at **800-590-5745** to get started. The following claim payer IDs must be used:
  - Professional ID 00660
  - Institutional ID 00160

Medicaid claim submission (cont.)

Provider payment disputes:

- Claim payment disputes must be filed within 90 days of the adjudication date on your remittance advice.

Mail to:

- Anthem Blue Cross and Blue Shield Medicaid

  Central Claims Processing

  P.O. Box 62429

  Virginia Beach, VA 23466-2429

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

CAHPS

What is CAHPS?

CAHPS is an annual survey to assess consumers' experience with their health plan and healthcare services. It asks your patient to rate and evaluate their experience with:

- Their personal doctor.
- The specialist they see most often.
- Their health plan.
- Their healthcare.

CAHPS (cont.)

Why focus on the patient experience?

- There is a strong correlation between patient experience and healthcare outcomes.
- Patients with chronic conditions demonstrate greater self-management skills and quality of life.
- Patient retention is greater when there is a high-quality relationship with the provider.
- It results in decreased malpractice risk.
- Efforts to improve patient experience have resulted in decreased employee turnover.

CAHPS (cont.)

How to improve the patient experience?

- Ensure all office staff are courteous and empathetic.
- Respect cultural differences and beliefs.
- Demonstrate active listening by asking questions and making confirmatory statements.
- Spend enough time with the patient to address all of their concerns.
- Provide clear explanation of treatments and procedures.
- Obtain and review records from hospitals and other providers.

Additional resource: What Matters Most: Improving the Patient Experience www.patientexptraining.com; for a full CAHPS Overview, visit the Provider Training Academy/Provider Education web page

Carelon Medical Benefits Management

Carelon Medical Benefits Management

- **Who is Carelon Medical Benefits Management?**
  - A subsidiary
  - Experienced in the management of radiology, cardiology, genetic testing, musculoskeletal, oncology, pain management, sleep medicine, specialty pharmacy benefits, and rehab services
  - Mission — Promote appropriate, safe, and affordable healthcare

Carelon Medical Benefits Management (cont.)

Services:

- Diagnostic imaging and cardiology
- Cancer Care Quality Program
- Genetic testing
- Musculoskeletal
- Radiation therapy
- Rehabilitation (PT, OT, ST)
- Sleep testing and therapy
- Upper gastrointestinal endoscopy (esophagogastroduodenoscopy)

Carelon Medical Benefits Management (cont.)

Members:

- Local and national Commercial plans
- Some self-funded plans
- Anthem:
  - Medicaid
  - Medicare Advantage

Carelon Medical Benefits Management (cont.)

Look under *Authorizations & Referrals.* Once you select **I Agree**, the system will open a new tab and log you seamlessly into the Carelon Medical Benefits Management precertification site.

Carelon Medical Benefits Management (cont.)

1. **Provider Portal**
   providerportal.com

2. **Detailed interactive program tutorial**
   Select **Register Now** to launch the registration wizard What you need to register:
   - Your email address
   - The Tax ID Number for the providers whose regimens you will be entering
   - Your phone and fax number

3. For more information, visit carelon.com.

Carelon Medical Benefits Management microsites

Resources:

- Program overview
- Frequently asked questions
- Access to *ProviderPortal*$_{sm}$
- Order request checklists
- *Clinical Guidelines*
- CPT® codes

Carelon Medical Benefits Management microsites (cont.)

- Cardiology: providers.carelonmedicalbenefitsmanagement.com/cardiology/
- Genetic testing: providers.carelonmedicalbenefitsmanagement.com/genetictesting/
- Medical oncology: cancercarequalityprogram.com
- Musculoskeletal: providers.carelonmedicalbenefitsmanagement.com/msk
- Radiation oncology: providers.carelonmedicalbenefitsmanagement.com/radoncology/
- Radiology: providers.carelonmedicalbenefitsmanagement.com/radiology/
- Rehabilitation: providers.carelonmedicalbenefitsmanagement.com/rehabilitation/
- Sleep: providers.carelonmedicalbenefitsmanagement.com/sleep/
- Upper gastrointestinal endoscopy (EGD): providers.carelonmedicalbenefitsmanagement.com/surgicalprocedures/

Interactive Care Reviewer (ICR)

ICR

Currently available for:

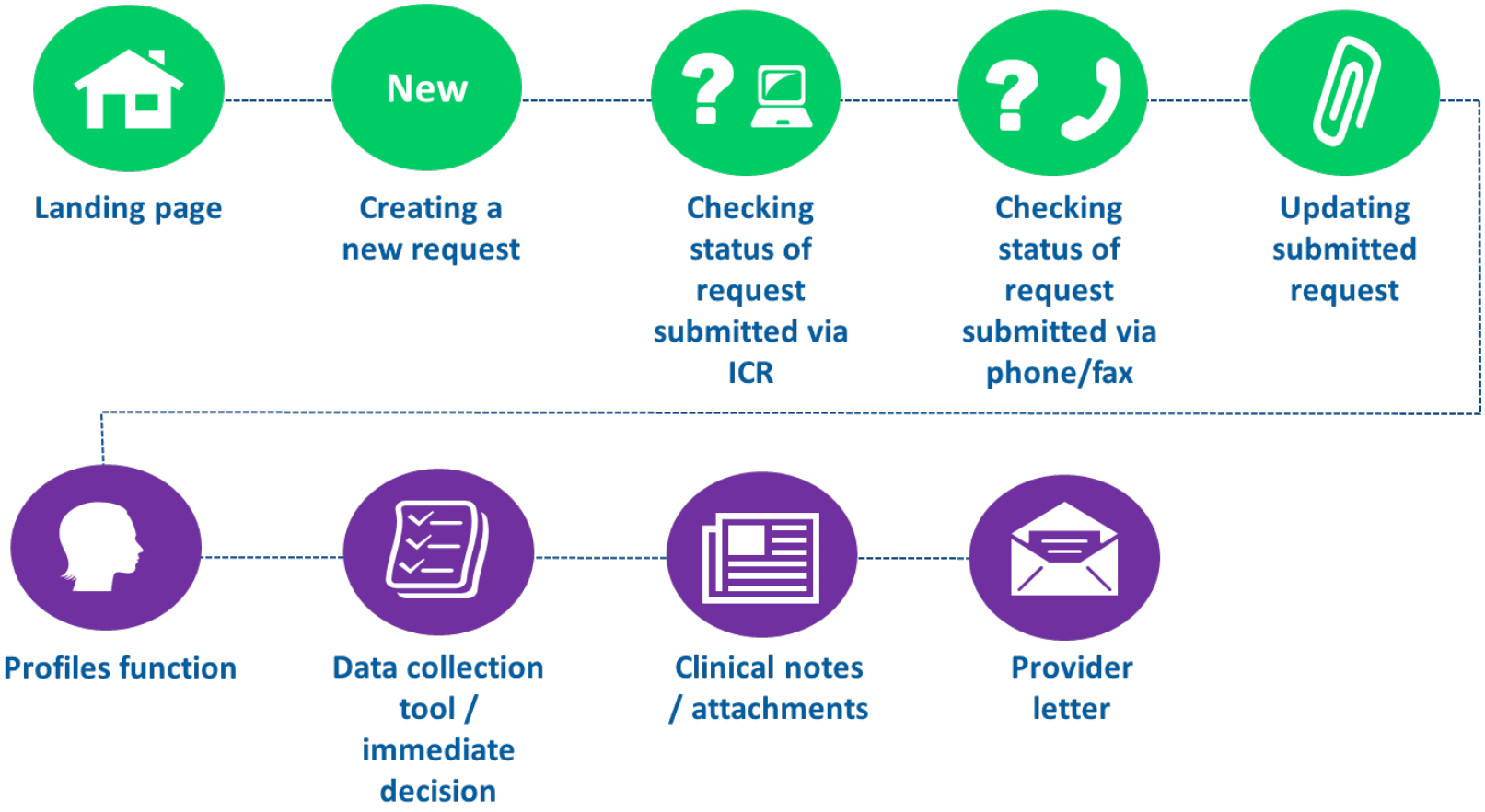
- Inpatient, outpatient, and behavioral health precertification requests for services not medically managed by Carelon Medical Benefits Management.
- For local commercial members and Anthem members enrolled in Medicaid and Medicare Advantage.[1]
- Link to Electronic Provider Access (EPA) for inpatient precertification for BlueCard® Program members.

Accessed through Availity:

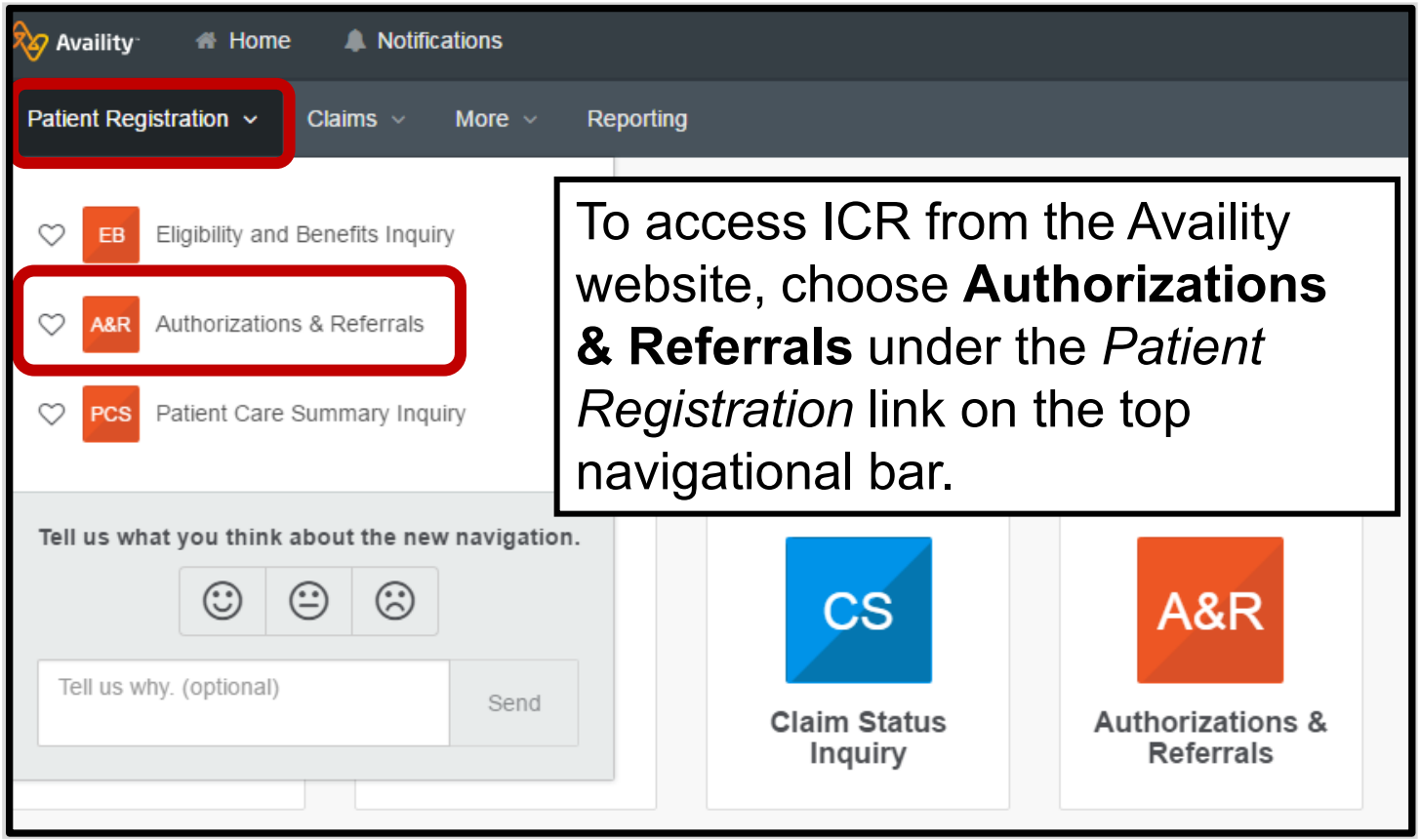
- ICR training demos and link to register
- for monthly training from the Provider
- Home page using
- UM Authorization Requests through Interactive Care Reviewer link

1 Note: ICR is not currently available for Federal Employee Program® (FEP), BlueCard, and some National Account members; requests involving transplant services; or services administered by Carelon Medical Benefits Management. For these requests, follow the same precertification process that you use today.

ICR (cont.)


New
Landing page
Creating a new request
Checking status of request submitted via ICR
Checking status of request submitted via phone/fax
Updating submitted request
Profiles function
Data collection tool / immediate decision
Clinical notes / attachments
Provider letter

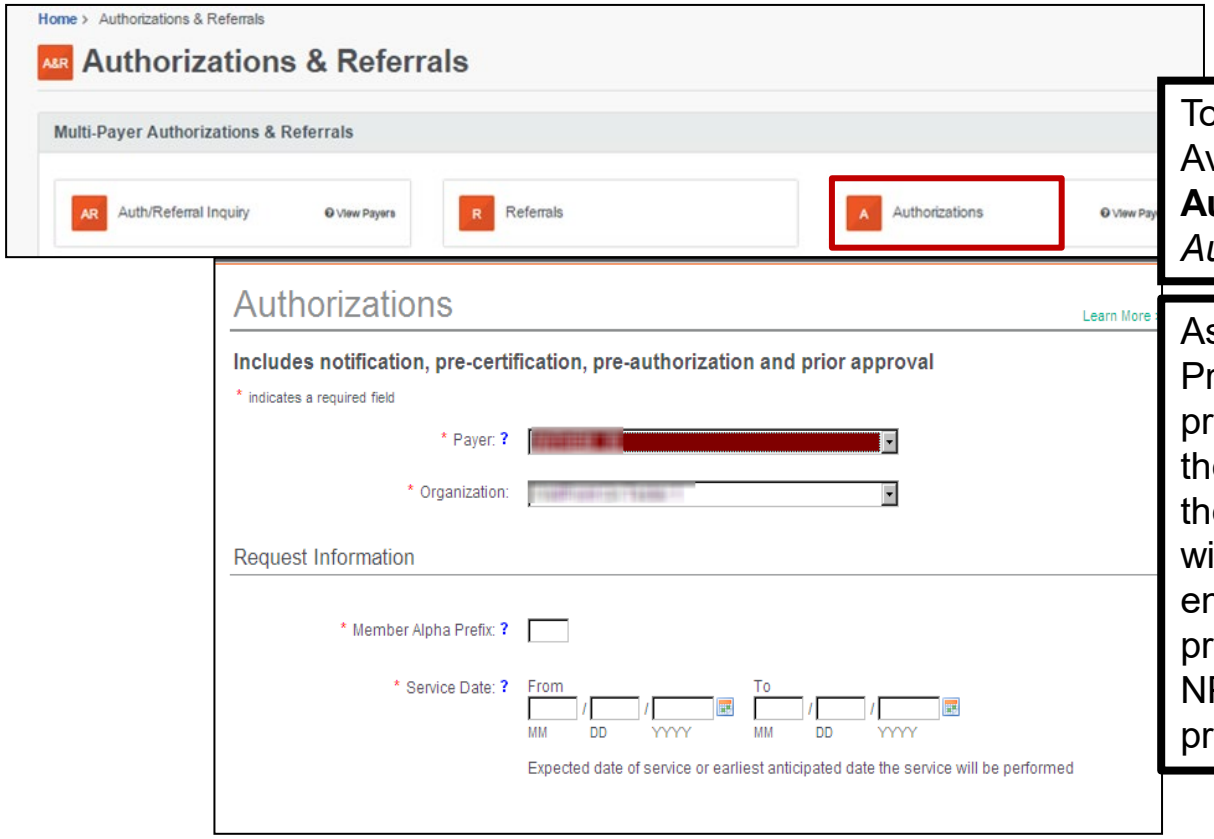
Access ICR on the Availity website



To access ICR from the Availity website, choose **Authorizations & Referrals** under the *Patient Registration* link on the top navigational bar.

Availity is an independent company providing a wide variety of online tools that allow providers to access real-time information from multiple payers with a single secure sign-on.

ICR (cont.)



To access ICR from the Availity website — choose **Authorizations** under the *Authorizations & Referrals*

As part of the Electronic Provider Access mandate, providers will need to enter the member 3-digit prefix and the service dates. Routing will be based on the prefix entered. Users will be prompted to add Tax ID and NPI for an out of area provider.

Availity is an independent company providing a wide variety of online tools that allow providers to access real-time information from multiple payers with a single secure sign-on.

Availity

The Availity website:

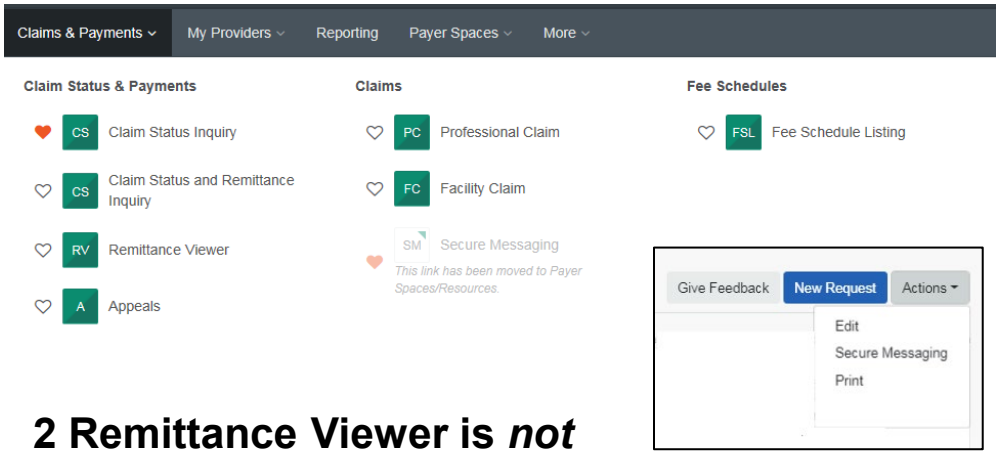
- Online real-time request and response in a consistent format for multiple payers with a single sign-on
- Eligibility, benefits, claim status inquiry, and more for any Blue, FEP, and Anthem member enrolled in Medicaid or Medicare Advantage
- No cost to providers
- Availity Learning Center — Log on and select **Get Trained** under the *Help menu*

Availity is an independent company providing a wide variety of online tools that allow providers to access real-time information from multiple payers via one secure sign-on

Availity (cont.)

Claims:

- Claim status inquiry
- Professional and facility claim submission
- Remittance Viewer[2]



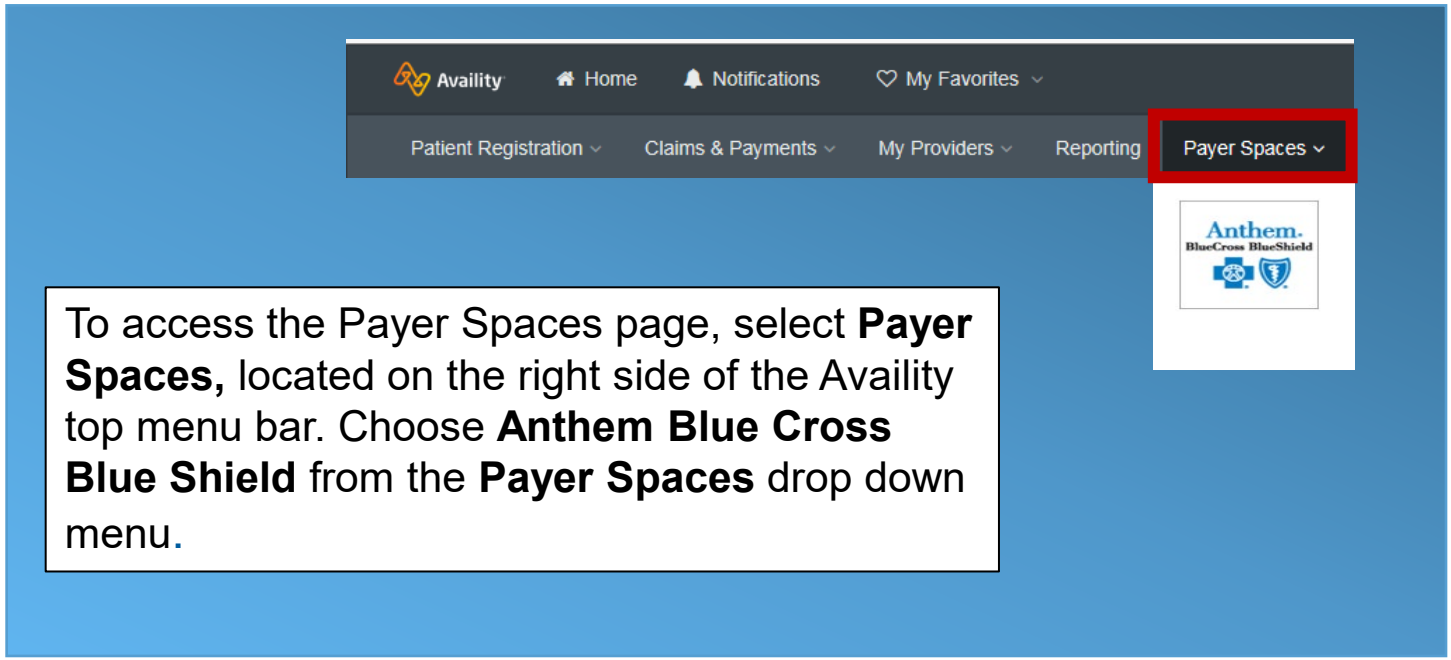
2 Remittance Viewer is *not* Anthem's Remittance Inquiry application – Go to *Payer Spaces*

QUICK TIP

Save time by starting with an eligibility and benefits inquiry. From the result, go to another option — like **Claims | Claim Status Inquiry**. The information about the subscriber/ patient carries over from response to the new inquiry.

Availity is an independent company providing a wide variety of online tools that allow providers to access real-time information from multiple payers via one secure sign-on

Availity Payer Spaces



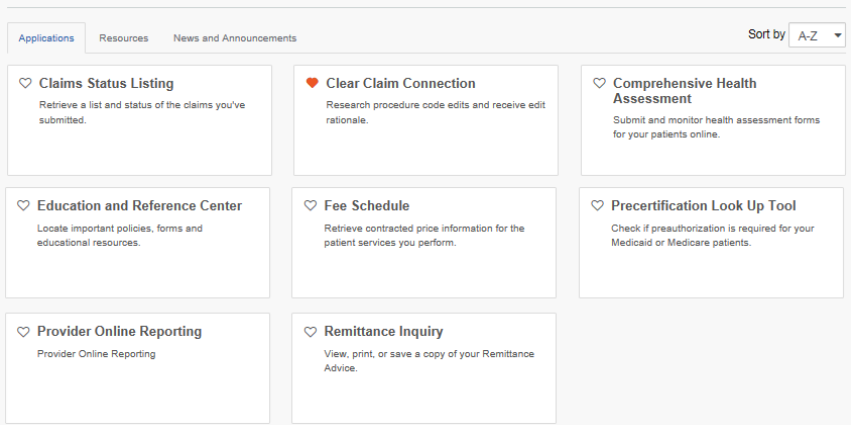
To access the Payer Spaces page, select **Payer Spaces,** located on the right side of the Availity top menu bar. Choose **Anthem Blue Cross Blue Shield** from the **Payer Spaces** drop down menu.

Availity is an independent company providing a wide variety of online tools that allow providers to access real-time information from multiple payers with a single secure sign-on.

Availity Payer Spaces (cont.)

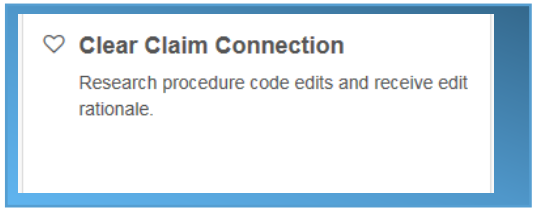
Anthem functionality applications:

- Claim status listing:
  - Medicaid and Medicare Claims lists
- Clear Claim Connection
- Comprehensive health assessments:
  - Submit and monitor health assessment forms (Anthem members with Medicaid)
- Education and reference center
- Fee schedule
- Precertification Look Up Tool
- Provider online reporting
- Remittance inquiry



Availity is an independent company providing a wide variety of online tools that allow providers to access real-time information from multiple payers with a single secure sign-on.

Availity Clear Claim Connection

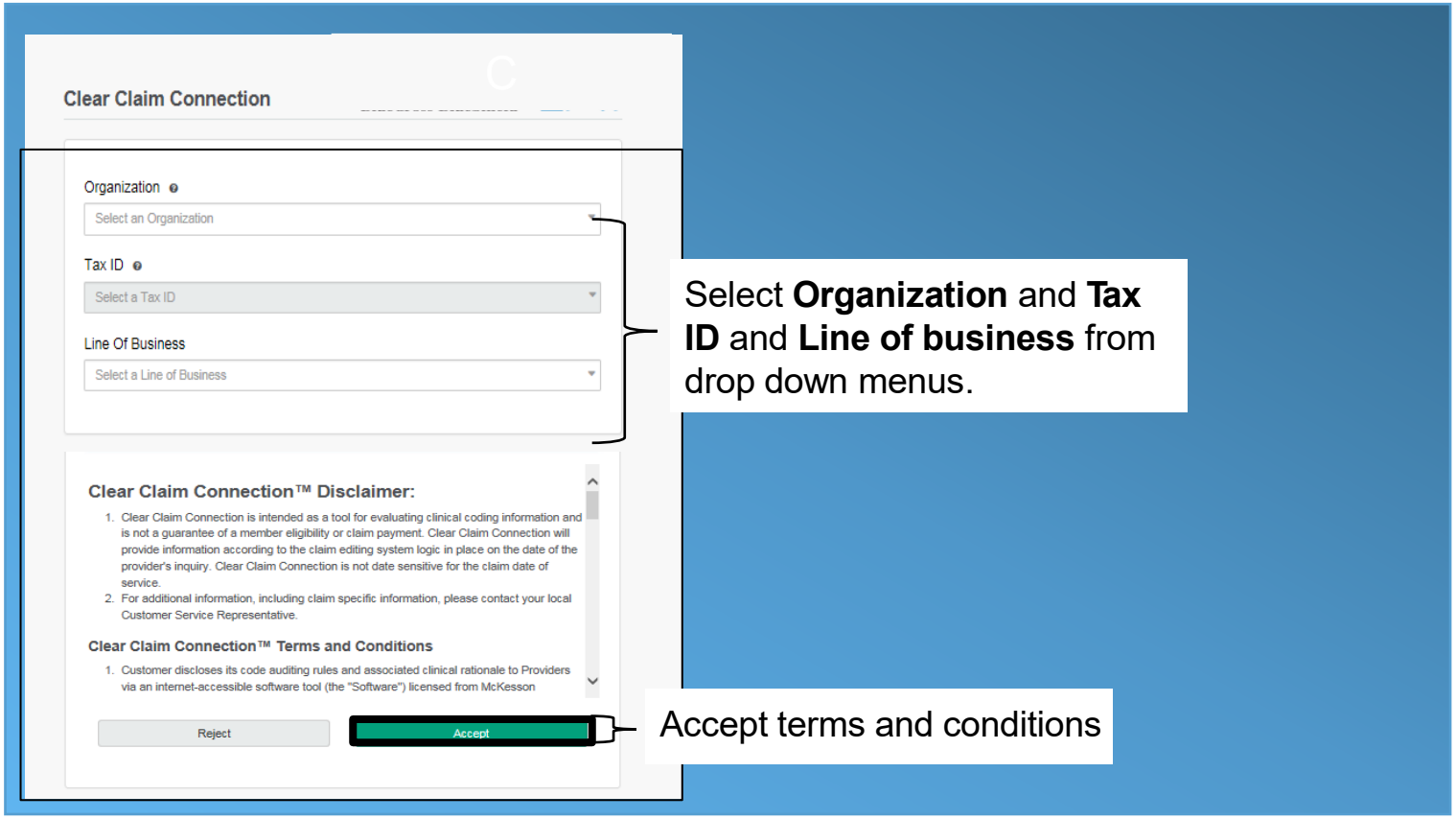


Application features:

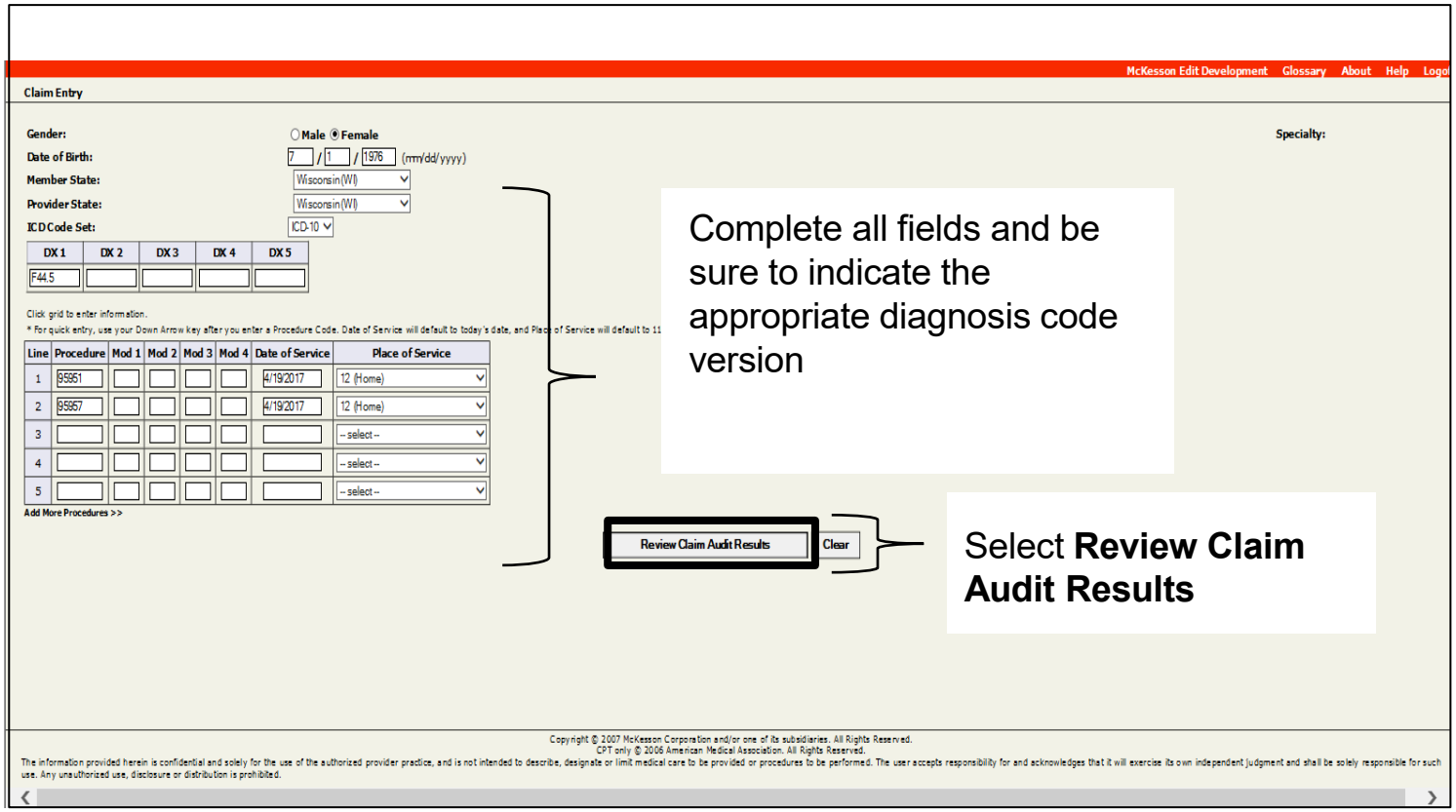
- Clear Claim Connection:
  - Enter the line of business (Commercial, Medicaid, or Medicare Advantage)
  - Enter gender, date of birth, member and provider state, diagnosis, date and place of service, and procedure codes
  - Review recommendations and rationale for codes disallowed

Availity Clear Claim Connection (cont.)

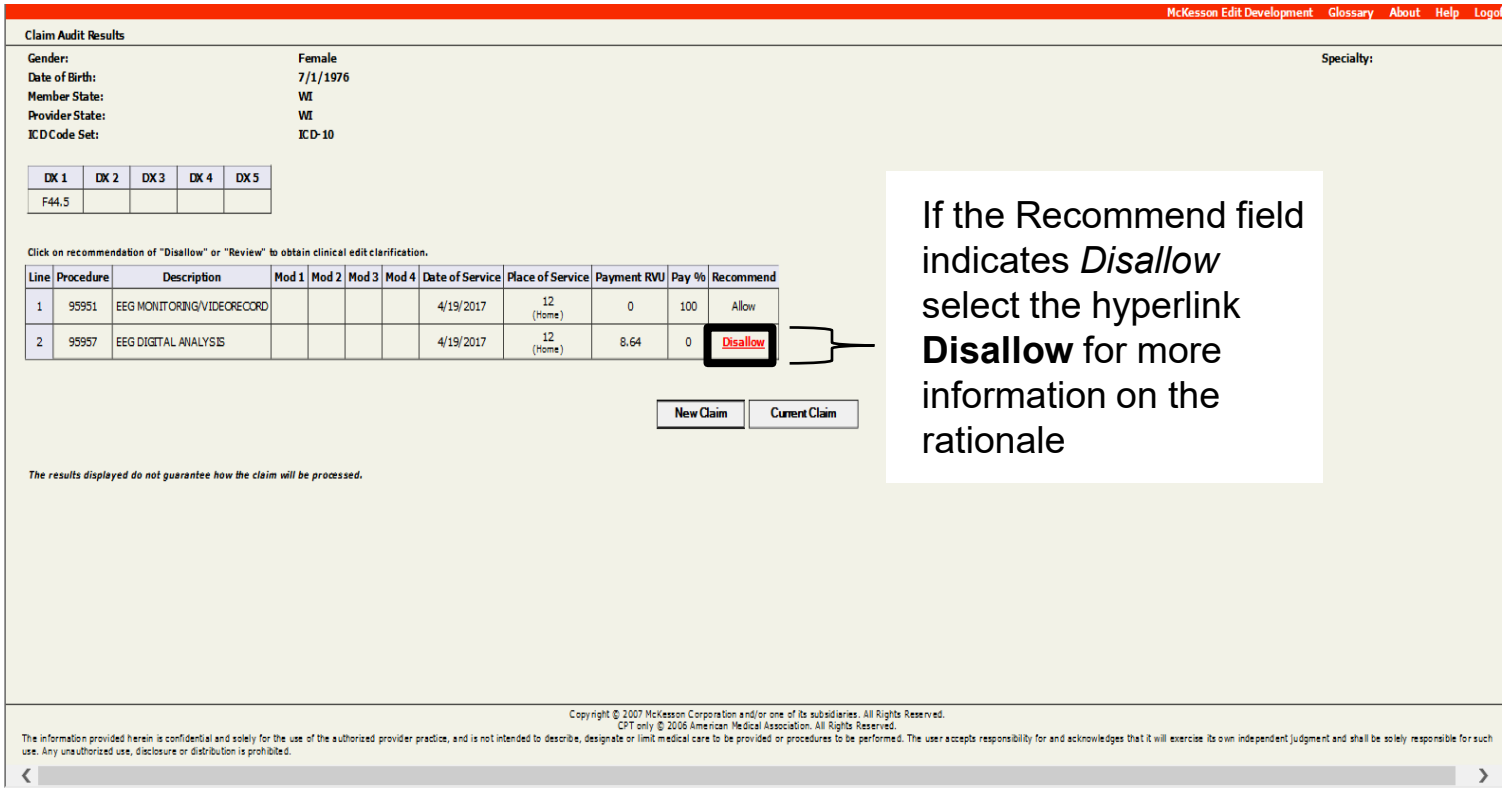
Application features: Clear Claim Connection



Availity Clear Claim Connection (cont.)

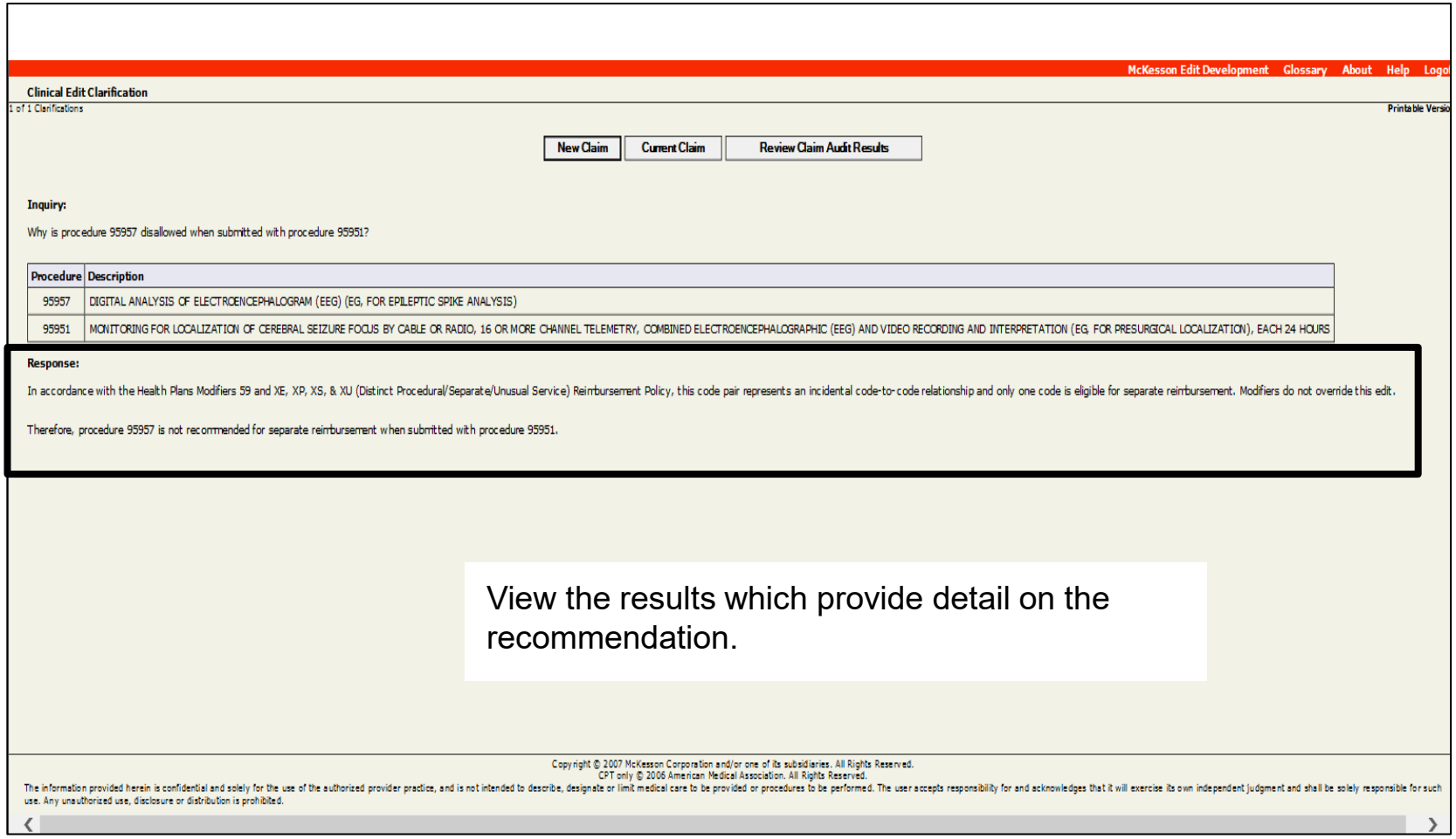


Availity Clear Claim Connection (cont.)

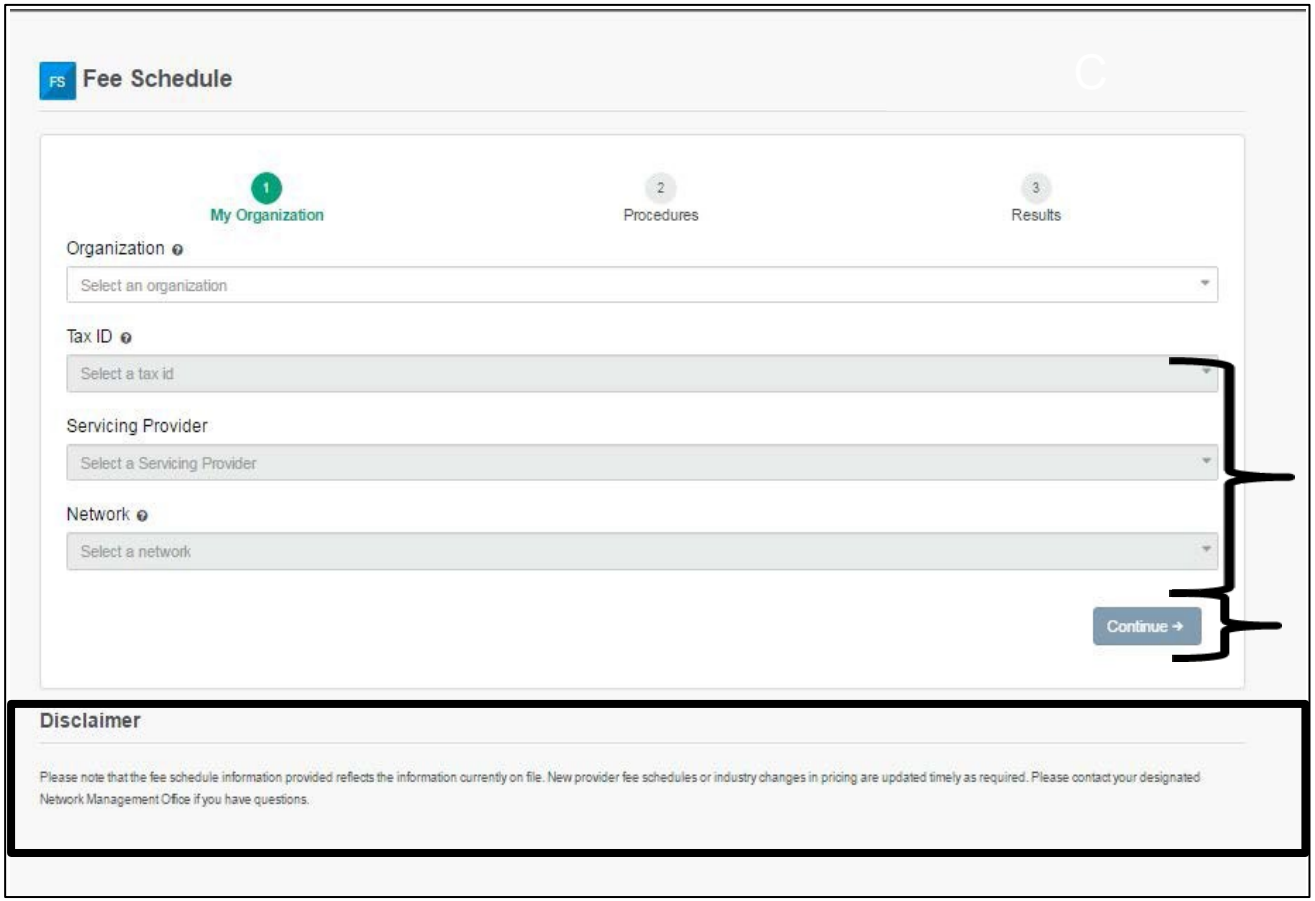


If the Recommend field indicates *Disallow* select the hyperlink **Disallow** for more information on the rationale

Availity Clear Claim Connection (cont.)



Availity fee schedule

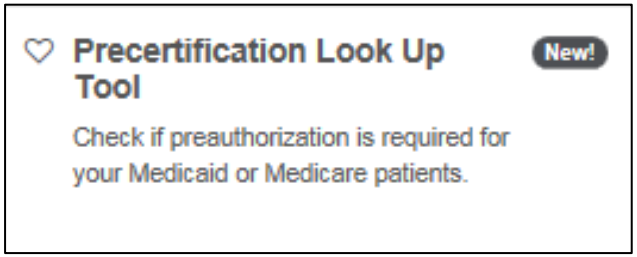


Select **Organization** and **Tax ID** from drop down menus.

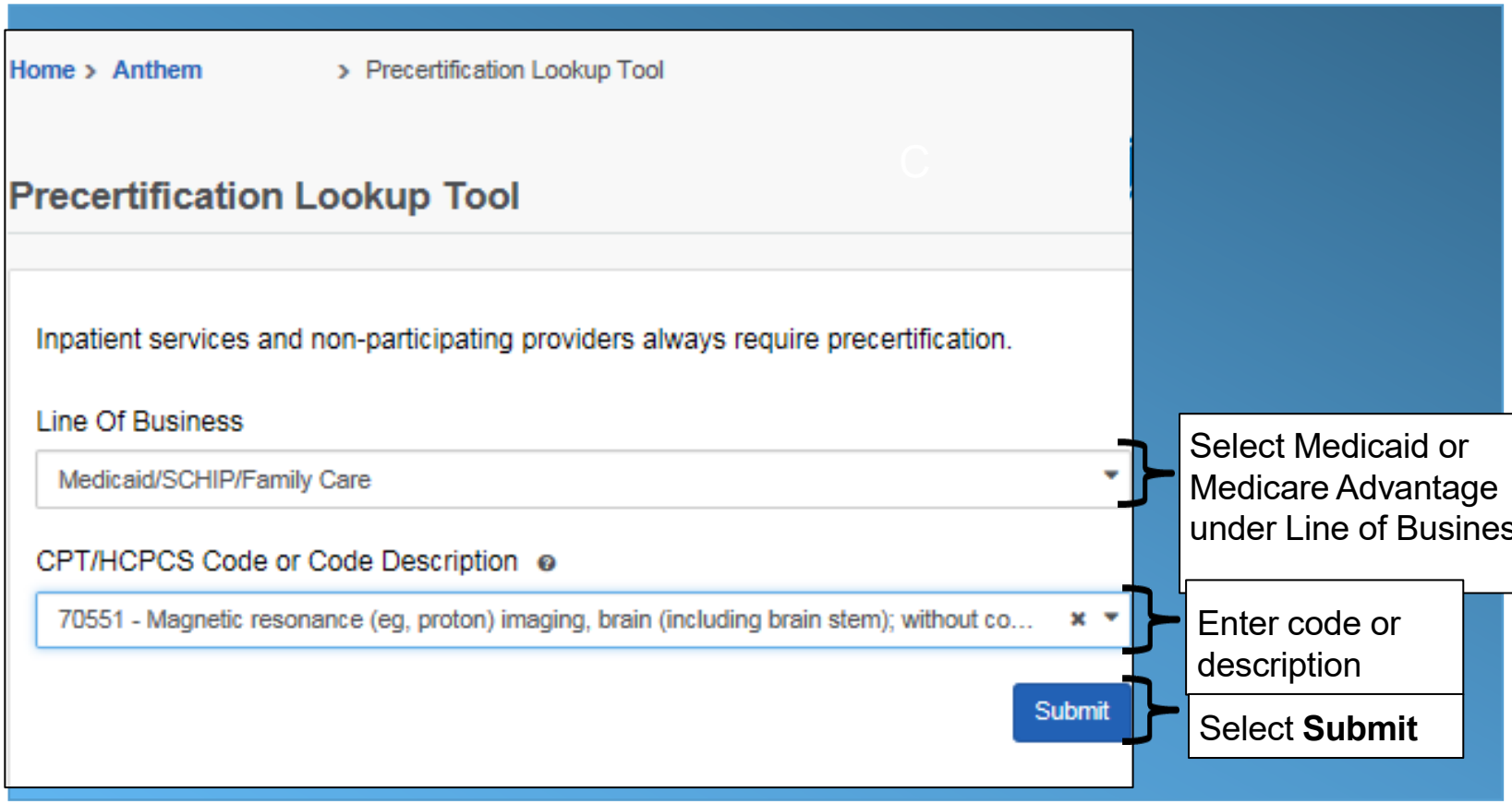
Select an option from the Network drop down menu.

Precertification Look Up Tool

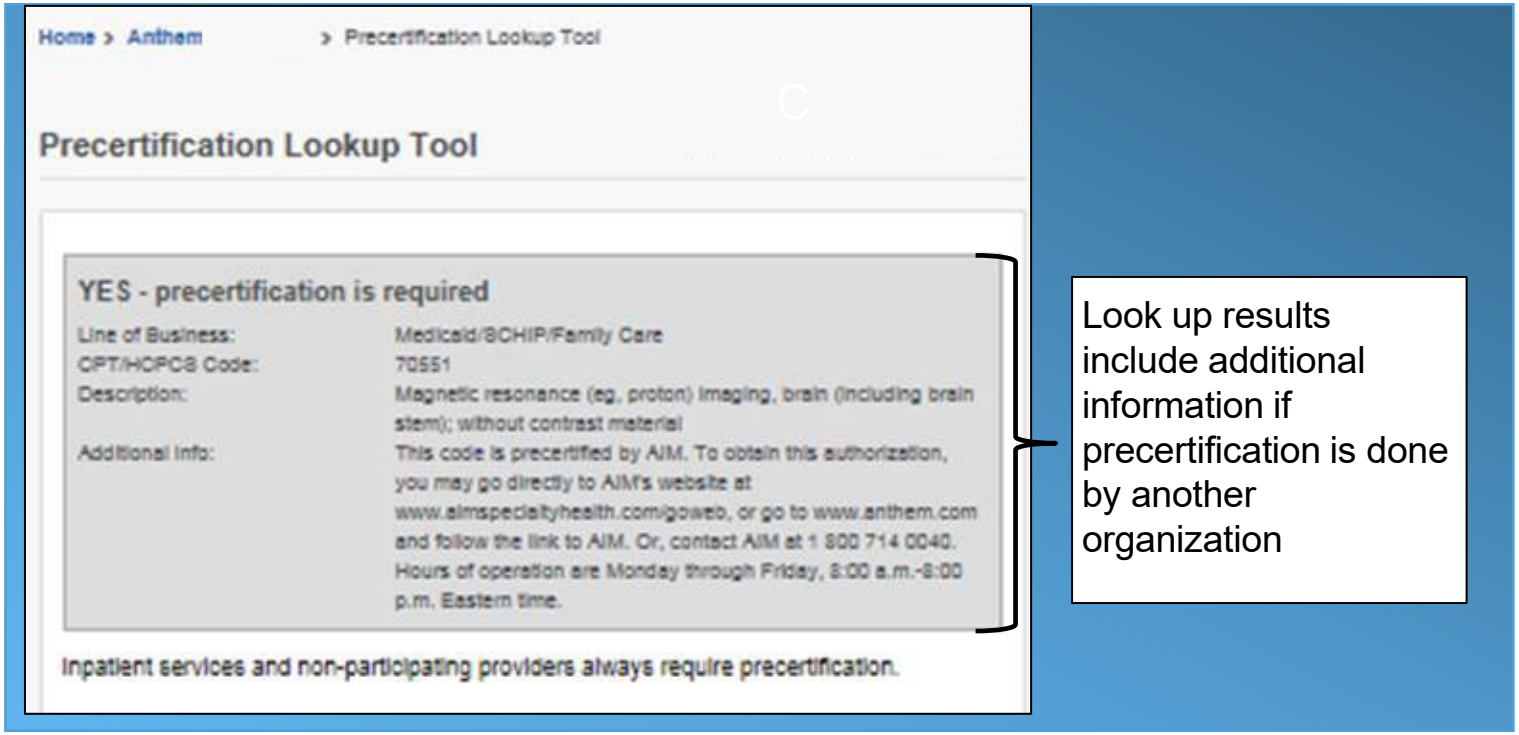
- **Application features**:
  - For Anthem members enrolled in Medicaid or Medicare Advantage
  - Used for outpatient services
  - Look up by code or term to determine if precertification is required



Precertification Look Up Tool (cont.)



Precertification Look Up Tool (cont.)

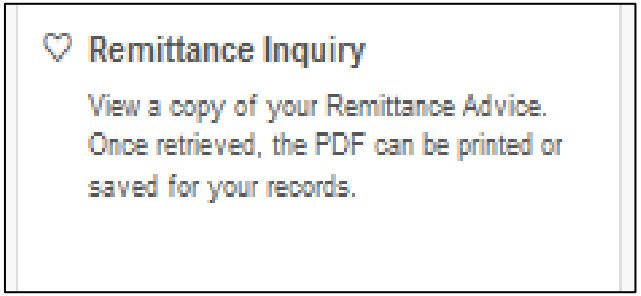


Look up results include additional information if precertification is done by another organization

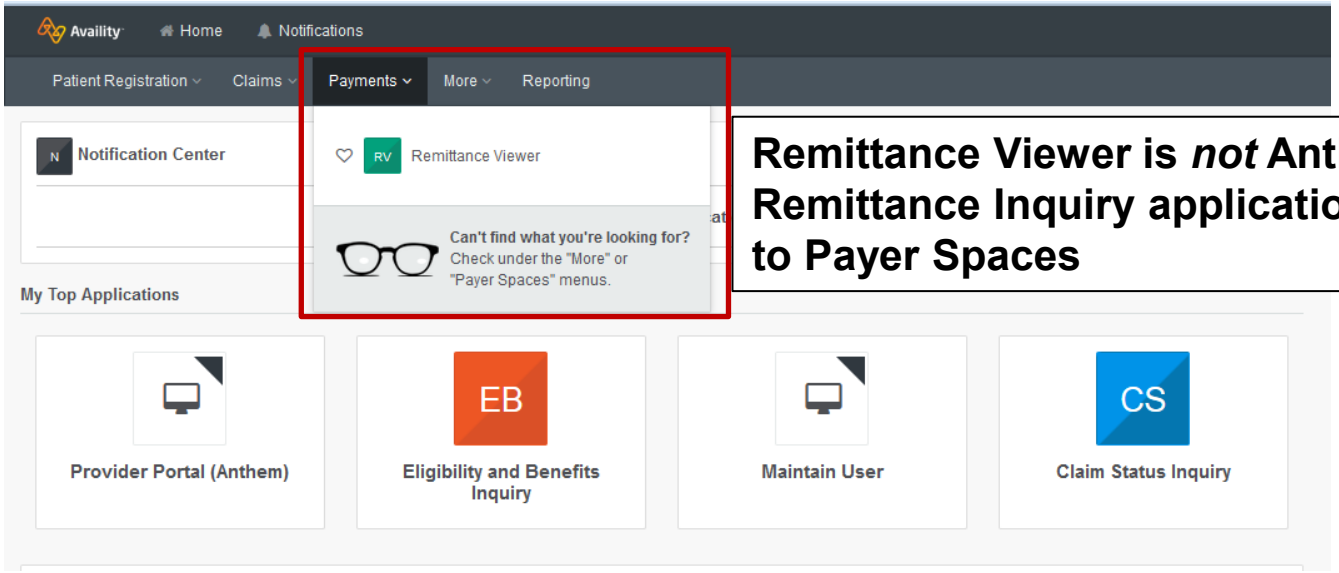
Remittance inquiry

Application features:

- Access to view online remittances is associated with the roles of *Claims* or *Claim Status*
- Remit images available for most Anthem members
- Remits available will include Medicare Crossover claims if the member's home plan is part of Anthem
- Images can be saved to the user's PC or printed
- View past remittances back 15 months



Remittance inquiry (cont.)

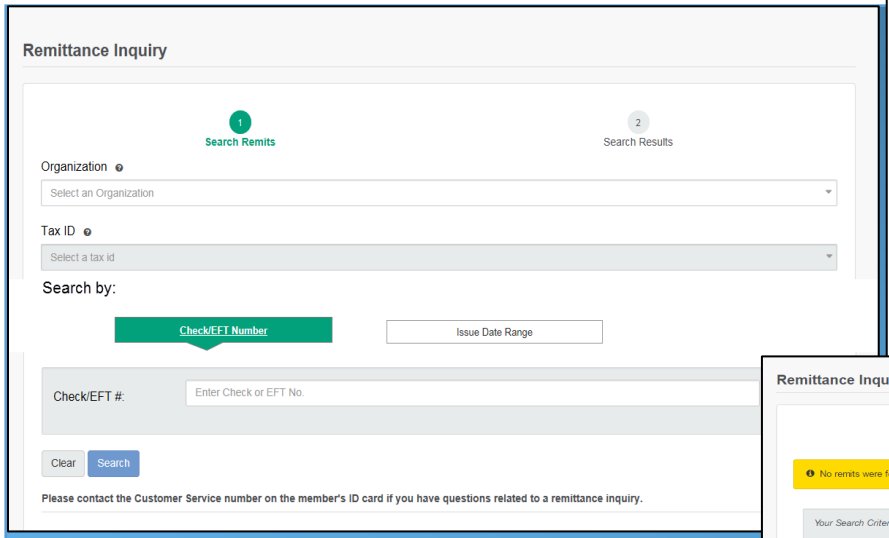


Remittance Viewer is *not* Anthem's Remittance Inquiry application – Go to Payer Spaces

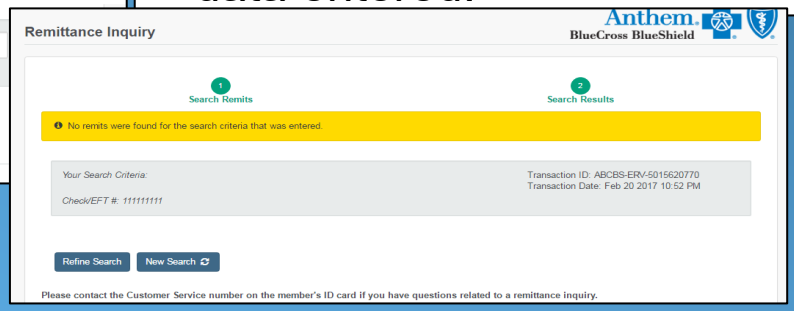
Remittance inquiry (cont.)

Application features:

- Search by check or EFT number — NPI not required



- Match is required for tax ID and check/EFT number
- Will not support zero pay remits where the check number is all 9s or all 0s.
- Error message remit not found by data entered.

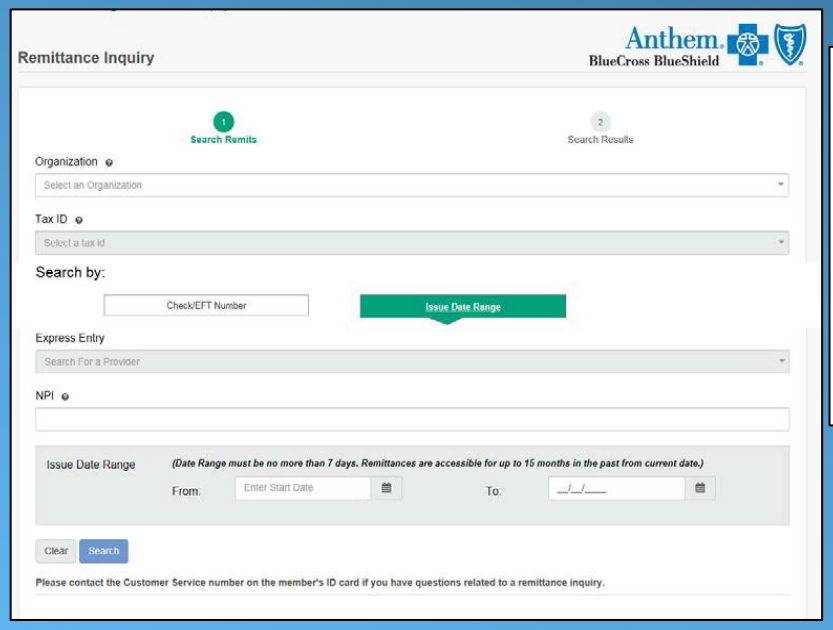


Tip: When searching with EFT number the *From date* should be at least three (3) days prior to the deposit date.

Remittance inquiry (cont.)

Application features:

- Remittance inquiry
- Search date range without check or EFT number

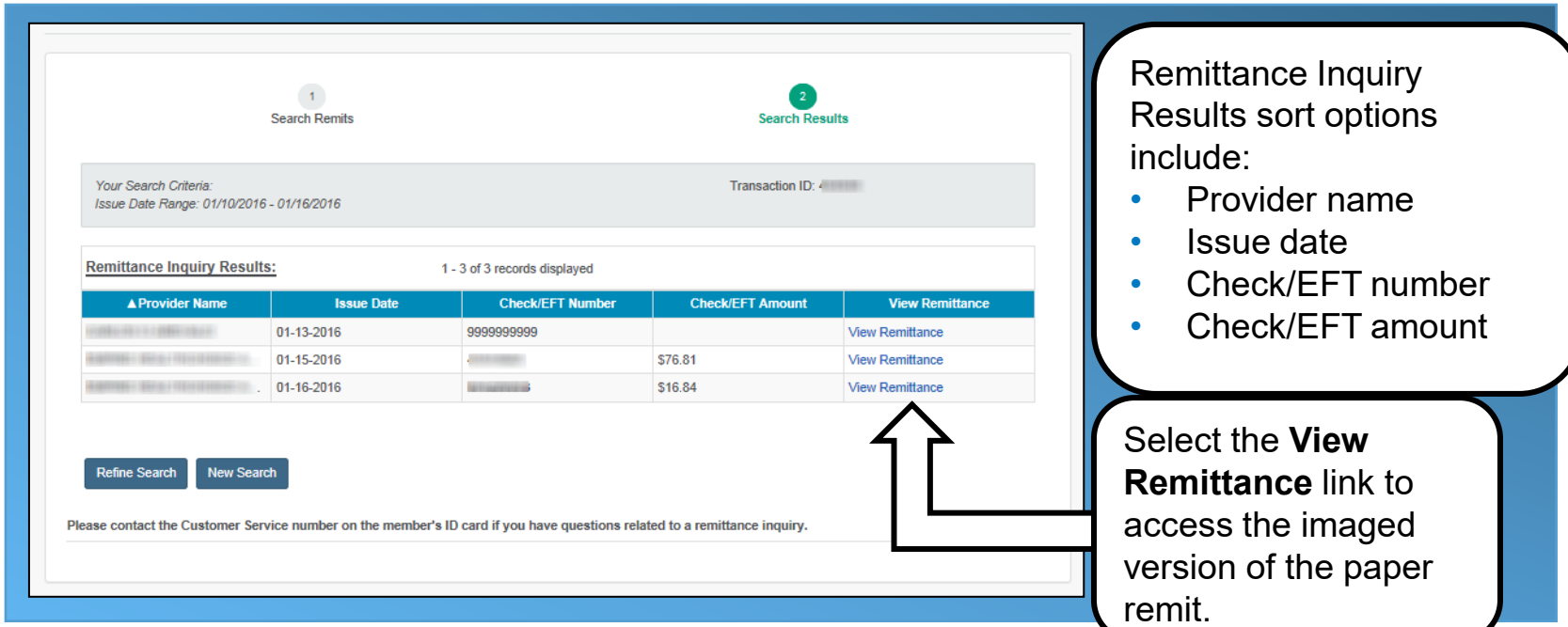


- NPI is required for **Issue Date Range** search
- Will support zero pay remits where the check number is all 9s or all 0s
- Search range is limited to seven days

Remittance inquiry (cont.)

Application features:

- Search results



Remittance Inquiry Results sort options include:

- Provider name
- Issue date
- Check/EFT number
- Check/EFT amount

Select the **View Remittance** link to access the imaged version of the paper remit.

Availity

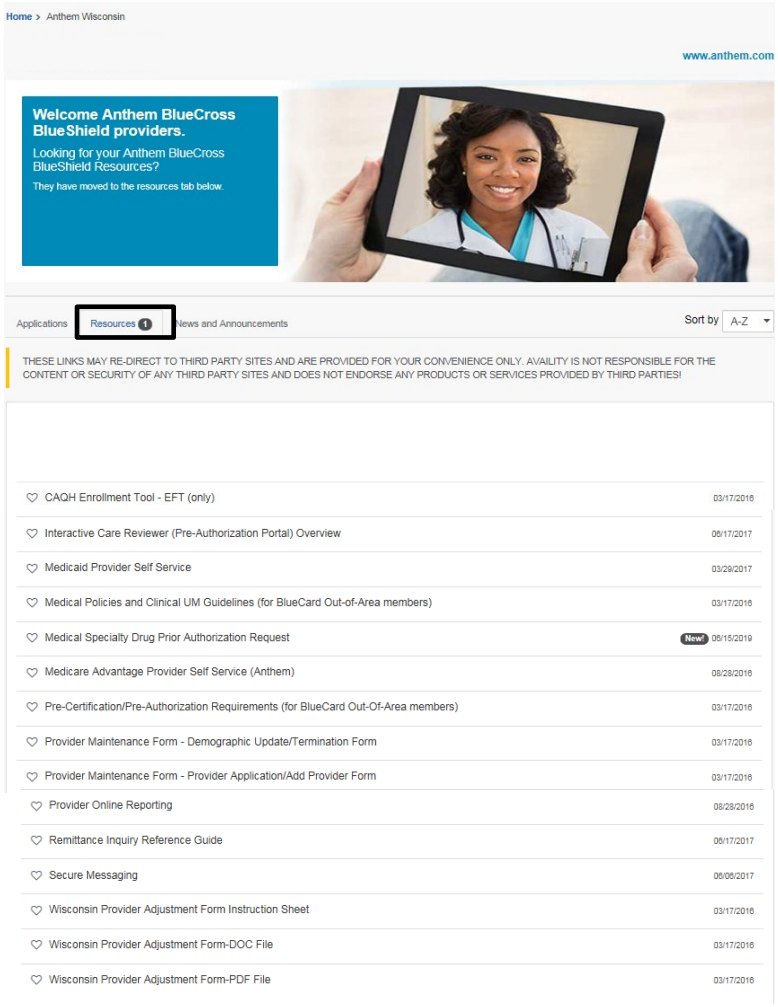
Carelon Medical Benefits Management, Inc.

Anthem: Provider Home:

- CAQH Enrollment Tool – EFT (only)
- Interactive Care Reviewer (Pre-Authorization Portal) Overview

Medicaid Provider Self Service:

- Medical Policies and Clinical UM Guidelines (for BlueCard Out-of-Area members)
- Medicare Advantage Provider Self Service (Anthem)
- Pre-Certification/Pre-Authorization Requirements (for BlueCard Out-of-Area members)



Medical record attachment

When your organization receives a letter requesting additional information to process a claim, those records can be submitted electronically. It also:

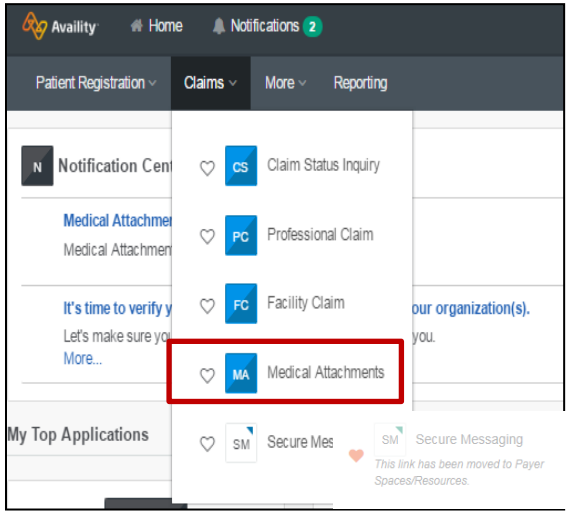
- Reduces the need to fax or send via US mail.
- Gives a comprehensive history of all electronic submissions up to two years in the past.
- Has traceable submission status.
- Comes at no additional cost.

Your organization's Availity Access Administrator grants access to this function.

Medical record attachment (cont.)

To submit a requested medical record associated with claims electronically via Availity:

- Log in to Availity
- From the *Claims* drop down box, select **Medical Attachments**



Electronic claim payment reconsideration

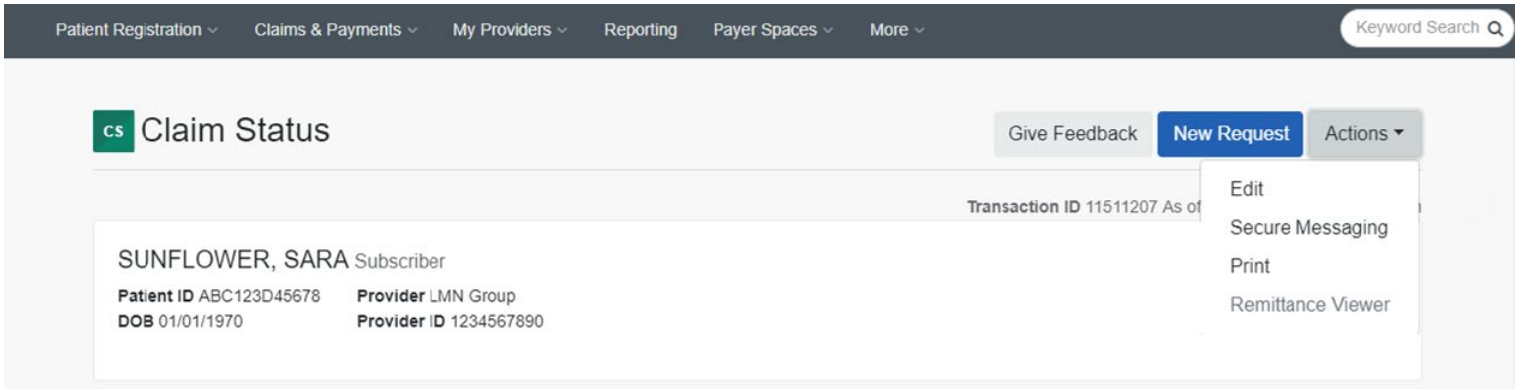
Beginning July 22, 2019, submit claim reconsideration requests for Medicaid and Medicare Advantage member claims were through Availity Appeals functionality. Access from *Claim Status Inquiry*:

- File claim payment reconsiderations
- Send supporting documentation
- Check the status and view history of claim payment reconsiderations
- Acknowledgement of submission at the time of submission
- Notification when a reconsideration has been finalized by Anthem

Electronic claim payment reconsideration (cont.)

Access from the actions:

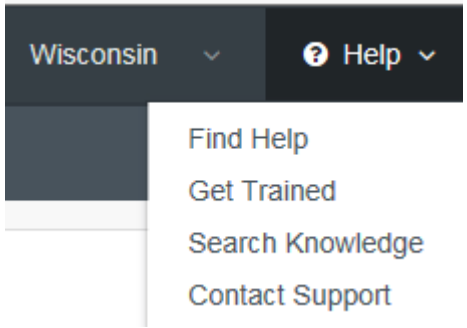
- File claim payment reconsiderations
- Availity Live Webinars: Search *Help and Training, Get Trained* with key word *Appeals* and register

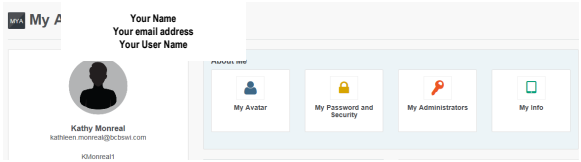


Availity Help

Availity Help:

- Online search knowledge
- Client Services **800-Availity** (**800-282-4548**):
  - *HIPAA*-related errors that you're unable to resolve
  - Problems with links or other technical problems with Availity
- Your organization's Availity Access Administrator:
  - Security and access
- Anthem EDI Solutions **800-470-9630:**
  - Report issues with Anthem data returned





Questions?

Please submit questions using the chat box in the WebEx. If we are unable to get to your question(s) during the session, please email your assigned Provider Relationship Management consultant or the applicable mailbox below:

- West.Team-KyProviderEngagement&Contracting@anthem.com
- East.Team-KyProviderEngagement&Contracting@anthem.com

* Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan. Availity, LLC is an independent company providing administrative support services on behalf of the health plan.

KYBCBS-CDCRCM-031863-23 August 2023