

**Anthem**   
And Its Affiliate HealthKeepers, Inc.

Virginia | Anthem Blue Cross and Blue Shield  
Medicare Advantage

# Anthem Full Dual Advantage (HMO-DSNP)



# D-SNP

D-SNP stands for *Dual Special Needs Plan*. A D-SNP is a Medicare Advantage prescription drug (MAPD) plan for consumers who are entitled to both Medicare (Title XVIII) and Medical Assistance from a state plan under Title XIX (Medicaid).

D-SNPs are specialized Medicare plans for people who have both Medicare and Medicaid, also known as dually eligible consumers. Individuals qualify for Medicaid and Medicare separately. D-SNP eligible consumers can include low-income seniors ages 65 and older and people with disabilities who are younger than 65. D-SNP types include data coordination, highly integrated dual eligible (HIDE), and fully integrated dual eligible (FIDE).

A D-SNP provides the same coverage consumers would normally receive under original Medicare but comes with a prescription drug plan (PDP) and extra benefits, such as dental, vision, and hearing. Those extra benefits are services not covered under original Medicare.

Most D-SNPs have a \$0 premium, \$0 coinsurance, and \$0 copay.

## D-SNP (cont.)

For plan year 2025, Anthem Full Dual Advantage (HMO D-SNP) is a FIDE D-SNP.

An integrated plan means DSNP provides both Medicare and full Medicaid benefits for all plan members. It includes:

- One enrollment into a plan.
- One ID card with one HCIN that is shared between Medicare and Medicaid.
- One claim filed for both Medicare and Medicaid services.
- Marketing materials that speak to both Medicare and Medicaid benefits.
- One appeal process for Medicare and Medicaid.

The member will have the same carrier for D-SNP and Medicaid.

In some instances, members may change DSNP plans monthly.

Anthem is responsible for coordinating care for DSNP members.

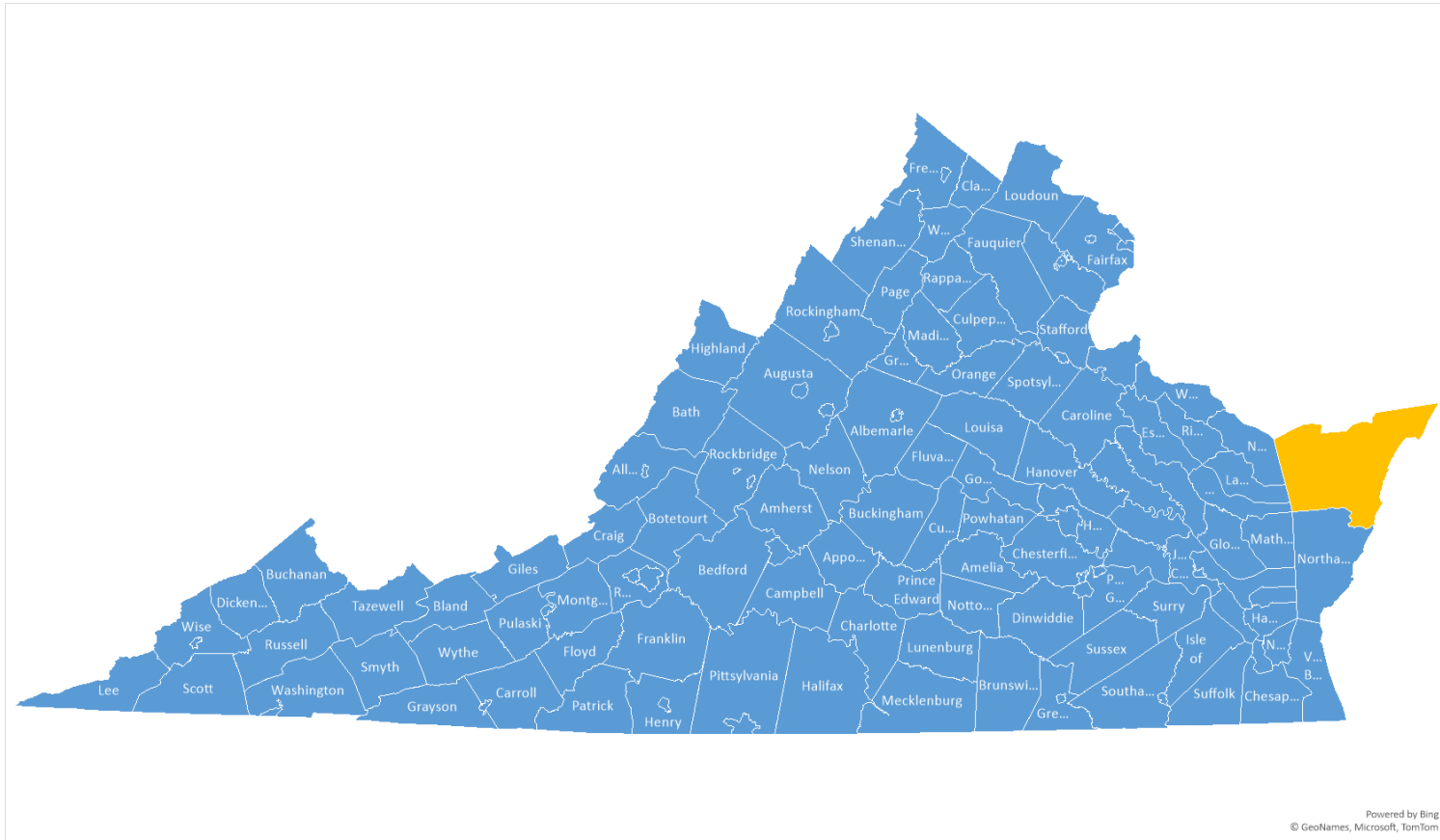
Coordination means assisting the members with obtaining the care they need, even if it is not a benefit covered under the DSNP. It is everyone's responsibility to help and find care. This includes assisting with billing and service.

# LTSS/behavioral health

Anthem must provide members with Medicare and Medicaid under a single entity with LTSS benefits and behavioral health service benefits as required by the state:

- **Please note:** Member ID number listed on Anthem Full Dual Advantage D-SNP card should always be used when filing LTSS claims. Single ID number on the card is used for both Medicare and Medicaid benefits. **EXCEPTION: Electronic Visit Verification (EVV) services should continue to be billed through Netsmart per their instructions**
- Authorization for LTSS benefits should be requested using same member ID. LTSS benefits are an integrated part of the FIDE D-SNP. Use of any other number will result in possible delays and/or denials.
- The provider will not receive a separate *Explanation of Payment (EOP)*.
- LTSS Authorization Fax
  - Standard requests - 844-864-7853
  - Expedited- 888-235-8390
- For Behavioral health authorizations, please call the Provider Service phone number shown on the back of the member's card.

# Service area




D-SNP service area


Nonservice area

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# Member sample ID cards — Anthem Full Dual Advantage (HMO D-SNP)



**Offered by HealthKeepers, Inc.**



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<FormattedMemberName>

Member ID: XXXXXXXXXX

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Group:	VAMCRWP0
Plan:	332
Issuer (80840):	9101000302
RxBIN:	020115
RxPCN:	IS
RxGRP:	WM2A
RxID:	

Anthem Full Dual Advantage 2  
(HMO D-SNP)  
PCP:  
PCP Phone:

Medicaid ID: XXXXXXXXXX

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Dual eligible members pay \$0 for plan covered medical services  
**Provider:** Dual Member Cost Share should be billed to member's Medicaid

CMS H4694-001-000

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Dental Coverage

**MEDICARE ADVANTAGE HMO**

**Medicare Rx**  
Prescription Drug Coverage



Offered by HealthKeepers, Inc.

[anthem.com](http://anthem.com)

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**Member:** Present this ID card and your Medicaid ID card before you receive services or supplies. See your Evidence of Coverage for covered services. In an emergency, go to the nearest emergency room or call 911.

**Provider:** Do not bill FFS Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include the 3-digit prefix that precedes the identification number listed on the front of the card. Medicare limiting charges apply. Outside the plan's service area, benefits may be limited to Emergency care.

**Possession of this card does not guarantee eligibility for benefits.** Anthem Providers can submit claims to Availity.com or:  
**Medical:** P.O. Box 61010, Virginia Beach, VA 23466-1010  
**Pharmacy:** Claims Department- Part D Services P.O. Box 52077, Phoenix, AZ 85072-2077  
**Dental:** P.O. Box 26110, Santa Ana, CA 92799

**Member Service:** 1-833-824-1393

**TTY/TDD Line:** 711

**Member Pharmacy Svc:** 1-833-337-1271

**Help for Pharmacists:** 1-833-377-4266

**Provider Service:** 1-800-676-2583

**Dental Member Service:** 1-888-700-0992

**24/7 NurseLine:** 1-855-658-9249

**Transportation:** 1-844-529-3839

**BH Crisis Line:** 1-844-429-9620

[livehealthonline.com](http://livehealthonline.com)

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HealthKeepers, Inc., an independent licensee of the Blue Cross and Blue Shield Association, serves all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123.

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**Issue Date:** 08/28/2024

# *Provider Guidebook*

Refer to the [Provider Guidebook \(PDF\)](#) for any questions about operations and procedures related to our Anthem Full Dual Advantage (HMO D-SNP) members. The guidebook provides information on:

- Medicare overview.
- Expectations and responsibilities as a participating provider.
- Provider credentialing.
- Payment disputes, appeals, and grievances.
- Fraud, waste, and abuse.
- Additional topics important to our plan.



# Claims filing procedures

Since the D-SNP is the primary plan, providers should submit the claims to the address on the back of the member's ID card or through Availity Essentials.

For a FIDE D-SNP, one claim submission is needed that will encompass both Medicare and Medicaid.

The provider will receive one *EOP* that is inclusive of both products.

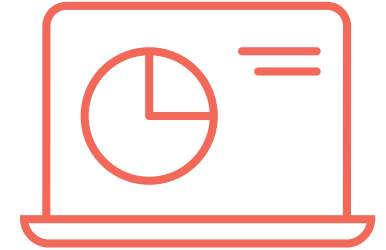
If there is still a balance after claims payment, the provider may not bill those to the member. D-SNP members may not be balance-billed per the provider contract.

Medicare cost sharing is paid according to each state's Medicaid reimbursement policy. Some states do not reimburse for Medicare cost sharing if the payment has already met or exceeded Medicaid reimbursement.



# Claims payment:

- Electronic Data Interchange (EDI)
- Availity Essentials
- Paper
- D-SNP timely filing is within 90 days of the service date.



## Paper submissions

Anthem  
P.O. Box 61010  
Virginia Beach, VA 23466

## Electronic submission payers

Availity Essentials: 800-282-4548  
Website: [Availity.com](https://www.availity.com)  
Payer ID: 00423

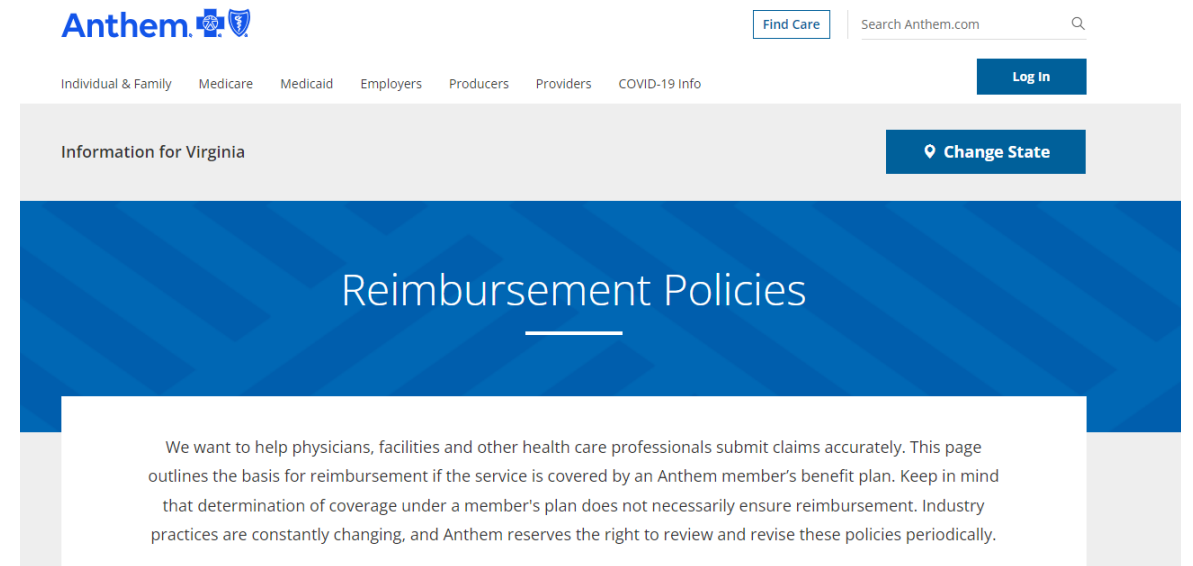
## EDI hotline

Phone: 800-590-5745

# Reimbursement policies

Providers and facilities are required to use industry-standard codes for claim submissions and should bill according to Medicare guidelines. Services should be billed with CPT® codes, HCPCS codes, and/or revenue codes. The billed code(s) should be fully supported in the medical record and/or office notes.

[Anthem's D-SNP reimbursement policies](#)



The screenshot displays the Anthem website interface. At the top left is the Anthem logo. To the right is a search bar with the text "Search Anthem.com" and a magnifying glass icon. Below the search bar is a navigation menu with links for "Individual & Family", "Medicare", "Medicaid", "Employers", "Producers", "Providers", and "COVID-19 Info". A "Log In" button is located to the right of the navigation menu. Below the navigation menu is a grey bar with the text "Information for Virginia" and a "Change State" button with a location pin icon. The main content area has a blue background with the title "Reimbursement Policies" in white. Below the title is a white box containing the following text: "We want to help physicians, facilities and other health care professionals submit claims accurately. This page outlines the basis for reimbursement if the service is covered by an Anthem member's benefit plan. Keep in mind that determination of coverage under a member's plan does not necessarily ensure reimbursement. Industry practices are constantly changing, and Anthem reserves the right to review and revise these policies periodically."

# Payment disputes and reconsiderations

Reconsideration requests in writing, verbally, and through our provider website are due within **120 calendar days** from the date on the *EOP*.

Plan will resolve reconsiderations within **30 calendar days** of receipt

Refer to the denial letter issued to determine the correct appeals/ dispute process.

For more information, visit our [\*Provider Guidebook \(PDF\)\*](#). [\*ABSCRPM-0010-20.pdf\*](#) ([anthem.com](http://anthem.com))



# Claims payment appeals

Claims payment appeals are due **60 calendar days** after the reconsideration determination.



Include as much information as you can to help us understand why you think the reconsideration determination was in error.



For more information, visit our [Provider Guidebook \(PDF\)](#).



Plan will make a determination within **30 calendar days** of receipt.

# D-SNP model of care

All D-SNP plans are required by CMS to have a model of care that provides the basic framework under which the D-SNP will meet the needs of each of its members. **What does the model of care do?**

Identifies and evaluates D-SNP population

Details care coordination procedures

Details importance of the provider network and role of the provider

Identifies quality measurement protocols and expectations

## D-SNP model of care (cont.)

The model of care is a vital quality improvement tool and integral component for ensuring that the unique needs of each member are identified by the D-SNP and addressed through the plan's care management practices.

The model of care provides the foundation for promoting D-SNP quality, care management, and care coordination processes.

Our model of care is unique and distinct to our plan. Another payer's model of care cannot be applied to Anthem Full Dual Advantage D-SNP.

Participating providers are required to take Anthem's model-of-care training annually. The training can be found on Availity Essentials in the training library and on our [provider website](#).

Adherence to our model of care ensures that members have improved quality of care and better health outcomes.

# Prior authorization and important contact information

If you have questions, call Provider Services at 800-676-2583. Staff are available Monday through Friday from 8 a.m. to 6 p.m. local time excluding state-observed holidays. Digital submission via [Availity.com](https://www.availity.com) is the preferred method.

Inpatient/outpatient surgeries	855-443-7821 (fax), 866-611-4287 (phone) Staff is available Monday through Friday from 8 a.m. to 5 p.m. local time excluding state-observed holidays.
Carelon Medical Benefits Management, Inc. (formerly AIM)  Cardiology, genetic testing, radiology (high-tech), sleep studies, radiation oncology	833-342-1260 (phone) <a href="https://www.careloninsights.com">Medical Benefits Management (careloninsights.com)</a>
Carelon Behavioral Health	Inpatient: 800-901-0020 (Phone); 844-445-6646 (Fax) <b>Outpatient: 800-901-0020 (Phone); (844)445-6642 (Fax)</b>

# Prior authorization and important contact information (cont.)

Routine vision: Blue View Vision	800-676-2583 (P)
Hearing: Hearing Care Solutions	877-583-2842 (P)
Dental: Liberty Dental	888-352-7924 (P)
Carelon Post Acute Care Provider Resources	844-411-9622 (P) <a href="https://providers.carelonmedicalbenefitsmanagement.com/postacute/">https://providers.carelonmedicalbenefitsmanagement.com/postacute/</a>
Nonemergency transportation: Access2Care	Member Services: 844-529-3839 Provider Services: 866-411-8914 <a href="#">Access2Care</a>
Tivity (SilverSneakers)	<a href="#">SilverSneakers</a>
Nurse Helpline	855-658-9249
LTSS Authorization Fax	Standard requests - 844-864-7853 Expedited- 888-235-8390



# D-SNP important links

[\*Provider Guidebook \(PDF\)\*](#)

Anthem Full Dual Advantage (HMO-DSNP)  
[Reimbursement Policies](#)

[Availity](#)



Thank you  
for working with us!





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

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