

Anthem Blue Cross Cal MediConnect Plan (Medicare- Medicaid Plan)

Santa Clara County Behavioral Health
provider training

Anthem Blue Cross Cal MediConnect Plan

- Effective January 1, 2015, Anthem Blue Cross Cal MediConnect Plan became available in Santa Clara County.
- Both Anthem Blue Cross (Anthem) and Santa Clara Family Health Plan were selected by the California Department of Health Care Services (DHCS) and CMS to participate in a pilot program to integrate care for dual-eligible individuals. California's dual-eligible demonstration is called Cal MediConnect. We are designing new approaches to better coordinate care for these beneficiaries.

Anthem Blue Cross Cal MediConnect Plan (cont.)

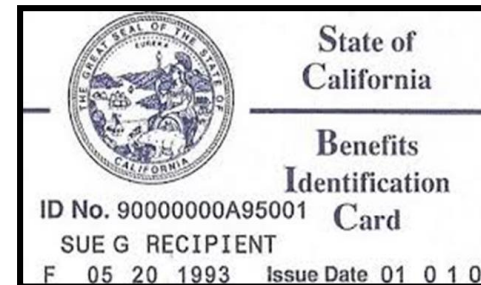
- Anthem has a three-way contract with CMS and DHCS to integrate Medicare and Medi-Cal benefits into one managed care plan called Anthem Blue Cross Cal MediConnect Plan.
- Anthem Blue Cross Cal MediConnect Plan aims to improve care coordination of medical, behavioral health (BH), and long-term services and supports (LTSS) services for dual-eligible beneficiaries, driving quality care that helps people stay healthy and in their homes for as long as possible.

Anthem Blue Cross Cal MediConnect Plan (cont.)

- Anthem is committed to partnering with providers to deliver excellent health care; comprehensive case management; and streamlined care coordination of behavioral, medical and social health care services.
- You have a dedicated and local Anthem Blue Cross Cal MediConnect Plan team to answer any questions you have (see contact grid).

What is a dual beneficiary?

- A dual beneficiary is a person who has both Medicare and Medi-Cal.
- To be eligible for Cal MediConnect, a person must have Medicare Part A and Part B, and full-scope Medi-Cal. Dual beneficiaries will have these two cards:



- Another term that is used to identify people who have Medicare and Medi-Cal is Medi-Medi.

How a dual beneficiary enrolls in the Anthem Blue Cross Cal MediConnect Plan

- **Please note:** Sales agents, brokers or other insurance agents **cannot** enroll beneficiaries into Anthem Blue Cross Cal MediConnect Plan.
- Beneficiaries wishing to enroll in Anthem Blue Cross Cal MediConnect Plan can contact Health Care Options (HCO) at **1-844-580-7272** (TTY: **1-800-430-7077**).
- For dual members currently in Anthem Blue Cross Cal MediConnect Plan, there is a streamlined enrollment process without the need to go through HCO. Members in this case can contact **1-408-918-6890** for enrollment.

How a dual beneficiary enrolls in the Anthem Blue Cross Cal MediConnect Plan (cont.)

- Members can also complete the *Health Plan Choice* form on the DHCS website:
 - <https://www.healthcareoptions.dhcs.ca.gov/download-forms?location=29>
 - Select **814 Anthem Blue Cross** under *OPTION A*.

Health Plan Choice Form

California Department of Health Care Services
P.O. Box 95009
Sacramento, CA 95833

For Free Help with this form, contact Health Care Options at 1-844-588-7272.

STEP 1: Tell us about yourself:

First Name, Last Name _____ Social Security Number _____

Address, City _____ Zip Code _____ Date of Birth _____

() Sex: ☐ Male ☐ Female If pregnant, due date _____

Area Code Phone Number _____ Month _____ Day _____ Year _____


STEP 2: Choose how you want your care:

OPTION A	OR	OPTION B
Combine my Medicare and Medi-Cal benefits in one plan. Choose one of these Cal MediConnect Plans: <input type="radio"/> 814 Anthem Blue Cross <input type="radio"/> 815 Santa Clara Family Health		Keep my Medicare the way it is now AND choose a Medi-Cal plan. Choose one of these Medi-Cal Plans to get your Medi-Cal benefits: <input type="radio"/> 309 Santa Clara Family H.P. Plan Partners <input type="checkbox"/> KA KP Cal LLC <input type="radio"/> 345 Anthem Blue Cross Partnership

Additional Health Plan Option- Program of All-Inclusive Care for the Elderly (PACE)
If you are 55 or older and need a higher level of care to live at home, you may be able to join PACE. PACE provides all Medicare and Medi-Cal benefits plus extra services to help seniors who have chronic conditions live at home. For more information and to determine if you live in an area served by PACE visit: www.calpace.org

STEP 3: Read the important information on the back before signing. I understand that by filling out and signing this form, I am choosing how to get my health care.

Beneficiary's signature _____ Date _____ OR Authorized Representative Signature (if any) _____ Date _____

 Highly Confidential SC_200410L_BK01_1115

Anthem benefits, all-in-one plan

- Anthem Blue Cross Cal MediConnect Plan aims to improve care coordination of medical, BH and LTSS services for dual-eligible beneficiaries. Anthem benefits include:
 - Original Medicare and Medi-Cal services.
 - Coordination of county BH services.
 - LTSS.
 - Care coordination.

(Benefits continued on the next slide.)

Anthem benefits, all-in-one plan (cont.)


- Anthem benefits include (cont.):
 - Vision:
 - One routine eye exam annually and **\$200** toward eye glasses or contacts every two years
 - Transportation:
 - Unlimited round trips per year in addition to the existing transportation benefit
 - Value-added service: Healthways SilverSneakers Fitness program.

Verifying eligibility

- **Through Medi-Cal — state of California:**
 - 24/7 Automated Eligibility Voice System (1-800-456-2387)
 - <https://www.medi-cal.ca.gov/Eligibility/Login.asp>
 - Swipe the benefits identification card with a point-of-service device
 - Certified eligibility real-time systems
- **Through the medical group website**
- **Through Anthem:**
 - Availability at <https://www.availity.com>
 - Our provider website at <https://mediproviders.anthem.com/ca>

Verifying eligibility (cont.)

- We'll **mail** our members:
 - A welcome letter.
 - Their member ID card.
 - A member handbook, including evidence of coverage.
 - Provider directory notice.
 - Formulary.

Anthem  BlueCross	
Anthem Blue Cross Cal MediConnect Plan	
Member Name:	MedicareRx <small>Prescription Drug Coverage</small> Rx Bin: 003858 Rx PCN: MD Rx GRP: WKSA Rx ID:
Member ID:	
Health Plan (80840):	
Effective Date:	
PCP Name:	
Medical Group:	Card Issue Date:
H6229	006

In case of an emergency, go to the nearest emergency room or call 911.

Member Services:	1-855-817-5785 (TTY 711)
Providers/Authorizations:	1-855-817-5786 or fax 1-800-359-5781
Behavioral Health:	1-855-371-2283
24/7 NurseLine:	1-855-817-5785 (TTY 711)
Transportation:	1-855-608-5172
Hospitals, fax notifications to:	1-888-235-8468
Outpatient (OP) Authorizations:	
Long-Term Services and Supports:	1-855-871-4899
Vision:	1-800-615-1883
Website:	mss.anthem.com/CAmpp
Send Claims to:	P.O. Box 60007, Los Angeles, CA 90060-0007
Claims inquiry:	X-XXX-XXX-XXXX

Anthem Blue Cross and Blue Cross of California Partnership Plan are independent licensees of the Blue Cross Association.

Verifying eligibility (cont.)

- We'll also **call** our members to:
 - Welcome them and invite them to a member orientation.
 - Schedule their health risk assessment.
 - Start coordinating their care.

Verifying and updating existing contact information

To verify and update contact information, a member can:

1. Call the Social Security Administration at **1-800-772-1213** or visit the website at **<https://www.ssa.gov/myaccount>**.
2. Contact a county eligibility worker or contact their local Department of Social Services field office:
 - Social Services Agency
Application Assistance Center
1867 Senter Road
San Jose, CA 95112
 - **1-408-758-3800** (Be prepared for long hold times.)
 - **1-877-962-3633** (automated)
 - **<https://www.sccgov.org>**

Duals and your practice

If you do not currently serve Anthem Blue Cross Cal MediConnect Plan members, the following might be new to you:

- Performing a **staying healthy assessment** within 120 days of member assignment and annually thereafter (PCPs only)
- Participating in an **Interdisciplinary Care Team (ICT)** for Anthem Blue Cross Cal MediConnect Plan members (annually or more, depending on member risk stratification)
- Having a **facility site review** audit — a great way to ensure your office is up-to-date with California medical office requirements and regulations (PCPs and some specialists)
- Maintaining **accessibility standards**
- **Prohibiting balance billing** dual beneficiaries

Duals and your practice (cont.)

- The following processes remain the same. These are still the medical group's responsibility:
 - Claims submission
 - Utilization management and authorizations processes
 - Provider issues/relations
 - Credentialing
 - Provider demographic changes

Duals and your practice (cont.)

- These are still the medical group's responsibility (cont.):
 - Provider training
 - Training must be conducted for all network providers within 30 working days after the newly contracted provider is placed on active status.
 - Anthem will provide additional training regarding Anthem Blue Cross Cal MediConnect Plan specifics.

BH services

- Every Cal MediConnect enrollee will get an individualized care plan (ICP).
- Responsibility falls on the health plan or its delegated entity.
- The ICP includes:
 - Member-driven short-term and long-term goals, objectives and interventions.
 - Names of providers and members of the ICT.
 - Specific services and benefits required to meet the goals.
 - Measurable outcomes.

BH services (cont.)

- Cal MediConnect plans want to incorporate the Medi-Cal (mental health) client treatment plans into the ICP and share the medical and LTSS information with the treating BH provider.
- ICPs are being sent to county mental health case managers to review, sign and return to health plans. This is to ensure collaboration between the health plans and county mental health providers.

BH services (cont.)

- BH providers complete and submit the *Medi-Cal Mental Health or Substance Use Services Client Treatment Plan* to the health plans for each beneficiary to facilitate ICP development.
- Meaningful dialogue between providers, when clinically indicated, is encouraged to facilitate interdisciplinary care.
- Participation on the ICT may be requested.
- Participation in data sharing may be requested.

BH services (cont.)

- There is no change to the delivery of Medi-Cal specialty mental health services.
- Specialty mental health services will continue to be paid for by the DHCS (formerly the Department of Mental Health).
- Medi-Cal specialty mental health service providers will work with the beneficiaries' care managers and providers to coordinate care.
- There is now an assigned care coordinator or case manager at the health plan to support this coordination.

BH services (cont.)

- Cal MediConnect health plans are responsible for:
 - Coordinating care.
 - Access to all medically necessary BH (mental health and substance use) services currently covered by Medicare and Medi-Cal.
 - All Medicare-covered BH (mental health and substance use) services from a financial standpoint.

BH-covered services: Medicare

- Anthem is committed to managing Medicare coverage to beneficiaries in the most equitable way possible and providing no less than the same benefit as traditional Medicare members are entitled to receive.

BH-covered services: Medicare (cont.)

- CMS establishes laws, regulations, policies, and national and local coverage determinations related to BH benefit coverage, which take precedence over Anthem's internal policies such as:
 - Acute inpatient psychiatric hospitalization and services.
 - Professional services in an institute for mental disorders.
 - Professional services for subacute detoxification in outpatient residential addiction program.
 - Observation services and emergency room.

BH-covered services: Medicare (cont.)

- CMS establishes laws, regulations, policies, and national and local coverage determinations related to BH benefit coverage, which take precedence over Anthem's internal policies such as (cont.):
 - Electroconvulsive therapy (ECT).
 - Partial hospitalization (Level I and Level II).
 - Some mental health procedure codes.
 - Psychological testing services.
 - Collaborative care/Case Management services — new Medicare services.

BH-covered and noncovered services: Medi-Cal

- **Covered** services:
 - Inpatient professional services when member is in a medical unit
 - Mental health outpatient services for mild to moderate illnesses

BH-covered and noncovered services: Medi-Cal (cont.)

- **Covered** services (cont.):
 - Psychological testing services — Medicare reimburses Medi-Cal copay for Medicare primary services
 - Select outpatient evaluation and management services — Medicare reimburses Medi-Cal copay for Medicare primary services
- **Noncovered** services:
 - Services for the treatment of severe mental illnesses
 - Services provided for the treatment of substance use disorders

BH-covered and noncovered services: Medi-Cal (cont.)

- **Medi-Cal-covered** services by county Mental Health departments:
 - Inpatient psychiatric administrative days
 - Adult psychiatric residential services
 - Day treatment services/intensive outpatient program
 - Behavioral health rehabilitation services
 - Crisis stabilization and crisis intervention services
 - Targeted case management

BH authorizations

- The following BH services require authorization. If you have any questions regarding authorizations, please contact a case manager.
 - Inpatient psychiatric (including subacute)
 - Inpatient medical detox with significant medical presentation
 - Initial hospital inpatient care, low complexity
 - Initial hospital inpatient care, moderate complexity
 - Subsequent hospital inpatient care, low complexity
 - Subsequent hospital inpatient care, moderate complexity
 - Subsequent hospital inpatient care, high complexity

BH authorizations (cont.)

- The following services require an approved authorization:
 - Hospital discharge day (including management)
 - Partial hospital program – 3 or 4 hours (Medicare considers outpatient line of coverage)
 - Anesthesia for electroconvulsive therapy
 - Outpatient facility fee for electroconvulsive therapy facility
 - Psychological testing with interpreter, face-to-face
 - Psychological testing with interpreter, technician
 - Psychological testing with interpreter, computer

BH authorizations (cont.)

- The following services require an approved authorization (cont.):
 - Neuropsychological testing with interpreter, face-to-face
 - Neuropsychological testing with interpreter, technician
 - Neuropsychological testing with interpreter, computer
 - Transcranial magnetic stimulation (TMS): initial, including cortical mapping, motor threshold determination, delivery management
 - TMS: subsequent delivery and management, per session (predominant code)
 - TMS: subsequent motor threshold redetermination with delivery and management

Claims submission

Client plan	Paper claims	Electronic
Anthem Blue Cross Cal MediConnect Plan	Claims mailing address: Anthem Blue Cross P.O. Box 60007 Los Angeles, CA 90060-0007	Payer ID <ul style="list-style-type: none">• Availity: 26375• Office Ally: 47198• EMDEON: 27514• Capario: 28804

BH resources

<https://mediproviders.anthem.com/ca/pages/clinical-practice-guidelines.aspx>



Login | Contact

California Providers









[The Anthem Network](#)[Prior Authorization & Claims](#)[Member Eligibility & Benefits](#)[Provider Support](#)

[Home](#) > [Provider Support](#) > [Quality Assurance](#) >

Behavioral Health Clinical Practice Guidelines

The practice guidelines included on this website are not intended to be required treatment protocols. Physicians and other health professionals must rely on their own expertise in evaluating and treating patients. Practice guidelines are not a substitute for the best professional judgment of physicians and other health professionals. Behavioral health guidelines may include commentary developed by the Company's behavioral health committees.

Further, while authoritative sources are consulted in the development of these guidelines, the practice guideline may differ in some respects from the sources cited. With respect to the issue of coverage, each patient should review his/her Policy or Certificate and Schedule of Benefits for details concerning benefits, procedures and exclusions prior to receiving treatment. The practice guidelines do not supersede the Policy or Certificate and Schedule of Benefits.

-  [Evaluation and Treatment of Children and Adolescents with Attention Deficit/Hyperactivity Disorder](#)
-  [Identification and Treatment of Antenatal Depression \(AND\), Postpartum Depression \(PPD\) and Postpartum Psychosis \(PPP\)](#)
-  [Behavioral Health Screening, Assessment and Treatment](#)
-  [Bipolar Disorder in Adults](#)
-  [Bipolar Disorder in Children and Adolescents](#)
-  [Identification and Treatment of Depressive Disorder](#)
-  [Schizophrenia](#)
-  [Identification and Treatment of Substance Use Disorders](#)

BH resources (cont.)

Anthem Blue Cross Cal MediConnect Plan information and resources:
<https://mediproviders.anthem.com/ca/pages/plan-information.aspx>

For more information

For more information, please visit www.calduals.org.

Contact Plans in Your Area

[Provider Contact Information](#)

Cal MediConnect Pharmacy

 [Formulary \(Drug List\)](#)

Cal MediConnect Provider Manual

 [Provider Manual](#)

 [Reminder hospice billing guidelines](#)

Cal MediConnect Provider Training

 [Cal MediConnect New Provider Training](#)

 [Model of Care Provider Training](#)

 [ICE Cultural and Linguistic Training](#)

Cal MediConnect Forms

 [Consent for Sterilization Form](#)

 [Health Care Certification Form](#)

 [Precertification/Referral Request Form](#)

 [Specialist as Primary Care Provider Request Form](#)

 [PCP Referral Form for Behavioral Health Services](#)

 [Overpayment Refund Notification Form](#)

 [Provider Demographic Updates Form](#)

 [Long Term Care Authorization Request Form](#)

 [Community-Based Adult Services Authorization Request Form](#)

Cal MediConnect Quality Management

 [Quality Measures for Medicare and Medicaid Providers](#)

BH resources (cont.)

- If you have questions regarding members with behavioral health or substance use issues, contact the Provider Services Behavioral Health team:
 - Phone: **1-855-817-5785** or **1-855-817-5786**
 - Email: **CAMMPPR@anthem.com**

Care Coordination

Providers will have information and resources to support care coordination. Some of these include:

- **Health-risk assessments** covering primary, acute, LTSS, behavioral health and functional needs.
- **ICTs** that are comprised of the beneficiary, plan care coordinator and key providers.
- **ICPs** developed and implemented by care teams.
- **Health plan case managers**, who facilitate communication between plans, providers and the beneficiary.

The Care Coordination and Case Management teams

- The Care Management team includes:
 - Credentialed, experienced registered nurses.
 - Teams with oversight of the member's physical, psychological, functional, social and referral issues.
- Cases appropriate for case management include:
 - Medically complex patients with special health care needs and/or chronic long-term conditions.
 - Patients with frequent emergency room visits or hospital admissions.

The Care Coordination and Case Management teams (cont.)

- Cases appropriate for LTSS service coordination include:
 - Members needing LTSS (for example, assistance with activities of daily living and instrumental activities of daily living).
 - Members needing a nursing facility level of care.

The Care Coordination and Case Management teams (cont.)

The role of case managers:

- Anthem case managers are responsible for long-term care planning; developing and carrying out strategies of the member's ICT; and coordinating and integrating the delivery of medical, behavioral and LTSS. Our Case Management department is dedicated to helping members obtain needed services.
- Each dual beneficiary will be assigned to an Anthem case manager.

The Care Coordination and Case Management teams (cont.)

Case managers will:

- Coordinate and integrate medical, behavioral, acute and LTSS.
- Collaborate with the delegated group's clinical team, physicians and other providers.
- Help members obtain needed services.
- Facilitate ICT meetings.
- Develop ICPs.

The Care Coordination and Case Management teams (cont.)

Case managers will (cont.):

- Visit members in the community to evaluate and discuss needs.
- Issue authorizations to providers for covered services or coordinate with the delegated group's Utilization Management team.
- Promote improvement in the member's quality of life.

The Care Coordination and Case Management teams (cont.)

Case managers will (cont.):

- Allocate appropriate health plan resources to the care and treatment of members with chronic diseases.
- Be the point of contact to communicate changes in a member's status or questions regarding services, authorization for service or other issues pertaining to member needs.

Care Coordination: ICT

- Every dual beneficiary has an ICT to assist them in the development of their plan of care. Each ICT is led by an Anthem care manager and consists of the member, their PCP, a clinician, a social worker and other member-designated individuals including but not limited to:
 - Family members.
 - Caregivers.
 - Legal representatives.
 - Case managers.
 - Behavioral health specialists.
 - In-home supportive services social workers.
 - Other specialists, such as pulmonologists, cardiologists and podiatrists.

Care Coordination: ICT (cont.)

- Anthem is required to use an ICT approach to provide members with an individualized comprehensive care planning process that aims to maximize and maintain every member's functional potential and quality of life.

Care Coordination: ICT (cont.)

- Anthem is responsible for planning and arranging ICT meetings.
- The ICT will ensure integration of the member's medical, BH and community- or facility-based LTSS and social needs.
- The estimated time required by a PCP is expected to be between 15 and 20 minutes or the same amount of time as a regular office visit.
- The ICT composition will be based on a member's specific preferences and needs. Each ICT member will be sure to respect the patient's linguistic and cultural competence.

Vision services

- Vision services for dual beneficiaries are provided by Vision Service Plan.
 - Phone: **1-800-615-1883** (TTY: **1-800-428-4833**)
 - Monday through Friday from 5 a.m. to 8 p.m. PT
 - Saturday from 7 a.m. to 8 p.m. PT
 - Sunday from 7 a.m. to 7 p.m. PT
 - Website: **<https://www.vsp.com>**



Healthcare Effectiveness Data and Information Set

- Healthcare Effectiveness Data and Information Set (HEDIS®) is:
 - The measurement tool used by health plans to evaluate clinical quality and customer service performance.
 - A retrospective review of services and performance of care.
 - Coordinated and administered by the National Committee for Quality Assurance (NCQA).
 - Used by CMS and the California DHCS to monitor performance of managed care organizations.

HEDIS (cont.)

- Your role in HEDIS is to improve members' care and increase HEDIS rates.
- You and your office staff can help facilitate the HEDIS process and improvements by:
 - Providing the appropriate care within the designated time frames.
 - Documenting all care in the patient's medical record.
 - Accurately coding all claims. Providing information accurately on a claim may reduce the number of records requested.
 - Responding to our requests for medical records within 5 to 7 days.

HEDIS (cont.)

- In conjunction with HEDIS, Anthem is focused on several key measures and quality improvement metrics:
 - **Plan All-Cause Readmission (PCR)** measures the rate of members discharged from the hospital who were readmitted within 30 days.
 - Action: Ensure patients are seen within 7 to 14 days following a hospital discharge to review care needs, medications and progress.

HEDIS (cont.)

- Key measures and quality improvement metrics (cont.):
 - **Follow-Up After Hospitalization for Mental Illness (FUH)** measures the rate of members with a mental health admission and a follow-up visit within 7 to 30 days of discharge.
 - Action: Schedule follow-up office visit within 7 to 30 days following a mental health admission to review condition, treatment plan and medications.

HEDIS (cont.)

- In conjunction with HEDIS, Anthem is focused on several key measures and quality improvement metrics (cont.):
 - **Flu Vaccinations for Adults Ages 18-64 (FVA) and Flu Vaccinations for Adults Ages 65 and Older (FVO)** measure the percent of members who report receiving an influenza vaccination on the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS®) satisfaction survey.
 - Action: At each visit, review with patients flu season timing and the benefits of an annual flu shot as a way to stay healthy.

HEDIS (cont.)

- In conjunction with HEDIS, Anthem is focused on several key measures and quality improvement metrics (cont.):
 - **Medication adherence measures:** These measure the members with diabetes, hypertension and cholesterol conditions who are compliant with taking their medications.
 - Action: Continue emphasizing the importance of medications for condition management and encourage patients to use 90-day refills.

HEDIS (cont.)

- In conjunction with HEDIS, Anthem is focused on several key measures and quality improvement metrics (cont.):
 - **Comprehensive Diabetes Care (CDC):** This measures the percentage of adults with diabetes (type 1 and type 2) who have appropriate testing and control levels.
 - Action: Conduct regular testing per the established standards and encourage medication compliance and lifestyle modification as appropriate.

HEDIS (cont.)

- In conjunction with HEDIS, Anthem is focused on several key measures and quality improvement metrics (cont.):
 - **Fall Risk Management (FRM):** This measures the percentage of plan members with a problem falling, walking or balancing who discussed it with their doctor and got treatment for it during the year.
 - Action: Review with affected patients and discuss ways to prevent/minimize risk (for example, adaptive equipment, exercise, therapy, vision/hearing exams). Other actions include reconciling medications and advising the member to take blood pressure while lying and standing.

Interpreter services

- Telephonic and face-to-face interpreter services (including American Sign Language) are available at no cost for members who have a scheduled appointment for Anthem Blue Cross Cal MediConnect Plan services.
- For assistance with translation services for your patients, please contact the Anthem Blue Cross Cal MediConnect Plan Member Services team at **1-855-817-5785**.
- For telephonic interpreter services you will need:
 - The member's name and ID number.
 - The requested language.

Interpreter services (cont.)

- For face-to-face interpreter services, you will need:
 - The member's name, date of birth and ID number.
 - The requested language.
 - The date, time and duration of the appointment.
 - The location of the appointment (in other words, the address, suite number, major cross streets, etc.).
 - The type of appointment (for example, a follow-up appointment or delivery of complex information such as the use of durable medical equipment).

Interpreter services (cont.)

- Requests for interpreter services must be submitted 5 to 7 business days before the scheduled appointment.
- It is **not** permissible to ask patients to provide their own interpreter.

Value-added service: SilverSneakers

- The Healthways SilverSneakers Fitness program is an insurance benefit included for Anthem Blue Cross Cal MediConnect Plan members.
- Through SilverSneakers, Anthem provides a gym membership to members at no additional cost.
- The SilverSneakers membership allows members access to more than 12,000 participating locations nationwide and includes all the basic amenities plus group exercise classes geared specifically toward active, older adults.

Value-added service: SilverSneakers (cont.)

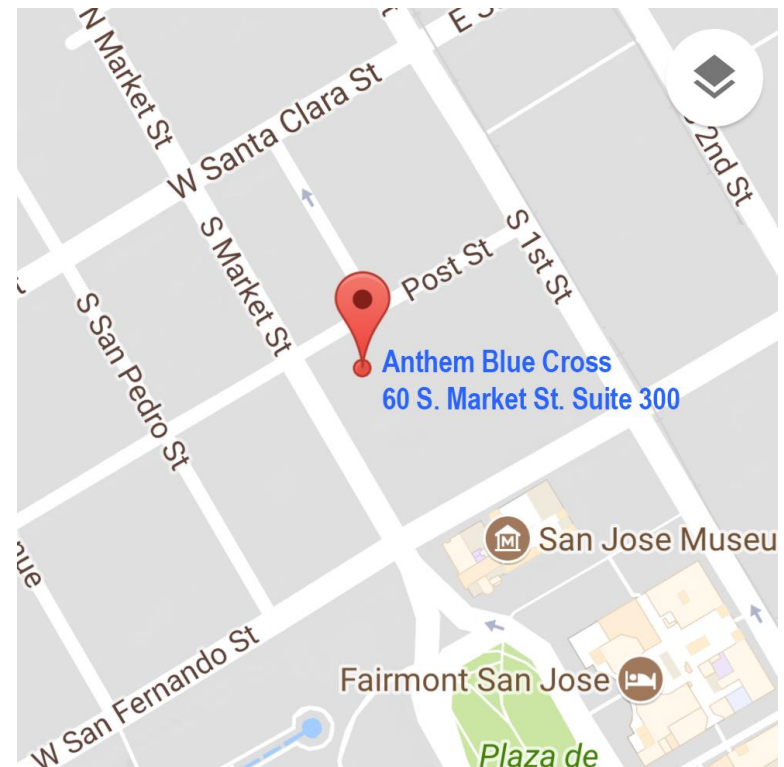
- In **Santa Clara** County, participating gyms include:
 - 24 Hour Fitness.
 - Fitness Evolution.
 - Anytime Fitness.
 - Snap Fitness.
 - Curves.
 - Bally Total Fitness.
 - Fitness 19.

Balance billing

- Dual beneficiaries are not subject to copays, deductibles or coinsurance.
- Providers may not balance bill any Anthem Blue Cross Cal MediConnect Plan members for the cost of any covered services for any reason.

Local Operations team

- Address:
Anthem Blue Cross
60 S. Market St., Suite 300
San Jose, CA 95113



Thank you

<https://mediproviders.anthem.com/ca>

Anthem Blue Cross Cal MediConnect Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

ACADPEC-0375-17

November 2017

69667CAPENMUB

