Ohio Provider News

April 2020 Anthem Provider News - Ohio

Notice of Material Changes/Amendments to Contract and/or Prior Authorization Changes - April 2020

Published: Apr 1, 2020 - **Administrative**

COVID-19

- Information from Anthem for Care Providers about COVID-19

Material Changes/Amendments to Contract and/or Changes to Prior Authorization Requirements may apply for new or updated reimbursement policies, medical policies, or prior authorization requirements starred (*) below.

- Anthem prior authorization updates for specialty pharmacy are available – April 2020*
- UPDATE: Notice of changes to the AIM Musculoskeletal Program prior authorization requirements*
- MCG Care Guidelines 24th Edition*

Other Important Updates

- Medicare and Medicaid News – COVID-19 Updates

URL: https://providernews.anthem.com/ohio/article/notice-of-material-changesamendments-to-contract-andor-prior-authorization-changes-april-2020

Information from Anthem for Care Providers about COVID-19

Published: Apr 1, 2020 - **Administrative**

For the most up-to-date information from Anthem Blue Cross and Blue Shield about COVID-19, please bookmark/add to favorites Provider News Home and check back often.

URL: https://providernews.anthem.com/ohio/article/information-from-anthem-for-care-providers-about-covid-19-18

Anthem continues focus on updates to our public provider website

Published: Apr 1, 2020 - **Administrative**

At Anthem Blue Cross and Blue Shield (Anthem), we continue to make changes to our public provider website to make it easier for you to find the information you need. The end of Q1 brings a few updates for the site at anthem.com:

- Information has been added to our website regarding Patient-Centered Specialty Care (PCSC) – Anthem's value-based payment program for cardiology, endocrinology and obstetrics/gynecology providers. You can find this information online as an extension of our broader patient-centered, value-based care program – Enhanced Personal Health Care (EPHC).
- Documents listed on the Prior Authorization page can be conveniently accessed via online links.
- Medicare Advantage will be live in the coming days. You will be able to view updated Medicare Advantage pages on the commercial public sites."
- Medical Policies (MP) and Clinical Utilization Management Guidelines (CUMG) now display on our newly designed Web pages.

If you have any questions, please contact Michelle Fraser at michelle.fraser@anthem.com or Nick Kizirnis at nick.kirzinis@anthem.com.

URL: https://providernews.anthem.com/ohio/article/anthem-continues-focus-on-updates-to-our-public-provider-website-2

Provider Transparency Update

Published: Apr 1, 2020 - **Administrative**

A key goal of Anthem's provider transparency initiatives is to improve quality while managing health care costs. One of the ways is through Anthem's value-based programs such as *Enhanced Personal Health Care, Bundled Payment Programs, Oncology Medical Home, and so on* – called the "Programs." Certain providers ("Value-Based Program Providers" also known as "Payment Innovation Providers") in Anthem's various value-based programs receive quality, utilization and/or cost data, reports, and information about the health care

providers (“Referral Providers”) to whom the Value-Based Program Providers may refer their patients covered under the Programs. If a Referral Provider is higher quality and/or lower cost, this component of the Programs should result in the provider getting more referrals from Value-Based Program Providers. The converse should be true if Referral Providers are lower quality and/or higher cost.

Providing this type of data, including comparative cost information, to Value Based Program Providers helps them make more informed decisions about managing health care costs and maintaining and improving quality of care. It also helps them succeed under the terms of the Programs.

Additionally, employers and group health plans (or their representatives or vendors) may also be given quality/cost/utilization information about Value Based Program Providers and Referral Providers so that they can better understand how their health care dollars are being spent and how their health benefits plans are being administered. This will, among other things, give them the opportunity to educate their employees and plan members about the benefits of using higher quality and/or lower cost health care providers.

Anthem will share data on which it relied in making these quality/cost/utilization evaluations upon request, and will discuss it with Referral Providers, including any opportunities for improvement. For questions or support, please refer to your local Network Representative or Care Consultant.

URL: https://providernews.anthem.com/ohio/article/provider-transparency-update-23

Anthem acquires Beacon Health Options

Published: Mar 2, 2020 - **Administrative**

Anthem completed its acquisition of Beacon Health Options, a large behavioral health organization that serves more than 36 million people across the country. The company will operate as a wholly owned subsidiary of Anthem.

Bringing together our existing solid behavioral health business with Beacon's successful model and support services creates one of the most comprehensive behavioral health networks in the country. It's also an opportunity to offer best-in-class behavioral health capabilities and whole person care solutions in new and meaningful ways to help people live their best lives.

From the standpoint of our customers and providers at this time, it's business as usual:

- Members should continue to call the customer service number on the back of their membership card or access their health plan's website for online self-service.
- Providers should continue to use the provider service contact information, websites and online self-service portals as part of their agreement with either Anthem or Beacon.
- There will be no immediate changes to the way Anthem or Beacon manage their respective provider networks, contracts and fee arrangements. Anthem and Beacon provider networks, contracts and fee arrangements will remain separate at this time.

We know our providers continue to expect more of their healthcare partner, and at Anthem, we aim to deliver more in return.
For more details, please see the press release.

URL: https://providernews.anthem.com/ohio/article/anthem-acquires-beacon-health-options-6

Anthem prior authorization updates for specialty pharmacy are available - April 2020*

Published: Apr 1, 2020 - **Products & Programs** / Pharmacy

Prior authorization updates

Effective for dates of service on and after July 1, 2020, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our prior authorization review process.

Please note, inclusion of NDC code on your claim will shorten the claim processing time of drugs billed with a Not Otherwise Classified (NOC) code.

To access the clinical criteria document information please visit https://www11.anthem.com/pharmacyinformation/clinicalcriteria.html.

Anthem Blue Cross and Blue Shield (Anthem)'s prior authorization clinical review of non-oncology specialty pharmacy drugs will be managed by Anthem's medical specialty drug review team.

Review of specialty pharmacy drugs for oncology indications will be managed by AIM Specialty Health® (AIM), a separate company and are in italics.

Clinical Criteria	HCPCS or CPT Code(s)	Drug
**ING-CC-0003*	*C9399* *J3490* *J3590*	*Xembify*
ING-CC-0062	J3590	Eticovo
ING-CC-0062	J3490	Hadlima
ING-CC-0072	J0179	Bevou
ING-CC-0152	J3490	Vyondys 53
ING-CC-0153	C9399 J3490 J3590	Adakveo
ING-CC-0154	C9399 J3490 J3590	Givlaari

***** Non-oncology use is managed by Anthem's medical specialty drug review team.
Oncology use is managed by AIM.

Step therapy updates

Effective for dates of service on and after July 1, 2020, the following specialty pharmacy codes from new or current clinical criteria will be included in our existing specialty pharmacy medical step therapy review process.

Orencia will be the non-preferred agent for rheumatoid arthritis, polyarticular juvenile idiopathic arthritis and psoriatic arthritis. The table below will assist you in identifying the applicable preferred agents and clinical criteria.

To access the clinical criteria document information please visit https://www11.anthem.com/pharmacyinformation/clinicalcriteria.html.

Rheumatoid Arthritis (RA)

Clinical Criteria	HCPCS or CPT Code	Preferred Agents	Clinical Criteria	HCPCS or CPT Code	Non-Preferred Agent
ING-CC-0062	J1438	Enbrel	ING-CC-0078	J0129	Orencia
ING-CC-0062	J0135	Humira			
ING-CC-0062	J3590	Simponi			
ING-CC-0062	J1602	Simponi Aria			
ING-CC-0062	J1745	Remicade			

Polyarticular Juvenile Idiopathic Arthritis (PJIA)

Clinical Criteria	HCPCS or CPT Code	Preferred Agents	Clinical Criteria	HCPCS or CPT Code	Non-Preferred Agent
ING-CC-0062	J1438	Enbrel	ING-CC-0078	J0129	Orencia
ING-CC-0062	J0135	Humira			

Psoriatic Arthritis (PsA)

Clinical Criteria	HCPCS or CPT Code	Preferred Agents	Clinical Criteria	HCPCS or CPT Code	Non-Preferred Agent
ING-CC-0042	C9399 J3490 J3590	Cosentyx	ING-CC-0078	J0129	Orencia
ING-CC-0062	J1438	Enbrel			
ING-CC-0062	J0135	Humira			
ING-CC-0062	J3590	Simponi			
ING-CC-0062	J1602	Simponi Aria			
ING-CC-0062	J1745	Remicade			
ING-CC-0063	J3357	Stelara			

URL: https://providernews.anthem.com/ohio/article/anthem-prior-authorization-updates-for-specialty-pharmacy-are-available-april-2020

Anthem to delay most April 1, 2020 formulary list updates for commercial health plan pharmacy benefit

Published: Apr 1, 2020 - **Products & Programs** / Pharmacy

In light of the current situation with COVID-19, we have decided to delay the implementation of many of the previously-communicated formulary changes scheduled for April 1, 2020.

The changes listed below will still go into effect on April 1, 2020:

	National/Preferred Drug List	Traditional Open Drug List	Essential Drug List
Antihistamines			
carbinoxamine 6mg	Tier 1 -> NF	Tier 1 -> Tier 3	Tier 1 -> NF
Topical Anesthetics			
Lidocaine 7%-Tetracaine 7% cream	Tier 3/NF -> NF	Tier 3 (No Change)	NF (No Change)
Pliaglis cream	Tier 3/NF -> NF	Tier 3 (No Change)	NF (No Change)

Please note, this update does not apply to the Select Drug List and does not impact Medicaid and Medicare plans.

URL: https://providernews.anthem.com/ohio/article/anthem-to-delay-most-april-1-2020-formulary-list-updates-for-commercial-health-plan-pharmacy-benefit-1

Pharmacy information available at anthem.com

Published: Mar 1, 2020 - **Products & Programs** / Pharmacy

Visit anthem.com/pharmacyinformation for more information on:

- Copayment/coinsurance requirements and their applicable drug classes
- Drug lists and changes
- Prior authorization criteria
- Procedures for generic substitution
- Therapeutic interchange
- Step therapy or other management methods subject to prescribing decisions
- Any other requirements, restrictions, or limitations that apply to using certain drugs

The commercial drug list is posted to the web site quarterly (the first of the month for January, April, July and October).

FEP Pharmacy updates and other pharmacy related information may be accessed at www.fepblue.org > Pharmacy Benefits.

MCG Care Guidelines 24th Edition*

Published: Apr 1, 2020 - **Policy Updates** / Medical Policy & Clinical Guidelines

Effective July 1, 2020, we will upgrade to the 24th edition of MCG care guidelines for the following modules: Inpatient & Surgical Care (ISC), General Recovery Care (GRC), Chronic Care (CC), Recovery Facility Care (RFC), and Behavioral Health Care (BHC). The below tables highlight new guidelines and changes that may be considered more restrictive.

Goal Length of Stay (GLOS) Changes for Inpatient & Surgical Care (ISC) and Behavioral Health Care (BHC)

Guideline	MCG Code	24th Edition GLOS	23rd Edition GLOS
Aortic Valve Replacement, Transcatheter	S-1320	2 days postoperative	3 days postoperative
Appendectomy, with Abscess or Peritonitis, by Laparoscopy	S-185	Ambulatory or 2 days postoperative	2 days postoperative
Appendectomy, without Abscess or Peritonitis, by Laparoscopy	S-175	Ambulatory postoperative	Ambulatory or 1 day postoperative
Repair of Pelvic Organ Prolapse	S-1020	Ambulatory postoperative	Ambulatory or 1 day postoperative
Urethral Suspension Procedures	S-850	Ambulatory postoperative	Ambulatory or 1 day postoperative
Appendectomy, with Abscess or Peritonitis, by Laparoscopy, Pediatric	P-30	Ambulatory or 2 days postoperative	2 or 3 days postoperative
Appendectomy, without Abscess or Peritonitis, by Laparoscopy, Pediatric	P-20	Ambulatory postoperative	Ambulatory or 1 day postoperative
Tibial Osteotomy, Child or Adolescent	S-1131	Ambulatory or 1 day postoperative	1 day postoperative
Schizophrenia Spectrum Disorders, Adult: Inpatient Care	B-014-IP	5 days	6 days
Schizophrenia Spectrum Disorders, Child or Adolescent: Inpatient Care	B-027-IP	5 days	6 days
Transcranial Magnetic Stimulation	B-801-T	Utilize B-801-T for Clinical Indications for procedure	Refer to BEH.00002 for Clinical Indications for procedure

New Optimal Recovery Guidelines (ORGs) for Inpatient & Surgical Care (ISC) and New Behavioral Health Care (BHC) New Guidelines

Body System	Guideline Title	MCG Code
Pediatrics	Appendectomy, with Abscess or Peritonitis, Pediatric	P-35
Pediatrics	Appendectomy, without Abscess or Peritonitis, Pediatric	P-25
Home Care Behavioral Health	Attention-Deficit and Disruptive Behavior Disorders	B-003-HC
Home Care Behavioral Health	Autism Spectrum Disorders	B-012-HC

Anthem Customizations to MCG care guideline 24th Edition

Effective July 1, 2020, the following MCG care guideline 24th edition customizations will be implemented.

- Carotid Artery Stenting (W0165) – Clinical Indications were customized to reference CG-SURG-76 Carotid, Vertebral and Intracranial Artery Stent Placement with or without Angioplasty
- Deep Brain Stimulation (W0164) – Clinical Indications were customized to refer to SURG.00026 Deep Brain, Cortical, and Cerebellar Stimulation.
- Vagus Nerve Stimulation, Implantable (W0166) – Clinical Indications were customized to refer to SURG.00007 Vagus Nerve Stimulation.

To view a detailed summary of customizations, visit the Medical Policies & Clinical UM Guidelines page, scroll down to Other Criteria section and select Customizations to MCG Care Guidelines 24th Edition.

For questions, please contact the Provider Services number on the back of the member's ID card.

URL: https://providernews.anthem.com/ohio/article/mcg-care-guidelines-24th-edition-5

UPDATE: Notice of changes to the AIM Musculoskeletal Program prior authorization requirements*

Published: Apr 1, 2020 - **Policy Updates** / Medical Policy & Clinical Guidelines

The March 2018 edition of the *Network Update* previously announced that AIM would review level of care and expected length of stay. As you know, AIM Specialty Health® (AIM) administers the musculoskeletal program. The musculoskeletal program includes the medical necessity review of certain surgeries of the spine and joints, as well as interventional pain treatment for Commercial fully insured Anthem members and some ASO groups.

Effective May 1, 2020, AIM will add the additional review of level of care and expected length of stay for medical necessity using AIM clinical guidelines for requests received on or after May 1, 2020.

Providers should continue to submit prior authorization review requests to AIM using one of the following ways:

- Access AIM *ProviderPortal*$_{SM}$ directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Portal at availity.com
- Call the AIM toll-free number at (800) 554-0580, Monday through Friday 8:30 am – 7 pm ET.

In addition, AIM has developed an educational website to help your practice get started with the musculoskeletal and pain management program.

For questions, please contact the provider number on the back of the member ID card.

URL: https://providernews.anthem.com/ohio/article/update-notice-of-changes-to-the-aim-musculoskeletal-program-prior-authorization-requirements

HEDIS 2020 Federal Employee Program® medical record request requirements

Published: Apr 1, 2020 - **State & Federal** / Federal Employee Plan (FEP)

Centauri Health Solutions is the contracted vendor to gather member medical records on behalf of the Blue Cross and Blue Shield Federal Employee Program. We value the relationship with our providers, and ask that you respond to the detailed requests in support of risk adjustment, HEDIS and other government required activities within the requested timeframe. Centauri Health will work with you to obtain records via fax, mail, remote electronic medical record (EMR) access, or onsite scanning/EMR download (as necessary).

We ask that you please promptly comply within **five (5) business days** of the record requests.

If you have any questions, please contact Ify Ifezulike with Blue Cross Blue Shield Federal Employee Program at (202) 626-4839 or Mary Kay Sander with Centauri at (636) 333-9145.

URL: https://providernews.anthem.com/ohio/article/hedis-2020-federal-employee-program-medical-record-request-requirements-2

COVID-19 information from Anthem Blue Cross and Blue Shield

Published: Apr 1, 2020 - **State & Federal** / Medicare

Click here for more information about the COVID-19 Virus Talking Points for Medicare Advantage.

URL: https://providernews.anthem.com/ohio/article/covid-19-information-from-anthem-blue-cross-and-blue-shield

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Medicare News - April 2020

Published: Apr 1, 2020 - **State & Federal** / Medicare

Please continue to check Important Medicare Advantage Updates at anthem.com/medicareprovider for the latest Medicare Advantage information, including:

- Coding tip for psychological and neuropsychological testing
- Medical Policies and Clinical Utilization Management Guidelines update
- New Medicare Advantage opioid treatment Program benefit
- Prior authorization requirements: new 2020 codes for coverage and precertification

URL: https://providernews.anthem.com/ohio/article/medicare-news-april-2020

Medical drug benefit Clinical Criteria updates - November 2019

Published: Apr 1, 2020 - **State & Federal** / Medicare

On November 15, 2019, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the **medical drug benefit** for Anthem Blue Cross and Blue Shield. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the provider websites, and the effective dates will be reflected in the Clinical Criteria Web Posting November 2019. Visit Clinical Criteria to search for specific policies.

For questions or additional information, use this email.

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URL: https://providernews.anthem.com/ohio/article/medical-drug-benefit-clinical-criteria-updates-november-2019-2

Medical drug benefit Clinical Criteria updates - December 2019

Published: Apr 1, 2020 - **State & Federal** / Medicare

On December 18, 2019, and December 23, 2019, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the **medical drug benefit** for Anthem Blue Cross and Blue Shield. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the provider websites, and the effective dates will be reflected in the Clinical Criteria Web Posting December 2019. Visit Clinical Criteria to search for specific policies.

For questions or additional information, use this email.*

* IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Anthem Blue Cross and Blue Shield.

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URL: https://providernews.anthem.com/ohio/article/medical-drug-benefit-clinical-criteria-updates-december-2019-4

2020 Medicare risk adjustment provider trainings

Published: Apr 1, 2020 - **State & Federal** / Medicare

The Medicare Risk Adjustment Regulatory Compliance team at Anthem Blue Cross and Blue Shield (Anthem) offers two provider training programs regarding Medicare risk adjustment and documentation guidelines. Information for each training is outlined below.

Medicare Risk Adjustment and Documentation Guidance (General)

- **When:** The trainings will be offered the first Wednesday of each month from 1 p.m. to 2 p.m. ET (from January 8, 2020, to December 2, 2020).
- **Learning objective:** This onboarding training will provide an overview of Medicare risk adjustment, including the Risk Adjustment Factor and the Hierarchical Condition Category (HCC) model, with guidance on medical record documentation and coding.
- **Credits:** This live activity has been reviewed and is acceptable for up to 1 prescribed credit by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For those interested in joining us to learn how providers play a critical role in facilitating the risk adjustment process, register for one of the monthly training sessions at the link below:

- Medicare Risk Adjustment and Documentation Guidance (General)

Note: Dates may be modified due to holiday scheduling.

Medicare Risk Adjustment, Documentation and Coding Guidance (Condition Specific)

- **When:** The trainings will be offered on the third Wednesday of every other month from noon to 1 p.m. ET (from January 15, 2020 to November 18, 2020).
- **Learning objective:** This is a collaborative learning event with Enhanced Personal Health Care (EPHC)* to provide in-depth disease information pertaining to specific conditions including an overview of their corresponding HCC, with guidance on documentation and coding.
- **Credits:** This live series activity has been reviewed and is acceptable for credit by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity

For those interested in joining us for this six-part training series, please see the list of topics and scheduled training dates below:

1. **Red Flag HCCs Part 1 (January 15, 2020)** — register for a recording of the session: Training will cover HCCs most commonly reported in error as identified by CMS (Chronic Kidney Disease Stage 5, Ischemic or Unspecified Stroke, Cerebral Hemorrhage, Aspiration and Specified Bacterial Pneumonias, Unstable Angina and Other Acute Ischemic Heart Disease, End-Stage Liver Disease).
- Link: Red Flag Hierarchical Condition Categories (HCCs), part one

1. **Red Flag HCCs Part 2 (March 18, 2020):** Training will cover HCCs most commonly reported in error as identified by CMS (Atherosclerosis of the Extremities with Ulceration or Gangrene, Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome, Drug/Alcohol Psychosis, Lung and Other Severe Cancers, Diabetes with Ophthalmologic or Unspecified Manifestation)
- Link: Medicare Risk Adjustment Documentation and Coding Guidance: Red Flag HCC's Part 2

1. **Neoplasms (May 20, 2020)**
- Link: Neoplasms

1. **Acute, Chronic and Status Conditions (July 15, 2020)**
- Link: Acute, Chronic and Status Conditions

1. **Diabetes Mellitus and Other Metabolic Disorders (September 16, 2020)**
- Link: Diabetes Mellitus and Other Metabolic Disorders

1. **TBD** - This Medicare risk adjustment webinar will cover the critical topics and updates that surface during the year (November 18, 2020)
- Link: Topic TBD

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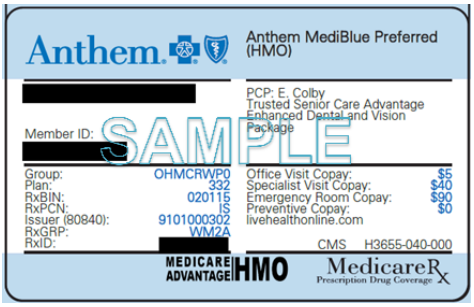
URL: https://providernews.anthem.com/ohio/article/2020-medicare-risk-adjustment-provider-trainings-4

Trusted Senior Care Advantage - a delegated provider for southeastern Ohio Medicare Advantage membership

Published: Apr 1, 2020 - **State & Federal** / Medicare

Effective, January 1, 2020, Anthem Blue Cross and Blue Shield (Anthem) entered into a provider collaboration agreement with Physician's Group of Southeast Ohio Physicians in the southeastern Ohio market called Trusted Senior Care Advantage. Anthem delegated responsibility for medical claims payment, prior authorizations, case management, provider credentialing, and inpatient and outpatient utilization management to each of these groups for individual Medicare Advantage HMO members in Fairfield, Guernsey, Morgan, Muskingum, Noble and Perry counties who are attributed to Physician's Group of Southeast Ohio Physicians. The delegation was effective January 1, 2020. Members under this

arrangement will have Trusted Senior Care Advantage on their member ID card.



Please see the frequently asked questions and answers below for additional information. You may also call Trusted Senior Care Advantage Provider Services at 1-833-440-5652.

Frequently Asked Questions (FAQ)

When did this relationship start?
This relationship started January 1, 2020.

What changes can I expect?
Certain services historically performed by Anthem have been delegated to Trusted Senior Care Advantage. Trusted Senior Care Advantage will provide services for payment of medical claims, provider credentialing and utilization management. As a result of these administrative changes, providers can expect increased interaction and collaboration between Anthem and Trusted Senior Care Advantage.

What number should I call if I have questions?
For provider inquiries, call Trusted Senior Care Advantage Provider Services at 1-833-440-5652.

What service area is Trusted Senior Care Advantage handling?
The service area includes the following counties: Fairfield, Guernsey, Morgan, Muskingum, Noble and Perry counties.

To what address do I submit claims?
Claims for routine vision services should be submitted to EyeMed (also known as Blue View Vision). All other medical claims should be submitted to the following address for payment:
Attn: Core Care Select
P.O. Box 70032

Anaheim, CA 92825

Electronic claims can be sent to Office Ally or Change Healthcare:

- Office Ally payer ID: **AGL02**
- Change Healthcare payer ID: **52352**

For claim submission questions, contact Trusted Senior Care Advantage Provider Services at 1-833-440-5652.

Whom do I contact if I have questions about or need assistance with electronic data interchange?
Contact Trusted Senior Care Advantage Provider Services at 1-833-440-5652 for inquiries related to your electronic claims submission. They will assist in identifying, testing and correcting any issues.

Will there be a separate provider directory?
No, members will be able to refer to their Anthem provider directory as usual.

Where should I direct my patients if they have questions about their insurance plan?
Members should contact Anthem's Member Services at the phone number on the back of their ID card.

Will prior authorization be required for admissions and/or certain services?
Yes, prior authorization is required for all nonemergency admissions and certain other services. For emergency admissions, please call Trusted Senior Care Advantage Provider Services at 1-833-440-5652 within 24 hours of admission or fax a face sheet to 1-614-259-0287.

How do I contact the Utilization and Quality Management departments?

- Provider Services phone: 1-833-440-5652

- Direct fax: 1-614-259-0293
- Inpatient and Outpatient Case Management department fax: 1-614-259-0287

Article Attachments

508031OHPENABS

URL: https://providernews.anthem.com/ohio/article/trusted-senior-care-advantage-a-delegated-provider-for-southeastern-ohio-medicare-advantage-membership

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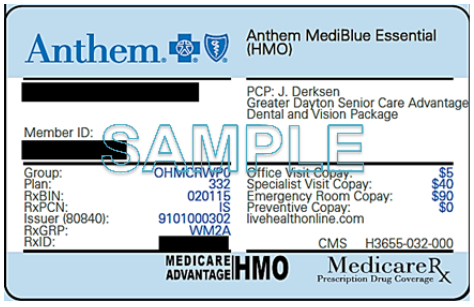
Greater Dayton Senior Care Advantage - a delegated provider for Dayton, OH Medicare Advantage membership

Published: Apr 1, 2020 - **State & Federal** / Medicare

Effective January 1, 2020, Anthem Blue Cross and Blue Shield (Anthem) entered into a provider collaboration agreement with PriMed Physicians in the Dayton, Ohio, market called Greater Dayton Senior Care Advantage. Anthem delegated responsibility for medical claims payment, prior authorizations, case management, provider credentialing, and inpatient and outpatient utilization management to each of these groups for individual Medicare Advantage HMO members in Clark, Greene, Miami, Montgomery, Preble and Warren counties who are attributed to PriMed Physicians. Members under this arrangement will have Greater Dayton Senior Care Advantage on their member ID card.



Please see the frequently asked questions and answers below for additional information. You may also call Greater Dayton Senior Care Advantage Provider Services at 1-833-440-5652.

Frequently Asked Questions (FAQ)

When did this relationship start?
This relationship started January 1, 2020.

What changes can I expect?
Certain services historically performed by Anthem have been delegated to Greater Dayton Senior Care Advantage. Greater Dayton Senior Care Advantage will provide services for payment of medical claims, provider credentialing and utilization management. As a result of these administrative changes, providers can expect increased interaction and collaboration between Anthem and Greater Dayton Senior Care Advantage.

What number should I call if I have questions?
For provider inquiries, call Greater Dayton Senior Care Advantage Provider Services at 1-833-440-5652.

What service area is Greater Dayton Senior Care Advantage handling?
The service area includes the following counties: Clark, Greene, Miami, Montgomery, Preble and Warren counties.

To what address do I submit claims?
Claims for routine vision services should be submitted to EyeMed (also known as Blue View Vision). All other medical claims should be submitted to the following address for payment:
Attn: Core Care Select
P.O. Box 70032
Anaheim, CA 92825
Electronic claims can be sent to Office Ally or Change Healthcare:

- Office Ally payer ID: AGL02
- Change Healthcare payer ID: 52352

For claim submission questions, contact Greater Dayton Senior Care Advantage Provider Services at
1-833 440 5652.

Whom do I contact if I have questions about or need assistance with electronic data interchange?

For inquiries related to your electronic claim submission to Greater Dayton Senior Care Advantage, contact Greater Dayton Senior Care Advantage Provider Services at 1-833-440-5652. They will assist in identifying, testing and correcting any issues.

Article Attachments

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No, members will be able to refer to their Anthem provider directory as usual.

Where should I direct my patients if they have questions about their insurance plan?
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Yes, prior authorization is required for all nonemergency admissions and certain other services. For emergency admissions, call Greater Dayton Senior Care Advantage Provider Services at 1-833-440-5652 within 24 hours of admission or fax a face sheet to 1-614-259-0287.

How do I contact the Utilization and Quality Management departments?

- Provider Services phone: 1-833-440-5652
- Direct fax: 1-614-259-0293
- Inpatient and Outpatient Case Management department fax: 1-614-259-0287

508031OHPENABS

URL: https://providernews.anthem.com/ohio/article/greater-dayton-senior-care-advantage-a-delegated-provider-for-dayton-ohio-medicare-advantage-membership