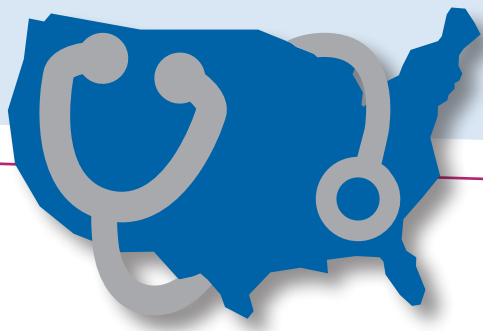


National Access Plus

Allows you to see Anthem Blue Cross and Blue Shield Medicare Advantage PPO members even if you're not in our network.

No contract required!



With Anthem's National Access Plus benefit:

- You can continue seeing our members as long as you are eligible to receive payments from Medicare.
- If you're not currently part of our Anthem Medicare Advantage PPO network, **no contract is required.**
- Our Medicare Advantage PPO plan covers everything Original Medicare covers and more.
- Our members are **not required to obtain a referral** before they see a provider.

How we pay

- **Billing and reimbursement is easy** — submit one bill and you'll receive one payment.
- **Medicare allowable rates are paid to providers for covered services**, less the member's copayment, coinsurance and/or deductible. The copayment and/or coinsurance will be listed on the member's Medicare Advantage ID card.

Benefits and eligibility

Here's a sample of the ID card the Anthem member will have:



Look for the National Access Plus icon, which will be on most ID cards. Please always call to verify eligibility.

- **Online:** Eligibility, benefits, claims, links to secure messaging, commonly used forms and remit information all are available through the Availity portal at www.availity.com. For questions on access and registration, call Availity Client Services at **1-800-Availity (1-800-282-4548)**. Availity Client Services is available Monday through Friday, 8 a.m. to 7 p.m. ET (excluding holidays) to answer your registration questions.
- **Phone:** To verify a member's eligibility, call the number on the back of the member's ID card or call the BlueCard Eligibility Line at **1-800-676-BLUE (2583)** and provide the member's three-digit alpha prefix located on the ID card.

If you have any questions, please call the provider services number on the back of the member's ID card. You'll be directed to a representative who can give you information right away.

Submitting claims is easy

You should submit claims to the local blue plan in your state, not Medicare.

There are two ways you can do this:

- 1. By Mail:** Submit paper claims to your local Blue Cross/Blue Shield plan. Include the 3-digit alpha prefix that precedes the member ID number listed on the front of their card.
- 2. By Electronic Submission:** Submit electronically using the electronic payer ID, or by submitting a UB-04 or CMS-1500 form, to the Blue Cross/Blue Shield plan in your state. You can also submit claims online at www.availity.com.

Please include the amount the member paid when you submit a claim. The member's copayment and/or coinsurance amount will be noted on their ID card.

Prior authorization

Prior authorization is required for contracted providers and highly recommended for non-contracted providers. In order to request prior authorization, you will need to provide the following data elements:

- Member ID
- Legible name of referring provider
- Legible name of individual referred to provider
- National provider identifier and/or tax ID number
- Number of visits/services
- Date(s) of service
- Diagnosis
- CPT/HCPCS codes

Need more details on prior authorizations? Here are three easy ways to learn more:

Online: www.availity.com

Phone: Please call the number on the back of the member's ID card.

Fax: 1-866-959-1537

If you are interested in joining our network, please contact your Network Representative or email grsmanetworksupport@anthem.com. Additional information is available at www.anthem.com/provider.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. Anthem Insurance Companies, Inc. (AICI) is the legal entity that has contracted with the Centers for Medicare & Medicaid Services (CMS) to offer the LPPO plan noted above or herein. AICI is the risk-bearing entity licensed under applicable state law to offer the LPPO plan(s) noted. AICI has retained the services of its related companies and the authorized agents/brokers/producers to provide administrative services and/or to make the LPPO plan(s) available in this region.