

## **Anthem Blue Cross expanded HMO network guidance**

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**Anthem Blue Cross (Anthem) expanded its Medicare Advantage network in 2018 by amending Prudent Buyer Agreements to include all Medicare Advantage products. We are providing this information as a reminder of how these plans operate.**

### **Background**

Anthem amended Prudent Buyer Agreements with the Medicare Advantage PPO to add all Medicare Advantage plans in order to expand our product offerings in California. There will be no change in reimbursement. This allows Anthem to expand our product offerings across the state and provide our members with access to quality providers.

### **Effective date**

The contract effective date was February 1, 2018.

### **Out-of-scope areas**

Amendments to the Prudent Buyer Agreements for Anthem were out-of-scope for the following geographical areas due to a robust network of contracted provider medical groups (PMGs): Los Angeles, Riverside, Orange, San Bernardino and San Diego.

### **Anthem product lines for Medicare Advantage**

1. PPO and HMO Plans: Medicare Advantage (Part C) includes Part A hospital coverage and Part B medical coverage in a convenient, all-in-one plan that also includes prescription drug coverage (Part D). Plans vary by region.
2. Dual-Eligible Special Needs Plan (D-SNP): For individuals who have both Medicare Part A and Part B and receive state medical assistance.
3. End-stage renal disease (ESRD) Chronic Condition Special Needs Plan (C-SNP): Medicare SNPs are a Medicare Advantage Plan (like an HMO or PPO). ESRD C-SNP limits membership to people with end-stage renal disease. Benefits, provider choices and drug formularies are tailored to best meet the specific needs of ESRD patients.

## **PCP assignment for HMO members**

In some areas, members have the option to choose a primary care physician (PCP) through a PMG or a PCP directly contracted with Anthem through their amended Prudent Buyer Agreement:

- Members assigned to a PCP through an Independent Practice Association (IPA) or PMG will have an ID card indicating the PCP name and IPA/Group name. Reimbursement and referrals are coordinated through the PMG.
- **New:** Members may select a PCP directly contracted with Anthem. The member ID card will indicate the assigned PCP and will **not** indicate an IPA/PMG. Providers are reimbursed fee-for-service at the rate indicated in the Prudent Buyer Agreement for Anthem for Medicare products. See below for details regarding reimbursement, referrals and claims.

## **Eligibility verification:**

- Review member's ID card
- Online via Availity\* at <https://www.availity.com>
- Call **1-888-230-7338**

## **Copays and deductibles**

Copays and deductibles vary by plan. Please refer to the resources listed above in the **Eligibility verification** section to confirm for each member.

## **Reimbursement**

Services rendered to Medicare Advantage PPO members and Medicare Advantage HMO members through the Prudent Buyer Agreement for Anthem are paid according to the Medicare Advantage fee-for-service fee schedule. Services rendered to Medicare Advantage HMO members through an IPA/PMG agreement are reimbursed according the terms of the agreement with the IPA/PMG.

## **Claims submission (except those related to IPA/PMG contracted services)**

Submit claims directly to Anthem:

Anthem Blue Cross

P.O. Box 60007

Los Angeles, CA 90060-0007

## **Referral process**

Anthem does not require referrals to in-network specialists. For providers contracted through an IPA/PMG arrangement, continue to follow your current referral process.

### **Authorizations**

Anthem requires prior authorization for some procedures, and providers should obtain a list of procedures requiring prior authorization. The function of our authorization process is to confirm member eligibility, plan coverage, medical necessity and appropriateness of care to identify members who may need care management and disease prevention services. Our Innovative Care Management Model supports patients' healthiest outcomes by our medical appropriateness of services.

For providers contracted through an IPA/PMG arrangement, continue to follow your current authorization process.

### **What if I have questions or need more information?**

Claims, membership, benefits and eligibility questions should be directed to the Provider Services phone number listed on the member's ID card.

If you have any questions about this update, please feel free to contact California Medicare Provider Solutions via email at [CAContractSupport@anthem.com](mailto:CAContractSupport@anthem.com).

**URL:** <https://providernews.anthem.com/california/article/anthem-blue-cross-expanded-hmo-network-guidance>

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