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Reminder: HCPCS code A0998 Ambulance response and treatment with no transport; Active and available for use

Published: Jan 1, 2019 - Administrative

In early 2018, Anthem Blue Cross and Blue Shield became one of the first major insurers to reimburse emergency medical services (EMS) providers for appropriate and medically necessary care billed under HCPCS code A0998 (Ambulance response and treatment, no transport). The code, which has been active since January 2018 for most standard Anthem benefit plans, allows EMS providers to receive reimbursement for treatment rendered in response to an emergency call to a member's home or scene, when transportation to the hospital emergency room (ER) was not provided. Previously, Anthem reimbursed EMS providers for treatment rendered only when a patient was transported to the ER.

Important reminders:

- *The code is currently active and available for EMS use.*
- If an EMS provider responds to an emergency call and provides appropriate treatment at-home or onsite without transporting to the ER, code A0998 can be used.
- The EMS provider must render treatment to the patient per EMS protocols which are approved by the medical director at the local or state level.
 - Billing of A0998 when treatment is not rendered is not appropriate.
- Anthem will apply medical necessity review to A0998 using coverage guideline CG-ANC-06.
- HCPCS code A0998 applies to all of Anthem's commercial health plans, and reimbursement will be made in accordance with the member's benefits.

Questions?

- For contract questions, please reach out to your Anthem network manager.
- For questions about using code A0998, please reach out to [Jay Moore](#), Senior Clinical Director for Anthem.

URL: <https://providernews.anthem.com/virginia/article/reminder-hcpcs-code-a0998-ambulance-response-and-treatment-with-no-transport-active-and-available-for-use>

Benefits available for chronic care management and advance care planning services effective February 23, 2019

Published: Jan 1, 2019 - **Administrative**

Anthem Blue Cross and Blue Shield and our affiliate HealthKeepers, Inc. are committed to investing in primary care, rewarding coordinated, patient-centered care, and promoting proactive chronic care management. In recognition of the time-intensive nature of this work, Anthem will reimburse chronic care management and advance care planning services for members enrolled in our Anthem PPO and Anthem HealthKeepers (non-Medicaid) commercial health plans effective for claims processed on or after February 23, 2019.

- **Chronic care management (CCM)** is care rendered by a physician or non-physician health care providers and their clinical staff, once per calendar month, for patients with multiple (two or more) chronic conditions expected to last at least 12 months or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline. Only one practitioner can bill a CCM service per service period (month). Three CCM codes are included in this payment policy change: 99490, 99487 and 99489.

- **Advance care planning (ACP)** is a face-to-face service between a physician or other qualified health care professional and a patient discussing advance directives with or without completing relevant legal forms. An advance directive is a document in which a patient

appoints an agent and/or records the wishes of patients pertaining to their medical treatment at a future time if patients cannot decide for themselves at that time. No specific diagnosis is required for the ACP codes to be billed. It would be appropriate to report a condition for which you are counseling the beneficiary. Two ACP codes are included in the payment policy change: 99497 and 99498

Anthem requires patient consent prior to CCM or ACP service(s) being provided. Please refer to your current contract booklet for the Claims Requiring Additional Documentation policy for more information. If you have questions about your contract booklet, contact your Anthem network manager.

URL: <https://providernews.anthem.com/virginia/article/benefits-to-be-available-for-chronic-care-management-and-advance-care-planning-services-effective-february-23-2019-7>

Reminder: New Autism codes effective January 1, 2019

Published: Jan 1, 2019 - **Administrative**

Effective January 1, 2019, the American Medical Association is replacing the temporary CPT codes used by Applied Behavior Analyst (ABA) treatment services with new permanent CPT codes. As with all annual CPT coding changes, Anthem Blue Cross and Blue Shield and our affiliate Healthkeepers, Inc. will make the necessary updates to all claims and operational systems by the effective date. All participating ABA providers will receive an additional notice, advising them of any changes to reimbursement or billing as a result of the new CPT codes once the final and official AMA documentation along with any CMS updates have been made available to health plans and providers.

URL: <https://providernews.anthem.com/virginia/article/a-reminder-about-new-autism-codes-effective-january-1-2019>

Streamline workflow with Medical Attachments tool

Published: Jan 1, 2019 - **Administrative**

Has your office received a request for additional information to process a claim for a member enrolled in Anthem's PPO or our affiliate HealthKeepers, Inc.'s Anthem HealthKeepers

commercial health benefit plans? Those records can be submitted electronically using the **Medical Attachments** feature in your Availity claims processing portal.

The **Medical Attachments** feature makes submitting electronic documentation in support of a claim simple and streamlined. You can use your tax identification number (TIN) or your National Provider Identifier (NPI) to register and submit *solicited* (requested by Anthem) medical record attachments through the Availity Portal.

How to Access *solicited* Medical Attachments for Your Office

Availity Administrator, complete these steps:

From **My Account Dashboard**, select **Enrollments Center**>**Medical Attachments Setup**, follow the prompts and complete the following sections:

Select Application>choose **Medical Attachments Registration**
Provider Management>Select **Organization** from the drop-down. Add NPIs and/or Tax IDs Multiples can be added separated by spaces or semicolons
Assign user access by checking the box in front of the user's name. Users may be removed by unchecking their name

Using Medical Attachments

Availity User, complete these steps:

Log in to www.availity.com

Select **Claims and Payments** > **Medical Attachments** >**Send Attachment Tab**

Complete all required fields of the form

Attach supporting documentation

Submit

Need Training?

To access additional training for this Availity feature:

Log in to the Availity Portal at www.availity.com

At the top of any Availity portal page, click **Help and Training** > **Get Trained** (Make sure you do not have a pop-up blocker turned on or the next page may not open.)

In the new window, a list of available topics will open. Locate and click **Medical Attachments**

Under the Recordings section, click ***View Recording***

Need More Information?

For more information, contact your provider relations representative.

URL: <https://providernews.anthem.com/virginia/article/streamline-workflow-with-medical-attachments-tool-4>

Use Availity to verify members' cost shares and benefits at time of service with streamlined member identification cards

Published: Jan 1, 2019 - **Administrative**

In the summer of 2018, Anthem Blue Cross and Blue Shield and our affiliate HealthKeepers, Inc. introduced a streamlined member identification (ID) card to help reduce confusion about members' cost shares. As a reminder, the updated member ID cards maintain the current style, but **specific cost share information (such as copayments, deductibles and coinsurance) will be absent from cards.** In addition, there may be alpha prefix and other changes to members' ID cards, so please check members' ID cards carefully. The new simpler and easier to read ID cards are available to groups over time as they renew coverage with Anthem and HealthKeepers, Inc.

Use Availity and EDI to verify eligibility, members' cost shares and benefits at time of service

Since the cost share information will no longer display on many of our ID cards, we urge providers to access Availity (our secure Web-based provider tool) and the Electronic Data Interchange (EDI) to verify member benefits and eligibility to obtain the most up-to-date cost share information in order to collect the applicable deductibles and coinsurance amounts at the time of service as appropriate. If a member presents an older ID card with outdated benefits at the provider office, it can create confusion about the member's cost share.

As always, please request that members enrolled in our health benefit plans present their most current ID cards at the time of service. When filing claims to Anthem and HealthKeepers, Inc., enter members' ID numbers exactly as the numbers appear on the card – including the alpha prefix – to help speed claims processing and reimbursement.

As Anthem continues to issue the streamlined ID cards in 2019, we encourage providers to use Availity. The electronic tool provides real-time information about members' benefits and cost shares, and this will help reduce misunderstandings about available benefits. Additionally, members will be encouraged to learn more about their benefits through Anthem's digital and online tools. Members can retain their cards for as long as they remain in the same product plan, regardless of changes to cost share information.

Electronic ID cards

As a reminder, members can now view, download, email, and fax an electronic version of their member ID cards using the Anthem Anywhere mobile app. And because our electronic ID cards look just like our physical ID cards, members can show either an electronic or physical ID card when obtaining services.

Please note, this notice does NOT apply to National Accounts, the Federal Employee Program® (FEP), Medicaid or Medicare plans.

For questions, please contact the provider service number on the back of members' ID cards. We've included two examples of the streamlined ID cards under the article attachments section to the right.

URL: <https://providernews.anthem.com/virginia/article/use-availity-to-verify-members-cost-shares-and-benefits-at-time-of-service-with-streamlined-member-identification-cards>

Receive email notifications via our Network eUPDATE

Published: Jan 1, 2019 - **Administrative**

Our provider newsletter is our primary source for providing important information to health care providers and professionals. The newsletter is published monthly and is posted to our website on the Virginia provider section of anthem.com for easy 24/7 access.

Note that in addition to this newsletter and our website, we also use our email service – Network eUPDATE – to communicate new information. If you are not yet signed up to receive Network eUPDATES, we encourage you to enroll now so you'll be sure to receive all information we will be sending about billing, upcoming changes, coverage guidelines and other pertinent topics.

Reminder notifications sent via email

When you sign up, you'll not only receive an email reminder for each newsletter posted online, you'll also be notified of other late breaking news and important information you'll need when providing services and filing claims for our members. It's easy to sign up – just select Virginia and access the provider home page. There, you'll find a link to register for our [Network eUPDATE](#).

URL: <https://providernews.anthem.com/virginia/article/receive-e-mail-notifications-via-our-network-eupdate-1>

Coverage guidelines effective April 1, 2019

Published: Jan 1, 2019 - **Guideline Updates** / Coverage and Clinical Guidelines

Anthem Blue Cross and Blue Shield in Virginia and our affiliate, HealthKeepers, Inc., will implement the following new and revised coverage guidelines effective **April 1, 2019**. These guidelines impact all our products – with the exception of Anthem HealthKeepers Plus (Medicaid), the Commonwealth Coordinated Care Plus (Anthem CCC Plus) plan, Medicare Advantage, and the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal Employee Program or FEP). Furthermore, the guidelines were among those recently approved at the Medical Policy and Technology Assessment Committee meeting held on September 13, 2018.

SPECIAL NOTES:

The services addressed in these coverage guidelines in this section and in the attachment under “Article Attachments” on the right will require authorization for all of our products offered by HealthKeepers, Inc. with the exception of Anthem HealthKeepers Plus (Medicaid) and the Commonwealth Coordinated Care Plus (Anthem CCC Plus). Other exceptions are Medicare Advantage and the Federal Employee Program.

A pre-determination can be requested for our PPO products.

Services related to specialty pharmacy drugs (non-cancer related) require a medical necessity review, which includes site of care criteria, as outlined in the applicable coverage

or clinical UM guideline listed.

The following guidelines are addressed in this January 2019 edition (see also attachment under "Article Attachments" on the right):

- Fractional Exhaled Nitric Oxide and Exhaled Breath Condensate Measurements for Respiratory Disorders (MED.00126)
- Pharmacotherapy for Hereditary Angioedema (CG-DRUG-107)
- Sex Reassignment Surgery (CG-SURG-27)

URL: <https://providernews.anthem.com/virginia/article/coverage-guidelines-effective-april-1-2019>

Clinical practice and preventive health guidelines available on the Web

Published: Jan 1, 2019 - **Guideline Updates** / Coverage and Clinical Guidelines

As part of our commitment to provide you with the latest clinical information and educational materials, we have adopted nationally recognized medical, behavioral health and preventive health guidelines, which are available to providers on our website. The guidelines, which are used for our Quality programs, are based on reasonable, medical evidence, and are reviewed for content accuracy, current primary sources, the newest technological advances and recent medical research.

All guidelines are reviewed annually, and updated as needed. The current guidelines are available on our website at [anthem.com/provider/Provider Overviews](http://anthem.com/provider/Provider%20Overviews)> scroll down and select 'Find Resources for Virginia' > Health and Wellness > **Practice Guidelines**.

HEDIS® 2019 starts early February

Published: Jan 1, 2019 - **Products & Programs**

We will begin requesting medical records in February via a phone call to your office followed by a fax.

The fax will contain 1) a cover letter with contact information your office can use to contact us if there are any questions; 2) a member list, which includes the member and HEDIS measure(s) the member was selected for; and 3) an instruction sheet listing the details for each HEDIS measure.

As a reminder, under the Health Insurance Portability and Accountability Act (HIPAA), releasing protected health information (PHI) for HEDIS data collection is permitted and does not require patient consent or authorization. HEDIS and release of information is permitted under HIPAA since the disclosure is part of quality assessment and improvement activities [45 CFR 164.506(c) (4)]. For more information, visit www.hhs.gov/ocr/privacy.

HEDIS review is time sensitive, so please submit the requested medical records within **five business days**.

To return the medical record documentation back to us in the recommended five-day turnaround time, simply choose one of these options:

Upload to our secure portal. This is quick and easy. Logon to www.submitrecords.com, enter the password included with your HEDIS Member List and select the files to be uploaded. Once the files are uploaded, you will receive a confirmation number to retain for your records.

OR

Send a secure fax to **1-888-251-2985**

OR

Mail to us via the **US Postal Service** to: Anthem, Inc., 66 E. Wadsworth Park Drive, Suite 110H, Draper, UT 84020

Please contact your Anthem network manager if you have a specific person in your organization who we should contact for HEDIS medical records.

Thank you in advance for your support of HEDIS.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

URL: <https://providernews.anthem.com/virginia/article/hedis-2019-starts-early-february-5>

Simplifying medication prior authorization processes

Published: Jan 1, 2019 - **Products & Programs** / Pharmacy

Anthem Blue Cross and Blue Shield and affiliate HealthKeepers, Inc. are committed to offering efficient and streamlined solutions for submitting prior authorizations (PAs). This helps reduce the administrative burden for physicians while improving the member experience for their patients.

Anthem's *Proactive PA* process approves select drugs in real time, using an automated prior authorization process. *Proactive PA* uses integrated medical and pharmacy data to seamlessly approve medication prior authorization requests where diagnoses are required. Anthem's prior authorization process helps to ensure clinically appropriate use of medications.

Providers can take advantage of the electronic prior authorization (ePA) submission process by logging in at covermymeds.com. Creating an account is FREE, and many prior authorizations are approved in real time. Read more about the ePA submission process featured in our December 2018 newsletter called: "[Anthem accepts electronic prior authorizations requests for prescription medications online.](#)"

Additionally, providers may be able to access real-time, patient-specific prescription drug benefits information through their electronic medical record (EMR) system. To learn more about this feature, access our October 2018 provider newsletter for an article called: "[Access patient-specific drug benefit information through EMR.](#)"

Update regarding drugs not approved by the FDA

Published: Jan 1, 2019 - **Products & Programs** / Pharmacy

Anthem Blue Cross and Blue Shield continually monitors and updates the list of drugs not approved by the Food and Drug Administration (FDA), which are considered non-covered under prescription drug benefits. When drugs are added to this list, Anthem notifies impacted members that the drug is not FDA-approved and will no longer be covered.

Effective December 1, 2018, [these drugs](#) were added to our list of drugs not approved by the FDA.

For **new** members just beginning an Anthem plan or not yet having used one of these non-FDA-approved drugs, coverage for these drugs ended December 1, 2018.

Existing members who had been identified as already using at least one of the drugs added to the list received a letter to let them know their drug(s) will no longer be covered after December 31, 2018. However, if the patient had a prior authorization for a drug on [this list](#), coverage for that drug continued until the prior authorization expired on December 31, 2018.

Pharmacy information available on anthem.com

Published: Jan 1, 2019 - **Products & Programs** / Pharmacy

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, and any other requirements, restrictions, or limitations that apply to

using certain drugs, visit anthem.com/pharmacyinformation. The commercial **and marketplace** drug lists **are** posted to the website quarterly (the first of the month for January, April, July and October).

To locate “Marketplace Select Formulary” and pharmacy information, go to Customer Support, select your state, Download Forms and choose “Select Drug List.” For State-sponsored Business, visit [SSB Pharmacy Information](#). This drug list is also reviewed and updated regularly as needed.

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

AllianceRX Walgreens Prime is the specialty pharmacy program for the Federal Employee Program. You can view the [Specialty Drug List](#) or call us at 1-888-346-3731 for more information.

URL: <https://providernews.anthem.com/virginia/article/pharmacy-information-available-on-anthemcom-24>

CORRECTION: Postpartum follow-up care incentives

Published: Jan 1, 2019 - **State & Federal** / Medicaid

In the August 2018 *Network Update*, HealthKeepers, Inc. notified providers **in error** about incentives for postpartum follow-up care for Anthem HealthKeepers Plus and Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) members. **There is no financial incentive for providing postpartum follow-up care.** If you have any questions about this communication, call our Provider Services team at **1-800-901-0020** or call the Anthem CCC Plus team at **1-855-323-4687**.

URL: <https://providernews.anthem.com/virginia/article/correction-postpartum-follow-up-care-incentives>

Coverage Guidelines and Clinical Utilization Management Guidelines update

Published: Jan 1, 2019 - **State & Federal** / Medicaid

The *Coverage Guidelines* and *Clinical Utilization Management (UM) Guidelines* below, which are applicable to Anthem HealthKeepers Plus members, were developed or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.

Please share this notice with other members of your practice and office staff.

To search for specific guidelines, visit

<https://medproviders.anthem.com/va/Pages/medical.aspx>

Coverage Guidelines

On September 13, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Coverage Guidelines* applicable to Anthem HealthKeepers Plus members.

Publish date	<i>Coverage Guideline</i> number	<i>Coverage Guideline</i> title	New or revised
10/17/2018	MED.00125	Biofeedback and Neurofeedback	New
10/17/2018	SURG.00103	Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)	Revised

Clinical UM Guidelines

On September 13, 2018, the MPTAC approved the following *Clinical UM Guidelines* applicable to Anthem HealthKeepers Plus members. This list represents the guidelines adopted by the medical operations committee for the Government Business Division on September 27, 2018.

Publish date	<i>Clinical UM Guideline</i> number	<i>Clinical UM Guideline</i> title	New or Revised
10/17/2018	CG-DME-46	Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Lower Limbs	New

10/17/2018	CG-SURG-90	Mohs Micrographic Surgery	New
9/20/2018	CG-DRUG-94	Rituximab (Rituxan®) for Non-Oncologic Indications	Revised
10/17/2018	CG-DRUG-107	Pharmacotherapy for Hereditary Angioedema	Revised
9/20/2018	CG-SURG-40	Cataract Removal Surgery for Adults	Revised

URL: <https://providernews.anthem.com/virginia/article/coverage-guidelines-and-clinical-utilization-management-guidelines-update-1>

My Diverse Patients: A reminder about a website to support your diverse patients

Published: Jan 1, 2019 - **State & Federal** / Medicaid

While there's no single, easy answer to the issue of health care disparities, the vision of My Diverse Patients is to harness the power of data and identify ways to bridge gaps often experienced by diverse populations.

We've heard it all our lives: in order to be fair, you should treat everybody the same. But the challenge is that everybody is *not* the same -- and these differences can lead to critical disparities not only in how patients access health care, but in their outcomes as well.

The reality is that the burden of illness, premature death and disability disproportionately affects certain populations.^[1] My Diverse Patients features robust educational resources to help support you in addressing these disparities, such as:

- Continuing medical education about disparities, potential contributing factors and opportunities for you to enhance care.
- Real life stories about diverse patients and the unique challenges they face.

- Tips and techniques for working with diverse patients to promote improvement in health outcomes.

Accelerate your journey to becoming your patients' trusted health care partner by visiting <https://mydiversepatients.com> today.

[1] Centers for Disease Control and Prevention. (2013, Nov 22). CDC Health Disparities and Inequalities Report — United States, 2013. *Morbidity and Mortality Weekly Report*. Vol 62 (Suppl 3); p3.

URL: <https://providernews.anthem.com/virginia/article/my-diverse-patients-a-reminder-about-a-website-to-support-your-diverse-patients>

Anthem offers risk adjustment and documentation training

Published: Jan 1, 2019 - **State & Federal** / Medicare

Anthem Blue Cross and Blue Shield will offer general and condition-specific Medicare risk adjustment, documentation and coding training in 2019. Additional information will be available at [Important Medicare Advantage Updates](#) at anthem.com/medicareprovider.

URL: <https://providernews.anthem.com/virginia/article/anthem-offers-risk-adjustment-and-documentation-training-3>

Medicare Advantage member Explanation of Benefits redesigned

Published: Jan 1, 2019 - **State & Federal** / Medicare

Anthem Blue Cross and Blue Shield recently introduced a redesigned monthly *Explanation of Benefits (EOB)* to Medicare Advantage members.

The new *EOB* includes:

- Personalized tips to help members save on health care expenses.
- A preventive care checklist — to point out opportunities for screenings or other care.
- Alerts when a claim needs immediate attention.

If you or your members have any questions about the new *EOB*, please call the number on the back of the member ID card.

URL: <https://providernews.anthem.com/virginia/article/medicare-advantage-member-explanation-of-benefits-redesigned-5>

Keep up with Medicare news

Published: Jan 1, 2019 - **State & Federal** / Medicare

Please continue to check [Important Medicare Advantage Updates](#) at [anthem.com/medicareprovider](https://www.anthem.com/medicareprovider) for the latest Medicare Advantage information, including:

[New Medicare provider service number effective January 1](#)

[Medicare Advantage Reimbursement Policy October Provider Bulletin](#)

[Prior authorization requirements for Part B drugs: Moxetumomab Pasudotox, Cemiplimab and Fulphila](#)

[Submit PA medication requests electronically; new phone number for MA prescription PAs](#)

CMS issues regulatory changes for short- and long-acting narcotics; days' supply limits effective Jan. 1, 2019

Inpatient Readmissions

75195MUPENMUB 11/16/2018

URL: <https://providernews.anthem.com/virginia/article/keep-up-with-medicare-news-31>
