Nevada Provider News

September 2019 Anthem Provider News and Important Updates - Nevada

Medicare:

Medicaid:

Anthem expands specialty pharmacy prior authorization list (MAC)

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

Material Adverse Change (MAC)

Anthem expands specialty pharmacy prior authorization list

URL: https://providernews.anthem.com/nevada/article/anthem-expands-specialty-pharmacy-prior-authorization-list-mac-1

New HMO product for Las Vegas employer groups -- effective January 1, 2020

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

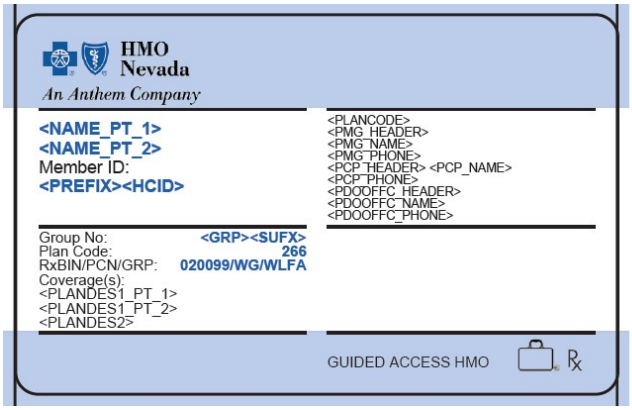
Anthem Blue Cross and Blue Shield and our subsidiary company, HMO Nevada (Anthem) are pleased to announce a new product, **Guided Access HMO,** available to large group employers in Las Vegas effective January 1, 2020*. Guided Access HMO will be accessing Anthem's HMO Nevada network.

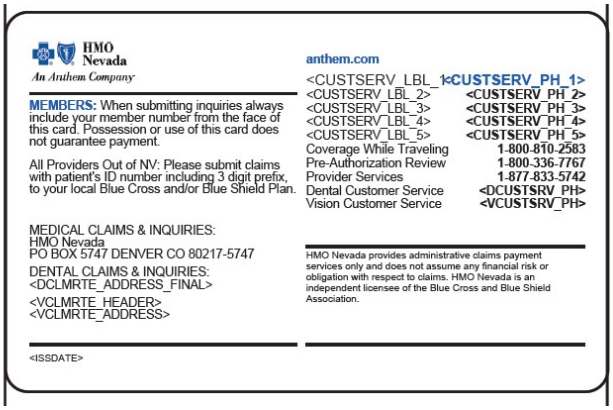
- Guided Access HMO will require a Primary Medical Group selection and PCP referrals.
- Guided Access HMO will have the same alpha prefix as our current HMO (**YFY**).

Please see a sample copy of the Health Plan ID card below.

Please note the ID cards below are just samples, and do not include actual member information such as copays. That information will be included when the ID cards are generated and sent to members prior to the effective date.

Sample Guided Access HMO ID Card:





Operational procedures for Guided Access HMO are the same as any other Local HMO plan. Please utilize the contact information below:

- Claims should be filed directly to your Local Blue Cross and Blue Shield office, either electronically or mailed to:

Anthem Blue Cross and Blue Shield
P.O. Box 5747
Denver, CO 80217-5747

- Online self-service options are available to providers, *giving you access to the same information you receive when calling customer service,* and provides patient specific information, such as eligibility, benefits, claim status, line-level detail, and payment information. These options include:
  - ProviderAccess: Anthem's secure provider portal is available at anthem.com
  - Availity: a multi-payer secure provider portal available at availity.com
  - Electronic Data Interchange (EDI): anthem.com/edi
  - Interactive Voice Response (IVR)/Provider Customer Service: is available at 877-833-5742

- Authorizations/Pre-certifications are available at 800-336-7767
  - ***NOTE:*** *referrals to a specialist are required for Guided Access HMO members*

Anthem is dedicated to providing excellent customer service for Guided Access HMO members and their providers. We look forward to building a successful relationship. We appreciate this opportunity to assist you.

**Offered to large group employees who reside in rating area 1, Las Vegas only. If group has employees outside of rating area 1, they must be offered a Pathway or PPO network. Large groups are defined as groups with 51+ employees.*

URL: https://providernews.anthem.com/nevada/article/vnew-hmo-product-for-las-vegas-employer-groups-effective-january-1-2020

Anthem launches Sydney on September 1; New app offers better digital health care support to members

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

Anthem Blue Cross and Blue Shield (Anthem) is working to deliver a new digital ecosystem that better supports our members. To that end, our new platform is designed to give our members a more personal, simplified experience. Anthem is driving meaningful change through technology and Artificial Intelligence (AI) powered innovation to deliver an easier to use, more complete Web and mobile health care experience.

We're excited to announce the launch of **Sydney** – our new mobile app that runs on intelligence – as part of our digital strategy. Launching **September 1, 2019,** the new app replaces Anthem Anywhere and provides the same services that members receive from Anthem Anywhere, plus we'll phase in other features and new capabilities over time. In return, members will get a truly integrated mobile experience with even more personalized information to fit their unique needs. These changes will lead to a more personal experience, better engagement and improved health outcomes.

Beginning September 1, members enrolled in our commercial health benefit plans* (including those plans members purchase on or off the Health Insurance Marketplace) and Medicare health benefit plans will have with **Sydney** a personalized health assistant that connects questions to answers – and people to the right resources. It's all part of a more seamless digital experience, bringing together fully integrated benefit details, claims information, care finder tools, access to spending accounts and wellbeing programs. Members can download **Sydney** at the app stores starting September 1.

As part of our rollout efforts on September 1, Anthem will also launch – using a phased approach – a digital solution called My Family Health Record (MyFHR). MyFHR offers several benefits for members and providers. Members will be better able to manage their own health, address care gaps, and have the ability to download electronic medical records (EMR) from one or more providers. With MyFHR, members will also have the ability to share EMR information with family, caregivers, and providers.

Watch for information on future enhancements to **Sydney** and MyFHR in upcoming editions of *Provider News*.

*Excludes Medicaid health benefit plans.

URL: https://providernews.anthem.com/nevada/article/anthem-launches-sydney-on-september-1-new-app-offers-better-digital-health-care-support-to-members-2

Reminder: Changes to timely filing requirements coming in October

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

Anthem Blue Cross and Blue Shield (Anthem) continues to look for ways to improve our processes and align with industry standards. With that in mind, it is also our goal to help providers receive their Anthem payments quickly and efficiently. Timely receipt of medical claims for your patients, our members, helps our chronic condition care management programs work most effectively, and also plays a crucial role in our ability to share information to help you coordinate patient care. In an effort to simplify processes, improve efficiencies, and better support coordination of care, we are changing all professional agreements to adopt a common time frame for the submission of claims to us. **Notification was sent July 1, 2019 to providers of applicable networks and contracts.**

Effective **for all claims received by Anthem on or after October 1, 2019**, all impacted contracts will require the submission of all professional claims within ninety (90) days of the date of service. This means claims **submitted on or after October 1, 2019** will be subject to a ninety (90) day timely filing requirement, and Anthem will refuse payment if submitted more than ninety (90) days after the date of service*.

If you have questions regarding this amendment, please contact your Contracting Representative.

** If Plan is the secondary payor, the ninety (90) day period will not begin until Provider receives notification of primary payor's responsibility.*

URL: https://providernews.anthem.com/nevada/article/reminder-changes-to-timely-filing-requirements-coming-in-october-5

Anthem Commercial Risk Adjustment (CRA) Reporting Update: Risk Adjustment Data Validation (RADV) Audit happening now

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

Continuing our 2019 reporting CRA updates, Anthem Blue Cross and Blue Shield (Anthem) requests your assistance with respect to our reporting processes.

The Centers for Medicare & Medicaid Services (CMS) is conducting a RADV Audit beginning **June 2019 through January 2020**. This audit is in accordance with the provisions of the Patient Protection and Affordable Care Act (PPACA) and its risk adjustment data validation standards.

For this audit, CMS will select a statistically valid sample of Anthem's members enrolled in an Affordable Care Act (ACA) compliant plan. Providers whose patients during the **benefit year 2018** were selected for this audit will receive requests and must provide copies of medical record(s)/chart(s). This audit is to verify that diagnosis codes, which have been submitted on claims and reported to CMS, are accurate, properly documented, and coded with accurate levels of specificity.

In the event your patients are selected for this RADV audit, please note that Anthem is working with several vendors to collect the needed medical records and signature attestations (if applicable). Representatives from Anthem or our vendors may reach out to you to request the required medical records and signature attestations. We appreciate your assistance and patience during this process.

Be advised that Anthem is **not** requesting copies of "psychotherapy notes" as defined by the Health Insurance Portability and Accountability Act (HIPAA). Under HIPAA, psychotherapy notes are defined as "notes recorded (in any medium) by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of the

individual's medical record. However, any data excluded from the definition of psychotherapy notes must be provided where applicable and pursuant to this request. The following list of items are not included in the definition of "Psychotherapy notes" and therefore, can be included pursuant to HIPAA:

- Medication prescription and monitoring
- Counseling session start and stop times
- Modalities and frequencies of treatment furnished
- Results of clinical tests; and
- Summary of the following:
    - Diagnosis
    - Functional status
    - Treatment plan
    - Symptoms
    - Prognosis; and
    - Progress to date

If you have any RADV audit questions/concerns, please contact Evelyn.Rey-Hipolito@anthem.com.

If you have any questions regarding our reporting process, please contact our CRA Network Education Representative Socorro.Carrasco@anthem.com.

URL: https://providernews.anthem.com/nevada/article/anthem-commercial-risk-adjustment-cra-reporting-update-risk-adjustment-data-validation-radv-audit-happening-now-2

Access requirements for Behavioral Healthcare services

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

Anthem has been advising, via this publication and the Provider Manual, of the requirement that your practice provide the capability for a new patient appointment within a given timeframe. We annually conduct appointment access studies to assess how well practices

are meeting this provision and a high percentage of Behavioral Health (BH) offices do not have timely access for new patients.

To be compliant, providers are expected to make best efforts to meet the following access standards:

- **Initial Routine office visit** -- A new patient must be seen in the office by a designated BH Practitioner or another equivalent Practitioner in the practice within ten business days.

Explanation ***--*** *This is a routine call for a new patient defined as a patient with non-urgent symptoms, which present no immediate distress and can wait to schedule an appointment without any adverse outcomes. It can be after the Practitioners intake assessment or a direct referral from a treating Practitioner.*

Is your practice compliant?

URL: https://providernews.anthem.com/nevada/article/access-requirements-for-behavioral-healthcare-services-4

PCP after-hours access requirements

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

Anthem has been advising via this publication and letters to your offices, of the requirement that your practice provide continuation of care for our members outside of regular business hours. We have annually conducted after-hours access studies to assess how well practices are meeting this provision, and a high percentage of PCP offices do not have the basic messaging for our members for perceived emergency or urgent situations after regular office hours.

To be compliant, have your messaging or answering service include appropriate instructions.

Emergency situations

The compliant response for an *emergency* instructs the caller/patient to hang up and call 911, or go to ER, or connects caller directly to the doctor.

Urgent situations

The compliant response for *urgent* would direct the caller to Urgent Care or ER, to call 911, or directly connect the caller to their doctor or the doctor on call.

Messaging that only gives callers the option of contacting their health care practitioner (via transfer, cell phone, pager, text, email, voicemail, etc.) or to get a call back for urgent questions or instructions is not complaint, as there is no direct connection to their health care practitioner.

Is your practice compliant?

URL: https://providernews.anthem.com/nevada/article/pcp-after-hours-access-requirements-3

Provider Transparency Update

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

A key goal of Anthem's provider transparency initiatives is to improve quality while managing health care costs. One of the ways this is done is by giving certain providers ("Payment Innovation Providers") in Anthem's various Payment Innovation Programs (*e.g., Enhanced Personal Health Care, Bundled Payments, Medical Home programs, etc.*) (the "Programs") quality, utilization and/or cost information about the health care providers ("Referral Providers") to whom the Payment Innovation 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 their getting more referrals from Payment Innovation 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 Payment Innovation 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 Payment Innovation 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 Market Representative or Care Consultant.

URL: https://providernews.anthem.com/nevada/article/provider-transparency-update-19

Anthem Contracted Air Ambulance Providers for Nevada

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

The providers listed below are participating air ambulance providers with Anthem Blue Cross and Blue Shield in Nevada. That means, for covered services, that these providers have contractually agreed to accept the Anthem Rate as payment in full, and will bill members only for allowable benefit cost-share obligations when transporting members who are picked up in Nevada.

Some air ambulance providers choose not to participate with payers like Anthem.

- These air ambulance providers may charge members rates that are much higher than the Anthem contracted provider rates.
- Depending on their benefits, members who utilize non-participating air ambulance providers can be left with significant out of pocket expenses, which the ambulance providers and their billing agents may seek to collect.

To avoid these situations, we ask that, whenever possible, you use a participating air ambulance provider for your patients who are members.

Utilizing participating providers:

- **Protects** the member from balance billing for what may be excessive amounts,
- **Assures** the most economical use of the member’s benefits, and

- **Is consistent** with your contractual obligations to refer to in-network providers where available.

To schedule fixed wing or rotary wing air ambulance services, please:
Contact Anthem for precertification if required by the member's policy, then
Call one of the phone numbers listed below.

Please have the following information ready when you call:

- Basic medical information about the patient, including the patient's name and date of birth or age. If the service was not precertified with Anthem, the air ambulance provider will also need to receive a full medical report from the attending facility.
- Current location of the patient, the name of the hospital or facility caring for the patient and its address (city and state).
- Location where patient is to be transported, including the name of the destination hospital/facility and address.
- Approximate transport date or time frame.
- Special equipment or care needs.

Should you have questions regarding the air ambulance network, including providers contracted for air ambulance pickups outside of Nevada, please contact your Provider Network Manager.

First, call Anthem for precertification if required by the member's policy. Then call one of the following:

Fixed Wing (Airplane) Providers (HCPCS CODES: A0430 & A0435)

Provider Name	***Phone#***	***Web site***
AeroCare Medical Transport Systems	630-466-0800	www.aerocare.com
Helinet Aviation Service	818-902-0229	www.helinet.com
Medway Air Ambulance, Inc.	800-233-0655	www.medwayair.com
MedX Airone, LLC. d.b.a. MedX One	800-347-0881	www.medxairone.com

Rotary Wing (Helicopter) Providers (HCPCS CODES: A0431 & A0436)

Provider Name	*Phone#*	*Web site*
Air Methods (Rocky Mountain/Mercy Air Service)	909-915-2305	www.airmethods.com
Helinet Aviation Services	818-902-0229	www.helinet.com
MedX Airone, LLC. d.b.a. MedX One	800-347-0881	www.medxairone.com
REMSA	775-858-5700	www.remsa-cf.com

To arrange air transport originating outside the U.S., U.S. Virgin Islands, and Puerto Rico:
Call 800-810-BLUE for BCBS Global Core formerly BlueCare Worldwide.

URL: https://providernews.anthem.com/nevada/article/anthem-contracted-air-ambulance-providers-for-nevada

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New Clinical Guideline: Pneumatic Compression Devices, effective December 1, 2019 (MAC)

Published: Sep 1, 2019 - **Policy Updates** / Medical Policy & Clinical Guidelines

Material Adverse Change (MAC)

New Clinical Guideline: Pneumatic Compression Devices, effective December 1, 2019

URL: https://providernews.anthem.com/nevada/article/new-clinical-guideline-pneumatic-compression-devices-effective-december-1-2019-mac-1

Pre-Service/Prior Authorization Clinical Review Update -- September 2019 (MAC)

Published: Sep 1, 2019 - **Policy Updates** / Medical Policy & Clinical Guidelines

Material Adverse Change (MAC)

Pre-Service/Prior Authorization Clinical Review Update -- September 2019

URL: https://providernews.anthem.com/nevada/article/pre-serviceprior-authorization-clinical-review-update-september-2019-mac-1

Maternity Services and Multiple Delivery (Professional Reimbursement Policies – New) (MAC)

Published: Sep 1, 2019 - **Policy Updates** / Reimbursement Policies

Material Adverse Change (MAC)

Maternity Services and *Multiple Delivery* (Professional Reimbursement Policies – New)

URL: https://providernews.anthem.com/nevada/article/maternity-services-and-multiple-delivery-professional-reimbursement-policies-new-mac-1

Intensity Modulated Radiation Therapy Planning and Delivery (Professional Reimbursement Policy – New) (MAC)

Published: Sep 1, 2019 - **Policy Updates** / Reimbursement Policies

Material Adverse Change (MAC)

Intensity Modulated Radiation Therapy Planning and Delivery (Professional Reimbursement Policy – New)

URL: https://providernews.anthem.com/nevada/article/intensity-modulated-radiation-therapy-planning-and-delivery-professional-reimbursement-policy-new-mac-1

Claim editing update for Excludes1 notes

Published: Sep 1, 2019 - **Policy Updates** / Reimbursement Policies

Beginning with claims processed on and after September 29, 2019, Anthem Blue Cross and Blue Shield (Anthem) will be implementing revised claims edit logic tied to Excludes1 notes from ICD-10 coding guidelines. We recognize that the editing tied to Excludes1 notations found in ICD-10-CM, which was implemented in March 2019, contained some conflicts

between Excludes1 and Excludes2 notes which caused a need for claims to be re-adjudicated. We have taken steps to modify the logic and remove such conflicts.

To help ensure the accurate processing of claims, use ICD-10-CM Coding Guidelines when selecting the most appropriate diagnosis for patient encounters. ICD-10-CM has two types of excludes notes; each type has a different definition for use but they are similar since they indicate that codes excluded from each other are independent of each other. One of the unique attributes of the ICD-10 code set and coding conventions is the concept of Excludes1 notes. An Excludes1 note indicates that the excluded code identified in the note should not be used at the same time as the code or code range listed above the Excludes1 note. These notes are located under the applicable section heading or specific ICD-10-CM code to which the note is applicable. When the note is located following a section heading, it applies to all codes in the section.

Remember to review diagnosis code(s) for any Excludes1 notes prior to submitting your claims to help ensure proper adjudication of your claims.

Some examples of Excludes1 scenarios in ICD-10-CM, where both diagnosis codes should not be billed together include:

- Reporting both M54.2 (cervicalgia) with M50.XX (cervicalgia due to intervertebral disc disorder)
    - - 2 has an Excludes1 note for M50.XX
- Reporting both M54.5 (low back pain) with S39.012X (strain of muscle, fascia and tendon of lower back)
    - - 5 has an Excludes1 note for S93.012X
- Reporting both M54.5 (low back pain) with M54.4X (lumbago with sciatica)
    - - 5 has an Excludes1 note for M54.4X
- Reporting J03.XX (acute tonsillitis) with J02.XX (acute sore throat), J02.0 (streptococcal sore throat), J02.9 (sore throat NOS), J35.1 (hypertrophy of tonsils) or J36 (peritonsillar abscess)
    - - XX has an Excludes1 note for J02.XX, J02.0, J02.9, J35.1 and J36

- Reporting N89 (other inflammatory disorders of the vagina) with R87.62 (abnormal results from vaginal cytological exam), D07.2 (vaginal intraepithelial neoplasia), R87.623 (HGSIL of vagina), N76.XX (inflammation of the vagina), N95.2 (senile [atrophic] vaginitis) or A59.00 (trichomonal leukorrhea)
    - - N89 has an Excludes1 note for R87.62, D07.2, R87.623, N76.XX, N95.2, D07.2 and A59.00

Finally, if you believe an Excludes1 note denial should be reviewed, please follow the normal claims dispute process and include medical records that support the usage of the diagnosis combination when submitting claims for consideration.

URL: https://providernews.anthem.com/nevada/article/claim-editing-update-for-excludes1-notes-3

Claims requiring additional documentation facility reimbursement policy update

Published: Sep 1, 2019 - **Policy Updates** / Reimbursement Policies

As we advised you on April 1, 2018 and September 2018 Network Update, in our efforts to improve payment accuracy and reduce post-payment recoveries, beginning with dates of service on or after July 13, 2018, we updated our Claims Requiring Additional Documentation policy to include the following requirement:

- Inpatient stay claims reimbursed at a percent of charge with billed charges above $40,000 require an itemized bill to be submitted with the claim.

We continue to receive claims without the required itemized bill causing the claims to be returned for the itemization. *To help ensure accuracy and eliminate delays in the adjudication of your claims, the itemized bill must be included with qualifying claim submissions*.
For more information about this policy, visit the Administrative, Billing and Reimbursement Policies page on our anthem.com provider website.

In addition, visit our anthem.com provider website to view the instructions on how to submit your itemized bill to Anthem.

URL: https://providernews.anthem.com/nevada/article/claims-requiring-additional-documentation-facility-reimbursement-policy-update-9

Coming soon: electronic attachments

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

Category: Medicare

As we prepare for the potential regulatory-proposed standards for electronic attachments, Anthem Blue Cross and Blue Shield (Anthem) will be implementing X12 275 electronic attachment transactions (version 5010) for claims.

Standard electronic attachments will bring value to you by eliminating the need for mailing paper records and reducing processing time overall.

Anthem and Availity will pilot electronic data interchange batch electronic attachments with previously selected providers. Both solicited and unsolicited attachments will be included in our pilots.

Attachment types

- Solicited attachments: The provider sends a claim and the payer determines there is not enough information to process the claim. The payer will then send the provider a request for additional information (currently done via letter). The provider can then send the solicited attachment transaction, with the documentation requested, to process the claim.

- Unsolicited attachment: When the provider knows that the payer requires additional information to process the claim, the provider will then send the X12 837 claim with the Paper Work Included segment tracking number. Then, the provider will send the X12 275 attachment transaction with the additional information and include the tracking number that was sent on the claim for matching.

What you can do

As we prepare for this change, you can help now by having conversations with your clearinghouse and/or electronic healthcare records vendor to determine their ability to set up the X12 275 attachment transaction capabilities.

In addition, you should be on the lookout for additional information and details about working with Anthem and Availity to send attachments via electronic batch.

ABSCRNU-0035-19 July 2019 501704MUPENMUB

URL: https://providernews.anthem.com/nevada/article/coming-soon-electronic-attachments-5

Clinical Criteria updates

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

Category: Medicare

On March 29, 2019, April 12, 2019 and May 1, 2019, the Pharmacy and Therapeutic (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 website (www.anthem.com/medicareprovider), and the effective dates will be reflected in the *Clinical Criteria Q2 update*. Visit *Clinical Criteria* to search for specific policies.

For questions or additional information, use this email.

ABSCRNU-0044-19 July 2019 501734MUPENMUB

URL: https://providernews.anthem.com/nevada/article/clinical-criteria-updates-13

Customizations to the 23rd edition of the MCG Care Guidelines

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

Category: Medicare

Effective November 1, 2019, customizations will be implemented for Chemotherapy and Inpatient & Surgical Care (W0162) for adult patients. The customizations provide specific criteria and guidance on the following:

- Clinical indications for admission; examples will also be added for:
  - Aggressive hydration needs that cannot be managed in an infusion center.
  - Prolonged marrow suppression.
- Regimens that cannot be managed outpatient; examples will also be added.

Providers can view a summary of the 23rd edition of the MCG Care Guidelines customizations online by selecting **Customizations to MCG Care Guidelines 23rd Edition**.

ABSCRNU-0047-19 July 2019 502203MUPENMUB

URL: https://providernews.anthem.com/nevada/article/customizations-to-the-23rd-edition-of-the-mcg-care-guidelines-3

Pharmacy benefit manager change to IngenioRx

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

Category: Medicare

Effective January 1, 2020, IngenioRx will become our new pharmacy benefit manager (PBM) and will start managing prescription coverage for your Medicare Advantage individual and group retiree plan patients. IngenioRx PBM services will include handling your patients' prescriptions for mail order and specialty pharmacy medications.

Transferring prescriptions

We will automatically transfer prescriptions to IngenioRx Home Delivery Pharmacy for patients currently using Express Scripts Mail Order Pharmacy. Members will receive instructions for initializing IngenioRx Home Delivery Pharmacy later this year. For patients receiving specialty drugs from Accredo, we will automatically transfer prescriptions to IngenioRx Specialty Pharmacy. Most patients will be able to fill their prescriptions at their same retail pharmacy outlet. If your patient's pharmacy will not be available, we will notify your patient by letter and include a list of three alternative pharmacies near his or her home.

Prescriptions for controlled substances currently being filled at Express Scripts Mail Order Pharmacy or Accredo cannot be transferred to another pharmacy under federal law. Patients currently receiving these medications will need a new prescription sent to IngenioRx Home Delivery Pharmacy or IngenioRx Specialty Pharmacy.

For providers	Then
Who use ePrescribing	There are no changes — Simply select IngenioRx.

Who do not use ePrescribing	You should send your mail order and specialty prescriptions to IngenioRx. IngenioRx will begin accepting prescriptions January 1, 2020. Please consider the days' supply of the prescription when making these requests.
	
	• **IngenioRx Mail Order Pharmacy new prescriptions:**
	  • Phone: **1-833-203-1742**
	  • Fax: **1-800-378-0323**
	
	• **IngenioRx Specialty Pharmacy:**
	  • Prescriber phone: **1-833-262-1726**
	  • Prescriber fax: **1-833-263-2871**

You can confirm whether your patient has transitioned to IngenioRx through the Availity Portal.
Your patient's PBM information can be located in the *Patient Information* section of their patient profile as part of the eligibility and benefits inquiry.

If you have immediate questions, you can contact the Provider Service phone number on the back of your patient's ID card or call the number you normally use for questions.

ABSCRNU-0054-19 July 2019 502140MUPENMUB

URL: https://providernews.anthem.com/nevada/article/pharmacy-benefit-manager-change-to-ingeniorx-4

Keep up with Medicare news

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

Category: Medicare

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

- Medicare Advantage Group Retiree PPO plans and National Access Plus FAQ
- Group Retiree members and National Access Plus
- Bill Medicare Part D for shingles or tetanus vaccination claims

75743MUPENMUB

URL: https://providernews.anthem.com/nevada/article/keep-up-with-medicare-news-81

Keep up with Medicaid news

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

Category: Medicaid

Please continue to check Medicaid Provider Communications & Updates at anthem.com/mediproviders for the latest Medicaid information, including:

- Provider payment schedule updates

URL: https://providernews.anthem.com/nevada/article/keep-up-with-medicaid-news-7
