

December 28, 2018

**Re: Change Notification to Provider and Facility Manual effective February 1, 2019**

Dear Participating Provider/Office Manager/Billing Manager:

Anthem Blue Cross and Blue Shield and our subsidiary company, HMO Colorado (Anthem), recently updated our Provider and Facility Manual (“Manual”). **As of today, the new Manual is available online.** Go to [anthem.com](http://anthem.com). Select **Providers**, and **Providers Overview**. Select **Find Resources for Your State**, and pick **Colorado**. From the **Provider Home** page, under the *Communications and Updates* heading, select the **Provider Manual** link, and then select the link titled [Provider and Facility Manual: February 1, 2019](#). Please note that the Manual is available in a PDF version for ease of printing, but we encourage you to view online or only print individual sections to help conserve paper.

*\* According to § 25-37-104 of the Colorado Revised Statutes (aka SB 79). For providers not subject to this regulation, all changes referenced in this letter still apply and this will still serve as a notification of changes to our Provider Manual.*

All updates to the Manual are considered minor and immaterial changes.

**Provider and Facility Manual** – Updated sections include the following:


- **Legal and Administrative Requirements Overview**
  - Updated *Coordination of Benefits* subsection for consistency with our corporate policy.
  - Added new subsection titled *Financial Institution/Merchant Fees*.
  - Added new subsection titled *Member Satisfaction Survey/Feedback – Pain Treatment*
  - Moved subsection titled *Network Adequacy*. Previously included as subsection under **Provider Complaint and Dispute Resolutions (Appeals) Process** section. Content updated to reflect current Network Adequacy standards.
- **Directory of Services/Provider Resource Information**
  - *Provider Communications/Notifications and Provider Newsletters* subsection was updated to reflect changes for our new provider communications/newsletter template being used since September 1, 2018.
  - Removed the following subsections:
    - *Online Provider Directory*
    - *Provider File and Online Directory Management*
    - *Provider Maintenance Form*
    - *New Provider Application Form*
  - Added new subsection titled *Online Provider Directories and Demographic Data Integrity*.
- **Availity Portal**
  - Updated information regarding Anthem specific functionality on Availity, and how to access available training opportunities.
  - Removed old references to ProviderAccess as it has since retired.
- **Claims Submission**
  - *Claims Submission Filing Tips* subsection
    - Revamped this section to enhance the information for claim and adjustment filing.
  - Updated content under *Electronic Data Interchange (“EDI”) Overview* subsection, and added Electronic Funds Transfer information via CAQH EnrollHub.
  - Updated *Overpayments* subsection.

- Moved *Voluntary Refund Procedure* subsection to the Claims Submission section. Previously included in the Billing and Reimbursement Guidelines section.
- **Billing and Reimbursement Guidelines**
  - Added *Reimbursement Policies are available online* subsection which includes language and navigation instructions for accessing our reimbursement policies posted online.
    - Since the posting of Facility Reimbursement Policies online is new since the last revision of the Provider Manual, any policies that are currently available online have been removed from the Provider Manual.
  - Removed Coordination of Benefits/Subrogation subsection, as we have since added a Coordination of Benefits subsection under the **Legal and Administrative Requirements Overview** section.
  - *Voluntary Refund Procedure* subsection has been moved to the Claims Submission section.
  - Minor wording changes throughout this section.
- **Medical Policies and Clinical Utilization Management (“UM”) Guidelines**
  - Wording changes to reflect current *ADMIN.00001 Medical Policy Formation* policy.
- **Utilization Management**
  - *UM Definitions* subsection moved to the beginning of this section.
  - *Preservice Review & Continued Stay Review* subsection updated with minor wording changes.
  - *Failure to Comply with Utilization Management Program* subsection was updated to be consistent with the policy change previously communicated to providers on [October 1, 2017](#) titled Important Information about Provider Reimbursement Penalties.
  - Updated the *Reversals* subsection
- **AIM Specialty Health® (AIM)**
  - New section outlining information on AIM tools and clinical solutions.
- **Credentialing**
  - Added new subsection titled *Anthem’s Discretion*.
  - Under the *Credentialing Scope* subsection,
    - added Registered Dietitians to health care practitioners that require credentialing
    - removed the following from HDOs that require credentialing
      - Convenient Care Center/Retail Health Clinic/Walk-In Clinics
      - Intermediate Care Facilities
      - Urgent Care Centers
      - Federally Qualified Health Centers (“FQHC”)
      - Rural Health Clinics
    - *added certification requirements for HDOs that do not require credentialing*
    - Updated confidentiality, notification rights, non-discrimination and appeals language for further clarification
  - Updated board certifications, exceptions for DEAs and additional certifications boards for NPs
  - Other non-material wording changes throughout this section for consistency with our corporate Credentialing policy.
- **Quality Improvement Program**
  - Updated *Patient Safety* subsection
  - Other non-material wording changes throughout this section for consistency with our corporate Quality Improvement Program.
- **Multicultural Health**
  - Renamed this section. Previously titled: **Cultural Diversity**
  - Subsections updated for consistency with programs offered including; Anthem Innovation, Medication Adherence, and MyDiverse Patients.com.

- **Centers of Medical Excellence**
  - Removed *Complex and Rare Cancers* subsection
  - Added *Cancer Care* and *Ventricular Assist Devices* subsections
  - Minor wording changes and updated statistics to this section for consistency with our corporate Centers of Medical Excellence Program.
- **Provider Complaint and Dispute Resolution (Appeals) Process**
  - Moved subsection titled *Network Adequacy* to the **Legal and Administrative Requirements Overview**.
- **Federal Employees Health Benefits Program**
  - New subsection titled *FEHBP Inpatient Skilled Nursing Facility Care* to provide direction to the Provider regarding these services.
- **BlueCard Overview**
  - New version of [BlueCard Provider Manual](#) updated online.
- **Fraud, Waste and Abuse Detection**
  - Updated this section to include definitions
  - Added subsections titled *Investigation Process* and *Recoupments/Offset/Adjustments for Overpayments*.
  - Minor wording changes to this section for consistency with our corporate Fraud, Waste and Abuse Detection program.
- **Pharmacy Home Program**
  - New section.
- **Other Changes:** We made minor and immaterial changes, throughout the Manual. Including change of term “Covered Individual” to “Member”.

If you have questions about any of the information referenced above, please feel free to contact your Provider Solutions Contract Manager. Thank you for your continued participation in our network.

Sincerely,



Janet Pogar  
RVP, Provider Solutions  
Anthem Blue Cross and Blue Shield