

## New 2019 Health Care Plan information for all Colorado PERA Retirees – Updated

Anthem Blue Cross and Blue Shield (Anthem) would like to provide new 2019 health plan information for **Colorado Public Employee' Retiree Associations (PERA)** approximately 32,000 retirees. These changes include the retirees with the current Anthem Medicare Supplement plans, as well as those retirees currently on the United Medicare Advantage plans and Rocky Mountain Medicare Advantage HMO plans; all of which will be transitioning to the new Anthem Medicare Advantage PPO plans in 2019.

### **Anthem Medicare Preferred (PPO) Network**

**PERA** retirees have a health care plan which accesses the Anthem Medicare Preferred (PPO) network. The network name on the card will indicate Anthem Medicare Preferred (PPO).

Eligibility and Benefit specifics can be accessed through the Availity portal at [availity.com](http://availity.com), or by contacting the Customer Service number on the back of the Member ID card.

*If you have existing PERA retirees as your patients, their plans will change in 2019 as they become be a member of Anthem Blue Cross and Blue Shield's **Medicare Advantage PPO plan with the National Access Plus benefit.***

### **National Access Plus benefit: Out-of-network benefits the same as In-Network Benefits**

The **National Access Plus** benefit gives PERA retirees access to **see any doctor that accepts Medicare**. The “plus” in the **National Access Plus** benefit means these members' copay or coinsurance percentage will be the same whether his/her provider is in or out of our Anthem Medicare Preferred (PPO) network. **Locally or nationwide, doctors or hospitals, in- or out-of-network—the member's cost share doesn't change.**

***We encourage you to participate in the Anthem Medicare Preferred (PPO) network, but this plan can help you continue seeing your patients even if you aren't part of our network.***

- Members have the freedom of receiving services from either network or non-network providers **as long as the provider is eligible to receive payments from Medicare.**
- If you're not currently part of our Anthem network, **no contract is required to see PPO members with a Medicare Advantage plan.**
- Our Medicare Advantage PPO plans covers everything Original Medicare covers and more.
- Patients are not required to obtain a referral before they see a provider.

### **Advantages of being an In-Network Provider**

While members with the **Medicare Advantage PPO plan with the National Access Plus benefit** have out-of-network benefits that are the same as in-network benefits, there are still advantages of being contracted with Anthem.

- You will be listed in our online provider directory
- Less confusion for your members

**How to verify your network participation status in the Anthem Medicare Preferred (PPO) network**

Request a customized “Networks at a Glance” document for your practice. Anthem has created a customizable Networks at a Glance document to make doing business with us easier, and help ensure Provider’s staff can easily identify the networks for which they participate. This document include all of our networks in Colorado which has been updated to include the Anthem Medicare Preferred (PPO) network.

To request a copy, please email our **Provider Relations Team** at [COProviderRelations@anthem.com](mailto:COProviderRelations@anthem.com) with your **NPI** indicating “**Customized Networks at a Glance request**” in the email subject line.

**How we pay**

- **Billing and reimbursement** is easy — submit one bill and you’ll receive one payment.
- **The terms of your agreement** apply if you’re in the Anthem Medicare Preferred (PPO) network. If you’re not in our network, we encourage you to join.
- **Medicare allowable rates are paid to providers for covered services**, less the members’ copayment, coinsurance and/or deductible. The copayment and/or coinsurance will be listed on your patient’s Medicare Advantage ID card.

**Accessing the Anthem Medicare Preferred (PPO) network in our online directory**

To search the **Anthem Medicare Preferred (PPO)** network on our online directory:

- Go to **anthem.com**, and select **Providers**, then **Providers Overview**
- Select **Find Resources for Your State**, then pick **Colorado**
- From the *Provider Home* tab, select the blue box titled **Find a Doctor** to search our online Provider Directory
- *Search as a Member* by utilizing the Member’s ID number including the three-character prefix, or
- *Search as a Guest*, and select **Search by Selecting a Plan or Network**
- Under type of care, select **medical**
- Select **Colorado** as your state
- Under “Select a plan/network”, from the drop down menu, under the **Medicare** heading, choose “**Anthem Medicare Preferred (PPO)**”
- Complete the search requirements

**Open Enrollment for PERA retirees for Medicare Enrollees (Age 65+)**

- October 1 – November 8, 2018
- **Auto enrolled, unless opt out**

<b>2018 Plan</b>	<b>2019 Anthem MA PPO Plan for PERA Retirees</b>
Anthem Medicare Supplement #1	Anthem MA #1
Anthem Medicare Supplement #2	Anthem MA #2
Anthem Medicare Supplement #3	Anthem MA #2
Rocky Mountain Health Plans	Anthem MA #2
UnitedHealthCare	Anthem MA #2

**Identifying PERA retirees tied to the Anthem Medicare Preferred (PPO) network**

PERA retirees accessing the **Anthem Medicare Preferred (PPO)** network will be identified by the following and included on their member ID cards:

- **CBH** as the three-character prefix on Member ID cards (*the 3 characters at the beginning of their ID number*).
- **PERA logo**



- **National Access Plus icon**



Three-Character Prefix	Health Benefits Plan Option	Product Type	Network Name (On Member ID cards)
CBH	Anthem MA #1	Medicare Advantage PPO	<b>Anthem Medicare Preferred (PPO)</b>
CBH	Anthem MA #2	Medicare Advantage PPO	<b>Anthem Medicare Preferred (PPO)</b>

**Sample Member ID Card for PERA retirees accessing the Anthem Medicare Preferred PPO network**

(Please note the Member ID card below is just a sample. Member ID cards are generated based on the Health Benefit Plan option selected, and sent to members prior to the effective date.)

**Anthem MA #1 sample**

**Anthem** Anthem Medicare Preferred (PPO) **COLORADO PERA**

Member ID:

Group: **COEGR000** Office Visit Copay: **\$0**  
 Part B RX BIN: **003858** Specialist Visit Copay: **\$0**  
 Part B RX PCN: **A4** Emergency Room Copay: **\$50**  
 Issuer ID (80840): **9101000302** Preventive Copay: **\$0**  
 Part B RX Group ID: **WM3A**

CMS H4909-805

**MA PPO**

**Anthem** [anthem.com/peracare](http://anthem.com/peracare)

Member Services: **1-833-244-3888**  
 TDD/TTY: **711**  
 24/7 NurseLine: **1-800-700-9184**  
 Provider Services: **1-833-244-3888**

Providers: Do not bill Medicare. Submit paper and electronic claims to your local Blue Cross/Blue Shield Plan. Include the 3-digit alpha prefix that precedes the patient ID number listed on the front of this card. Medicare limiting charges apply.  
 Members: Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for a complete description of coverage.  
 Possession of this card does not guarantee eligibility for benefits.  
 Medical Claims & Inquiries: P.O. Box 5747, Denver, CO 80217

Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Independent licensees of the Blue Cross and Blue Shield Association.

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**Anthem MA #1 sample**

**Anthem** Anthem Medicare Preferred (PPO) **COLORADO PERA**

Member ID:

Group: **COEGR000** Office Visit Copay: **\$20**  
 Part B RX BIN: **003858** Specialist Visit Copay: **\$30**  
 Part B RX PCN: **A4** Emergency Room Copay: **\$65**  
 Issuer ID (80840): **9101000302** Preventive Copay: **\$0**  
 Part B RX Group ID: **WM3A**

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## **Prior Authorization Process overview**

- Prior Authorization is required for In-Network Providers
- Prior Authorization list is available online, on both our public website as well as Availity
- Prior Authorization can be obtained the following ways:
  - Online – through the **Interactive Care Reviewer** tool on Availity at Availity.com
  - Fax – 1-866-959-1537
  - Phone – 1-833-244-3888

## **Prior Authorization List**

### **To access from our public website:**

- Go to **Anthem.com**
- Select **Providers**, and **Provider Overview**
- From the **Medical Policy, Clinical UM Guidelines, and Pre-Cert Requirement tout** (blue box on left side), select **enter**
- Select [Pre-Certification / Pre-Authorization Requirements \(Medicare Advantage\)\\*](#)
- Next, select [2019 Precertification Requirements](#)

### **To access from the Availity portal:**

- Go to **Availity.com**
- Log in with your **User Name** and **Password**
- Select **Payer Spaces**, and the **Anthem** tile
- Select **Applications**
- Then select **Precertification Look Up Tool** (aka PLUTO)
- For Line of Business, select **Anthem Medicare Advantage** from the drop down options
- Enter the **CPT/HCPCS code** for your inquiry
- Press **Submit**

**Note:** The results page from the **Precertification Look Up Tool** will indicate whether or not pre-certification is required for the CPT/HCPCS code entered.

## **How to obtain a Prior Authorization Request**

### **To access Online option:**

- Go to **Availity.com**
- Log in with your **User Name** and **Password**
- Select **Payer Spaces**, and the **Anthem** tile
- Under the *Patient Registration* tab, select **Authorizations & Referrals** to access our **Interactive Care Reviewer** tool

**Note:** For additional information on the online option, visit our Interactive Care Reviewer (ICR) resources page:

- Go to **anthem.com**
- Select the **Providers** and **Providers Overview**
- Select **Find Resources for Your State**, and pick **Colorado**.
- From the **Provider Home** page, select the link titled **UM Authorization Requests through Interactive Care Reviewer**

**To access Fax option:**

- Go to **Anthem.com**
- Select **Providers**, and if prompted, select **Colorado** as your state
- Under the *Provider Resources* heading, select **Forms**
- Select [Medicare Advantage General Precert Form](#)

**Note:** If using the faxing option, complete the form and fax to 1-866-959-1537

**Submitting claims for PERA retirees**

- Providers should submit claims to Anthem Blue Cross and Blue Shield, not Medicare
- Providers can submit electronically using the same electronic payer ID use for your other Anthem members.
- The patient's copayment and/or coinsurance amount will be noted on their ID card.

**Provider questions regarding PERA retirees**

You only have to call one number to get the answers you need, whether claims, electronic payer ID, member eligibility, copay or coinsurance amounts, or any other questions.

*After January 1, 2019 please contact the PERA post-enrollment number: **1-833-244-3888** M-F 8am – 9pm ET, except holiday.*

Anthem is dedicated to providing excellent customer service for **PERA** retirees and their providers and we look forward to continuing a successful relationship. We appreciate this opportunity to assist you.

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