Today, we will cover...

- Who we are
- Anthem Medicaid membership
- Member eligibility
- Anthem Medicaid ID card
- Behavioral Health provider network
- Required Medicaid number
- Provider enrollment
- Provider enrollment for BHSO & MSG
- Credentialing process
- Anthem provider website/registration
- Precertification lookup
- Behavioral Health precertification guidelines
- Updating your information
- Billing guidance
- Claim submission
- Electronic payment services
- Grievances and appeals
- Key provider responsibilities
- Cultural Competency
- Translation services
- National vendors
- Laboratory services
- Pharmacy program
- Disease management
- Quality management
- Provider support
- Key Anthem contacts
Who we are

As a leader in managed health care services for the public sector, Anthem Blue Cross and Blue Shield Medicaid (Anthem) helps low-income families, children, pregnant women and people with disabilities get the care they need.

We help coordinate physical and behavioral health care, and we offer education, access to care and disease management programs.

What we value and strive to be:

• Accountable
• Caring
• Easy to do business with
• Innovative
• Trustworthy
The Kentucky Cabinet for Health and Family Services (CHFS) awarded Anthem the bid to be one of the contracted Managed Care Organizations (MCOs) for the Affordable Care Act (ACA) Medicaid expansion. As of **July 1, 2015**, this includes all eight regions.
Anthem Medicaid membership

As of January 1, 2014, enrolled membership was comprised of those who were newly eligible through the Affordable Care Act.

As of July 1, 2014, Medicaid through Anthem became a new option for other populations, including Temporary Assistance for Needy Families (TANF) and the Kentucky Children’s Health Insurance Plan (KCHIP) in all regions except Region 3.

As of July 1, 2015, Anthem Medicaid is an option for populations including TANF and KCHIP in Region 3.
Member Eligibility

Medicaid eligibility is determined by the Department for Community Based Services (DCBS) in the county in which the member resides.

- The Department for Medicaid Services (DMS) provides eligibility information to Anthem on a daily basis.
- Eligibility begins on the first day of each calendar month when the member joins.
Kentucky Medicaid ID card

Anthem BlueCross BlueShield

Anthem Identification Number
PCP Name
PCP Phone
Medicaid ID

BC/BS Plan 162
RxGroup WKVA
RxBin 003658
RxPCN MA

Providers: Please submit claims to your local BCBBS plan. To ensure proper claims processing, please include the three-digit alpha prefix that precedes the patient's identification number listed on the front of this card.

Claims Filing Address:
P. O. Box 61010
Virginia Beach, VA 23466-1010

www.anthem.com/kymedicaid

Member Services: 1-855-690-7784
Provider Services: 1-855-690-7784
TDD (Hearing Impaired): 1-800-855-2880
24/7 Nurse Line/Care On Call: 1-866-864-2544
Mental Health Services: 1-855-690-7784
Rx Services: 1-800-770-2809
Authorization: 1-855-690-7784
eyeQuest* 1-855-343-7405
DentaQuest* 1-855-343-7405

*Contracts directly with group

Anthem Blue Cross and Blue Shield Medicaid
13550 Triton Park Blvd.
Louisville, KY 40223

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.
Anthem Medicaid Behavioral Health provider network

The Medicaid provider network was built by amending the Anthem commercial network agreements to add the Medicaid product and plan requirements.

We have a very comprehensive, statewide network that includes 1,626 Behavioral Health providers.

- Psychiatric Hospital 11
- Psychiatric Distinct Part Unit 13
- Psychiatrist 415
- Psychologist 211
- LCSW, LMFT, LPCC 1,258
- Community Mental Health Center 14
In order to be reimbursed for providing services covered by Medicaid, providers are required to have an active Medicaid ID number in Kentucky, current NPI number and completed CAQH application for Anthem credentialing.

If a potential provider does not have a Medicaid ID number assigned, the health plan will work with the provider and the state to complete the necessary paperwork and assist the provider with obtaining a Medicaid ID number.

Forms are available on the Kentucky DMS website at http://chfs.ky.gov/dms/provEnr/Forms.htm
Anthem Medicaid provider enrollment for BHSO & MSG

Enrollment process:

• Contact Provider Relations at kyproviderrelationsmedicaid@anthem.com to request enrollment information

• Complete Provider Information form

• Enrollment packet will be sent via email. The packet will include a detailed cover letter and contract documents

• Our credentialing process typically takes 60 days
Credentialing will follow the existing Anthem process in Kentucky.

Some providers who were not previously required to be credentialed may need to be credentialed under the Medicaid program.

Please notify us if you have any changes in licensure, demographics or participation status.

In order to participate in the Medicaid program, providers must have a Medicaid ID for Kentucky.
The provider website is available to all providers, regardless of participation status. Registration is required to perform many key transactions.

- Separate and distinct from existing MyAnthem registration
- Anthem Medicaid ID is required for registration

www.anthem.com/kymedicaiddoc
Registration and login are not required for access.

Key tools include:
- Claim forms
- Precertification Lookup Tool
- Provider manual
- Clinical practice guidelines
- News and announcements
- Provider directory
- Fraud, waste and abuse information
- Formulary
Registration and login are required for access. Note: Medicaid ID required for registration.

Key tools include:
- Precertification submission
- Precertification status lookup
- Pharmacy precertification
- PCP panel listings
- Member eligibility*
- Claim status*

*Some functionality will be accessed via the Availity provider portal.
Submit precertification requests through our provider website, via fax or by calling Provider Services.

Check the status of your request on the website or by calling Provider Services.

Behavioral Health Precertification Requirements

- Electroconvulsive therapy (ECT)
- Psychological testing
- Psychological testing, administered by a technician
- Psychological testing, administered by a computer
- Neurobehavioral status exam (clinical)
- Neuropsych testing
- Neuropsych testing, administered by a technician
- Neuropsych testing, administered by a computer
- Inpatient professional: initial hospital care (30/50/70 min.)
- Inpatient professional: subsequent hospital care: (30/50/70 min)
- Assertive community treatment; monthly
- Inpatient professional: observation or inpatient hospital care (low/moderate/high complexity)
- Inpatient professional: hospital discharge day management (less than/more than 30 min)
- Inpatient professional: initial hospital evaluation (20/40/55/80/110 min)
Behavioral Health Precertification Requirements

- Mental health intensive outpatient program
- Alcohol and/or drug services: sub-acute detoxification (inpatient residential addiction program)
- Alcohol and/or drug services: intensive outpatient treatment, per diem
- Behavioral health, long term or short term residential, per diem
- Mental health partial hospitalization
- Behavioral health day treatment, per hour
- Therapeutic behavioral services
- Comprehensive community support, per 15 minutes
- Community support services: professional, paraprofessional and parent-to-parent
- Inpatient mental health
- Inpatient medical detoxification
- Psychiatric residential treatment facility (Level 1)
- Therapeutic foster care
Behavioral Health Precertification Requirements

- Intensive outpatient psychiatric service, per diem
- Alcohol and/or substance abuse services, skills development
- Children’s day treatment
- Targeted case management, (each 15 minutes)
- Targeted case management, SMI
- Targeted case management, substance use
- Targeted case management, complex
- Targeted case management, SED
Key changes can be requested directly on the provider website:

- Change practice name
- Add or update site, billing/remit, email address, phone or fax number
- Tax ID changes: new signed contract will be required
- Provider name changes
- Add or term provider
- Add NPI, or Medicare numbers
- Initiate the Council for Affordable Quality Healthcare (CAQH) numbers for new providers

www.anthem.com/home-providers.html
Claims Submission

• There are several ways to submit Medicaid claims to Anthem
  – Availity
    www.availity.com
  – Electronically
    Professional Payer
    ID:00660
    Institutional Payer
    ID:00160
  – Paper Submission
    Kentucky Claims
    Anthem Blue Cross and Blue Shield
    P.O. Box 61010
    Virginia Beach, VA 23466-61010

* Filing limit: 180 days from the date of service unless otherwise stated in contract
Rejected vs. Denied Claims

There are two types of notices you may get in response to your claim submission — rejected or denied.

You can find claims status information on the website or by calling Provider Services at 1-855-661-2028.

Should you need to appeal a claim decision, please submit a copy of the explanation of payment, letter of explanation and supporting documentation.

Rejected
Does not enter the adjudication system due to missing or incorrect information

Denied
Goes through the adjudication process but is denied for payment
Electronic Payment Services

If you sign up for electronic funds transfer (EFT) and electronic remittance advice (ERA), you can:

• Start receiving ERAs and import the information directly into your patient management or patient accounting system
• Route EFTs to the bank account of your choice
• Create your own custom reports within your office
• Access reports 24 hours a day, 7 days a week

Where to enroll, update or change

EFT & ERA (both) or EFT Only

solutions.caqh.org/bpas/Default.aspx

ERA Only

www.anthem.com/edi/

Electronic Data Interchange (EDI) Hotline
1-800-590-5745
Billing Guidance - Modifiers

- Professional services provided by licensed or non-licensed practitioners billing must submit claims with the license-level modifier that represents the rendering provider’s license level. Additionally, the appropriate National Provider Identifier (NPI) number must be documented in the applicable fields on the CMS-1500 form:
  - For licensed practitioners, the individual NPI should be entered into box 24J on the CMS-1500 form.
  - For non-licensed practitioners, the CMHC NPI should be entered into box 24J of the CMS-1500 form.

<table>
<thead>
<tr>
<th>Degree/Licensure</th>
<th>HIPAA Modifier</th>
<th>Degree/Licensure</th>
<th>HIPAA Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrist</td>
<td>AF</td>
<td>Community Support Staff Member</td>
<td>UC</td>
</tr>
<tr>
<td>Advanced Registered Nurse Practitioner (APRN)</td>
<td>SA</td>
<td>Psychiatric Resident</td>
<td>U3</td>
</tr>
<tr>
<td>Certified Social Worker (CSW)</td>
<td>U4</td>
<td>Peer Counselor</td>
<td>U7</td>
</tr>
<tr>
<td>Professional Equivalent</td>
<td>HN</td>
<td>Psychiatric Registered Nurse</td>
<td>U2</td>
</tr>
<tr>
<td>Licensed Professional Counselor Associate (LPCA)</td>
<td>U4</td>
<td>Licensed Clinical Social Worker (LCSW)</td>
<td>AJ</td>
</tr>
<tr>
<td>Certified Prevention Professional</td>
<td>HM</td>
<td>Registered Nurse AD, BSN or Diploma degree</td>
<td>TD</td>
</tr>
<tr>
<td>Certified Psychological Assoc.</td>
<td>U8</td>
<td>Physician</td>
<td>AM</td>
</tr>
<tr>
<td>Marriage and Family Therapist Associate (MFTA)</td>
<td>U4</td>
<td>Mental Health Associate (MHA)</td>
<td>U5</td>
</tr>
<tr>
<td>Licensed Marriage &amp; Family Therapist (LMFT)</td>
<td>HO</td>
<td>Physician Assistant (PA)</td>
<td>U1</td>
</tr>
<tr>
<td>Licensed Psychological Practitioner (LPP)</td>
<td>U8</td>
<td>Psychologist</td>
<td>AH</td>
</tr>
<tr>
<td>Licensed Professional Clinical Counselor (LPCC)</td>
<td>HO</td>
<td>Certified Alcohol &amp; Drug Counselor (CADC)</td>
<td>U6</td>
</tr>
<tr>
<td>Certified Professional Art Therapist (ATR-BC)</td>
<td>HO</td>
<td>Registered Nurse with BS degree (RN)</td>
<td>TD</td>
</tr>
<tr>
<td>Licensed Professional Art Therapist Associate (LPATA)</td>
<td>U4</td>
<td>Licensed Associate Behavior Analyst (LABA)</td>
<td>U4</td>
</tr>
<tr>
<td>Licensed Behavior Analyst (LBA)</td>
<td>HO</td>
<td>Per diem</td>
<td>U9</td>
</tr>
</tbody>
</table>
Billing Guidance

• For licensed practitioner billing, enter the licensed practitioner’s NPI number in the lower unshaded portion of Item 24J.
• For non-licensed practitioner billing, enter the CMHC NPI or Group NPI number in the lower unshaded portion of Item 24J.
• Enter the NPI of the referring, ordering or supervising provider listed in Item 17.
• Enter the name of the practitioner if billing for the licensed practitioner in Item 31.
• Enter the CMHC or Group name if billing for the non-licensed practitioner in Item 31.
• Enter the NPI of the Service Facility Location where the services were provided in Item 32a.
• Enter the NPI of the provider’s billing office location in Item 33a. This is a required field.
• Visit www.nucc.org to access the CMS-1500.
HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 2012

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>MEDEX</td>
</tr>
<tr>
<td>2.</td>
<td>PATIENT’S NAME</td>
</tr>
<tr>
<td>3.</td>
<td>PATIENT’S DATE OF BIRTH</td>
</tr>
<tr>
<td>4.</td>
<td>GENDER</td>
</tr>
<tr>
<td>5.</td>
<td>PATIENT’S ADDRESS (P.O. Box)</td>
</tr>
<tr>
<td>6.</td>
<td>CITY</td>
</tr>
<tr>
<td>7.</td>
<td>STATE</td>
</tr>
<tr>
<td>8.</td>
<td>ZIP CODE</td>
</tr>
<tr>
<td>9.</td>
<td>TELEPHONE</td>
</tr>
<tr>
<td>10.</td>
<td>OTHER INSURED’S NAME</td>
</tr>
<tr>
<td>11.</td>
<td>INSURED’S POLICY GROUP OR FECA NUMBER</td>
</tr>
<tr>
<td>12.</td>
<td>INSURED’S DATE OF BIRTH</td>
</tr>
<tr>
<td>13.</td>
<td>INSURED’S SEX</td>
</tr>
<tr>
<td>14.</td>
<td>INSURED’S POLICY PATHWAY</td>
</tr>
<tr>
<td>15.</td>
<td>INSURED’S POLICY GROUP OR FECA NUMBER</td>
</tr>
<tr>
<td>16.</td>
<td>INSURED’S DATE OF BIRTH</td>
</tr>
<tr>
<td>17.</td>
<td>INSURED’S SEX</td>
</tr>
</tbody>
</table>

Deadline for submission of CMS 1500 Form:

- Original or Corrected Claims: 110 days from the date of service
- Corrected Claims: 110 days from the date of the original claim

Other information:

- If the claim is denied, the provider is required to resubmit the claim with the additional information specified in the denial notice.
- Claims that are submitted without a Medicare or Medicaid identification number will be returned to the provider for correction.

Provider instructions:

- Providers are required to submit claims electronically to the designated clearinghouse.
- Claims that are submitted electronically must conform to the electronic transactions standards established by the Health Insurance Portability and Accountability Act (HIPAA).

Please review the complete instruction manual at www.nucc.org for further details and guidelines.
CMS-1500 Form & UB04 Taxonomy Code Requirements

- Anthem KY Medicaid requires that all providers submit claims with the rendering and billing provider taxonomy code.
  - The rendering and billing provider taxonomy must be included on the claim and must match the taxonomy associated with your Kentucky Medicaid identification number. If it is not listed, the claim will be denied. This applies to both paper and electronic claims.
  - To submit or change your NPI and taxonomy code to the Kentucky Department for Medicaid Services Provider Enrollment, you should submit one of the following documents:
    1. Fox System Verification letter.
    2. Fox System Verification email.
    3. NPPES Registry printout.
- The taxonomy associated with the NPI should be clearly printed or handwritten on the document. All associated taxonomy code(s) should also be clearly printed or handwritten on the document. Submit the documents to the following:
  
  Mail: Kentucky Department for Medicaid Services
  Provider Enrollment
  PO Box 2110
  Frankfort, KY 40602

- To verify your NPI or taxonomy code(s), contact Kentucky Department for Medicaid Services at:
  Email: program.integrity@ky.gov
  Phone: 1-877-838-5085
Billing Guidance - Taxonomy

Requirements:

• Professional (CMS-1500)
  – Billing Taxonomy
• Paper claims, place in box 33b proceeded with the ZZ qualifier for the billing level.
• Electronic claims, Loop 2000A, Segment PRV.
  – Rendering Taxonomy
• Paper claim, place in the shaded portion in box 24J.
• Electronic claims, Loop 2310B, Segment PRV.
• Electronic, service line, Loop 2420A, Segment PRV.
• Institutional (UB04)
  – Billing Taxonomy
• Paper claim, box 57.
• Electronic claim, Loop 2000A, Segment PRV.
  – Rendering
Grievances & Appeals

• Separate and distinct appeal processes are in place for our members and providers, depending on the services denied or terminated.

• Please refer to the denial letter issued to determine the correct appeals process.

• Appeals of medical necessity & administrative denials must be filed within 30 calendar days of the postmark date of Anthem Medicaid’s denial notification.

• Mail appeals to:
  Central Appeals Processing
  Anthem Blue Cross and Blue Shield
  P.O. Box 61599
  Virginia Beach, VA 23429
Key Provider Responsibilities

• No discrimination against members with mental, developmental and physical disabilities - Comply with ADA standards
• Notification of changes - Billing address, etc.
• Advance directive - Understand and educate members
• Medical records - Comply with HIPAA requirements and recordkeeping standards
• Identification of behavioral health needs
• Fraud, waste and abuse - document and bill accurately
• Access standards - Wheelchair accessibility
• Appointment availability and after-hours access
Key Considerations

Anthem complying with DMS Guidelines provided in State Plan Amendment (13-022)

Approved Provider Types and associated services each provider type may provide


Anthem encourages providers to be familiar with State Plan Amendment on what services each provider type can provide
Key Considerations

When considering service provision – suggest to ask yourself:

* Is it legal?
* Is it ethical?
* Is it within DMS guidelines?
* Is it compliant with Anthem processes?
* What is in contract, following appropriate billing guidelines, etc.
Anthem encourages individual providers to comply with all guidelines and regulations of respective Boards of Licensure

- Billing guidelines. Example: KY BSW 201 KAR 23:080. Code of ethical conduct Section 8

- Scope of practice

- Applicable notifications to members of licensure levels, etc. Example:

  KY BSW: Notice to Client. If an employee is practicing under the supervision of a licensed clinical social worker, the employee shall notify in writing each client during the period of the supervision. The notification shall contain: (1) The name, office address, telephone number, and license number of the supervisor of record; and (2) a statement that the employee is licensed by the board.
Cultural Competency

We expect our providers and their staff to gain and continually increase in knowledge of and skill with, improved attitudes about and sensitivities to diverse cultures.

This results in effective care and services for all people by taking into account each person’s values, reality conditions and linguistic needs.
Translation Services

- 24 hours a day
- 7 days a week
- Over 170 languages
- **In-person translations** - Case Management 1-855-661-2027
- **Telephonic translation** - Provider Services 1-855-661-2028
National Vendors

Dental
• DentaQuest
  • 1-800-508-6787
  • http://dentaquestgov.com

Vision
• eyeQuest
  • 1-888-696-9551
  • www.eye-quest.com

Pharmacy
• Express Scripts
  • 1-855-661-2028
Laboratory Services

Notification or precertification is not required if lab work is performed in a physician’s office or participating hospital outpatient department (if applicable) or by one of our preferred lab vendors.

Testing sites MUST have CLIA certificate or a waiver.
Pharmacy Program

The Preferred Drug List (PDL) and formulary are available on our website.

Prior authorization is required for:

• Non-formulary drug requests
• Brand-name medications when generics are available
• High-cost injectable and specialty drugs
• Any other drugs identified in the formulary as needing prior authorization

*Note: This list is not all-inclusive and is subject to change.
We offer programs for members living with:

- Asthma
- Bipolar disorder
- Congestive heart failure
- COPD
- Coronary artery disease
- Diabetes
- HIV/AIDS
- Hypertension
- Major depressive disorder
- Obesity
- Schizophrenia
- Substance Abuse
- Transplants

To refer members call 1-855-661-2028.
Quality Management

Our Quality Management team continually analyzes provider performance and member outcomes for improvement opportunities.
Behavioral Health Provider Relations:

Andrew B. Fox, MSSW  Provider Network Specialist Behavioral Health
Anthem BlueCross and BlueShield Medicaid
13550 Triton Blvd., Louisville, KY 40223
andrew.fox@anthem.com
## Anthem Medicaid Key Contact Information

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Services</td>
<td>1-855-661-2028</td>
</tr>
<tr>
<td>Member Services</td>
<td>1-855-690-7784</td>
</tr>
<tr>
<td>Nurse Triage Line</td>
<td>1-866-864-2544</td>
</tr>
<tr>
<td>Precertification</td>
<td>1-855-661-2028</td>
</tr>
<tr>
<td>Pharmacy Prior Authorization</td>
<td>1-855-661-2028</td>
</tr>
</tbody>
</table>

**Fax: 1-800-964-3627**

**Fax: 1-855-875-3627**

**Paper Claims Submission:**

- Kentucky Claims
  - Anthem Blue Cross and Blue Shield Medicaid
  - P.O. Box 6010
  - Virginia Beach, VA 23466-6010

**Electronic Claims Submission:**

- Professional Payer ID: 00660
- Institutional Payer ID: 00160

**Website:** [www.anthem.com/kymedicaiddoc](http://www.anthem.com/kymedicaiddoc)
Thank you!