Anthem. HealthKeepers Plus
Offered by HealthKeepers, Inc.

Authorization Guide

Authorization occurred **prior to** November 1, 2013 Date Of Service (DOS) occurred **prior to** November 1, 2013	
What phone number do I call for assistance?	Call our Provider Services team at 1-800-901-0020.
Where can I find authorization information on the provider website?	Login to Point of Care (POC) to check authorizations prior to November 1, 2013.
What is the prefix for my authorization number?	Use prefix 7134.
Did my authorization number change after November 1?	The authorization number will change only if the authorization spans the November 1, 2013 date.
How do I check member eligibility?	Login to Point of Care (POC) to check eligibility prior to November 1, 2013 or call 800-901-0020.
Authorization occurred **prior to** November 1, 2013 Date Of Service (DOS) occurred **on or after** November 1, 2013	
What phone number do I call for assistance?	Call our Provider Services team at 1-800-901-0020
Where can I find authorization information on the provider website?	Visit the Point of Care (POC) website and select the link titled Anthem Virginia Medicaid to check and request authorizations, view eligibility and more.
What is the prefix for my authorization number?	Authorizations transferred from our previous system will start with HK.
Did my authorization number change after November 1?	Your authorization number will change only if the authorization was transferred from the previous system.
How do I check member eligibility?	From the Point of Care (POC) website, select the Anthem Virginia Medicaid link to view eligibility or call 800-901-0020.
Authorization occurred **on or after** November 1, 2013 Date Of Service (DOS) occurred **on or after** November 1, 2013	
What phone number do I call for assistance?	Call our Provider Services team at 1-800-901-0020
Where can I find authorization information on the provider website?	Visit the Point of Care (POC) website and select the link titled Anthem Virginia Medicaid to check and request authorizations, view eligibility and more.
What is the prefix for my authorization number?	The prefix will depend on the method of request. See page five of this

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	document for more information.
Did my authorization number change after November 1?	The authorization number will reflect the method of request; more information is included in the chart below in the FAQs.
How do I check member eligibility?	From the Point of Care (POC) website, select the Anthem Virginia Medicaid link to view eligibility or call 800-901-0020.

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Frequently Asked Questions

I called customer service with a question and the wait time is longer than normal. Is there another number I can call?

We are working diligently to improve every aspect of customer service, including wait times. Call our Provider Services team at 800-901-0020, Monday to Friday, 8 a.m.-6 p.m., Eastern Time to speak with a representative. Our provider website also houses many resources for providers including guides, manuals, tutorials and provider contracts. The tools on our website will allow you to perform many common authorization and claims transactions, check member eligibility, update information regarding your practice, manage your account and more.

When checking authorization requests, I can't log in directly to the HealthKeepers, Inc. Medicaid provider website. Instead, I must log-in to the POC site, enter the member's information, and then go to the HealthKeepers, Inc. Medicaid site, and reenter the member's information. Is there a simpler way to do this?

Point Of Care (POC) provides a single logon to the Health Keepers, Inc. Medicaid site. Once on the POC homepage, you can click the link to our HealthKeepers, Inc. Medicaid website to submit and review authorizations and member information. If you do not have a logon for POC, click Register on our website.

I previously received an authorization for service(s) and now it's been revoked. How do I get it approved again?

Depending on the request, authorization may not have been required. Check your codes using our Precertification Lookup Tool to validate the authorization requirement. With our new system, there is no need to submit voluntary authorizations.

My authorization history appears to have been deleted. What do I do now?

Depending on the request, authorization may not have been required. Check your codes using our Precertification Lookup Tool to validate the authorization requirement. If authorizations still appear to be missing, call Provider Services at 800-901-0020.

I received a fax stating HealthKeepers, Inc. did not authorize my request due to negotiating level of care for inpatient hospital admission. What do I do now?

If you receive a denial letter for services, follow the appeals process. Visit our provider website and select Check Status under Precertification to begin the appeals process.

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I submitted an authorization request to AIM Specialty Health (AIM). What does the In Progress status mean? Do I need to take any action?

The status of the case will show as In Progress when it's in:

- **Clinical Review.** If a case requires additional information because it didn't meet the clinical criteria at intake, AIM staff will send the case for clinical review and transfer it to a nurse. You do not need to take any action at this point.
- **Peer-to-Peer Review.** If a nurse isn't able to approve your request under clinical review, the case requires peer-to-peer review by a doctor. At this point, you can speak with one of our physician reviewers to discuss your request and what is needed for approval. You or your staff can provide additional clinical information. If the additional clinical information provided results in the case meeting criteria, the nurse will give the authorization number to the caller.

A case will remain In Progress until it's closed. After it is closed, the status will show either Authorized or Non-Authorized.

If I speak to a call center representative about a pended authorization, will I receive a reference number?

No; when speaking to a representative at the call center or the health plan, you will not receive a reference number when an authorization is pended. Providers are given a contact log number as a record of the call.

I just received a web confirmation number. What is it and what do I do with it?

Providers will receive a web confirmation number only when the authorization is pended. Continue to use the Reference ID you received when the authorization is submitted. At this time, you will not receive a web confirmation number for approvals; you will only receive an approved authorization beginning with HKA.

My authorization number is preceded by letters. What do these letters mean?

Depending on the method of entry, your authorization prefix may be alphabetic or numeric. See the grid below for additional information. Providers should always use the Reference ID that was provided when first submitting the authorization.

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If your authorization is submitted via...	And your authorization prefix is...	This means….
Our Call Center at 800-901-0020	C	This authorization was entered electronically by a call center associate. If further review is required, you will be instructed to fax in clinical documentation and can check status of the request via the Authorization Status tool.
Our provider self-service website	HKA	These are the approvals which include Emergent Inpatient Admissions (includes Deliveries) and OB global notifications. For Emergent Inpatient Admissions – the status applied here is technically an approved status but awaiting review of level of care appropriateness (concurrent review).
	HKM	This is a web request only used for Medical Injectables. The link to this tool is located in the General Services request section. Remember, this link is only for medical injectables and other services requested should be entered via the precertification link.
	HKW	These are precertifications entered from the web and can be either Inpatient or Outpatient. Please note: You cannot proceed if an authorization is not required for a particular code.
TriMed (TriMed authorizations are transferred to HealthKeepers, Inc. for processing)	HK	These requests were entered into TriMed, our previous authorization approval system, prior to November 1, 2013, and were issued a new authorization number.
Direct/manual entry (e.g., you spoke to a representative at the health plan who entered the authorization)	All Numeric	These authorizations typically start with a 1 and are directly entered into our Facets system via a person, usually at the health plan.

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