



September 2018

Summer 2018 newsletter

Change to payment method for inpatient claims

Effective November 1, 2018, Anthem Blue Cross and Blue Shield (Anthem) will require an itemized bill for inpatient claims meeting an outlier payment level. Under this process, Anthem pays for the base diagnosis-related group (DRG) and reviews the itemized bill to determine outlier payment.

The following requirements will apply to itemized bill requests:

- The itemized bill must list each supply and service provided to the member and match the amount and date of service of the request.
- The request will apply to claims submitted with other insurance and changes or lapses in coverage.
- The request will apply if the member's coverage is terminated during the stay.
- Interim billing will not require an itemized bill; however, Anthem will request an itemized bill once the final bill is submitted.

Behavioral health provider resources

Anthem Blue Cross and Blue Shield behavioral health providers can find a variety of resources on the [Behavioral Health](#) page of the provider website, including:

- Tools for behavioral health screenings.
- A table of covered behavioral health benefits and precertification requirements.
- Forms for concurrent care, precertification, discharge and more.

To request precertification for behavioral health services by phone or to report a behavioral health-related inpatient admission, contact the Behavioral Health Utilization Management department by calling **1-855-558-1443, option 8**. You may also request precertification via the Interactive Care Reviewer (ICR) tool in the Availity Portal (<https://www.availity.com>) or by faxing to **1-877-434-7578** (for inpatient services) or **1-800-505-1193** (for outpatient services).

First- and second-level appeal deadlines

Anthem Blue Cross and Blue Shield (Anthem) providers may use the claim payment appeals process to challenge the outcome of a claim decision. Anthem must receive the first-level appeal (written or verbal) within 180 calendar days of the *Explanation of Payment* paid date or recoupment date or the time limit set forth in the provider's contract. Anthem must receive the second-level appeal within the time frame indicated on the first-level appeal decision letter.

Recommendations and tips:

- Providers should *always* file a first- or second-level appeal within the specified time frame if there is any question about the deadline or if the Provider Relations representative has not gotten back to the provider regarding a deadline issue.

<https://mediproviders.anthem.com/wi>

- Provide as much detail as possible to the appeal summary notes. We find that many first-level appeals could have been overturned had a more detailed explanation been provided.
- The second-level appeal must be in written form and must include one attachment. The attachment can include documentation explaining why the provider believes the first-level appeal should have been overturned as well as medical records and other supporting information.
- If you call Anthem to question a denial, be sure to tell the representative you *do not* want an appeal initiated from the phone call. If you do want an appeal opened, the representative will read an agreement acknowledging that an appeal is about to be opened and the call recorded.

Utilization management criteria

Providers can request a free copy of the Anthem Blue Cross and Blue Shield (Anthem) utilization management (UM) criteria from the Medical Management department and may discuss a UM decision with a physician reviewer. For substance abuse prior authorizations, we use the American Society of Addiction Medicine (ASAM) Criteria[®]. We will provide decision criteria upon request at no cost.

Anthem is staffed with clinical professionals who coordinate care and are available 24/7 to accept precertification requests. Secure voicemail is available during off-business hours. If you leave a voicemail, a clinical professional will return your call the next business day. Anthem staff members identify themselves by name, title and organization when initiating or returning calls regarding UM issues.

Providers may submit precertification requests by:

- Calling us at **1-855-558-1443**.
- Faxing to **1-800-964-3627**.
- Visiting the [Precertification](#) page and using the Precertification Lookup Tool.

Do you have questions about UM decisions or the UM process? If so, call our Clinical team at **1-855-558-1443** Monday to Friday, 8 a.m. to 5 p.m.

After-hours availability standards for PCPs

Anthem Blue Cross and Blue Shield (Anthem) after-hours availability standards require PCPs to be available 24/7. The objective is for patients to have access to a PCP after normal business hours and to ensure that offices are providing proper instructions to patients for emergency care.

To meet this standard, the office or answering service must:

- Properly direct callers with life-threatening situations.
- Direct callers with nonemergency situations to a PCP or on-call provider or provide a way to reach a PCP or on-call provider.

If an answering service or automated response system is used, it must:

- Direct callers with a life-threatening emergency to call **911** or proceed to the nearest emergency room.
- Provide instructions for reaching a PCP or on-call provider.

Anthem considers after-hours standards unmet if:

- The answering machine or automated response system does not direct callers with life-threatening situations appropriately or does not properly direct callers with nonemergency issues.
- There is no answer on the office phone.

Provider information updates

We continually update our provider directories to ensure that current information is available to our members. Please notify us by contacting Provider Services at **1-855-558-1443** at least 30 days prior to making any changes, including updating an address or phone number, adding or removing a physician, closing your practice to new patients, or any other change. Please make necessary updates using the [*Provider Maintenance Form*](#). Thank you for your continued efforts to help keep our records up to date.