With Anthem’s National Access Plus benefit:

• You can continue seeing our members as long as you are eligible to receive payments from Medicare.

• If you’re not currently part of our Anthem Medicare Advantage PPO network, no contract is required.

• Our Medicare Advantage PPO plan covers everything Original Medicare covers and more.

• Our members are not required to obtain a referral before they see a provider.
How we pay

• Billing and reimbursement is easy — submit one bill and you’ll receive one payment.

• Medicare allowable rates are paid to providers for covered services, less the member’s copayment, coinsurance and/or deductible. The copayment and/or coinsurance will be listed on the member’s Medicare Advantage ID card.

Benefits and eligibility

Here’s a sample of the ID card the Anthem member will have:

Look for the National Access Plus icon, which will be on most ID cards. Please always call to verify eligibility.

• Online: Eligibility, benefits, claims, links to secure messaging, commonly used forms and remit information all are available through the Availity portal at www.availity.com. For questions on access and registration, call Availity Client Services at 1-800-Avality (1-800-282-4548). Availity Client Services is available Monday through Friday, 8 a.m. to 7 p.m. ET (excluding holidays) to answer your registration questions.

• Phone: To verify a member’s eligibility, call the number on the back of the member’s ID card or call the BlueCard Eligibility Line at 1-800-676-BLUE (2583) and provide the member’s three-digit alpha prefix located on the ID card.

If you have any questions, please call the provider services number on the back of the member’s ID card. You’ll be directed to a representative who can give you information right away.
You should submit claims to the local blue plan in your state, not Medicare.

There are two ways you can do this:

1. **By Mail:** Submit paper claims to your local Blue Cross/Blue Shield plan. Include the 3-digit alpha prefix that precedes the member ID number listed on the front of their card.

2. **By Electronic Submission:** Submit electronically using the electronic payer ID, or by submitting a UB-04 or CMS-1500 form, to the Blue Cross/Blue Shield plan in your state. You can also submit claims online at [www.availity.com](http://www.availity.com).

Please include the amount the member paid when you submit a claim. The member’s copayment and/or coinsurance amount will be noted on their ID card.

Prior authorization is required for contracted providers and highly recommended for non-contracted providers. In order to request prior authorization, you will need to provide the following data elements:

- Member ID
- Legible name of referring provider
- Legible name of individual referred to provider
- National provider identifier and/or tax ID number
- Number of visits/services
- Date(s) of service
- Diagnosis
- CPT/HCPCS codes

Need more details on prior authorizations? Here are three easy ways to learn more:

Online: [www.availity.com](http://www.availity.com)

Phone: Please call the number on the back of the member’s ID card.

Fax: 1-866-959-1537

If you are interested in joining our network, please contact your Network Representative or email [grsmanetworksupport@anthem.com](mailto:grsmanetworksupport@anthem.com).

Additional information is available at [www.anthem.com/ca/provider](http://www.anthem.com/ca/provider).