Anthem Networks Overview – Colorado

Revised: January 2019
Anthem’s products on and off exchange provide a full range of network and benefit solutions for our customers.

In the upcoming slides view important information, including membership ID card samples, for the following networks:

- PPO
- HMO
- Blue Priority
  - HMO
  - PPO
- Pathway (HMO)
- Mountain Enhanced (HMO)
- WellChoice
- Medicare Advantage
  - HMO – Anthem MediBlue Plus
  - DSNP – Anthem MediBlue Dual Advantage (HMO SNP)
  - PPO
- CU Health Plan*
  - * For CU Health Plan members only
Our PPO network:

- Hospitals = 85, including every acute care hospital in Colorado
- PCPs = more than 3,300
- Specialists = more than 12,000
  - includes all behavioral health, ABA (autism), and ancillary providers (PT/OT/ST, home infusion, home health, DME, lab)

Products aligned with our PPO network include:

- Large group
- Small group
- Individual

Note: The PPO networks is also accessed by –
- Federal Employee Program (FEP) members, and
- BlueCard/Out-of-area members
Identifying Members accessing: 
**PPO network**

<table>
<thead>
<tr>
<th>Three-Character Prefix</th>
<th>Product Type</th>
<th>Network Name (On Member ID cards)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAD</td>
<td>PPO</td>
<td>Anthem PPO</td>
</tr>
<tr>
<td>VAI</td>
<td>PPO</td>
<td>Anthem PPO</td>
</tr>
<tr>
<td>XFK</td>
<td>PPO</td>
<td>PPO</td>
</tr>
<tr>
<td>XFL</td>
<td>PPO</td>
<td>PPO</td>
</tr>
<tr>
<td>XFW</td>
<td>PPO</td>
<td>PPO</td>
</tr>
<tr>
<td>XFZ</td>
<td>PPO</td>
<td>PPO</td>
</tr>
</tbody>
</table>

Plus, the following member accessing this network:

- **Local Members with customized Prefixes**
  - Please refer to the [Prefix Reference List](#) for the most current customized prefixes as they change throughout the year.

- **Federal Employee Program® (FEP®) members**
  - Prefix starts with an ‘R’ followed by 8 numerics

- **BlueCard/Out-of-area members**
  - Utilize the PPO network if they have a PPO in a suitcase logo on their ID card; or
  - *Note: BlueCard member with an empty suitcase logo, utilize the Indemnity network.*
PPO network – Sample ID card
Our HMO network:

- Open Access plans
- Hospitals = 85, including every acute care hospital in Colorado
- PCPs = more than 3,050
- Specialists = more than 12,000
  - includes all behavioral health, ABA (autism), and ancillary providers (PT/OT/ST, home infusion, home health, DME, lab)

Products aligned with our HMO network include:

- Large group
Identifying Members accessing: *HMO network*

<table>
<thead>
<tr>
<th>Three-Character Prefix</th>
<th>Product Type</th>
<th>Network Name (On Member ID cards)</th>
</tr>
</thead>
<tbody>
<tr>
<td>XFF</td>
<td>HMO</td>
<td>HMO</td>
</tr>
<tr>
<td>XFN</td>
<td>HMO</td>
<td>HMO</td>
</tr>
<tr>
<td>XFY</td>
<td>HMO</td>
<td>HMO</td>
</tr>
</tbody>
</table>
HMO network – Sample ID card

**Front**

- **Member Name**: JOHN DOE
- **Member Identification Number**: XFY123A567800
- **Group Number**: 123456M101
- **Plan Code**: 051
- **Rx Bin Number**: 610575

**Back**

- **HMO Member Services**: 1-877-811-3106
- **Provider Services**: 1-877-823-5742
- **24/7 NurseLine**: 1-800-337-4770
- **Dental**: 1-800-627-9004
- **Vision**: 1-866-723-0515
- **Employee Assistance Program**: 1-800-865-1044
- **Pharmacists Services**: 1-800-662-0210
- **Specialty Pharmacy**: 1-800-870-8419
- **Coverage While Traveling**: 1-800-810-2963
- **Providers Authorization**: 1-800-222-7050
- **WellPoint NextRx**: 1-303-831-4115

**Coverage**:
- Medical
- Anthem Pharmacy
- Dental (PPO, PPO Plus, Blue View Vision)

**Plan**:
- Blue Advantage HMO Plan

**The Sample Medical Group**
- PCP: Sample Doctor
  - (303) 123-4567

**Office Visit Co-Pay**
- ER: $0
- $0
Our Blue Priority network:

- Two network options; an HMO and a PPO
- The Blue Priority products are intended to better support the Patient Centered Primary Care concepts and put primary care physicians back at the center of the health care delivery system.
- Patient Centered Medical Home pilots in Colorado and around the country have proven that this model works through:
  - Reduction in ER visits
  - Reduced lengths of stay for inpatient visits
  - Improved generic prescription use
  - Improved satisfaction of primary care physicians/member
Blue Priority (HMO) network:

- Includes a subset of PCPs and Specialists from Anthem’s standard HMO network.
- Provides coverage only when using the following PCP groups & selected specialists;

- Boulder Community Hospital physicians
- Boulder Medical Center
- Colorado Health Neighborhood (CHN) for the following counties:
  - Fremont, La Plata, Montezuma, Pueblo, and Summit
- Colorado Pediatric Collaborative (Children’s Pediatric Partners)
- Colorado Springs Health Partners
- Longmont Clinic
- Milestone Medical Group
- Mountain View Medical Group
- New West Physicians
- North Vista Medical Center
- Plan De Salud Del Valle
- Primary Physician Partners
- Rocky Mountain Family Practice
- Rose Medical Group
- South Metro Primary Care Physicians
- UCHHealth Medical Group for the following counties:
  - Larimer and Weld

Note: The Blue Priority (HMO) network includes all facilities, all independent behavioral health, ABA (autism), independent ancillary providers (PT/OT/ST, home infusion, home health, DME, lab) in our HMO network; and American Specialty Health (vendor for Chiropractic, Acupuncture, and Registered Dieticians).
Blue Priority (HMO) product specifics:

- requires member selection of a PCP;
- requires referrals for most specialty care;
  - The following specialty/services NOT requiring a referral:
    - Obstetrics and Gynecology
    - Ophthalmologists / Optometrists
    - Mental health and substance abuse providers
    - Emergent or urgent care
    - Any services provided by hospital based providers (radiology, anesthesiology, pathology and emergency room)
    - Services provided by hospitalists
    - Any other service for which applicable law requires the member to have open access.
- no out-of-network benefits or access to most specialists without a referral
  - Exceptions: emergent/urgent care and specialty care as required by state law
Blue Priority (HMO) referrals

- Submit a referral via one of the following options:
  - **Secure portal:** submit referral request through *Interactive Care Reviewer* tool on the Availity Web Portal
  - **Public website:** Word document form on our public website at anthem.com

- As long as the provider is in the Blue Priority HMO network, the referral will be approved.
- **Referrals must be completed by the member’s PCP.**
- Specialist to specialist referrals **DO** require a referral from the member’s PCP.
Choose the “Referral” Option and fill in the patient information. This functionality is for Blue Priority (HMO) membership.
Form available online to submit via email or fax

- The form is in a Word document that you can type in your information.
- Attach to an email and forward to CONVum-Wellpoint@Wellpoint.com, or fax to 800-763-3142.

Access form online:

- Go to anthem.com, select Providers, and Providers Overview
- Select Find Resources for Your State, and pick Colorado
- From the Provider Home page, select Download Commonly Requested Forms
- Then the Blue Priority Referral Form link.

Blue Priority network – HMO referral Public website option
Blue Priority PPO network (PPO has a three tier option):

- **Designated Providers** – provides for the highest level of benefits when using the first tier of providers; which are those PCPs and specialists in the HMO Blue Priority network;

- **Participating Providers** – allows access to the second tier of providers, which includes all other Anthem PPO contracted providers, at a reduced benefit.

- **Non-network Providers** – allows access to non-network providers at a significantly reduced benefit level.

**Blue Priority PPO product specifics:**

- requires member selection of a PCP;

- allows access to the broader Anthem PPO network without a referral
Blue Priority specific Three-Character Prefixes

- Separate three-character prefixes have been assigned for Blue Priority members to help differentiate from other Anthem plans.

<table>
<thead>
<tr>
<th>Three-Character Prefix</th>
<th>Product Type</th>
<th>Network Name (On Member ID cards)</th>
</tr>
</thead>
<tbody>
<tr>
<td>XFA</td>
<td>HMO</td>
<td>Blue Priority</td>
</tr>
<tr>
<td>XFD</td>
<td>HMO</td>
<td>Blue Priority</td>
</tr>
<tr>
<td>XFI</td>
<td>HMO</td>
<td>Blue Priority</td>
</tr>
<tr>
<td>XFH</td>
<td>PPO</td>
<td>Blue Priority PPO</td>
</tr>
<tr>
<td>XFM</td>
<td>PPO</td>
<td>Blue Priority PPO</td>
</tr>
<tr>
<td>XFS</td>
<td>PPO</td>
<td>Blue Priority PPO</td>
</tr>
</tbody>
</table>
Blue Priority network – Sample ID cards

HMO sample

PPO sample
Our Pathway network:

- Subset of Anthem’s standard HMO network.
- Statewide network, but is aligned with specific hospitals in the Front Range counties of Boulder, Denver Metro area, El Paso/Teller, Larimer/Weld and Pueblo.
- The Pathway network is open access; which means members will still need to choose a Primary Care Physician (PCP), but do not need a referral from their PCP to see any of the Pathway providers.
Our Pathway network is aligned with the following hospital systems:

- Boulder Community Hospital
- HCA
  - Medical Center of Aurora
  - North Suburban Medical Center
  - Presbyterian/St. Luke’s Medical Center
  - Rose Medical Center
  - Sky Ridge Medical Center
  - Swedish Medical Center
- Rocky Mountain Hospital for Children (HCA)
- UCHealth
  - University of Colorado Hospital
  - UCHealth Broomfield
  - UCHealth Grandview
  - UCHealth Longs Peak
  - UCHealth Medical Center of the Rockies
  - UCHealth Memorial Hospital Central
  - UCHealth Memorial Hospital North
  - UCHealth Poudre Valley Hospital
  - UCHealth Pikes Peak Regional Hospital
  - UCHealth Yampa Valley Medical Center

**Note:** The Pathway network includes all behavioral health, ABA (autism), and ancillary providers (PT/OT/ST, home infusion, home health, DME, lab) in our standard HMO network, unless affiliated with a non-participating hospital system, as well as American Specialty Health (vendor for Chiropractic, Acupuncture, and Registered Dieticians).

Outside of the front range counties, all other counties include all hospitals and providers within our standard HMO network.
Identifying Members accessing: *Pathway network*

<table>
<thead>
<tr>
<th>Three-Character Prefix</th>
<th>Health Benefits Plan Option</th>
<th>Product Type</th>
<th>Network Name (On Member ID cards)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAB</td>
<td>Individual (Exchange)</td>
<td>HMO</td>
<td>Pathway X</td>
</tr>
<tr>
<td>VAC</td>
<td>Small Group (Exchange)</td>
<td>HMO</td>
<td>Pathway X</td>
</tr>
<tr>
<td>VAA</td>
<td>Individual (OFF Exchange)</td>
<td>HMO</td>
<td>Pathway</td>
</tr>
<tr>
<td>XFX</td>
<td>Small Group (OFF Exchange)</td>
<td>HMO</td>
<td>Pathway</td>
</tr>
<tr>
<td>QWP</td>
<td>National Accounts</td>
<td>HMO</td>
<td>Pathway</td>
</tr>
<tr>
<td>VAE</td>
<td>Large Group</td>
<td>HMO</td>
<td>Pathway Network</td>
</tr>
</tbody>
</table>

**Note:** While the “Pathway” network name may be slightly different depending on the Health Benefit Plan option, the network utilized for these on and off Exchange plans is the same.
Pathway network – Sample ID cards

**On Exchange sample**

**Off Exchange sample**
Our Mountain Enhanced network:

- Subset of Anthem’s standard HMO network.
- Available for Individual, Small Group and Large Group
- Offered in the following counties:
  - Archuleta (Pagosa Springs), Eagle (Vail), La Plata (Durango), Mesa (Grand Junction), Montezuma (Cortez), Summit (Breckenridge/Frisco)
- Open access; which means members will still need to choose a PCP, but do not need a referral from their PCP to see any of the Mountain Enhanced Network providers.
Important distinction in our Mountain Enhanced network:

- Within these counties, members must see a Mountain Enhanced provider.
- If services aren’t available within these counties, then the member should coordinate care with their PCP.

Important Note: If services are not available within the Mountain Enhanced network, the member may access our greater HMO network outside these counties, but these providers are not included in the member directory to help ensure the coordination of care with the member’s PCP.
The Mountain Enhanced network is aligned with specific facilities and providers:

- includes the following hospital systems / groups
  - Vail Valley Medical Center and associated physicians – Vail
  - Summit Medical Center / Colorado Health Neighborhood – Frisco
  - Mercy Medical Center / Colorado Health Neighborhood – Durango
  - Southwest Memorial Hospital and associated physicians – Cortez
  - Pagosa Springs Medical Center and associated physicians – Pagosa Springs
  - Community Hospital and associated physicians – Grand Junction

- includes the following rural health centers:
  - St. Anthony Breckenridge Community Clinic – Breckenridge
  - St. Anthony Copper Mountain Clinic – Copper Mountain
  - St. Anthony Keystone Medical Clinic – Keystone

- includes the following ASCs
  - Vail Valley Surgery Centers – 2 locations: Vail and Edwards
  - Peak One Surgery Center LLC – Frisco
  - Physicians Surgery Center LLC – Durango
  - Southwest Endoscopy Center – Durango
  - Southwest Colorado Surgical ASC – Cortez
  - Canyon View Surgery Center – Grand Junction

- includes 360 Professional Providers

Note: The Mountain Enhanced network includes all behavioral health, ABA (autism), and ancillary providers (PT/OT/ST, home infusion, home health, DME, lab) in our standard HMO network, unless affiliated with a non-participating hospital system, as well as American Specialty Health (vendor for Chiropractic, Acupuncture, and Registered Dieticians).
Identifying Members accessing: *Mountain Enhanced network*

<table>
<thead>
<tr>
<th>Three-Character Prefix</th>
<th>Health Benefits Plan Option</th>
<th>Product Type</th>
<th>Network Name (On Member ID cards)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAG</td>
<td>Individual (on exchange)</td>
<td>HMO</td>
<td>Mountain Enhanced X</td>
</tr>
<tr>
<td>VAF</td>
<td>Individual (off exchange)</td>
<td>HMO</td>
<td>Mountain Enhanced</td>
</tr>
<tr>
<td>VAK</td>
<td>Small Group (off exchange)</td>
<td>HMO</td>
<td>Mountain Enhanced</td>
</tr>
<tr>
<td>VAH</td>
<td>Large Group</td>
<td>HMO</td>
<td>Mountain Enhanced</td>
</tr>
</tbody>
</table>

**Note:** While the Mountain Enhanced network name may be slightly different depending on the Health Benefit Plan option, the network utilized for these on and off Exchange products will be the same.
Mountain Enhanced network – Sample ID cards

On Exchange sample

Off Exchange sample
Our WellChoice plans:

  
  - In metro Denver (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson counties), providers include **Centura Health** and **HealthONE**.
  - In Colorado Springs (El Paso and Teller counties), providers include **Centura Health** and **UCHealth**.

- Available to self-insured large group clients with 100+ employees starting 1/1/18, and national account clients as of 7/1/18.

- Reimbursement:
  
  - Physician Reimbursement for both Tier 1 and Tier 2 follows the same terms and conditions contained in the PPO Provider Agreement
  - Tier 1 Hospitals have agreed to a deeper discount
Our WellChoice plans:

- **Tiered benefit structure:** While all Anthem PPO participating providers will be eligible to see members with a WellChoice plan, the benefit design of the WellChoice plans will tier providers through cost share differentials structured around 1 of 3 “Designated Hospital Systems” which currently consist of Centura Health, HealthONE, and University of Colorado Health.

  - **Tier 1:** Stay within Member’s chosen Designated Health System = highest benefit level
  - **Tier 2:** All other PPO Hospitals = reduced benefit level
    - **Note:** Tier 2 includes the other Tier 1 Designated Health Systems not selected by the member.
  - **Tier 3:** Non-network providers = lowest benefit level

- Members select a Designated Hospital System, but are not required to select a PCP.
- Members are allowed access at each tier level without a referral.
WellChoice network – Tier 1

Tier 1 – Designated Hospital System options

<table>
<thead>
<tr>
<th>Centura Health Hospitals include:</th>
<th>HealthONE Hospitals include:</th>
<th>University of Colorado Hospitals include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Denver Metro</td>
<td>• Denver Metro</td>
<td>• Colorado Springs:</td>
</tr>
<tr>
<td>• Avista Adventist</td>
<td>• Medical Center of Aurora</td>
<td>• Memorial Health</td>
</tr>
<tr>
<td>• Castle Rock Adventist</td>
<td>• North Suburban Medical Center</td>
<td>• Memorial North</td>
</tr>
<tr>
<td>• Littleton Adventist</td>
<td>• Presbyterian St. Luke’s Denver</td>
<td>• UCHealth Grandview</td>
</tr>
<tr>
<td>• Longmont United</td>
<td>• Rose Medical Center</td>
<td></td>
</tr>
<tr>
<td>• OrthoColorado</td>
<td>• Sky Ridge Medical Center</td>
<td></td>
</tr>
<tr>
<td>• Parker Adventist</td>
<td>• Swedish Medical Center</td>
<td></td>
</tr>
<tr>
<td>• Porter Adventist</td>
<td>• Spalding Rehab Hospital</td>
<td></td>
</tr>
<tr>
<td>• St. Anthony</td>
<td>• Rocky Mountain Hospital for Children</td>
<td></td>
</tr>
<tr>
<td>• St. Anthony North</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Each WellChoice Tier 1 Designated Hospital System network option includes:

- All **physicians** that are affiliated or otherwise aligned with the Tier 1 hospitals (as identified by the Designated Hospital Systems and provided to Anthem)

- While each Designated Hospital System has their own specialty providers, all independent behavioral health, ABA (autism), and independent ancillary providers (PT/OT/ST, home infusion, home health, DME, lab) in our standard PPO network are considered Tier 1, as well as American Specialty Health (vendor for Chiropractic, Acupuncture, and Registered Dieticians), regardless of the Designated Hospital System the member selects.

- All **Urgent Care and Emergency Room** locations are considered Tier 1, regardless of the Designated Hospital System the member selects.
Tier 1 – IMPORTANT NOTES:

- Members will choose their preferred Designated Hospital System during the open enrollment process. The alignment is at the employee level (not the member level); that is, a family chooses the same system for all covered family members.

- Only the Designated Hospital System the member selects is their Tier 1 benefit level (the other hospital systems become Tier 2 benefit level.)

Tier 2

- The other Tier 1 Designated Health Systems not selected by the member.

- All other Anthem participating PPO physicians and hospitals, not already considered in Tier 1.
WellChoice specific three-character prefixes

- Separate three-character prefixes have been assigned for WellChoice members to help differentiate from other Anthem plans.

<table>
<thead>
<tr>
<th>Three-Character Prefix</th>
<th>Product Type</th>
<th>Network Name (On Member ID cards)</th>
<th>Designated Health System</th>
</tr>
</thead>
<tbody>
<tr>
<td>XWX</td>
<td>PPO</td>
<td>WellChoice – C</td>
<td>Centura Health</td>
</tr>
<tr>
<td>XWD</td>
<td>PPO</td>
<td>WellChoice – H</td>
<td>HealthONE</td>
</tr>
<tr>
<td>XWU</td>
<td>PPO</td>
<td>WellChoice – U</td>
<td>University of Colorado Health</td>
</tr>
</tbody>
</table>
WellChoice network
– Sample ID cards

**WellChoice – H (HealthONE)**

<table>
<thead>
<tr>
<th>WellChoice - H</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anthem BlueCross BlueShield</strong></td>
</tr>
<tr>
<td><strong>&lt;NAME_PT1&gt;</strong></td>
</tr>
<tr>
<td>Group No:</td>
</tr>
<tr>
<td>031</td>
</tr>
<tr>
<td>Member ID:</td>
</tr>
<tr>
<td>Plan Code:</td>
</tr>
<tr>
<td>031</td>
</tr>
<tr>
<td><strong>Primary Care:</strong></td>
</tr>
<tr>
<td><strong>Inpatient Hospital:</strong></td>
</tr>
</tbody>
</table>

*Anthem Blue Cross and Blue Shield, an independent licensee of the Blue Cross and Blue Shield Association, provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.*
WellChoice network – Sample ID cards

WellChoice – U (University of Colorado Health)
How to access our online Provider Directory:

- Go to anthem.com

- Select Menu, and under the Support heading, select Providers.

- Select Find Resources for Your State, and pick Colorado

- From the Provider Home tab, select the blue box titled Find a Doctor to search our online Provider Directory
Find a Doctor

Find a doctor, hospital, dentist, pharmacy and more. You’ll get the most from your insurance plan (and save money), if you choose a doctor or hospital in your network.

Option 1: Search as a Member, and enter the appropriate three-character prefix

Username:
Enter your username

Password:
Enter your password

OR

Identification number or alpha prefix (first three letters):
Enter ID number or alpha prefix

Continue

Option 2: Search as a Guest, and select Search by Selecting a Plan or Network

Search by Selecting a Plan or Network

Search All Plans and Networks
WellChoice network – Directory Access
Searching by Plan or Network

Find a Doctor

To search by selecting a plan, first narrow the list of plans and networks by selecting the type of care and state. Then, select a plan or network to search.

What type of care are you searching for?
- Medical

Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical Care.

What state do you want to search in?
- Colorado

Select a plan/network
- Select a plan/network

From the drop down options, scroll options under Medical (Employer Sponsored), and select either:
- WellChoice – C
- WellChoice – H
- WellChoice – U

Note: From the drop down options, you may also enter “WellChoice” in the search field for any of these options to display.
Our Medicare Advantage networks:

- **HMO option**
  - Available for Individual Medicare Advantage members in the following counties:
    - Adams, Arapahoe, Broomfield, Denver, Douglas, El Paso, Larimer, and Pueblo

- **PPO option**
  - Available for group retiree Medicare Advantage members in the following counties:
    - statewide
Medicare Advantage HMO:

▪ Open access; which means members will still need to choose a PCP, but do not need a referral from their PCP to see specialist within their Medicare Advantage Network

Plans offered in Colorado:

▪ In most instances, plan names start with the local brand name, followed by the word “MediBlue,” then a plan descriptor, such as “Plus,” and finally the plan type. For instance:
  — classic HMO referred to as “Anthem MediBlue Plus (HMO)”
  — standard DSNP referred to as “Anthem MediBlue Dual Advantage (HMO SNP)”
▪ Group-sponsored Medicare Advantage plans are not impacted by these changes.
Anthem MediBlue Plus (HMO) Network:

All counties, except Pueblo:
  • University Physicians Inc. (UPI)
  • UC Health

Adams, Arapahoe, Broomfield, Denver, and Douglas counties:
  • Centura Hospitals
  • Centura Health Physician Group (CHPG)
  • Colorado Health Neighborhood (CHN)

Larimer county:
  • Colorado Health Medical Group (CHMG)
  • Some Community providers*

El Paso county:
  • Colorado Health Medical Group (CHMG)
  • Some Community providers*

Pueblo county:
  • Parkview Medical Center
  • Parkview Physicians
  • Southern Colorado Clinic
  • Some Community providers*

Anthem MediBlue Dual Advantage (HMO SNP) Network:

All counties, except Pueblo:
  • University Physicians Inc. (UPI)
  • UC Health

Larimer county:
  • Colorado Health Medical Group (CHMG)
  • Some Community providers*

El Paso county:
  • Colorado Health Medical Group (CHMG)
  • Some Community providers*

Pueblo county:
  • Parkview Medical Center
  • Parkview Physicians
  • Southern Colorado Clinic
  • Some Community providers*

Note: The Medicare Advantage networks include all independent behavioral health, ABA (autism), and independent ancillary providers (PT/OT/ST, home infusion, home health, DME, lab) in our standard HMO network, as well as American Specialty Health (vendor for Chiropractic, Acupuncture, and Registered Dieticians).
Medicare Advantage – HMO Sample ID cards

Anthem MediBlue Plus (HMO) Network sample

<table>
<thead>
<tr>
<th>Three-Character Prefix</th>
<th>Product Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT</td>
<td>HMO</td>
</tr>
<tr>
<td>VAP</td>
<td>HMO DSNP</td>
</tr>
</tbody>
</table>

Anthem MediBlue Plus (HMO) Network

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issuer</td>
<td>80840</td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>WM2A</td>
<td></td>
</tr>
<tr>
<td>RX Bin</td>
<td>003858</td>
<td></td>
</tr>
<tr>
<td>Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visit Copay</td>
<td>$5</td>
<td></td>
</tr>
<tr>
<td>Specialist Visit Copay</td>
<td>$40</td>
<td></td>
</tr>
<tr>
<td>Emergency Room Copay</td>
<td>$75</td>
<td></td>
</tr>
<tr>
<td>Preventive Copay</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

Anthem MediBlue Dual Advantage (HMO SNP) sample

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issuer</td>
<td>80840</td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>WM2A</td>
<td></td>
</tr>
<tr>
<td>RX Bin</td>
<td>003858</td>
<td></td>
</tr>
<tr>
<td>Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visit Copay</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Specialist Visit Copay</td>
<td>$3</td>
<td></td>
</tr>
<tr>
<td>Emergency Room Copay</td>
<td>$3</td>
<td></td>
</tr>
<tr>
<td>Preventive Copay</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

Anthem Networks Overview – CO – January 2019
Medicare Advantage PPO:
- Expansion effective 10/1/18
- Statewide network
  - All PPO providers in our Commercial network were offered a Medicare Advantage PPO contract effective 10/1/18, unless you were already in the network.

Medicare Advantage PPO Plans for group retirees offered in Colorado:
- Plans being expanded and developed for 2019.

Sample ID Cards:
- For PPO, not available at this time. Coming soon.
The following employees / dependents are part of this employer group:

University of Colorado (CU):
- CU Boulder
- CU Denver
- CU Colorado Springs
- Anschutz Medical Campus

UCHealth:
- University of Colorado Hospital
- UCH Health Broomfield
- UCH Health Grandview
- UCH Health Longs Peak
- UCH Health Medical Center of the Rockies
- UCH Health Memorial Hospital Central
- UCH Health Memorial Hospital North
- UCH Health Poudre Valley Hospital
- UCH Health Pikes Peak Regional Hospital
- UCH Health Yampa Valley Medical Center
- UCH Health Medical Group
- 150 clinics

University of Colorado Medicine (CU Medicine)
CU Health Plan offers the following options for their employees:

- **Exclusive or Exclusive2**
  - Utilizing Exclusive network
  - **Effective July 1, 2018 – one exclusive network**
    - No longer split into 3 separate Exclusive networks of North, Central, and South.

  Note: Exclusive2 is for hospital employees

- **Extended**
  - Utilizing Anthem’s PPO network

- **High Deductible Health Plan**
  - Utilizing Anthem’s PPO network

- **Medicare**
  - Utilizing providers accepting Medicare assignment
Identifying CU Health Plan Members

CU Health Plan specific three-character prefixes:

<table>
<thead>
<tr>
<th>Three-Character Prefix</th>
<th>Product Type</th>
<th>Network Name (On Member ID cards)</th>
</tr>
</thead>
<tbody>
<tr>
<td>XRU</td>
<td>HMO</td>
<td>Exclusive or Exclusive2 Network</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Effective July 1, 2018</strong></td>
</tr>
<tr>
<td>UCL</td>
<td>PPO</td>
<td>Extended or High Deductible Health Plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Utilizing Anthem’s PPO network</strong></td>
</tr>
<tr>
<td>XFE</td>
<td>Medicare</td>
<td>Medicare Primary</td>
</tr>
</tbody>
</table>

Please note the following three-character prefixes will be terminated eff July 1, 2018:

- UCF (Exclusive / Exclusive2 Central Network)
- UCD (Exclusive / Exclusive2 North Network)
- UCV (Exclusive / Exclusive2 South Network)

**Note:** XFE is not specific to CU and is used by all Anthem membership within this product.
Note: The Exclusive Plan cards will include a Product Indicator, which indicates "Exclusive." They will also include the "CU Health Plan" logo.
Note: The Exclusive2 Plan cards will include a Product Indicator, which indicates “Exclusive2”. They will also include the “CU Health Plan” logo.
CU Health Plan – Sample ID cards

Extended Plan sample

Note: Although this CU plan has a customized three-character prefix, it accesses the standard PPO network.

The CU Extended Plan cards will include an **Extended Indicator**, as well as the “CU Health Plan” logo.
CU Health Plan – Sample ID cards

High Deductible Health Plan sample

**Note:** Although this CU product has a customized three-character prefix, it accesses the standard PPO network.

The CU High Deductible Plan cards will include a **High Deductible Indicator**, as well as the “CU Health Plan” logo.
Note: The Medicare Primary Plan cards will include a Product Indicator, which indicates “Medicare”.

They will also include the “CU Health Plan” logo.
Exclusive network specifics:

- the Exclusive network is the same for both the Exclusive/Exclusive2 plans
- includes a subset of PCPs and Specialists from Anthem’s standard HMO network
- provides coverage only when using the selected PCP groups, specialists, and facilities

Exclusive/Exclusive2 plan specifics:

- requires member selection of a PCP;
- requires referrals for most specialty care;
- no out-of-network benefits or access to most specialists without a referral
  - Exceptions: emergent/urgent care and specialty care as required by state law
Exclusive Network: Effective July 1, 2018 – one exclusive network

- **Exclusive network includes these facilities:**
  - University of Colorado Hospital
  - UHealth Broomfield
  - UHealth Grandview
  - UHealth Longs Peak
  - UHealth Medical Center of the Rockies
  - UHealth Memorial Hospital Central
  - UHealth Memorial Hospital North
  - UHealth Poudre Valley Hospital
  - UHealth Pikes Peak Regional Hospital
  - UHealth Yampa Valley Medical Center
  - Children’s Hospital Colorado

- **Exclusive network includes these professional providers:**
  - UHealth Medical Group (UCHMG)
  - University of Colorado Medicine (CU Medicine)
  - Select community physicians associated with the CU Medicine
  - Select community physicians associated with participating facilities

- **Urgent/Emergent Services:**
  Exclusive and Exclusive2 plan members may utilize ALL Anthem providers for Urgent/Emergent care; they are **not** restricted to utilizing Exclusive network providers only, when it is for Urgent/Emergent care services.

**Services below utilize Anthem’s HMO contracted providers:**

- Ambulance
- ABA (autism)
- Alcoholism and Drug Addiction (facility and professional)
- American Specialty Health (*vendor for Chiropractic, Acupuncture, and Registered Dieticians*)
- Behavioral Health (facility and professional)
- Durable Medical Equipment (DME)
- Eye refractions/hardware (medical handled through the Exclusive Network)
- Home infusion/Home Health Care
- Hospice
- Prescription drugs (Retail Outside of UCH Pharmacy)
- Skilled Nursing facility (SNF) (facility and professional)
- Transplants (all)
The following services must be directed to a UCHhealth facility location for all Exclusive/Exclusive2 plan members:

- Inpatient services and outpatient services, including outpatient surgery (includes UCHhealth-affiliated (JV) locations)
- Laboratory service
- Rehabilitation services including; inpatient and outpatient for occupational therapy, physical therapy and speech therapy
- Sleep study services
- Orthopedic
- Neurosurgery
- Dialysis service
- Radiation Oncology
- Radiology services, including high technology imaging
- Urgent care services

**Note:** If a UCHhealth facility location does not provide one of the services listed above, please check [Anthem’s Online Provider directory](#) for other [CU Health Plan – Exclusive](#) providers, or contact the [CU Health Plan Exclusive Medical Management team](#) for further direction.
Exclusive Referral Requirements:

- PCP issues a referral for all visits outside PCP office that require a referral.
- CU Health Plan Exclusive Medical Management is delegated for utilization management.
- Submit referral requests using the Referral Form to CU Health Plan Exclusive Medical Management, who will communicate referrals to Anthem for claim purposes.
- Specialist to specialist referrals DO require a referral from the member’s PCP.

Specialty/Services NOT requiring a referral:

- Emergent or urgent care
- Obstetrics and Gynecology
- Ophthalmologists / Optometrists
- Any services provided by hospital based providers (radiology, anesthesiology, pathology and emergency room)
- Services provided by hospitalists
- Any other service for which applicable law requires the member to have open access.
- Mental health and substance abuse providers (referrals not required however, authorization may be required through Anthem Behavioral Health)

Note: If you are a specialist seeing a patient with a chronic condition, referrals are good for 3 visits in 4 months.

Global referrals are available for cancer, radiation, dialysis, and allergy injections.
Exclusive Pre-Certification Requirements:

- Managed by CU Health Plan Exclusive Medical Management
- Includes high end imaging (MRI, MRA, etc.)
- Submit **Pre-Certification Form** to CU Health Plan Exclusive Medical Management, who will communicate the authorization to Anthem for claim purposes.
- See Exclusive/Exclusive2 Plan Pre-Certification List.

All forms can be faxed to: 303-493-7501

Forms available on CU Health Plan Provider Information web page:
- Go to anthem.com. Select Menu, and under the Support heading, select Providers.
- Select Find Resources for Your State, and pick Colorado.
- From the Provider Home page, under the Our Plans and Benefits heading, choose CU Health Plan Provider Information

CU Health Plan Exclusive Medical Management team:
- Email: MedManagement@cumedicine.us
- Phone: 303-493-7507
- Fax: 303-493-7501
Employee Health Plan Pharmacy Team Review in Place of Anthem/Express Scripts for some drugs

▪ **Medical:** Anthem pre-cert list and specialty medications under Tier 4/Specialty of the Anthem formulary.
  - For **Exclusive Plans only:** IV iron products, IV antibiotics, migraine cocktails, zoledronic acid, and pamidronate also require authorization.

▪ **Pharmacy:** Tier 4 meds only—requests for meds on tiers 1-3 go to Express Scripts (ESI)
  - How do I know which meds are tier 4?
    - Check the “CU Exclusive Plan Pharmacy” tab in the Pre-certification List
    - Go to our formulary page and enter the drug name. Tier status and authorization criteria will be available
How Do I Request a Drug and Where Does the Request Go?

- Please use CU Exclusive Cover Sheet (Included in Pre-certification List. See spreadsheet tab titled “CU Par Form”)
  - Complete cover sheet and fax to 720-848-1094 or email to pharmacy@uchealth.org.
  - Turnaround time is one business day for urgent requests, three days for non-urgent requests

Contact Information for Employee Health Plan Team

- Matt Ellis, B.S., PharmD, Clinical Pharmacy Specialist
  - 303-752-8579 or matthew.ellis@uchealth.org

- Shila Schrage, CPhT, Medication Access Specialist
  - 303-752-8571 or shila.schrage@uchealth.org

- Fax to 720-848-1094

Do not hesitate to call with any questions!
How to access our online Provider Directory:

- Go to anthem.com
- Select Menu, and under the Support heading, select Providers.
- Select Find Resources in Your State, and pick Colorado
- From the Provider Home tab, select the blue box titled “Find a Doctor” to search our online Provider Directory
CU Health Plan: Directory Access – 2 options

Option 1: Search as a Member, and enter the appropriate three-character prefix

Option 2: Search as a Guest, and select “Search by Selecting a Plan or Network”
Find a Doctor  Encontrar un doctor

To search by selecting a plan, first narrow the list of plans and networks by selecting the type of care and state. Then, select a plan or network to search.

What type of care are you searching for?
- Medical

Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical Care.

What state do you want to search in?
- Colorado

Select a plan/network
- Select a plan/network

From the drop down options select either:
- CU Health Plan – Exclusive
- CU Health Plan – Extended PPO
- CU Health Plan – High Deductible PPO
- CU Health Plan – Medicare
CU Health Plan: Provider Information page on anthem.com

How to access our CU Health Plan Provider Information page:

- Go to anthem.com
- Select Menu, and under the Support heading, select Providers
- Select Find Resources in Your State, and pick Colorado
- From the Provider Home tab, select the CU Health Plan Provider Information link

Find helpful resources such as:

- Sample Member ID Cards
- CU Health Plan Overview training document
- Exclusive Network forms:
  - Exclusive Pre-Certification List
  - Exclusive Pre-Certification Form
  - Exclusive Referral Form
  - Exclusive Network Provider – Frequently Asked Questions (FAQs)
FAQ about plans which require PCP selection
Can a member see a PCP within the member’s specific network (e.g. HMO, Blue Priority (HMO), Pathway, Mountain Enhanced, CU Exclusive, or PPO plans which require PCP) if a different PCP is listed on the Member’s ID card?

- Yes, as long as the member stays within their specific network. For example, an HMO member must stay within the HMO network, a Pathway member must stay within the Pathway network, etc.

- Exception: Blue Priority (HMO) and CU Exclusive/CU Exclusive 2 because they are referral based.
  - Since a referral is required for Blue Priority (HMO) and CU Exclusive/CU Exclusive 2, if the member sees a PCP that is not the one listed on their ID card, then the member would need to have a referral (from the PCP on the ID card) to see another PCP within the respective Blue Priority (HMO) or CU Exclusive/CU Exclusive 2 network.
  - Otherwise, the member would need to contact Customer Service to change the PCP and would not be able to see the new PCP until the effective date of the change.

**Note:** The member can always contact Customer Service to change the PCP at any time, but most changes may not be effective until the following month based on attribution to the provider.
Networks at a Glance
**Networks at a Glance**

<table>
<thead>
<tr>
<th>Network Name</th>
<th>Product type</th>
<th>Agreement needed for participation</th>
<th>Alpha Prefix</th>
<th>PCP required?</th>
<th>PCP referrals required?</th>
</tr>
</thead>
</table>
| Participating (P&AR)          | Indemnity    | Indemnity/Participating            | - X-Fi, X-FX, X-FY, plus TEK  
- BlueCard/Out-of-area**     | No            | No                                    |
| PPO                          | PPO          | PPO                                | - HWS (until 12/31/16), X-FX, X-FM, X-FY, VAD, VAI; plus the local member customized alpha prefixes listed below*  
- R = R (INDIVIDUAL)**  
- BlueCard/Out-of-area**     | No            | No                                    |
| HMO                          | HMO          | HMO                                | X-FX, X-FM, X-FY; plus PEO, WPO.                                           | Yes           | No                                    |
| Blue Priority                 | HMO          | Blue Priority Amendment (Amendment to HMO Agreement) | X-FX, X-FD, X-FI               | Yes           | Yes                                    |
| Blue Priority PPO             | PPO          | Designated (Tier 1) = Blue Priority (HMO) Participating (Tier 2) = all other PPO providers not already considered Designated (our Standard PPO) | X-FX, X-FM, X-FS               | Yes           | No                                    |
| CU Exclusive (specific for CU Health Plan Members) | HMO          | CU Exclusive (Accessing our HMO Agreement, but this is a subset of our standard HMO Network based on affiliation with the CU Health Plan) | - UCD = North  
- UF = Central  
- UCV = South | Yes (Delegated to UP/UMA/ModNet) | No                                    |
| Pathway**                    | HMO          | Pathway                            | - Pathway X = VAB, VAC, X-FV  
- Pathway = VAD, X-FX  
- Pathway Network = VAE | Yes           | No                                    |
| Mountain Enhanced** (Amalgamated, Eagle, La Plata, Montezuma, Summit and Windy Rivers counties) | HMO          | Mountain Enhanced Amendment (Amendment to HMO Agreement) | - Mountain Enhanced = VAB  
- Mountain Enhanced = VAC, VAM, VAK, JTP | Yes           | No                                    |

**Important Note:** If services are not available within the Mountain Enhanced Network, the member may access our standard HMO network outside these counties, but the statewide HMO providers are not included in the member directory. The network was designed this way in order to help ensure coordination of care with the member’s PCP.
As our marketplace has gotten more complex, we’ve made a customizable version of this document to make doing business with us easier, and help ensure Provider’s staff can easily identify the networks for which they participate.

**To request a copy:**

Please email your Provider Relations Representative as indicated on the Escalation Contact List with your Tax ID number.

If you don’t know your Provider Relations Representative, please contact:

COProviderRelations@anthem.com
Electronic Member ID Cards
Anthem has a mobile app called Anthem Anywhere that allows members to manage their benefits on their smart phones, including electronic copies of their ID cards.

- Anthem app allows access to cards even when there is no internet connection.
- We want to ensure a member’s request for electronic ID card meets a provider’s office needs. If presented with an electronic card, you may still obtain a copy of the
Anthem Anywhere mobile app

Member will select either Email Card or Fax Card

(Sample shown to right is via email)
Anthem members will have this option

- Individual commercial members offered this option starting in fall 2017 for plans becoming effective on or after January 1, 2018. (*This includes all plans on and off exchange.*)

- Most Small Group members offered this option upon their group renewals starting in fall 2017 for plans becoming effective on or after January 1, 2018.

- Other membership including some Large Group, Federal Employee Program® (FEP®) and National Account members will have this option in late 2018.

- Further expansion to additional members is scheduled for 2019 and beyond.

**Note:** This will also apply to a provider’s patients who are members covered by our affiliated health plans in CA, CT, GA, IN, KY, ME, MO, NH, NV, OH, WI, VA, and NY. Based on member requests and growing trends, we anticipate that **by the year 2020, nearly 50% of our Local Plan members may choose this option.**
What this means for Providers

▪ What if you need a copy of the Member ID card?
  • Member can email the ID card
  • Member can fax the ID card
  • Provider can view on the Availity Web Portal – Now available

▪ What if your office scans ID cards?
  • Member can email or fax the card, and that image can be scanned
  • Some scanners have a scanner router built in and you may be able to send the ID card image directly to the scanner for the ID card to be scanned, without having to print a paper copy to truly stay green in your efforts of going electronic.

▪ Is emailing a Member ID card HIPAA Compliant?
  • Even if your practice does not have a secure email service, it is not a HIPAA violation for the provider to receive the ID card via email. It is a secure service for the member to utilize, and HIPAA Regulations do not prevent the member from sharing their ID card with a provider via the means of their choice.
Electronic Member ID Cards: Quick Reference Guide – Colorado

What this means for Providers: Frequently Asked Questions

What if I need a copy of the Member ID card?
Members have the option to email or fax their ID card from their phone, and providers can view (and print the card if needed) from the quality of the portal – new coming by January 1, 2019. (See provider options for obtaining a copy of electronic Member ID card version for further details)

Is scanning a Member ID card HIPAA compliant?
Even if your practice does not have a secure email service, it is not a means violation for the provider to receive the ID card via email. It is a secure service for the member to utilize, and HIPAA Regulations do not prevent the member from sharing their ID card with a provider via the means of their choice.

What if our office scans ID cards?
Members can email or fax the card, and that image can be scanned. Some scanners have a scanner router built in and you may be able to scan the ID card image directly to the scanner. For the ID card to be scanned, without having to print a paper copy to truly stay green in your efforts of going electronic.

Will all cards be going electronic at some point?
Currently, members still receive hard copies of their ID cards, even if they utilize an electronic version. Starting in fall 2018, we will allow members the option to choose electronic cards only. If the member chooses this option, he/she will not receive a hard copy card. Members will continue to have the option of selecting a hard copy card if that is their preference.

How many Anthem members will have this option?
- Individual Commercial members will have this option starting in fall 2017 for plans becoming effective on or after January 1, 2018. (This includes all plans on and off exchange.)
- Most Small Group members will have this option upon their group renewals starting in fall 2017 for plans becoming effective on or after January 1, 2018.
- Other members, including some Large Group, Federal Employee Program (FEP), and National Account members will

Quick Reference Guide includes the following:
- Provider Frequently Asked Questions
- Details on option of obtaining a copy of an electronic Member ID card
- Sample electronic member ID cards

View our Quick Reference Guide online at anthem.com:
- Select Menu, and under the Support heading, select Providers.
- Choose Colorado from the drop down list, and Enter.
- From the Provider Home page, under the Self-Service and Support heading, select the link titled Electronic Member ID Cards – Quick Reference Guide.

Anthem Networks Overview – CO – January 2019
If member forwards via email:

- **From:** noreply@anthem.com
- **Subject line:** Anthem ID Cards for MEMBER FIRST AND LAST NAME

If member forwards via fax:

- **Cover sheet will read:** This ID Card is for MEMBER NAME. This fax has personal health information (PHI), so please keep it in a safe place.

Email or Fax will include copy of the ID card like this sample.
Electronic Member ID Cards: via the Availity Web Portal

View the Member ID card on the Availity Web Portal at availity.com

- This option is NOW available for Anthem members.
- You will need same information as required to complete and Eligibility and Benefits Inquiry. Once the tool is available, you may view and print card if needed.
Questions?
Contact your Provider Solutions representative.

Click on the link to the Escalation Contact List below, if you aren’t sure who is your designated representative:

Escalation Contact List – CO

Note: This document is intended for educational purposes. If there is a conflict with this document and your Provider Agreement, your Provider Agreement supersedes.