Important update about Anthem’s 2015 ACA-compliant health plans – Colorado

Anthem Blue Cross and Blue Shield (Anthem) will continue to offer Affordable Care Act (ACA) compliant health plans for the 2015 plan year. These plans are often referred to as plans purchased “on” and “off” the Health Insurance Marketplace, or the exchange. The following frequently asked questions provide details about the 2015 health plans and the supporting provider networks.

Please read this information carefully and share it with your office staff as appropriate. You can also find important information consolidated in our Health Insurance Marketplace/Affordable Care Act Quick Reference Guide for 2015.

Frequently Asked Questions

Q1: What are the names of the provider network(s) that will support Anthem’s 2015 ACA-compliant health plans?

A1. Network Name for plans sold ON Exchange:
   - Pathway X
     (Note: The word “Enhanced” has been removed from the Pathway network naming convention for 2015)
   - Mountain Enhanced X – New in 2015 for Individual plans only

Network Name for plans sold OFF Exchange:
   - Pathway*
     *Original communication indicated both Pathway and Pathway X. Should be Pathway only for OFF Exchange.
   - Mountain Enhanced – New in 2015 for Individual plans only
   - Blue Priority (HMO)
   - Blue Priority PPO
   - PPO – New in 2015 for Individual plans only

Q2. Which providers participate in these networks?

A2. Anthem’s Pathway network:

Anthem’s Pathway network is a subset of Anthem’s standard HMO network. The Pathway network is a statewide network, but is aligned with specific hospitals in the Front Range. The Front Range Counties (Boulder, Denver Metro area, El Paso/Teller, Larimer/Weld and Pueblo) are 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 and Swedish Medical Center)
• Rocky Mountain Hospital for Children (HCA)
• University of Colorado Hospital
• Memorial Hospital System
• Pikes Peak Regional Medical Center
• Poudre Valley Hospital
• Medical Center of the Rockies
• Parkview Medical Center
• Craig Hospital

Physician groups:
• Rose Medical Group
• New West Physicians
• University Physicians (except pediatrics in Denver)
• Colorado Health Medical Group
• Mountain View Group
• Colorado Springs Health Partners
• Parkview Ancillary Physicians
• HealthONE Clinic Services
• Community Medical Associates
• Boulder Medical Center

All other counties include all hospitals and providers within our standard HMO network. 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.

Anthem’s Mountain Enhanced network:

Anthem’s Mountain Enhanced network is a subset of Anthem’s standard HMO network. The Mountain Enhanced network is only available for Individual (January 1, 2015) Affordable Care Act (ACA) compliant plans in the following counties: Eagle (Vail), La Plata (Durango), Montezuma (Cortez), and Summit (Frisco).

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

• 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

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.

Special note: within these 4 counties, members must see a Mountain Enhanced provider. If services aren’t available within these counties, then the member should work with their PCP to coordinate care to our greater HMO network outside these counties. Mountain Enhanced Member’s within any of the 4 counties can see a Mountain Enhanced provider within any of the 4 counties (i.e. a Mountain Enhanced member in Frisco, may see a Mountain Enhanced provider within Vail).

All other Anthem networks are still currently in place.

Q3. How can I confirm a provider’s participation in the networks?

A3. Providers and members can confirm participation status for Anthem provider networks by using the Find a Doctor tool at Anthem.com. We’ve recently enhanced the Find a Doctor tool to make it easier for providers, consumers, and members to search for in-network providers. These enhancements include:

- A new screen layout that guides users more effectively to a specific health plan, helping ensure provider searches are conducted within the plan’s corresponding provider network
- A simplified “Select a Plan/Network” option to help narrow searches
- A more organized display of the health plans a doctor or hospital accepts

Please note that providers not participating in these networks will remain participating providers in Anthem’s other provider networks, as applicable, under their existing provider agreements.

Reminder: While a referral is not required for many of our plans; if you are referring a member to a specialist, please ensure the specialist is in the member’s appropriate network.

Special Note: For the Mountain Enhanced network, if services are not available within the Mountain Enhanced network, the member may access our standard 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 or Customer Service.
Q4. When is the 2015 open enrollment period for individuals and small groups to purchase a health plan on the exchange?

A4. Open enrollment for individuals purchasing an on or off exchange plan through the Marketplace runs from November 15, 2014 – February 15, 2015. Small groups may enroll at any time.

Q5. How will Anthem help current members update information related to their existing plan and new members navigate the 2015 open enrollment period?

A5. As we approach this second open enrollment period, we are incorporating important learnings from last year into our approach so that it is easier for our members to research, compare, enroll – and access health care coverage. To help consumers shop and compare Anthem plans, we’ve invested in new online resources, including a streamlined search tool so consumers can see if their doctor or local hospital is in a plan’s network, and save their search results for later use. For our current on exchange members, we will encourage them to update their information for next year through ChangeMyCoverage.com or by contacting an Anthem Health Plan Advisor (HPA).

Q6. Will Anthem’s 2015 ACA-compliant health plans have new plan names?

A6. While many 2015 health plans will have new plan names, some plan names will remain the same. Additionally, for small group health plans, providers will continue to see 2014 plan names until groups transition to new 2015 plan names upon renewal of the plan. New plan names include the metal level (bronze, silver, gold or platinum) associated with the plan, and may include the name of the supporting provider network.

To review a list of the plan names for 2015, please see our Health Insurance Marketplace / Affordable Care Act Quick Reference Guide for 2015.

Q7. How can providers identify members with ACA-compliant health plans?

A7. Provider offices need to understand how to identify these members, and providers should verify eligibility and benefits for members via Availity before rendering services. The following information will be indicated on Anthem member ID cards to help providers identify these members:
- The supporting provider network will be indicated in the Network Name field.
- Many plan names will also include the network name.
- The following alpha prefixes will be used for members with ACA-compliant plans:

<table>
<thead>
<tr>
<th>Alpha Prefix</th>
<th>Health Plan Benefit Option</th>
<th>Product Type</th>
<th>Network Name (which will appear on Member ID card)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAB, XVF</td>
<td>Individual (ON Exchange)</td>
<td>HMO</td>
<td>Pathway X</td>
</tr>
<tr>
<td>VAC</td>
<td>Small Group (ON Exchange)</td>
<td>HMO</td>
<td>Pathway X</td>
</tr>
<tr>
<td>VAG</td>
<td>Individual (ON Exchange)</td>
<td>HMO</td>
<td>Mountain Enhanced X</td>
</tr>
</tbody>
</table>
### Off Exchange

<table>
<thead>
<tr>
<th>Alpha Prefix</th>
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<th>Product Type</th>
<th>Network Name (which will appear on Member ID card)</th>
</tr>
</thead>
<tbody>
<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>VAF</td>
<td>Individual (OFF Exchange)</td>
<td>HMO</td>
<td>Mountain Enhanced</td>
</tr>
<tr>
<td></td>
<td>(effective 1/1/2015)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XFI</td>
<td>Small Group (OFF Exchange)</td>
<td>HMO</td>
<td>Blue Priority (HMO)</td>
</tr>
<tr>
<td>XFS</td>
<td>Small Group (OFF Exchange)</td>
<td>PPO</td>
<td>Blue Priority PPO</td>
</tr>
<tr>
<td>VAI</td>
<td>Individual (OFF Exchange)</td>
<td>PPO</td>
<td>PPO Statewide</td>
</tr>
<tr>
<td></td>
<td>(effective 1/1/2015)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAD</td>
<td>Small Group (OFF Exchange)</td>
<td>PPO</td>
<td>PPO Statewide</td>
</tr>
</tbody>
</table>

In addition to the above mentioned indicators, an upcoming enhancement to the electronic 271 eligibility and benefits transaction will make it even easier for providers to identify Anthem members with plans purchased on the exchange. The enhanced messaging will indicate “EXCHANGE MEMBER” as well as the name of the member’s health plan, when a member has purchased a plan on the exchange.

For example:

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271
2110C EB
   EB05 = “EXCHANGE MEMBER – [MEMBER’S COMPLETE PLAN NAME]”
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Some 2015 ACA-compliant health plans have little to no out-of-network or out-of-area benefits. As with other Anthem products, services rendered by non-contracted providers will be processed as out-of-network.

**Q8. What happens if a member sees an out-of-network provider?**

**A8.** Members must receive care from an in-network Primary Care Physician (PCP), Specialty Care Physician (SCP) or other in-network provider to be covered at the in-network level, except for Emergency Care and Urgent Care. Services not received from an in-network PCP, SCP or other in-network provider, or approved as an authorized service will be considered an out-of-network service. Claims for out-of-network services that are not emergency or urgent may deny and the member may be responsible for costs incurred, or have a higher patient responsibility, depending on the member’s benefit plan.

**Q9. Does the three month grace period still apply to 2015 individual plans purchased on the exchange?**

**A9.** Yes. The mandated three month grace period continues to apply to members who 1) purchase their health plan on the exchange, 2) are eligible for a premium subsidy from the government, and 3) are delinquent in paying their portion of premiums. This grace period applies after the individual has paid at least one month’s premium within the benefit year.
To learn more about how to verify member grace period status and how Anthem processes claims when a member is in a three month grace period, access these previously published provider notifications:

- Grace period for individual health plans purchased on the exchange
- Verify member grace period status electronically using Availity or EDI

Additional Information:

- Dedicated web page for Health Insurance Marketplace / Affordable Care Act Information:
  To learn more about the Health Insurance Marketplace / Affordable Care Act information, we have created a dedicated webpage on our website. Go to anthem.com, and select the Provider link at the top center of the page. Select Colorado from the drop down list, and enter. From the Provider Home page, under the Communication and Updates section, select the link titled “Health Insurance Marketplace / Affordable Care Act information”. New information will be posted to this web page, as it becomes available. Please bookmark this page for future reference.

- Health Insurance Marketplace / Affordable Care Act – Quick Reference Guide for 2015
  Go to anthem.com, and select the Provider link at the top center of the page. Select Colorado from the drop down list, and enter. From the Provider Home page, under the Communication and Updates section, select the link titled “Health Insurance Marketplace / Affordable Care Act information”. Select the 2014 link, then the link titled “Health Insurance Marketplace / Affordable Care Act Quick Reference Guide for 2015 – November 2014”