New provider networks will support health plans sold on and off the Health Insurance Marketplace

Anthem Blue Cross and Blue Shield (Anthem) has developed new Individual and Small Group health benefit plans that will be sold on and off the Health Insurance Marketplace (also commonly called the Exchange). Effective dates for these new health plans begin January 1, 2014. We’ve developed new provider networks to support the new Individual health plans. The following FAQs provide important information about the new health plans and the supporting provider networks. Please read this information carefully.

Provider Network Questions

Q: What is the name of the provider network(s) that will support plans purchased on the Exchange?
A. The Pathway X HMO/POS for Individual exchange plans and the Blue Preferred HMO/POS network for Small Group plans will support plans purchased on the Exchange.

Q. What is the name of the provider network(s) that will support plans purchased off the Exchange?
A. The Pathway HMO/POS for Individual off-exchange plans and Blue Preferred HMO/POS as well as Blue Access PPO networks for Small Group plans will support new plans purchased off the Exchange.

Q. Which providers are participating in these networks?
A. A subset of Anthem’s participating doctors, hospitals and other health care professionals are participating in the new Pathway networks for Individual plans. The Blue Preferred HMO/POS and Blue Access PPO networks are our current broader networks. The networks include a broad base of ancillary providers.

Q. How do I know if I am participating in one or more of the networks?
A. Providers were notified about their participation status by signing an amendment earlier this year to participate in the Pathway HMO/POS and Pathway X HMO/POS for Individual plans. Providers not participating in the Pathway HMO/POS and Pathway X HMO/POS networks will remain participating providers in Anthem’s other provider networks, as applicable, under their existing provider agreements.

Beginning in October, providers will be able to confirm their participation status by using the Find a Doctor tool at anthem.com (select Indiana)>Find a Doctor. You’ll be able to search by a specific provider name, or view a list of local in-network providers using search features such as provider specialty, zip code, and plan type.

Q. As a non-participating provider, what should I know if a member presents at my office?
A. Some of the new health plans have little to no out-of-network benefits, so your office will need to be able to identify these members. You can easily identify these members by the Network Name field on the member ID card, which will indicate one of the network names noted above. As with other Anthem products, services rendered by non-contracted providers will generally be processed as out-of-network for PPO plans and not covered (except for emergent and urgent services) for HMO plans. Providers should continue to verify eligibility and benefits for all members.
New Health Plan Questions

Q. In general, what will the benefits for the new health plans be like (copayments, member out of pocket, etc.)?
A. Member benefits for the new Individual and Small Group health plans will vary based on options that are available for the member. In general, health plans purchased on the Exchange will have a slightly higher out of pocket, little to no out-of-network benefits, lean pharmacy benefits, and a more focused provider network.

Health plans purchased off the Exchange for Small Group will look a lot like they do today. Individual off-Exchange plans will have a more focused provider network.

All Individual and Small Group health plans will include Essential Health Benefits (or EHBs).

Large group benefit plans are not subject to many of the new requirements for Individual and Small Group plans. They will look very much as they do today.

Providers should continue to verify eligibility and benefits for all members. Benefit information for these new health plans will be available on the Availity Web Portal.

Q. Will the new health plans have new names?
A. Yes, new health plans sold on and off the Exchange have new product names. Some of the new product names for Indiana include Pathway HMO/POS (Individual off Exchange), Pathway X HMO/POS (Individual on Exchange), Blue Preferred HMO/POS (Small Group on Exchange) and Blue Access PPO (Small Group off Exchange). Health plans purchased on the Exchange will indicate a metal level in the product name on the member ID card.

Q. How will providers identify these new health plans?
A. Member ID cards for the new Individual and Small Group health plans will include information to help providers identify these members. For example, the Network Name will be indicated on the member ID card, identifying the member’s supporting provider network. For plans purchased on the Exchange, the product name on the ID card will include a metal level – bronze, silver, gold or platinum. Metal levels indicate the “richness” of the benefits associated with a product or health plan. For example, a member ID card may show the product name “Pathway HMO/POS, Pathway X HMO/POS, and Blue Preferred HMO/POS” with metal levels. Sample member ID cards will be shared with providers as soon as they are finalized and available.

Q. Will the new health plans purchased on and off the Exchange have out-of-network benefits?
A. Several plans are available in Indiana. The HMO plans will have NO out-of-network benefits, except for emergent/urgent care. The POS plans have out-of-network benefits with higher member out of pocket cost shares.

Q. Will emergency care services be covered as in-network under the new Individual and Small Group health plans?
A. Emergency care services are covered under the new plans. If a member is seen by an out-of-network provider for emergency services (due to the seriousness of the illness or injury), these charges will be covered as in-network benefits. However, if the visit is not a medical emergency, a claim may deny and the member may be responsible for costs incurred, depending on the member’s benefit plan.

Q. Are members required to have a primary care physician (PCP) and referrals to specialists?
A. In Indiana, no PCP selection is required. Services can be obtained from any available in-network provider.
Q. How will you help members understand their new policy and benefits?
A. After a new plan is selected, members will receive either a Welcome Kit by mail or information by email. Welcome kits provide members with benefit information and coverage details to help them understand their copays, deductibles, and coinsurance responsibilities. These kits also include information about health and wellness programs, and online tools to help members find in-network providers. When members prefer electronic communications, they receive an email with details about how to access all of this information and more through our member website.

To find more updates about these new health plans, please access the Health Insurance Exchange page online, at www.anthem.com>Providers (select Indiana)>Health Insurance Exchange. Additionally, we will use our email service, Network eUPDATE to communicate critical updates about the Health Insurance Marketplace. If you are not yet signed up to receive Network eUPDATEs, we encourage you to enroll now so you will receive all information shared about the Exchange. To sign up, visit anthem.com>Providers (select Indiana)>Important Updates.

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