Reminder for Las Vegas Resort Holdings, LLC dba SLS Las Vegas new client as of January 1, 2017

In our December newsletter, Anthem announced Las Vegas Resort Holdings, LLC dba SLS Las Vegas (SLS Las Vegas) as a new client effective January 1, 2017. As a reminder, SLS Las Vegas offers their approximately 1,200 employees/dependents benefit options accessing one of the following network options:

<table>
<thead>
<tr>
<th>Network Options</th>
<th>Members identified by the following Alpha Prefix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem's Choice PPO (Tier 1 = Pathway PPO / Tier 2 = PPO)</td>
<td>YFX</td>
</tr>
<tr>
<td>HMO Nevada</td>
<td>YFY</td>
</tr>
</tbody>
</table>

Note: This new group will have the same alpha prefixes as our other Anthem members as indicated above.

Members that select the HMO Nevada option have an open access plan; 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 HMO Nevada providers.

Networks at a Glance

Need help keeping track of the Anthem networks in which you are participating? We’ve created a document call our Networks at a Glance. This shows all of our Networks available in Nevada. If you’d like a customized version, please email our Provider Relations team at NVProviderRelations@Anthem.com with your Tax ID or NPI Number, and we can create a customized version for your organization to confirm the networks with which you participate.

After Hours Reminder

After hours care is provided by physicians who may have a variety of ways of addressing members’ needs. Members should call their PCP for instructions on how to receive medical care after the PCP’s normal business hours, on weekends and holidays, or to receive non-Emergency Care and non-Urgent Care within the service area for a condition that is not life threatening, but that requires prompt medical attention. In case of an Emergency, the Member should call 911 or go directly to the nearest Emergency room. If he/she is outside the service area, non-emergency services might not be covered under the BlueCard Program.

As a reminder, providers must have an answering service or instructions on how to contact the provider after normal business hours, on weekends, or holidays.
Importance of submitting Provider changes timely

When your organization has changes that need to be submitted to Anthem, please ensure these changes are submitted timely to help ensure our systems can be updated prior to changes being effective, as well as our online provider directory utilized by members and providers alike. Our information provided to our members and providers is only as good and timely as the information provided to Anthem through the Provider Maintenance Form (formerly known as Provider Change Form).

The online Provider Maintenance Form must be used by Nevada physicians, providers and professionals to submit demographic or other practice changes to Anthem. Examples include, but are not limited to:

- practice or provider name change
- address change
- tax ID change
- opening or closing a practice location
- change in your practice status (e.g., open, closed or existing patients-only status)

**Note:** Do not use this form to request participation for a new provider or practitioner; instead use the New Provider Application Form.

All requests must be received 30 days prior to change/update. Any request received with less than 30 days’ notice may be assigned a future effective date. Contractual guidelines may supersede effective date request. Please provide 120 days notice of termination from our network.

**How to access the Provider Maintenance Form:**

Go to anthem.com. Click Menu, and then under the Support heading select the Providers link. Choose Nevada from the drop down list and enter. Select the Provider Home tab at the top of the page. Under the Self Service and Support heading, select the link titled Download Commonly Requested Forms, then Provider Maintenance Form (formerly known as Provider Change Form).

Medical chart reviews for members with plans on or off the exchange due by April 1, 2017

Each year, Anthem requests your assistance in our retrospective medical chart review programs. We continue to request members’ medical records to obtain information required by the Healthcare Effectiveness Data and Information Set (HEDIS®) and the Centers for Medicare & Medicaid Services (CMS).

We will continue our chart review program for those members who have purchased our individual and small group health insurance plans on or off the Health Insurance Marketplace (commonly referred to as the exchange). This particular effort is part of Anthem’s compliance with provisions of the Affordable Care Act (ACA) that require our company to collect and report diagnosis code data for our members who have purchased individual or small group health plans on or off the exchange. The members’ medical record documentation helps support this data requirement.

**Anthem engages Inovalon to conduct medical chart reviews for our exchange members**

To assist with our ongoing medical chart review program for members enrolled in our individual and small group ACA plans, Anthem is again collaborating with Inovalon – an independent company that provides secure, clinical documentation services – to contact providers on our behalf. Inovalon’s Web-based workflows help reduce time and improve efficiency and costs associated with record retrieval, coding and document management. Anthem is working with Inovalon in retrieving and reviewing our members’ medical records.
Inovalon is using the following methods of collecting medical record information:

- Scanned or faxed medical records that providers’ offices send to Inovalon
- Onsite medical record reviews by trained clinical personnel
- Automated medical record retrieval using electronic health records (EHR) system interoperability through the provider’s EHR system

More specifically, in cases where Inovalon sends a letter requesting fewer than six medical records for review, Inovalon follows up with a phone call to request that the providers’ offices fax or mail the medical chart information. We ask that provider offices fax or mail the medical record information to Inovalon within 30 days. Charts must be received by April 1, 2017 in order for the charts to be reviewed prior to submission to HHS.

In cases where Inovalon is requesting more than six medical records to review, an Inovalon reviewer calls the provider’s office and arranges a time convenient to visit the office onsite to collect the appropriate information. Before the onsite visit, Inovalon mails or faxes the provider’s office a letter to confirm the upcoming visit. The Inovalon medical record review personnel coordinate all clinical facility communication, medical record data review scheduling, collection, and tracking – onsite or remotely.

To make it easier for providers, an automated medical record data retrieval can be set up through the provider’s EHR system if utilizing Allscripts, NextGen or Athenahealth. Upon receiving the provider group’s one-time authorization, Inovalon’s systems automatically retrieve targeted medical record data for quality and risk score accuracy from a centrally maintained repository from the respective EHR partner. The goal of this partnership is to both improve the medical record data extraction and the experience for Anthem’s network-participating hospitals, clinics and physician offices. Anthem and Inovalon are working together to identify facilities and providers’ offices for engagement. If you are interested in this type of set up or any other remote access options, please contact Kristin Parker at Kristin.Parker@bcbsmo.com.

Appropriate coding helps provide a comprehensive picture of patients' health and services provided

As the physician of our members who have health plans on and off the exchange, you play a vital role in the success of this initiative and our compliance with ACA requirements. When members visit your practice or office, we encourage you to document ALL of the members’ health conditions, especially chronic diseases. As a result, there is ongoing documentation to indicate that these conditions are being assessed and managed.

By maintaining quality coding and documentation practices and by cooperating with our medical chart requests, you will help ensure your patients receive the proper care they need, and you will be instrumental in helping Anthem meet our ACA obligations. Together, we can help ensure risk adjustment payment integrity and accuracy.

Reminder about ICD-10 CM coding

As you are aware, the ICD-10 CM coding system serves multiple purposes including identification of diseases, justification of the medical necessity for services provided, tracking morbidity and mortality, and determination of benefits. Additionally, Anthem uses ICD-10 CM codes submitted on health care claims to monitor health care trends and costs, disease management and clinical effectiveness of medical conditions.

We encourage you to follow the principles below for diagnostic coding to properly demonstrate medical necessity and complexity:

- Code the primary diagnosis, condition, problem or other reason for the medical service or procedure in the first diagnosis position of the claim whether on a paper claim form or the 837 electronic claim transaction, or point to the primary diagnosis by using the correct indicator/pointer.
Include any secondary diagnosis codes that are actively managed during a face-to-face, provider-patient encounter, or any condition that impacts the provider’s overall management or treatment of that patient in the remaining positions.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Medicare Advantage Updates

Keep up with Medicare news

Please continue to check Important Medicare Advantage Updates at anthem.com/medicareprovider for the latest Medicare Advantage information.

Health Care Reform Updates (including Health Insurance Marketplace / Affordable Care Act)

We invite you to go to anthem.com to learn about the many ways health care reform and health insurance marketplace / affordable care act information may impact you. New information is added regularly. To view the latest articles on health care reform and/or health insurance marketplace / affordable care act, and all achieved articles, you can access them all online. Go to anthem.com. Click Menu, and under the Support heading, select Providers. Choose Nevada from the drop down list, and Enter. Select the Provider Home tab at the top of the page. Under the Communications and Updates heading, choose Health Care Reform Updates and Notifications or Health Insurance Marketplace / Affordable Care Act information.