Medicare Advantage Group Retiree PPO plans and National Access Plus FAQ

The Empire BlueCross (Empire) Group Retiree Medicare Advantage PPO plans may include the National Access Plus benefit, which allows retirees to receive services from any provider, as long as the provider is eligible to receive payments from Medicare and bill the member's PPO plan. These PPO plans also offer benefits that Original Medicare doesn't cover, including an annual routine physical exam, hearing, vision, chiropractic care, acupuncture, LiveHealth Online and SilverSneakers®.

If you are already part of our Medicare Advantage PPO network, thank you. The FAQ below will be helpful as you grow your practice and serve members who may be new to our Group Retiree PPO plans.

Out-of-network providers are paid Medicare allowable rates for covered services, less the members' copayment, coinsurance and/or deductible. **No contract is required**.

With the National Access Plus benefit, the member's cost share doesn't change — whether local or nationwide, doctor or hospital, in- or out-of-network.

Which Medicare Advantage PPO plans offer the National Access Plus benefit?

- Medicare Preferred (PPO)
- Anthem Medicare Preferred (PPO)
- Empire MediBlue Freedom (PPO)

Do I need to participate in the Medicare Advantage PPO network to see members with the National Access Plus benefit?

No. No contract is required. You can still see your current patients and new patients who have one of the following Medicare Advantage PPO plans:

- Medicare Preferred (PPO)
- Anthem Medicare Preferred (PPO)
- Empire MediBlue Freedom (PPO)

What is the payment rate for out-of-network providers who treat Medicare Advantage PPO members with the National Access Plus benefit?

Out-of-network providers are paid Medicare allowable rates for covered services, less the members' copayment, coinsurance and/or deductible.

Does the member have a higher copay if they see me as an out-of-network provider?

The National Access Plus benefit allows retirees to receive services from any provider, as long as the provider is eligible to receive payments from Medicare. The member's copay or coinsurance percentage will be the same whether his/her provider is in- or out-of-network. Whether local or nationwide, doctor or hospital, in- or out-of-network — the member's cost share doesn't change.

If the member is in one of our PPO plans but the plan does **not** include the National Access Plus benefit, the member could have a higher copay. Please check member eligibility and benefits to verify the cost share.

How do I check eligibility and benefits for these members?

- **Online:** Eligibility, benefits, claims, links to secure messaging, commonly used forms and remit information are all available through the Availity Portal at **https://www.availity.com**. For questions on access and registration, call Availity Client Services at **1-800-Availity** (**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:** Call the provider service number on the back of the member ID card. You may also verify a member's eligibility by calling the BlueCard Eligibility Line at **1-800-676-BLUE (2583)** and provide the member's three-digit alpha prefix located on the ID card.

As new members enroll in Empire Group Retiree Medicare Advantage plans, they will receive new ID cards. Please continue to check member ID cards to ensure you have the most up-to-date eligibility and benefit information.

How do I file claims for Medicare Advantage PPO members with or without the National Access Plus benefit?

Providers may submit claims electronically using the electronic payer ID for the Blue Cross and Blue Shield plan in their state or submit a *UB-04* or *CMS-1500* form to the Blue Cross and Blue Shield plan in their state. Claims should not be filed with Original Medicare. You can file a claim through one of the following:

- **Online: https://www.availity.com**
- **Mail:** Use the medical claims and inquiries filing address on the back of the member's ID card

Is prior authorization required?

Contracted providers must request prior authorizations. Noncontracted providers are not required to request a prior authorization, but we recommend that you do so to ensure we can assist you with any questions or issues.

How do I request a prior authorization?

- **Online: https://www.availity.com**
  - You may also use Availity to check the status of your prior authorization request. Additional information is available at **https://tinyurl.com/yxegn273**.
- **Phone: 1-833-848-8730** — Follow the prompts to identify yourself as a provider, then follow the prompts to get to the correct prior authorization team. Please see the table at the end of this document for specific utilization management and prior authorization requests.
- **Fax: 1-866-959-1537**

The following information is required for a prior authorization:

- 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

I do not participate in the Medicare Advantage PPO network. I am waiting to hear if a prior authorization request is approved — should I ask the member to reschedule or postpone the appointment until I have confirmation that my prior authorization request is approved?

Noncontracted providers are not required to request a prior authorization, but we recommend that you do so to ensure we can assist you with any questions or issues. Empire will work with providers to approve prior authorizations so members do not postpone appointments.

If you encounter any delays and need immediate assistance, please contact us:

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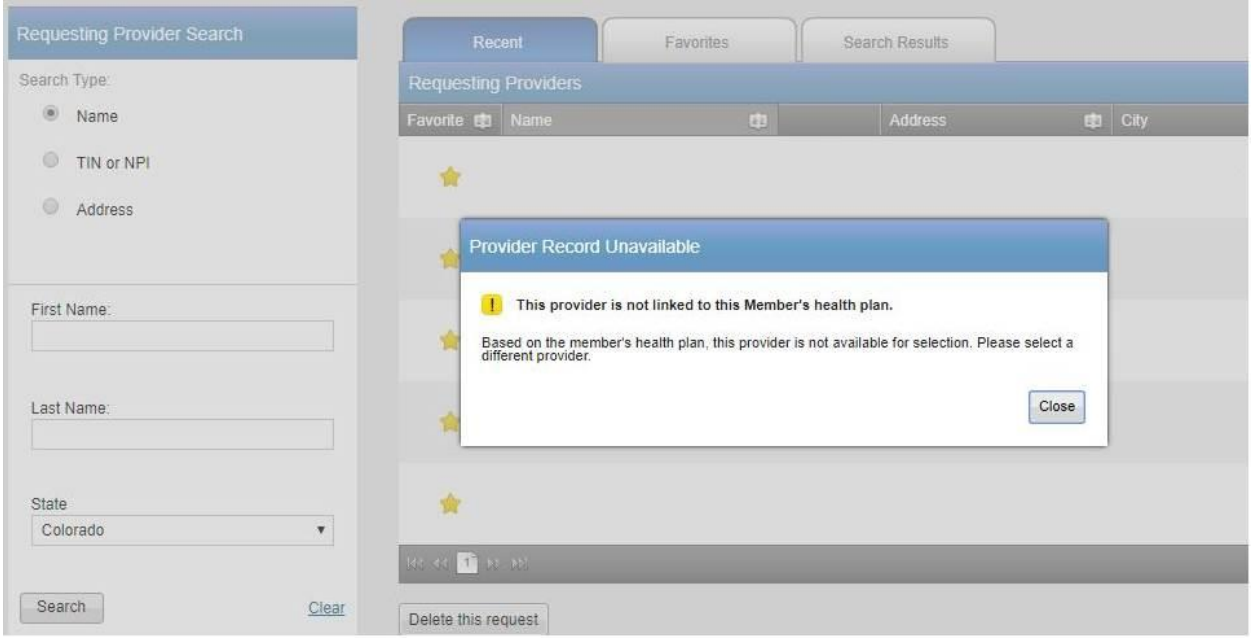
- **Phone: 1-833-848-8730**
- **Fax: 1-866-959-1537**

Contracted providers must request prior authorizations.

I requested a prior authorization from AIM Specialty Health® but my facility appears to be out-of-network for the Medicare Advantage PPO member I am treating. How do I resolve this?

Many Medicare Advantage PPO members who have the National Access Plus benefit recently moved from a commercial health plan to a Medicare Advantage PPO. When selecting a facility for a Medicare Advantage member's service request, several search options are available. The *Recent* tab includes any previously selected records that your office uses. The *Favorites* tab captures records that you manually flag for saving. These records can be for any line of business (commercial, Medicare or Medicaid). When a record for a different line of business is selected, a message will pop up to let you know this is not linked to the member's plan. For example, selecting a commercial provider record on a Medicare case will end in this result, since the commercial record will not be associated with the required networks. If you are not finding your provider record as in-network while viewing what is under the *Recent* or *Favorites* tabs, it is recommended that you perform a member search. The search will only find records associated with the member's line of business. Please contact AIM Specialty Health ***Provider****Portal*$_{SM}$ support at **1-800-252-2021**, Monday through Friday, 8 a.m. to 7 p.m. ET if you have questions or need further assistance.



How do I learn more about using the *Provider*Portal?
The ***Provider****Portal* allows providers to conveniently submit AIM prior authorization requests online. It allows you to open a new order, update an existing order and retrieve your order summary. As an online application, ***Provider****Portal* is available 24/7. Your first step is to register your practice in ***Provider****Portal* if you are not already registered. Go to **https://www.providerportal.com** to register. If you have previously registered for other services managed by AIM, there is no need to register again. A recorded training session is available at **www.aimproviders.com/msk/Resources.html**.

The training includes:

- An overview of ***Provider****Portal*, an online tool used to request AIM clinical review.
- Guidance to create and submit an order request, update an existing request and retrieve your prior authorization summary.
- Tips and shortcuts to navigate the system and check the status of your requests.

You may also access AIM via Availity at **https://www.availity.com**.

How do I request a post-acute admission?
Post-acute admissions (inpatient rehab, long-term acute care hospital, skilled nursing facility) can be requested through one of the following:

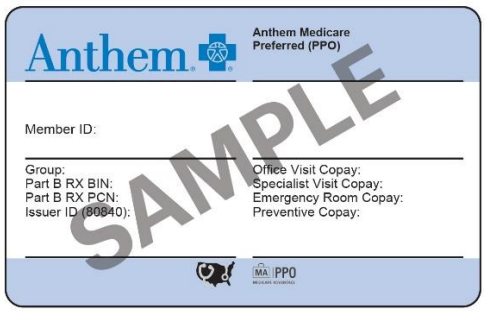
- **Online: https://www.availity.com**
- **Email**: grsdischargeplanning@anthem.com
- **Fax: 1-844-494-8350**

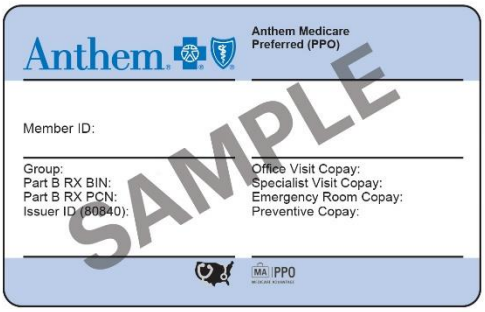
Are referrals required?
No. Members are not required to obtain a referral before they see a provider.

How do I join the Empire Medicare Advantage network?
If you are not a participating provider and would like to learn how to join our network, contact your network representative or email grsmanetworksupport@anthem.com. Additional information is available at **www.empireblue.com/provider.**

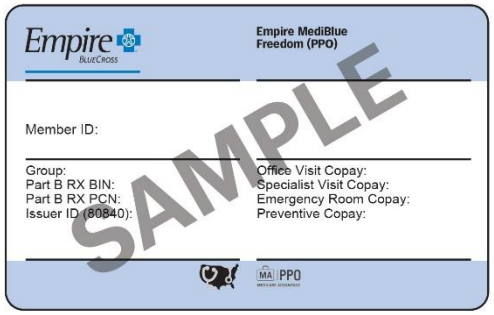
What do member ID cards look like for Group Retiree Medicare Advantage PPO plans?
Examples of Group Retiree Medicare Advantage PPO member ID cards are shown below. Most Group Retiree Medicare Advantage PPO member ID cards will also have the National Access Plus icon.

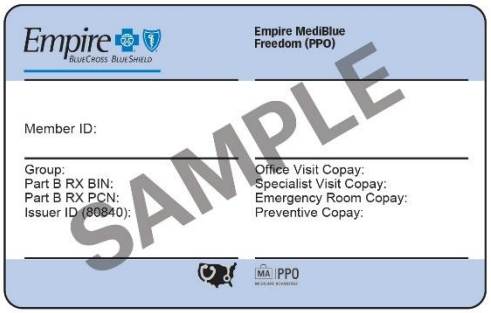
Anthem Medicare Preferred (PPO):





Empire MediBlue Freedom (PPO):





Additional prior authorization and utilization management contacts:

Condition or service	Program description	Contact
Advanced illness	The Aspire Health program allows Medicare Advantage members and their caregivers timely access to appropriate care 24/7 through the Aspire care management team. Aspire **does not replace** the care of PCPs and specialists. Members enrolled in this program keep their PCP and other specialists and may continue to seek treatment.	24/7 patient and referral hotline: **1-877-702-6863**; fax **1-844-249-5579**; email: referrals@aspirehealthcare.com
Advanced care and life planning	Vital Decisions is a patient-centered health care counseling service. Specially trained counselors work with individuals and their families to help educate, discuss and work through the important topics of advance care and life planning.	**https://vitaldecisions.net**
Part B prescriptions	Part B requests can be submitted to the health plan by fax, phone or email.	Phone: **1-866-797-9884, option 5** Fax: **1-866-959-1537** Email: maspecialtypharm@anthem.com
Medical oncology	CMS-compliant medical necessity determinations on Part B injectable drugs requested by oncologists and used for cancer or cancer supportive therapies.	Access ***Provider****Portal* directly at **https://www.providerportal.com**. Access AIM via Availity at **https://www.availity.com**. Call the AIM Contact Center toll-free number at **1-800-714-0040**, Monday through Friday, 8:30 a.m. to 7 p.m. ET.
Cardiology medical necessity reviews	AIM conducts preservice and postservice prepay medical necessity reviews of selected cardiac procedures, including reviews of facility and professional cardiac catheterizations and percutaneous coronary interventions.	Access ***Provider****Portal* directly at **https://www.providerportal.com**. Access AIM via Availity at **https://www.availity.com**. Call the AIM Contact Center toll-free number at **1-800-714-0040**, Monday through Friday, 8:30 a.m. to 7 p.m. ET.

Condition or service	Program description	Contact
Emergent hospital admissions	Unplanned IP admissions require concurrent review.	Online: **https://www.availity.com** Secure email: grsacute@anthem.com Fax: **1-866-959-1537**
Focused claims review	OrthoNet conducts postservice prepayment procedure code reviews of select professional surgical services for group-sponsored members, including (but not limited to): • Orthopedic surgery • Plastic surgery • Neurosurgery • Sports medicine • Podiatry • Hand surgery • Neurology • Pain management • ENT • General surgery • Dermatology • Cardiology • Urology	Fax: **1-866-951-2711** Phone: **1-888-230-1346**
Genetic testing	Submit genetic testing prior authorization requests to AIM.	Access ***Provider****Portal* directly at **https://www.providerportal.com**. Access AIM via Availity at **https://www.availity.com**. Call the AIM Contact Center toll-free number at **1-800-714-0040**, Monday through Friday, 8:30 a.m. to 7 p.m. ET.
Home health services	myNEXUS home health care program includes utilization management (pre and postservice), claims processing and network management for providers providing home health services to most Medicare Advantage members in CA, GA, IN, MO, NH, NY, OH and WI.	Information is available either online at **https://www.mynexuscare.com/Anthem**, via the provider portal at myNEXUS **https://portal.mynexuscare.com** or by calling myNEXUS at **1-844-411-9622**. FAQ are available under *Provider Training and FAQs* at **www.empireblue.com/medicareprovider**.

Condition or service	Program description	Contact
Pain management procedures	The following services/treatment requests must be reviewed by AIM for prior authorization: • Epidurals • Facet blocks • Implantable infusion pumps • Spinal cord stimulators	Access ***Provider****Portal* directly at **https://www.providerportal.com**. Access AIM via Availity at **https://www.availity.com**. Call the AIM Contact Center toll-free number at **1-800-714-0040**, Monday through Friday, 8:30 a.m. to 7 p.m. ET.
Physical therapy and occupational therapy	Office, outpatient facility, outpatient Part B and long-term care facilities should contact Empire to conduct medical necessity reviews for outpatient physical therapy and occupational therapy.	Please call the customer service number on the back of the member ID card to request prior authorization.
Post-acute admissions (inpatient rehab, long-term acute care hospital, skilled nursing facility)	Prior authorization is required for all post-acute admissions	Online: **https://www.availity.com** Secure email: grsdischageplanning@anthem.com Fax: **1-844-494-8350**
Radiation oncology	Submit prior authorization requests for radiation oncology services to AIM.	Access ***Provider****Portal* directly at **https://www.providerportal.com**. Access AIM via Availity at **https://www.availity.com**. Call the AIM Contact Center toll-free number at **1-800-714-0040**, Monday through Friday, 8:30 a.m. to 7 p.m. ET.
Radiology	Submit prior authorization requests for radiology services to AIM.	Access ***Provider****Portal* directly at **https://www.providerportal.com**. Access AIM via Availity at **https://www.availity.com**. Call the AIM Contact Center toll-free number at **1-800-714-0040**, Monday through Friday, 8:30 a.m. to 7 p.m. ET.

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Rare disease management	Accordant Health Services provides targeted disease management services for Medicare Advantage members with rare medical conditions, including: • Amyotrophic lateral sclerosis. • Chronic inflammatory demyelinating polyradiculoneuropathy. • Crohn's disease. • Cystic fibrosis. • Dermatomyositis. • Epilepsy. • Gaucher disease. • Hemophilia. • HIV. • Multiple sclerosis. • Myasthenia gravis. • Parkinson's disease. • Polymyositis. • Rheumatoid arthritis. • Scleroderma. • Sickle cell disease. • Systemic lupus erythematosus. • Ulcerative colitis.	Phone: **1-844-876-9875** Fax: **1-866-247-1150** **https://referral.accordant.com** Plan name: **AnthemReferrals** Password: **ref1088Anthem**
Sleep	Submit prior authorization requests for sleep studies to AIM.	Access ***Provider****Portal* directly at **https://www.providerportal.com**. Access AIM via Availity at **https://www.availity.com**. Call the AIM Contact Center toll-free number at **1-800-714-0040**, Monday through Friday, 8:30 a.m. to 7 p.m. ET.
Spine procedures	The following services/treatment requests must be reviewed by AIM for prior authorization: • Spinal fusion • Spinal decompression • Vertebro/kyphoplasty	Access ***Provider****Portal* directly at **https://www.providerportal.com**. Access AIM via Availity at **https://www.availity.com**. Call the AIM Contact Center toll-free number at **1-800-714-0040**, Monday through Friday, 8:30 a.m. to 7 p.m. ET.

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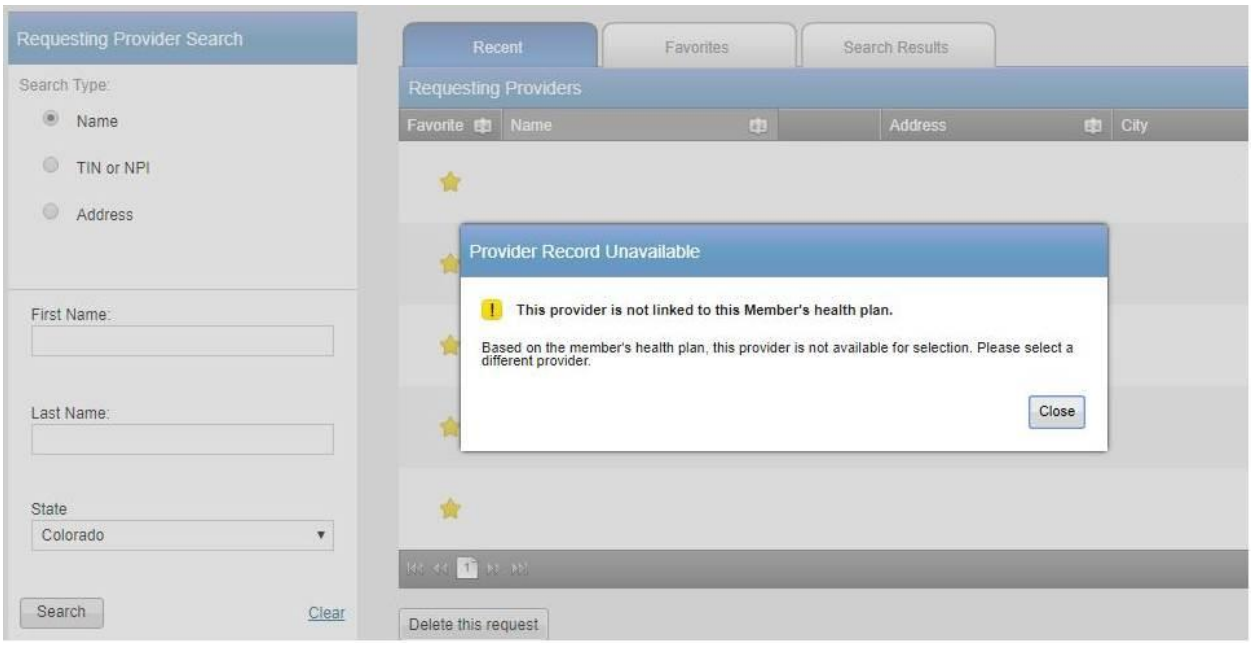

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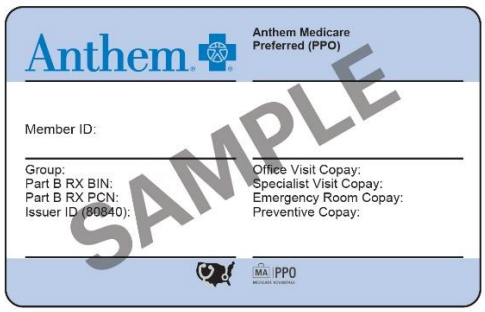

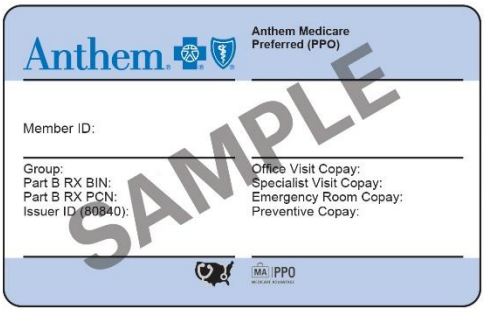

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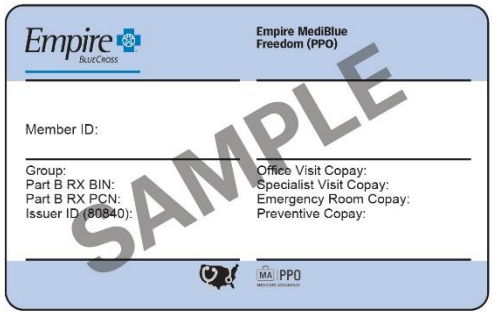

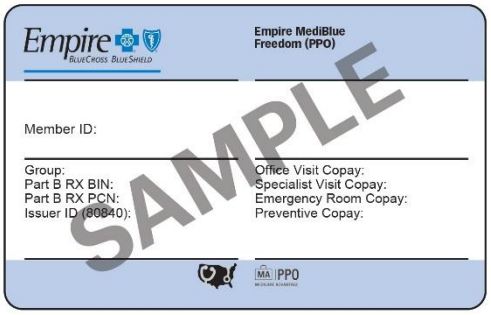

Additional prior authorization and utilization management contacts:

Condition or service	Program description	Contact
Advanced illness	The Aspire Health program allows Medicare Advantage members and their caregivers timely access to appropriate care 24/7 through the Aspire care management team. Aspire **does not replace** the care of PCPs and specialists. Members enrolled in this program keep their PCP and other specialists and may continue to seek treatment.	24/7 patient and referral hotline: **1-877-702-6863**; fax **1-844-249-5579**; email: referrals@aspirehealthcare.com
Advanced care and life planning	Vital Decisions is a patient-centered health care counseling service. Specially trained counselors work with individuals and their families to help educate, discuss and work through the important topics of advance care and life planning.	**https://vitaldecisions.net**
Part B prescriptions	Part B requests can be submitted to the health plan by fax, phone or email.	Phone: **1-866-797-9884, option 5** Fax: **1-866-959-1537** Email: maspecialtypharm@anthem.com
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Cardiology medical necessity reviews	AIM conducts preservice and postservice prepay medical necessity reviews of selected cardiac procedures, including reviews of facility and professional cardiac catheterizations and percutaneous coronary interventions.	Access ***Provider****Portal* directly at **https://www.providerportal.com**. Access AIM via Availity at **https://www.availity.com**. Call the AIM Contact Center toll-free number at **1-800-714-0040**, Monday through Friday, 8:30 a.m. to 7 p.m. ET.

Condition or service	Program description	Contact
Emergent hospital admissions	Unplanned IP admissions require concurrent review.	Online: **https://www.availity.com** Secure email: grsacute@anthem.com Fax: **1-866-959-1537**
Focused claims review	OrthoNet conducts postservice prepayment procedure code reviews of select professional surgical services for group-sponsored members, including (but not limited to): • Orthopedic surgery • Plastic surgery • Neurosurgery • Sports medicine • Podiatry • Hand surgery • Neurology • Pain management • ENT • General surgery • Dermatology • Cardiology • Urology	Fax: **1-866-951-2711** Phone: **1-888-230-1346**
Genetic testing	Submit genetic testing prior authorization requests to AIM.	Access ***Provider****Portal* directly at **https://www.providerportal.com**. Access AIM via Availity at **https://www.availity.com**. Call the AIM Contact Center toll-free number at **1-800-714-0040**, Monday through Friday, 8:30 a.m. to 7 p.m. ET.
Home health services	myNEXUS home health care program includes utilization management (pre and postservice), claims processing and network management for providers providing home health services to most Medicare Advantage members in CA, GA, IN, MO, NH, NY, OH and WI.	Information is available either online at **https://www.mynexuscare.com/Anthem**, via the provider portal at myNEXUS **https://portal.mynexuscare.com** or by calling myNEXUS at **1-844-411-9622**. FAQ are available under *Provider Training and FAQs* at **www.empireblue.com/medicareprovider**.

Condition or service	Program description	Contact
Pain management procedures	The following services/treatment requests must be reviewed by AIM for prior authorization: • Epidurals • Facet blocks • Implantable infusion pumps • Spinal cord stimulators	Access ***Provider****Portal* directly at **https://www.providerportal.com**. Access AIM via Availity at **https://www.availity.com**. Call the AIM Contact Center toll-free number at **1-800-714-0040**, Monday through Friday, 8:30 a.m. to 7 p.m. ET.
Physical therapy and occupational therapy	Office, outpatient facility, outpatient Part B and long-term care facilities should contact Empire to conduct medical necessity reviews for outpatient physical therapy and occupational therapy.	Please call the customer service number on the back of the member ID card to request prior authorization.
Post-acute admissions (inpatient rehab, long-term acute care hospital, skilled nursing facility)	Prior authorization is required for all post-acute admissions	Online: **https://www.availity.com** Secure email: grsdischageplanning@anthem.com Fax: **1-844-494-8350**
Radiation oncology	Submit prior authorization requests for radiation oncology services to AIM.	Access ***Provider****Portal* directly at **https://www.providerportal.com**. Access AIM via Availity at **https://www.availity.com**. Call the AIM Contact Center toll-free number at **1-800-714-0040**, Monday through Friday, 8:30 a.m. to 7 p.m. ET.
Radiology	Submit prior authorization requests for radiology services to AIM.	Access ***Provider****Portal* directly at **https://www.providerportal.com**. Access AIM via Availity at **https://www.availity.com**. Call the AIM Contact Center toll-free number at **1-800-714-0040**, Monday through Friday, 8:30 a.m. to 7 p.m. ET.

Condition or service	Program description	Contact
Rare disease management	Accordant Health Services provides targeted disease management services for Medicare Advantage members with rare medical conditions, including: • Amyotrophic lateral sclerosis. • Chronic inflammatory demyelinating polyradiculoneuropathy. • Crohn's disease. • Cystic fibrosis. • Dermatomyositis. • Epilepsy. • Gaucher disease. • Hemophilia. • HIV. • Multiple sclerosis. • Myasthenia gravis. • Parkinson's disease. • Polymyositis. • Rheumatoid arthritis. • Scleroderma. • Sickle cell disease. • Systemic lupus erythematosus. • Ulcerative colitis.	Phone: **1-844-876-9875** Fax: **1-866-247-1150** **https://referral.accordant.com** Plan name: **AnthemReferrals** Password: **ref1088Anthem**
Sleep	Submit prior authorization requests for sleep studies to AIM.	Access ***Provider****Portal* directly at **https://www.providerportal.com**. Access AIM via Availity at **https://www.availity.com**. Call the AIM Contact Center toll-free number at **1-800-714-0040**, Monday through Friday, 8:30 a.m. to 7 p.m. ET.
Spine procedures	The following services/treatment requests must be reviewed by AIM for prior authorization: • Spinal fusion • Spinal decompression • Vertebro/kyphoplasty	Access ***Provider****Portal* directly at **https://www.providerportal.com**. Access AIM via Availity at **https://www.availity.com**. Call the AIM Contact Center toll-free number at **1-800-714-0040**, Monday through Friday, 8:30 a.m. to 7 p.m. ET.