



# CARELON BEHAVIORAL HEALTH VIRGINIA ADDENDUM

*Any policies contained in this Provider Handbook Addendum will supersede those policies contained in Carelon Behavioral Health’s National Provider Handbook. This Addendum is specific to your state. Providers should refer to their plan-specific section within this Addendum.*

This communication applies to Medicare Advantage and Commercial plans from Anthem Blue Cross and Blue Shield (Anthem) in Virginia as well as Anthem HealthKeepers Plus members covered by HealthKeepers, Inc.

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Carelon Behavioral Health, Inc. is an independent company providing utilization management services on behalf of the health plan.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Virginia, Inc. Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc., serving all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123, are independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Anthem HealthKeepers Plus, offered by HealthKeepers, Inc., is a health plan that contracts with the Virginia Department of Medical Assistance Services to provide Medicaid benefits to enrollees.

VABCBS-CDCRCM-044277-23 November 2023

# Anthem Blue Cross and Blue Shield in Virginia for Commercial and Medicare Advantage

The following chapters referenced below correspond with the chapters found in the Carelon National Provider Handbook. Information included under each chapter is specific to your Plan.

## 1. INTRODUCTION

See Carelon national handbook

### **Fair Business Practices Act:**

The Legal and Administrative Requirements for Virginia can be found in the Anthem Professional Provider Manual:

[https://www.anthem.com/provider/policies/?cnslocale=en\\_US\\_va](https://www.anthem.com/provider/policies/?cnslocale=en_US_va)

## 2. ELECTRONIC RESOURCES

See Carelon national handbook

## 3. PARTICIPATING PROVIDERS

See Carelon national handbook

## 4. CREDENTIALING AND RE-CREDENTIALING

See Carelon national handbook

## 5. OFFICE PROCEDURES

See Carelon national handbook

### **Appointment and Availability Standards:**

The appropriate and necessary arrangement guidelines are located here in the Anthem Professional Provider Manual:

[https://www.anthem.com/provider/policies/?cnslocale=en\\_US\\_va](https://www.anthem.com/provider/policies/?cnslocale=en_US_va)

## 6. SERVICES TO MEMBERS

**Eligibility & Benefits:** Please utilize the Availity Essentials portal, [www.Availity.com](http://www.Availity.com) or call the number on the back of the member's ID card.

### **Anthem Member/Benefits Customer Service:**

Please call the number on the back of the member's ID card or use the Availity Essentials portal at [www.Availity.com](http://www.Availity.com).

*Please reference the Carelon national handbook for any additional information.*

## 7. MEMBER RIGHTS AND RESPONSIBILITIES

See Carelon national handbook

## 8. PARTICIPATING PROVIDER COMPLAINTS AND GRIEVANCES

*See Carelon national handbook*

## 9. CLAIMS PROCEDURES

### **Availity Essentials Help Desk:**

Availity Client Services, 1-800-282-4548, 8 a.m. to 8 p.m. ET, Monday through Friday

### **Claims Submission:**

For claims submission information please reference the Anthem Provider Manual for Virginia by visiting: Search manual by specific product (Commercial & Medicare Advantage)

[https://www.anthem.com/provider/policies/?cnslocale=en\\_US\\_va](https://www.anthem.com/provider/policies/?cnslocale=en_US_va)

### **Submission and Adjudication of Commercial Business Claims:**

The provider shall submit Claims to Plan, using appropriate and current Coded Service Identifier(s), within ninety (90) days from the date the Health Services are rendered, or Plan will refuse payment. Professionals are allowed 90 days to file claims, while facilities are given 365 days. Please adhere to the filing deadlines to ensure smooth processing of claims.

Blue Card information: [https://www.anthem.com/docs/inline/PM\\_S\\_00010.pdf](https://www.anthem.com/docs/inline/PM_S_00010.pdf)

### **Claims Payment Dispute:**

For claims payment dispute information please reference the Anthem Provider Manual for Virginia by visiting: Search manual by specific product (Commercial & Medicare Advantage)

[https://www.anthem.com/provider/policies/manuals/?cnslocale=en\\_US\\_va](https://www.anthem.com/provider/policies/manuals/?cnslocale=en_US_va)

To check claims status or dispute a claim:

1. From the Availity Essentials home page, select Claims & Payments from the top navigation.
2. Select Claim Status Inquiry from the drop-down menu.
3. Submit an inquiry and review the Claims Status Detail page.
4. If the claim is denied or final, there will be an option to dispute the claim. Select Dispute the Claim to begin this process. You'll be redirected to the Payer site to complete the submission.

**Resources for the Availity Essentials portal can be found here:**

<https://gateway.on24.com/wcc/eh/3555851/category/104185/>

Claim Payment Reconsiderations can be submitted via phone, Availity Essentials or in writing by Providers and Facilities within no less than 365 days (one Year) from the issue date of the EOP. Reconsiderations filed beyond this timeframe will be considered untimely and denied unless good cause can be established.

The Anthem Claim Payment Dispute process consists of two steps: Claim Payment Reconsideration and Claim Payment Appeal.

**Claim Payment Appeal Process:**

Providers and Facilities must submit Claims Payment Appeals within 90 days from the date of the determination of the Claims Payment Reconsideration.

**Claim Payment Appeal:**

A Claim Payment Appeal is the second step in the Claim Payment Dispute process. If a Provider or Facility is dissatisfied with the outcome of a Claim Payment Reconsideration determination, Providers and Facilities may submit a Claim Payment Appeal through Availity Essentials. Providers and Facilities must submit a Claim Payment Reconsideration before submitting a Claim Payment Appeal. In addition, Providers and Facilities must submit Claims Payment Appeals within 90 days from the date of the determination of the Claims Payment Reconsideration.

**Blue Card Filing Tips:**

BlueCard is a national program that enables members of one BCBS Plan to obtain healthcare service benefits while traveling or living in another BCBS Plan's service area.

*Please reference the [Anthem provider handbook](#) for any additional information.*

## 10. UTILIZATION MANAGEMENT

**Prior Authorization:** Please call the number on the back of the member's ID card.

## 11. QUALITY MANAGEMENT/QUALITY IMPROVEMENT

*See Carelon national handbook*

## 12. ADDITIONAL HELPFUL RESOURCES

**Carelon Behavioral Health Provider Experience Associate:**  
[provider.relations.VA@carelon.com](mailto:provider.relations.VA@carelon.com)

**Provider Education Webinars:**  
[www.carelonbehavioralhealth.com/providers/resources/trainings](http://www.carelonbehavioralhealth.com/providers/resources/trainings)

**General Provider Training Inquires:**  
[Provider.training@carelon.com](mailto:Provider.training@carelon.com)

**Anthem Behavioral Health Resources:**  
[https://www.anthem.com/provider/behavioral-health/?cnslocale=en\\_US\\_va](https://www.anthem.com/provider/behavioral-health/?cnslocale=en_US_va)

**Anthem Forms and Guides:**  
[https://www.anthem.com/provider/forms/?cnslocale=en\\_US\\_va](https://www.anthem.com/provider/forms/?cnslocale=en_US_va)

**Anthem Reimbursement Policies, Coverage Guidelines, Clinical Guidelines, Manuals:**  
[https://www.anthem.com/provider/policies/?cnslocale=en\\_US\\_va](https://www.anthem.com/provider/policies/?cnslocale=en_US_va)

## Anthem HealthKeepers Plus product in Virginia

The following chapters referenced below correspond with the chapters found in the Carelon National Provider Handbook. Information included under each chapter is specific to your Plan.

### 1. INTRODUCTION

*See Carelon national handbook*

### 2. ELECTRONIC RESOURCES

*See Carelon national handbook*

### 3. PARTICIPATING PROVIDERS

*See Carelon national handbook*

### 4. CREDENTIALING AND RE-CREDENTIALING

*See Carelon national handbook*

### 5. OFFICE PROCEDURES

*See Carelon national handbook*

### 6. SERVICES TO MEMBERS

#### **Eligibility & Benefits:**

- Anthem HealthKeepers Plus phone: 1-800-901-0020

### 7. MEMBER RIGHTS AND RESPONSIBILITIES

*See Carelon national handbook*

### 8. PARTICIPATING PROVIDER COMPLAINTS AND GRIEVANCES

*See Carelon national handbook*

## 9. CLAIMS PROCEDURES

### **Claims Submission:**

For claims submission information please reference the Anthem HealthKeepers Plus Provider Manual by visiting: <https://providers.anthem.com/virginia-provider/resources/manuals-and-guides>

### **Submission and Adjudication of Medicaid Claims:**

Provider shall submit Claims to HMO, using appropriate and current Coded Service Identifier(s), within three hundred sixty-five (365) days from the date the Health Services are rendered or HMO may refuse payment.

### **Availity Essentials Help Desk:**

Availity Client Services, 1-800-282-4548, 8 a.m. to 8 p.m. ET, Monday through Friday

**Anthem HealthKeepers Plus phone number:** 1-800-901-0020

### **Claims Status Inquiry:**

Providers can check the status of claims by logging in at <https://providers.anthem.com/va> or calling Anthem HealthKeepers Plus Provider Services at 1-800-901-0020.

Providers can also use the claims status information for accepted and rejected claims that were submitted through a clearinghouse. Providers can check claims status by logging in to Availity and selecting Claims & Payments > Claims Status Inquiry.

### **Claims Payment Dispute:**

For claims payment dispute information please reference the Anthem HealthKeepers Plus Provider Manual by visiting: <https://providers.anthem.com/virginia-provider/resources/manuals-and-guides>

To check claims status or dispute a claim:

1. From the Availity Essentials home page, select Claims & Payments from the top navigation.
2. Select Claim Status Inquiry from the drop-down menu.
3. Submit an inquiry and review the Claims Status Detail page.
4. If the claim is denied or final, there will be an option to dispute the claim. Select Dispute the Claim to begin this process. You'll be redirected to the Payer site to complete the submission.



**Resources for the Availity Essentials portal can be found here:**

<https://providers.anthem.com/virginia-provider/resources/learn-about-availability>

Claim Payment Reconsiderations can be submitted via phone, Availity Essentials or in writing by Providers and Facilities within no less than 365 days (one Year) from the issue date of the EOP. Reconsiderations filed beyond this timeframe will be considered untimely and denied unless good cause can be established.

## 10. UTILIZATION MANAGEMENT

Anthem HealthKeepers Plus phone: 1-800-901-0020

Case management: 1-844-533-1994

Utilization management: 1-844-533-1994

Inpatient fax: 1-844-445-6646

Outpatient fax: 1-844-445-6642

## 11. QUALITY MANAGEMENT/QUALITY IMPROVEMENT

*See Carelon national handbook*

## 12. ADDITIONAL HELPFUL RESOURCES

**Carelon Behavioral Health Provider Experience Associate:**

[provider.relations.VA@carelon.com](mailto:provider.relations.VA@carelon.com)

**Provider Education Webinars:**

[www.carelonbehavioralhealth.com/providers/resources/trainings](http://www.carelonbehavioralhealth.com/providers/resources/trainings)

**General Provider Training Inquires:**

[Provider.training@carelon.com](mailto:Provider.training@carelon.com)

**Anthem HealthKeepers Plus Behavioral Health Resources:**

<https://providers.anthem.com/virginia-provider/patient-care/behavioral-health>

**Anthem HealthKeepers Plus Forms and Guides:**

<https://providers.anthem.com/virginia-provider/resources/forms>

**Anthem HealthKeepers Plus Policies (Medical and Reimbursement), Clinical Guidelines, Manuals:**

<https://providers.anthem.com/virginia-provider/resources/manuals-and-guides>