



Anthem Blue Cross and Blue Shield | Medicare Advantage |  
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# Anthem Medicare Advantage Group Retiree Quick Reference Guide



This quick reference guide provides essential information for providers interacting with Anthem's Group Medicare Advantage plans. These *all-in-one* plans offer alternatives to Original Medicare (Parts A and B) with additional benefits such as routine physical exams, hearing and vision care, chiropractic services, acupuncture, LiveHealth Online, and SilverSneakers®.

## Network participation

Care providers do not need to be part of the PPO network to treat members enrolled in the group retiree Medicare Advantage PPO plans. Members can receive services from any Medicare-approved care provider who accepts their PPO plan.

## Collaborate through value-based programs

We value our provider community and offer opportunities to collaborate through value-based and population health management programs, available to participating care providers.

## Reimbursement for out-of-network providers

Out-of-network providers are paid Medicare allowable rates, excluding copayments or coinsurance. No contract is required, in line with CMS guidelines.

### Check eligibility and benefits:

- **Online:** Use the Availity website at <https://Availity.com> for comprehensive support and to check eligibility, benefits, and claims.
- **Phone:** Call Availity Client Services at **800-282-4548** or the BlueCard Eligibility Line at **800 676 2583**. Provide the member's alpha prefix located on the ID card.



New members and changing benefits may result in new ID cards. Always review ID cards for the most up-to-date eligibility and benefit information.

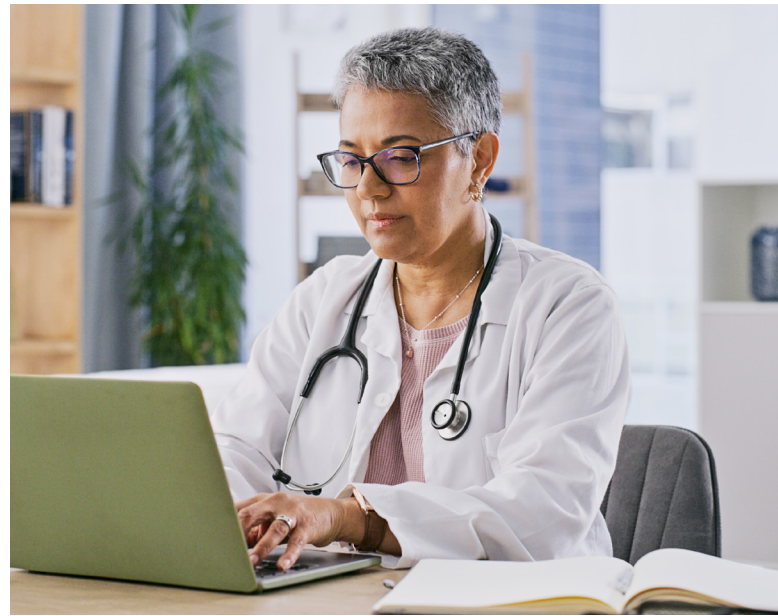
## Filing claims

Providers may submit claims electronically using the electronic payer ID for the local Blue plan or via UB-04/CMS-1500 forms. Do not submit claims to Original Medicare:

- **Online submission:** <https://Availity.com>
- **Mail:** Use the medical claims and inquiries filing address for the medical claims and inquiries for the local Blue plan.

## Referrals and prior authorizations:

- **Referrals:** No referral is required for members to see care providers.
- **Prior authorization (PA):** Contracted care providers must request PA. Non-contracted providers are encouraged to do so to ensure support with any questions or issues. For PA requests:
  - **Online:** <https://Availity.com>
  - **Phone:** Call **833-848-8730** and follow the prompts to speak to the PA team.



Check ID cards for eligibility updates, as new members and benefit changes may issue new cards.

Learn more about Anthem programs

<https://anthem.com/provider>



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