

Direct HMO FAQ



California | Anthem Blue Cross | Commercial

The document provides essential information for Direct HMO care providers. Please refer to the details below for benefits, coverage areas, and operational procedures. If you have questions, refer to the bottom section for contact information.

What is Direct HMO?

Direct HMO is a new care provider option for Anthem's Pathway HMO (on and off the exchange products) members. These care providers include PCPs and specialists from our PPO network who treat and bill for those HMO members just like they would for PPO members. Direct HMO care providers are reimbursed fee-for-service using PPO fee schedules.

How does being a Direct HMO provider benefit me?

Participation in Direct HMO allows you to expand your practice by participating in an additional network. Please welcome these members and refrain from redirecting them.

Is my participation in Direct HMO connected to my current PPO Provider Agreement?

Your participation in the Pathway HMO network is tied to your existing PPO Provider Agreement, and you are reimbursed according to your fee-for-service PPO fee schedule. If that agreement ends, your participation will be affected.

How do I bill as a Direct HMO care provider?

Bill Anthem directly for your services to Pathway HMO members.

Which areas does the Pathway HMO network cover?

Pathway HMO plans serve Los Angeles, Orange, Riverside, and San Bernardino counties in California.

Is authorization required for laboratory testing, radiology, or diagnostic imaging?

Direct HMO PCPs must obtain authorization for laboratory testing, radiology, or diagnostic imaging.

How does the specialist referral process work under Direct HMO?

- As a Direct HMO PCP, you must submit referrals for specialty care except for behavioral health and
 other specific services to the extent outlined in the member's plan (for example, reproductive or
 sexual health care services and obstetrical/gynecological care consultations).
- No referral is needed for urgent care center (UCC) visits.
- Refer to the member's Evidence of Coverage for complete benefit information, available on Availity Essentials.
- Ensure referrals are within our extensive network of Direct HMO specialists.

Is there a specific form that Direct HMO care providers use for preapprovals?

Yes. Complete the **Referral and Prior Authorization Request Form**. A completed and detailed form will prevent processing delays. Review determinations are sent to the requesting care provider using the care provider return fax number specified on the Referral and Prior Authorization Request Form.

How do I submit a referral and preapproval request?

The simplest way to request preapproval is by completing the Referral and Prior Authorization Request Form and faxing it with any necessary documents to 866-461-2401.

Do not use Availity Essentials to submit your request for Direct HMO members.

Do not use the Referral and Prior Authorization Request Form for these services:

Service authorization requests, questions, and inquiries	Phone	Fax
Behavioral health	800-274-7767	877-521-4788
Continuity of care/transition of care	888-486-4227	877-214-1781
Second opinions	888-486-4227	877-376-0430
Transgender related services and questions	855-484-4930	866-461-2401
Transplants	888-574-7215	866-255-2471

Where can I find a list of Direct HMO Primary Care Providers (PCPs)?

You can search our online directory. Visit Find Care and select Basic Search as a guest to begin:

- Select Medical Plan from the drop-down menu.
- Select California from the drop-down menu.
- Select Medical (Individual and Families).

- Select Pathway HMO (on Exchange).
- Select Continue.
- Select the blue box titled **Update Location**, and a new Search Location window will open.
- Enter Los Angeles County or ZIP code 91367.
- Select Continue.
- Select the PRIMARY CARE tile (which displays a complete list of PCPs in the Pathway network).
- Select All Filters then Medical Group or IPA.
- In the search box, enter **Direct HMO** and select **DIRECT HMO** (**ADMINISTRATIVE ONLY**) from the list of options.
- · Choose Apply.
- To find specific care providers and specialists, select **All Filters** and options to filter the list of providers by various criteria will be displayed.

How can I find a list of specialists or hospitals?

You can search our online directory. Visit Find Care and select Basic Search as a guest to begin:

- Select **Medical Plan** from the drop-down menu.
- Select **California** from the drop-down menu.
- Select Medical (Individual and Families).
- Select Pathway HMO (on Exchange).
- Select Continue.
- Select the blue box titled Update Location, and a new Search Location window will open.
- Enter Los Angeles County or ZIP code 91367.
- Select Continue.
- In the search box, enter **Direct HMO** and select **Direct Hmo (Administrative Only)** from the list of options.
- When the Direct Hmo (Administrative Only) Overview window opens, scroll down and choose **Affiliations.**
- Select **Filters** to choose a search category, i.e., Hospitals and Facilities, Lab, Medical Equipment, Doctor/Medical Professional then **Apply**.
- Scroll down to review the list of providers.

What are the utilization management (UM) requirements for Direct HMO care providers?

You must coordinate with Anthem for all preapproval requests related to urgent and elective services using Pathway HMO-contracted care providers. Notify us promptly of any referral and authorization requests to ensure smooth care coordination.

What does a Direct HMO member ID card look like?

The member ID card includes the member's assigned Direct HMO PCP and their phone number. In the lower right corner, it states Pathway HMO. Members can access their ID card digitally via the SydneySM Health mobile app.

How will I know if the member is assigned to a Direct HMO care provider?

Members assigned to a Direct HMO care provider will see Direct HMO or Caremore Health Medical Partners in the upper right corner of their member ID card.

How do I opt out of Direct HMO?

To opt out of being a Direct HMO care provider, email SpecialNetworkReq@anthem.com and include Direct HMO in the subject line. Include your tax ID number in your request.

Where can I access information about Provider Dispute Resolution?

The provider manual contains details on issue resolution and includes the Provider Dispute Resolution Request form.

What is the process for resolving a claim issue?

To resolve a claim issue, log in to Availity Essentials (https://Availity.com) to file a claim dispute or make an online inquiry. Alternatively, you can call the phone number listed on the back of the member ID card.

What if I have specific contract questions?

If you have contract-related questions, email SpecialNetworkReq@anthem.com and include Direct HMO in the subject line. Note that this email is not for general inquiries.

Who do I contact for behavioral health at UM?

If you have behavioral health UM questions, call **800-274-7767**. Note that this line is not for medical management, contracting, or general questions.

Who do I contact for help with UM?

If you have UM or medical management questions, call the HMO Clinical Operations team at **866-757-8211**. Note this line is not for behavioral health UM, contracting, or general questions.

Who do I contact for general questions or further assistance?

Visit the Contact Us page of our https://www.anthem.com/ca/provider/individual-commercial/contact-us for general inquiries or assistance. This is not for specific contract or Direct HMO authorization process questions.



Email is the quickest and most direct way to receive important information from us.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the left or via our online form: http://anthem.ly/signup-abc-ca.