

NEWSLETTER

Cornerstone Alliance, Inc.

February 2018

Credentialing Information

In order to notify the payers in a timely manner, please submit **ANY** demographic changes that have taken place within your office. **ALL** demographic changes must be submitted to Cornerstone in a written format. Failure in doing so could result in claim denials. Examples of such demographic changes are:

- ❖ ***Primary, Alternative, or Remit Address Changes***
- ❖ ***Adding/Deleting Alternate Locations***
- ❖ ***TIN Number and Group Name***
- ❖ ***Medicaid Number once received (if applicable)***

If a provider has left your office, please provide the effective date of his/her leaving your office.

Please fax all demographic changes to Cornerstone at (419) 226-9889, Attn: Anita Dumm or Melita Bellman. If you have questions regarding the above information, please contact Anita at (419) 996-5389 or ajdumm@mercy.com or Melita at (419) 996-5314 or MRBellman0@mercy.com.

Fee Schedule Updates

For fee schedule information, please email Mechele Fischer, Managed Care Financial Analyst, at mlfischer@mercy.com.

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Cornerstone News

- ❖ Cornerstone mailed the annual dues invoices to Member offices on Tuesday, January 30th. For the fifth consecutive year, at the December meeting, the Executive Committee of the Board of Trustees approved a discount paid in arrears which will appear as a credit on the dues invoice. Your continued participation in Cornerstone is greatly appreciated by the Board and the staff of Cornerstone Alliance, Inc.

- ❖ On Monday, January 29th, Cornerstone hosted a bi-annual site survey by a representative of NCQA. Cornerstone has been accredited for our credentialing function since 2010. Your cooperation with our credentialing staff to complete initial credentialing and recredentialing applications in a timely and complete manner is greatly appreciated and vital to maintaining accreditation.

- ❖ Cornerstone is seeking candidates to fill three Physician Primary Care Physician Board seats on the Board of Trustees. The Cornerstone Board meets the second Tuesday of March, June, September and December at 7:00 AM at the St. Rita's Café Conference Room. Any interested, active Cornerstone Physician PCP's should contact my office at (419) 996-5317 or hlbischhoff@mercy.com for additional details.

2018 Education Events

- ❖ May 15, 2018 Coding update with Barbara Hohenstein
 - More details to come
 - Please send an email to jstegaman@mercy.com with a list of topics you would like to see included in this seminar so that the seminar can be customized to our member's needs.

- ❖ Stay tuned for additional educational meetings...

2018 Exchange Plans by County

Below please find a listing by County of the Exchange plans for 2018. Cornerstone is directly contracted with Buckeye Ambetter. Mercy Health has the direct contract with MMO for the Exchange product in Allen, Auglaize, Mercer, Putnam and Hancock counties. Practices must look closely at MMO Exchange patient's member cards to ensure that they are Mercy Health HMO patients and not contracted to a different MMO network such as the Ohio Health HMO network. Copies of the *Exchange member cards are attached.*

Carriers by County:	
Allen	Buckeye Ambetter, Medical Health Insuring Corporation/MMO/Mercy Health HMO
Auglaize	Medical Health Insuring Corporation/MMO/ Mercy Health HMO
Mercer	Medical Health Insuring Corporation/MMO/ Mercy Health HMO
Putnam	Medical Health Insuring Corporation/MMO/Mercy Health HMO
Hancock	Medical Health Insuring Corporation/MMO/Mercy Health HMO, Molina Healthcare
Hardin	Medical Health Insuring Corporation/MMO/Ohio Health HMO
Shelby	Buckeye Ambetter

Hold Claims for MMO Commercial Participating Practices

As you are aware, the new MMO agreement was effective on February 1, 2018. Cornerstone has been informed that participating practices should hold claims with dates of service for Thursday, February 1st through Tuesday, February 6th. All claims can be submitted on Wednesday, February 7th. The revised rate structure with MMO is effective, Thursday, February 1, 2018. By holding claims, it insures that MMO will be able to properly load the fees. Your cooperation in holding claims is greatly appreciated.

Affordable Care Act ID Cards

The following are examples of the Affordable Care Act (ACA) ID cards. The on- and off-exchange indicators are located on the back of the cards.

ACA On Exchange ID Cards

MEDICAL MUTUAL

Mercy Health **HMO**

John Q. Member
Member Name

012345678910 **485200001**
ID Number Group Number

(877) 279-3216 **711**
Customer Care TTY

MedMutual.com/Member

Print Date: XXXXXX

INDICATOR
↓

EXCHANGE

For Providers

- Provider: MedMutual.com
- Service: (800) 362-1279

If inpatient prior approval required:
 • Medical/Surgical: (800) 338-4114
 • Behavioral Health: (800) 258-3186

Claims Submission
 Electronic Claims Payer ID: 29076
 P.O. Box 6018, Cleveland, OH 44101-1018

All services must be received from Mercy Health HMO providers. Only emergency services are covered out of network. Prior approval for certain services may be required.

VISION: SuperMed: Call Customer Care Pediatric

Possession of this card does not guarantee coverage. Administered by Medical Health Insurance Corporation of Ohio, a wholly owned subsidiary of Medical Mutual.

ACA Off Exchange ID Cards

MEDICAL MUTUAL

Mercy Health **HMO**

John Q. Member
Member Name

012345678910 **485200001**
ID Number Group Number

(877) 279-3216 **711**
Customer Care TTY

MedMutual.com/Member

Print Date: XXXXXX

INDICATOR
↓

OFF EXCHANGE

For Providers

- Provider: MedMutual.com
- Service: (800) 362-1279

If inpatient prior approval required:
 • Medical/Surgical: (800) 338-4114
 • Behavioral Health: (800) 258-3186

Claims Submission
 Electronic Claims Payer ID: 29076
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All services must be received from Mercy Health HMO providers. Only emergency services are covered out of network. Prior approval for certain services may be required.

VISION: SuperMed: Call Customer Care Pediatric

Possession of this card does not guarantee coverage. Administered by Medical Health Insurance Corporation of Ohio, a wholly owned subsidiary of Medical Mutual.

Claim Resolution Process

If you are having claim issues and would like assistance from Cornerstone Alliance to help in getting these resolved, please follow the steps listed below BEFORE Cornerstone is able to step in. This must be done before a claim escalation can be made or the payer will deny the claim escalation after it sits within that department for several weeks to months.

- ❖ Call the Customer Service number that is located on the back of the patient's insurance card;
- ❖ Request to speak to a supervisor;
- ❖ Obtain a reference number for that call;
- ❖ Submit to Jeni Stegaman, Provider Relations Education Specialist by either fax at (419) 226-9889 or email at jstegaman@mercy.com:
 - Reference Number
 - Patient Insurance Card
 - Claim Denial
 - Copy of the claim form
 - Copy of the EOB

Medicaid IDs

We received notification from Molina Healthcare that effective 1/1/2018, all providers who are seeing Medicaid members **MUST** have a Medicaid ID in order to receive payment. Be sure to notify Cornerstone Alliance **IMMEDIATELY** upon receiving your Medicaid ID so that the demographic update can be provided on the monthly rosters. This will ensure that the systems are updated appropriately and there will be no claims payment issues. **Again, if you do not have this ID or have not provided Cornerstone with this ID, you will NOT receive payment for seeing your Medicaid members.**

MyCare Ohio Program

My Care Ohio Program is not offered in the Cornerstone Service Area. MyCare Ohio is a demonstration Managed Care Program developed by the State of Ohio and the Federal Government for Ohioans who received both Medicare and Medicaid benefits. The MyCare program is offered only to residents living in 29 Ohio counties—none of which are within the Cornerstone Service Area. The program is offered in conjunction with five Managed Care entities and the listing of seven regions and participating plans by region is attached.

Model of Care—Annual Dual Special Needs Education Training and Attestations

With each new year, providers are sent numerous attestations from multiple carriers for Model of Care Training. Dual Special Needs plans, (D-SNPs) are required by CMS to ensure that provides complete annual training to keep up-to-date on plan benefits and requirements for any office which delivers services and bills D-SNP patients. Dual Special Needs patients are Medicare Advantage primary and Medicaid secondary who qualify based on disability. The training details coordination of care and Model of Care elements for the various carriers with which your office participates.

MyCare Ohio Open Enrollment!



It is the time of year for MyCare Ohio open enrollment. If you receive your Medicaid benefits from a MyCare Ohio managed care plan, you now have the chance to change your plan. Open enrollment letters are in the mail. You will receive a letter over the next few weeks advising you of your open enrollment options.

If you want your current MyCare Ohio plan to continue providing your Medicaid benefits you do not have to do anything.

You may change your MyCare Ohio plan during open enrollment which is **November 1 through November 30, 2017**. If you select a new managed care plan, your enrollment in the new plan will be effective the next month.

You may also choose to have your MyCare Ohio plan provide your Medicare benefits in addition to your Medicaid benefits.

The MyCare Ohio plans are available in 29 counties grouped into seven regions:

Region and Counties	Plans Available	
Northwest Fulton, Lucas, Ottawa, Wood	Aetna Better Health of Ohio 855-364-0974 www.aetnabetterhealth.com/ohio	Buckeye Health Plan 866-549-8289 www.bchpohio.com
Northeast Lorain, Cuyahoga, Lake, Geauga, Medina	Buckeye Health Plan 866-549-8289 www.bchpohio.com	Caresource 855-475-3163 www.CareSource.com/MyCare
	UnitedHealthcare Community Plan of Ohio 877-542-9236 www.uhccommunityplan.com/oh/medicaid/connected.html	
East Central Summit, Portage, Stark, Wayne	Caresource 855-475-3163 www.CareSource.com/MyCare	
	United HealthCare Community Plan of Ohio 877-542-9236 www.UHCCommunityPlan.com/mycareohio	

Continued on next page

Region and Counties	Plans Available	
Northeast Central Trumbull, Mahoning, Columbiana	Caresource 855-475-3163 www.CareSource.com/MyCare UnitedHealthcare Community Plan of Ohio 877-542-9236 www.UHCCommunityPlan.com/mycareohio	
Central Union, Delaware, Franklin, Pickaway, Madison	Aetna Better Health of Ohio 855-364-0974 www.aetnabetterhealth.com/ohio	Molina HealthCare of Ohio 855-665-4623 www.molinahealthcare.com/duals
West Central Clark, Green, Montgomery	Buckeye Health Plan 866-549-8289 www.bchpohio.com	Molina HealthCare of Ohio 855-665-4623 www.molinahealthcare.com/duals
Southwest Butler, Warren, Clinton, Hamilton, Clermont	Aetna Better Health of Ohio 855-364-0974 www.aetnabetterhealth.com/ohio	Molina HealthCare of Ohio 855-665-4623 www.molinahealthcare.com/duals

If you want to change your managed care plan, call the Ohio Medicaid Consumer Hotline at 800-324-8680 or visit www.ohiomh.com. Choice Counselors are available 7 a.m. to 8 p.m. Monday through Friday and 8 a.m. to 5 p.m. Saturday.

If you have questions about Medicare, you can call 800-MEDICARE (800-633-4227) 24 hours a day, 7 days a week or visit www.medicare.gov. TTY users should call 877-486-2048.

The Office of the State Long-term Care Ombudsman advocates for consumers receiving long-term services and supports. For MyCare Ohio members, help with concerns about any aspect of care is available through the MyCare Ohio Ombudsman. Help is available to gather information about your options, resolve disputes with providers, protect rights and file complaints or appeals with any health plan. Contact an ombudsman by calling (800) 282-1206 (TTY Ohio Relay Service: (800) 750-0750), Monday through Friday 8 a.m. to 5 p.m. You can also contact an ombudsman by emailing MyCareOmbudsman@age.ohio.gov.



9200 Worthington Rd.
3rd Floor
Westerville, OH 43082

Dec. 1, 2017



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CORNERSTONE ALLIANCE, INC./ST RITA'S MEDICAL CENTE
2615 FORT AMANDA RD
LIMA, OH 45804-3704



Re: UnitedHealthcare Dual Complete® to Change to a New Enrollment and Claims Payment System on Jan. 1, 2018

Dear Care Provider:

On Jan.1, 2018, UnitedHealthcare Dual Complete, our Medicare Dual Special Needs Plan (DSNP) in Ohio, will change to a new enrollment and claims payment system.

Here are just some of changes you'll notice:

- New member identification cards and new provider service contact number
- New electronic remittance advice payer ID number
- Streamlined and enhanced provider remittance advices
- New mailing addresses for paper claims and claims adjustments
- Claims processing rules and resources
- Online resources available for checking member eligibility, claims status, referrals through UHCprovider.com and Link

The changes are highlighted in detail in the enclosed Summary of Changes, which we're providing as a resource to help address questions you may have.

We'll make the Summary of Changes available at UHCprovider.com > Quick Links > News and Network Bulletins.

The change to the new enrollment and claims payment system won't affect your patients' health care benefits and there is nothing they need to do to keep their coverage or keep you as their care provider.

We're Here to Help

If you have questions, please contact your Provider Advocate or call **866-944-3488**. Thank you.

Sincerely,

Timothy Binkley
Director Health Plan Operations



**Summary of Changes for UnitedHealthcare Dual Complete® Plan
New Enrollment and Claims Payment System
Effective Jan. 1, 2018**

Overview

Starting Jan. 1, 2018, UnitedHealthcare Dual Complete Plan, our Medicare Dual Special Needs Plan (DSNP) in Ohio, will change to a new enrollment and claims payment system. This Summary of Changes is a guide to help answer questions you may have about how this transition will affect your practice and your patients. The Summary includes information about our members new identification (ID) cards, changes for submitting claims and the online resources and phone numbers available to help you.

New Provider Services Phone Number and Member ID Cards

Contacting Provider Services

Starting Jan. 1, 2018, the phone number for Provider Services will change. When you have questions, please call Provider Services at **866-944-3488**.

New Member ID Cards

Members enrolled in UnitedHealthcare Dual Complete will receive a new identification (ID) card with a new nine digit member ID number and an alphanumeric group number. Starting Jan. 1, 2018, use the new member ID card when you submit claims.

ERAs and PRAs

Electronic Remittance Advice (ERA) Payer ID Number Change

Electronic Remittance Advice (ERA) Payer ID number will change to **04567**. For dates of service prior to Jan. 1, 2018, please continue using your current ERA Payer ID number **87726**.

Enhanced Provider Remittance Advice (PRA)

You will receive newly formatted and streamlined remittance advice for dates of service on and after Jan. 1, 2018 that will include:

- Clearer explanation codes
- Enhanced summary of overpayments/payments recovered

If you are signed up to receive ERAs, you'll receive both paper and electronic remittance advices for 31 days after your first payment. For example:

- If your first payment is Jan 15, you'll receive ERAs and paper remittance advices until Feb 15, and only ERAs thereafter.

For electronic remit advices you can view, save and print a paper version at UHCprovider.com/eps.

For paper remit advices, you can view, save and print a duplicate at UHCprovider.com/claimsLink.

Multiple PRAs

You will receive two Remittance Advices (RA) if claims were paid out of the current claims payment system and the new claims payment system.

- For dates of service **prior** to Jan. 1, 2018, RAs will come from **current** claims payment system.
- For dates of service **starting** Jan. 1, 2018, RAs will come from the **new** claims payment system.

New Mailing Addresses for Paper Claims and Claim Adjustments

For claims with dates of service on Jan. 1, 2018, please use the following mailing addresses for paper claims and claims adjustments:

UnitedHealthcare Community Plan
P.O. Box 8207
Kingston, NY 12402-8207

Please continue to mail paper claims and claim adjustments with dates of service prior to Jan. 1, 2018 to the current mailing address:

UnitedHealthcare
P.O. Box 31362
Salt Lake City, Utah 84131

Claims Processing Rules and Resources Automated Claims Adjudication and PRAs

We'll be automating the process to correct claims that require additional information or that had missing information to reduce the need to retroactively correct claims.

- When a claim needs correction, you'll no longer receive letters as you used to when claims couldn't be paid due to missing or inaccurate information.
- Instead of getting a letter, the PRA will include a description of the information needed to pay the claim.

Facility and Professional Claim Types

For the UnitedHealthcare Dual Complete Plan, we'll process claims according to Medicare coverage and billing rules for facility and professional claim types. UnitedHealthcare policies related to these claim processing rules are available at:

- UHCprovider.com > Menu > Protocols and Guides > Medicare Advantage Policies > Reimbursement Policies for Medicare Advantage Plans
- Detailed CMS policy information is available within the various manuals at CMS.gov.
- You can find Medicare local coverage determination/national coverage determination (LCD/NCD) policies through the CMS website searching their [Medicare Coverage Database](#).

If you have questions about the claims process, please contact Provider Relations or Network Management.

National Correct Coding Initiative Guidelines

UnitedHealthcare Community Plan follows National Correct Coding Initiative (NCCI) guidelines and other applicable coding guidance from the Centers for Medicare & Medicaid Services including but not limited to the Official ICD-10-CM Guidelines for Coding and Reporting.

Crossover Claims (MyCare Ohio counties)

For Medicaid members with coverage under UnitedHealthcare Dual Complete in MyCare Ohio counties, you will not need to bill twice.

- The claim will automatically crossover for processing under the member's Medicaid benefit.
 - The claim should appear in our claims and payment system within two business days from the date the Medicare PRA/ERA is issued.
 - If Medicare does deny the claim, it will be processed for payment under Medicaid. You won't need to resubmit the claim for processing.

Prior Authorization Requirements

As always you can view the prior authorization list of services online. The 2018 prior authorization list will be available after Dec. 23, 2017. To see the updated prior authorization list changes, go to:

- UHCprovider.com/priorauth

You may also receive two authorization numbers when you submit a prior authorization request for a service that spans the date of Jan. 1, 2018.

- For dates of service **prior to Dec. 31, 2017**, the authorization number will be issued under the member's current member record.
- For dates of service **Jan. 1, 2018 thereafter**, the authorization number will be issued under the member's new member record.

Online Resources

UHCprovider.com and Link Apps

Use Link to perform secure transactions and reports that require secure access for UnitedHealthcare Community Plan members. To access Link go to UHCprovider.com and click on the Link button in the top right corner. You'll need your Optum ID to sign in. If you don't have an Optum ID please click New User button instead. With Link apps, you can:

- View patient eligibility and benefits
- Check the status of a claim
- Submit a claim reconsideration

To learn more about Link, please visit UHCprovider.com. If you have questions, please call the UnitedHealthcare Connectivity Help Desk at 866-842-3278, option 1, 7 a.m. – 9 p.m., Central Time, Monday through Friday.

CMS-1500 and Reports

To submit a single CMS-1500 claim form, go to UHCprovider.com/claims. The following reports are also available at UHCprovider.com/reports:

- PCP Panel Report
- Capitation (CAP) Reports
- Claim Trends
- Provider Profile
- EPSDT
- Preventive Health Measures

Electronic Payments & Statements

Electronic Payments & Statements (EPS) is UnitedHealthcare's solution for electronic funds transfers (EFT) and electronic remittance advice (ERA). It's one of the most efficient ways to get paid. There's no change to your posting method and no special software is required. By enrolling in EPS, you can:

- Receive claims payments by direct deposit.
- Access your explanations of benefits (Provider EOBs) online or via 835 ERA files.
- Access EPS using the tile on your Link dashboard

Care providers who are enrolled in EPS are automatically enrolled with the new ERA Payer ID **04567**.

We're Here to Help

If you have questions, please contact your Provider Advocate or call Provider Services at our new phone number **866-944.3488**.



Ready Reference Guide **UPDATE 01-01-18**
 Anthem Blue Cross and Blue Shield in Ohio

***Reminder - always verify member eligibility and benefits with the member's benefit plan and verify your network participation with Anthem Ohio for the products listed, if necessary.

Products	Provider/ Customer Service	Alpha- Prefixes	Availity	Paper Claims Address	Appeals Address	Provider Refunds (Contact Customer Service for the address for returning Anthem checks)	Precertification (Precert including Retrospective Reviews)(Other Than Radiology) Case Management (CM)
Ohio (Local) Anthem Products							
Local Products Blue Access Blue Preferred Blue Traditional Blue Access Options PPO for ERC Health 7/1/15 Blue Access Options PPO (Ohio Standard 3 Tier) 10/1/15	Group and Individual Policies: *888-290-9160 CDHP/HDHP Plans: 1-888-224- 4902	YRG, YRJ, YRL YRM, YRN, YRO, YRP, YRQ, YRT, YRB, YRY VXA XDV	Eligibility,Benefits, Claim Status, Claim Line Item Details and Member certificates. Links to Secure Messaging and remits	Anthem BCBS PO Box 105187 Atlanta, GA 30348-5187	Anthem Blue Cross and Blue Shield Attn: Appeals Department P.O. Box 105568 Atlanta, GA 30348-5568 or Fax: 888-859-3046 (non- urgent) 800-368-3238 (urgent)	Central Region CCOA Lockbox PO Box 73651 Cleveland OH 44193-1177	Peer to Precert: 800 752-1182 Peer: 888-870-9342 Fax: 800-266-3504 UM Appeals Fax: 888-859-3046 Predetermination of Benefits: 800-752-1182 CM: 888-662-0939 CM email: centregcmref@anthem.com E-Review: Demographic, Admit and D/C Dates: Anthem.OhioAdmitting@anthem.com Clinical Information: Anthem.precert@anthem.com PT/OT - Orthonet eff 11/1/15: Phone: 1-844-282-6994 Fax: 1-844-216-1599 Via www.orthonet-online.com Genetic Testing eff 7/1/17 AIM Provider Portal or 1-800-554-0580 Musculoskeletal & Pain Mgmt eff 11/1/17 AIM Provider Portal or 1-800-554-0580
Ohio On Exchange Individual Products							
On Exchange - Individual: Anthem Gold/Silver/Bronze Pathway X Tiered PPO Network (limited network) (through 12/31/17) Eff 1/1/16 Pathway X HMO Network (limited network) (through 12/31/17)	(855) 854-1438	JWR (through 12/31/17) JWV (through 12/31/17)	Eligibility,Benefits, Claim Status, Claim Line Item Details and Member certificates. Links to Secure Messaging and remits	Anthem BCBS PO Box 105187 Atlanta, GA 30348-5187	Anthem Blue Cross and Blue Shield Attn: Appeals Department P.O. Box 105568 Atlanta, GA 30348-5568 or Fax: 888-859-3046 (non- urgent) 800-368-3238 (urgent)	Central Region CCOA Lockbox PO Box 73651 Cleveland OH 44193-1177	Same as Local Products

Ohio Off Exchange Individual Products							
Off Exchange - Individual: Anthem Gold/Silver/Bronze Pathway Tiered PPO Network (limited network) (through 12/31/17)	(855) 854-1438	JWT (through 12/31/17)	Eligibility, Benefits, Claim Status, Claim Line Item Details and Member certificates. Links to Secure Messaging and remits	Anthem BCBS PO Box 105187 Atlanta, GA 30348-5187	Anthem Blue Cross and Blue Shield Attn: Appeals Department P.O. Box 105568 Atlanta, GA 30348-5568 or Fax: 888-859-3046 (non- urgent) 800-368-3238 (urgent)	Central Region CCOA Lockbox PO Box 73651 Cleveland OH 44193-1177	Same as Local Products
Eff 1/1/16 Pathway HMO Network (limited network) (through 12/31/17)		YFS (through 12/31/17)					
Ohio On Exchange Small Group (SHOP) Products							
On Exchange - Small Group: Anthem Gold/Silver/Bronze Blue Access Network (through 12/31/17)	(855) 854-1438	JWJ (through 12/31/17)	Eligibility, Benefits, Claim Status, Claim Line Item Details and Member certificates. Links to Secure Messaging and remits	Anthem BCBS PO Box 105187 Atlanta, GA 30348-5187	Anthem Blue Cross and Blue Shield Attn: Appeals Department P.O. Box 105568 Atlanta, GA 30348-5568 or Fax: 888-859-3046 (non- urgent) 800-368-3238 (urgent)	Central Region CCOA Lockbox PO Box 73651 Cleveland OH 44193-1177	Same as Local Products
Ohio Off Exchange Small Group Products							
Off Exchange - Small Group: Anthem Gold/Silver/Bronze Blue Access Network	(855) 854-1438	JWQ	Eligibility, Benefits, Claim Status, Claim Line Item Details and Member certificates. Links to Secure Messaging and remits	Anthem BCBS PO Box 105187 Atlanta, GA 30348-5187	Anthem Blue Cross and Blue Shield Attn: Appeals Department P.O. Box 105568 Atlanta, GA 30348-5568 or Fax: 888-859-3046 (non- urgent) 800-368-3238 (urgent)	Central Region CCOA Lockbox PO Box 73651 Cleveland OH 44193-1177	Same as Local Products
Eff 1/1/2017 Pathway HMO Network (limited network) (through 12/31/17)		YSY (through 12/31/17)					
Eff 1/1/18 Pathway Group HMO		ZFZ					
Anthem Associates							
Anthem Associates (HRA/HSA)	1-800-676-2583	WLU	Eligibility, Benefits, Claim Status, Claim Line Item Details and Member certificates. Links to Secure Messaging and remits	Anthem BCBS P.O. Box 105187 Atlanta, GA 30348-5187		Anthem BCBS Cost Containment Overpayment Avoidance P.O. Box 73651 Cleveland, OH 44193-1177	Precert: 1-877-875-1223 UM Fax: 1-888-438-7061 CM: 1-855-537-3347 Diag Imaging, Sleep Therapy, Oncology Rx: 1-866- 792-1072

National (non-Auto)	1-800-676-2583	Most have "AN" in 4th and 5th digits	Eligibility, Claims Status, Links to Secure Messaging and Remits	Anthem BCBS P.O. Box 105187 Atlanta, GA 30348-5187	Anthem Blue Cross and Blue Shield Attn: Appeals Department P.O. Box 105568 Atlanta, GA 30348-5568 or Fax: 888-859-3046 (non-urgent) 800-368-3238 (urgent)	Central Region CCOA Lockbox PO Box 73651 Cleveland OH 44193-1177	Precert: 866-776-4793 Peer to Peer: 800-821-1453 Fax: 800-773-7797 UM Appeals: 800-927-4065 UM Appeals Fax: 317-287-5968 CM: 800-737-1857 CM email: INDYNatAccts-CM@wellpoint.com CM Fax: 317-287-5864 UM Criteria: 877-814-4803 E-Review: Demographic, Admit and D/C Dates: INAdmittingNational-Anthem@anthem.com Clinical Information: UMNationalUnit@anthem.com
National (Auto)	GM: 1-800-345-4907 Delphi: 1-800-345-4907 Ford-FGP: 1-800-367-5893 Ford-FSP: 1-888-500-7898 Chrysler: 1-800-848-2405 UAW: 1-866-324-9666 UGG and UFL (Medicare-MI): Facility: Eligibility and benefits 800-249-5103 Claims 800-482-0898 Professional: Eligibility and benefits 800-344-8525 Claims 800-482-3146 GM GeoBlue 1-855-282-3517	GM: GHP, GIH, GMJ, GMH Delphi: DEH, DKP Ford: FGP, FSP Chrysler: DXP, DCH, DZW, DKP, DK M, NCH, DPU, DCC, NCH UAW: UGD, UGG, UF K, UFL, UCK, UDC QHH	Eligibility, Claims Status, Links to Secure Messaging and Remits	Anthem BCBS P.O. Box 105187 Atlanta, GA 30348-5187	Contract issues: Anthem Blue Cross and Blue Shield Attn: Appeals Department P.O. Box 105568 Atlanta, GA 30348-5568 or Fax: 888-859-3046 (non-urgent) 800-368-3238 (urgent) Benefit issues: member must appeal to BCBS MI	Central Region CCOA Lockbox PO Box 73651 Cleveland OH 44193-1177	Refer to patient ID card. Preauthorization: Fax 1-866-311-9603 or mail to: Blue Cross Blue Shield of Michigan P.O. Box 2227 Detroit, MI 48231-2227 Mail code 0450 GM and Chrysler Radiology precert - AIM Specialty Health: 1-800-554-0580 Fax 1-888-730-2831 Chrysler Outpatient PT: handled by TheraMatrix eff 3/1/16 Phone: 888-638-8786 Web: www.theramatrix.com GeoBlue 1-800-952-3404
BlueCard (Non-Ohio Blue Cross and Blue Shield Members' Plans)							
Provider Finder (BlueCard Network)	800 810 BLUE	Refer to Member's ID Card	Information dependent upon availability from Blue Plan's front-end system	Anthem BCBS P.O. Box 105187 Atlanta, GA 30348-5187	Anthem BCBS ITS/Blue Card Dept P.O. Box 105557 Atlanta, GA 30348-5557	Anthem BCBS Cost Containment Overpayment Avoidance P.O. Box 73651 Cleveland, OH 44193-1177	Call the number on the back of the member's ID card
Eligibility, Benefits, Precert - route to Home Plan	800 676 BLUE						
BlueCard Provider Service	866 -594-0521						
Federal Employee Program (FEP)							
Federal Employee Program (FEP) www.fepblue.org	1-800 451-7602 or 1-800-242-9635 IVR: claim status, checks, remits, eligibility, benefits	R	Eligibility, Benefits, Claim status (high level)	Anthem BCBS P.O. Box 105557 Atlanta, GA 30348-5557	Clinical: Anthem Blue Cross Blue Shield Federal Employee Program Attention: Provider Appeals 3075 Vandercar Way Cincinnati, OH 45209 Non Clinical: Anthem BCBS PO Box 105568 Atlanta, GA 30348	Anthem BCBS Cost Containment Overpayment Avoidance, P.O. Box 73651, Cleveland, OH 44193-1177	Precert: 800-860-2156 Peer to Peer: 800-860-2156 Fax: 800-732-8318 Fax - ABD: 877-606-3807 CM: 800 711-2225 E-Review: Demographic, Admit, D/C and Clinical Information: fepe-reviews@anthem.com Federal requests for pre-Determination can not be handled through e-Review - please refer provider to customer service number on the back of the member's card.

Medicare Supplement Products	1-800-345-4344 (termed 12/1/16) 1-866-649-2037 Eff 12/1/16	YRR (termed 12/1/16) VNE Eff 12/1/16	Eligibility, Benefits, Claim Status, Claim Line Item Details and Member certificates. Links to Secure Messaging and remits	Anthem BCBS PO Box 105187 Atlanta, GA 30348-5187	Anthem Blue Cross and Blue Shield Attn: Appeals Department P.O. Box 105568 Atlanta, GA 30348-5568 or Fax: 888-859-3046	Central Region CCOA Lockbox PO Box 73651 Cleveland OH 44193-1177	No Precert for Medicare supplement plans.
Medicare Advantage EMPLOYER GROUP eff 1/1/15 Anthem Senior Advantage HMO Anthem Medicare Preferred LPPO- Local PPO Blue Medicare Access RPPO- Regional PPO	1-800-467-1199	YRA (HMO) YRE (LPPO) YRS (RPPO)	Eligibility, Benefits, Claims, Links to Secure Messaging and Remits	Anthem BCBS P.O. Box 105187 Atlanta, GA 30348-5187	Anthem Blue Cross and Blue Shield Attn: Senior Appeals Mailstop: OH0205-A537 4361 Irwin Simpson Rd. Mason OH 45040 Fax: 1-888-458-1406 or 1-888-458-1407	Anthem BCBS Cost Containment Overpayment Avoidance P.O. Box 73651 Cleveland, OH 44193-1177	Precertification: 1-866-797-9884 Fax - Inp notifications & all Outpatient: 1-866-959-1537 Fax- Facility Clinical: 1-877-423-9972 SNF, LTAC, Inpat Rehab: 1-800-262-2731 Fax for SNF, LTAC, Inpat Rehab: 1-877-423-9972 Predetermination of Benefits: 1-866-797-9884 Peer to Peer: 1-866-797-9884 P2P Email: crp2p@anthem.com CM: 1-866-797-9884 opt. 4 CM email: CM-concierge@wellpoint.com E-Review: (all Central states) anthem.ohio.medicare@anthem.com
Medicare Advantage INDIVIDUAL: Anthem MediBlue Essential (HMO) Anthem MediBlue Plus (HMO) Anthem MediBlue Prime Select (HMO) Eff 1/1/18 - Limited Cleveland Clinic Network Anthem MediBlue Access (PPO) Anthem MediBlue Access Plus (PPO) -new name 1/1/18 Anthem MediBlue Access Core (RPPO) Anthem MediBlue Access Basic (RPPO) -new name 1/1/18 Anthem MediBlue Dual Advantage (HMO SNP)	1-855-690-7796 1-855-690-7801 1-800-467-1199 1-855-690-7796	JRI VOC VOD JRG	Eligibility, Benefits, Claims, Links to Secure Messaging and Remits	Anthem BCBS P.O. Box 105187 Atlanta, GA 30348-5187	Anthem Blue Cross and Blue Shield Attn: Senior Appeals Mailstop: OH0205-A537 4361 Irwin Simpson Rd. Mason OH 45040 Fax: 1-888-458-1406 or 1-888-458-1407	Anthem BCBS Cost Containment Overpayment Avoidance P.O. Box 73651 Cleveland, OH 44193-1177	Precertification: 1-866-797-9884 Fax - Acute Inp notifications & all Outpatient: 1-866-959-1537 Fax - Facility Clinical: 1-877-423-9972 SNF, LTAC, Inpat Rehab, Inpat non-acute: 1-800-262-2731 Fax for SNF, LTAC, Inpat Rehab, Inpat non-acute: 1-877-423-9972 SNF, LTAC, Acute Rehab Initial or Concurrent reviews: OHDischargeplanning@anthem.com Predetermination: 1-866-797-9884 Peer to Peer: 1-866-797-9884 P2P Email: crp2p@anthem.com CM: 1-866-797-9884 opt. 4 CM email: CentralRegioncmconcierge@anthem.com E-Review: (all Central states) anthem.ohio.medicare@anthem.com Orthonet Phone: PT,OT 1-844-340-6418 (eff 7/1/16; therapy in SNF & LTC included) Spine & Back PM, Spinal Surgery 1-844-788-4805 Orthonet Fax: PT,OT 1-844-340-6419 (eff 7/1/16; therapy in SNF & LTC included) Spine & Back PM, Spinal Surgery 1-844-788-4806 Orthonet Cardiology eff 4/1/15: Ph 1-844-278-5477 Fx 1-844-876-4924 Output Radiation Oncology: AIM 1-800-714-0040 or www.aimspecialtyhealth.com

Medicare Advantage- INDIVIDUAL continued							Hearing Care Solutions: (through 12/31/17) (877) 583-2842 http://hearingcaresolutions.com/anthem-members/ Email: ProviderServices@hearingcaresolutions.com Portal: ProviderPortal.HearingCareSolutions.com NationsHearing: Eff 1/1/18 Phone: 1-800-921-4559 Website: http://nationsproviders.com/ Email: network@nationshearing.com Genetic Testing eff 11/1/17 AIM Provider Portal or 1-800-714-0040 Home Health via MyNexus eff 1/1/17: Use https://portal.mynexuscare.com/ or Fax Home Health Care Authorization Request Form to: 1-844-834-2908 Phone: 1-844-411-9622
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Other Information		
Dental: 1-866-947-9398	Behavioral Health Precert: 1-866-582-2293	CAQH: 1-888-599-1771
Orthonet Focused Claim Review		
**Commercial and Medicare Advantage Phone: 1-888-230-1346 Fax: 1-866-951-2711		
Provider Solutions		
Northern Ohio: 216-573-4440	Central Ohio: 614-438-3400	Southern Ohio: 513-770-7807
Availity		
Eligibility and Benefits, Claims, Secure Messaging, Precertification, Reimbursement Policies, Fee Schedules, Remits, MA Provider Self Service		
Effective December 8, 2017, MyAnthem, the secure provider portal for Anthem, will be retired. All information formerly on MyAnthem will be exclusively on Availity.		
eBusiness Help Desk: 1-866-755-2680 for issues with anthem.com or Anthem information returned on Availity		Availity: www.availity.com Phone: 1-800-282-4548
AIM Specialty Health Precertification	Retrospective Precertification	Request for Claim Review, Adjustment or Submitting Records
Phone 1-800-554-0580; Hours 8:30 – 7:00 ET AIM Web Customer Service: 1-800-252-2021 Connect to AIM Precertification via: www.availity.com or AIM Provider Portal: www.providerportal.com Website: www.aimspecialtyhealth.com ; Clinical guidelines here Email: technical portal Issues - webcustomerservice@aimspecialtyhealth.com Optinet Surveys/Site Assessments Help Desk: 1-800-252-2021 or optinetsupport@aimspecialtyhealth.com	AIM can enter cases retro 2 business days only. Eff August 22, 2015 - these can be done online. After that timeframe, use the post service review/reconsideration process.* Anthem UM Services PO Box 105187 Atlanta, GA 30348-5187 Fax for Local: 1-888-859-3046 *Medicare Advantage: No retros allowed. Effective in 2015, failure to obtain a prior authorization will result in an administrative denial and members cannot be balance billed.	Anthem BCBS PO Box 105557 Atlanta, GA 30348-5557 Fax: 1-800-376-0247 Include completed Provider Adjustment Request Form, or a letter with all pertinent claim and patient details. **If you receive a record request letter, follow the instructions on the letter for returning them.
Specialty Pharmacy Precertification - Does not include Specialty RX under Pharmacy Benefit		Refunding Anthem Checks
National: check members ID card Commercial: Aimspecialtyhealth.com via Availity, Clinical Data Submission Tools available on the Anthem website/Precertification E-Review: specialtymeds@anthem.com Fax 866-993-5966 Level of Care Clinical Review Program: effective with dates of service on and after July 18, 2016 Medicare Advantage: Phone 866-797-9884 option 5, Fax 866-959-1537 with General Precert Form (anthem.com Precertification page) Medicare Advantage Email: maspecialtypharm@anthem.com Effective May 1, 2016 all oncology and oncology supportive specialty drugs that require prior authorization for Anthem Blue Cross and Blue Shield individual Medicare Advantage members will be reviewed for medical necessity through AIM's ProviderPortal -- www.providerportal.com -- or by contacting AIM at 1-800-554-0580. FEP: submit ABD (with clinical) to fax 877-606-3807		If you are returning a check issued by Anthem Blue Cross and Blue Shield, please mail to: Anthem Finance Dept. 1351 William Howard Taft Mail-Point: CW1-262 Cincinnati, Ohio 45206
Electronic Data Interchange		
EDI Solutions Help Desk: 800 470 9630 Email: e-solutions.support@anthem.com	Information Available Online: http://www.anthem.com/edi/ (Select OH & click enter)	EDI Payor IDs: Professional - 00834; Facility - 00332

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Credentialing Provider List through February 1, 2018

<i>Provider</i>	<i>Specialty</i>	<i>Initial Credentialing Date</i>
Mario Matos-Cruz, MD	Cardiothoracic Vascular Surgery	August 8, 2017
John Sirak, MD	Cardiothoracic & Vascular Surgery	August 22, 2017
Subrata Roy, MD	Psychiatry	August 25, 2017
Michael Otto, PA John Sirak, MD (Collaborative physician)	Physician Assistant	August 25, 2017
Brenda Sheetz, CNP Mario Ammirati, MD (Collaborative Physician)	Certified Nurse Practitioner	August 31, 2017
Stefanie Moeller, MD	Internal Medicine	September 1, 2017
Jo Anna Kauffman, MD	Family Medicine	September 5, 2017
Hasan Shanawani, MD	Pulmonary Disease	September 8, 2017
Amanda Hurley, CNP Terry Roode, DO (Collaborative Physician)	Certified Nurse Practitioner	September 18, 2017
James Kemmler, MD	Orthopaedic Surgery	October 5, 2017
Justin Moore, MD	Internal Medicine-Critical Care Medicine	October 5, 2017
Ronald Bonfiglio, MD	Physical Medicine & Rehabilitation	October 5, 2017
Jewel Songo, PA Frank Fumich, MD (Collaborative Physician)	Physician Assistant	October 5, 2017
Barbara Forest, CNP Warren Morris, MD	Certified Nurse Practitioner	October 5, 2017
Jennalee Rauh, DMP	Podiatry	October 17, 2017
Wenlan Duan, MD	Internal Medicine	October 19, 2017
Hassan Al-Shamma, MD	Internal Medicine	October 19, 2017
Ashley Meyer, FNP Michael Josey, MD (Collaborative Physician)	Family Nurse Practitioner	October 16, 2017
Alec Curry, PA Frank Fumich, MD (Collaborative Physician)	Physician Assistant OIO	October 23, 2017
Benjamin Jones, PA Michael Shaheen, MD (Collaborative Physician)	Physician Assistant	November 1, 2017
Patrick Gonzalez, MD	Critical Care Medicine	November 3, 2017
Kim Binkley, CNP Michael Martz, DO (Collaborative Physician)	Certified Nurse Practitioner	November 3, 2017
Umar Osam, MD	Pulmonary Disease	November 6, 2017

Sultan Michael, MD	Internal Medicine	November 15, 2017
Beibei Oelrich, MD	Urology	November 29, 2017
Sarah Campos-Monell, MD	Internal Medicine	November 30, 2017
Navpreet Sidhu, MD	Pulmonary Medicine	November 30, 2017
Cherryl Premdass, MD	Hospitalist	November 30, 2017
Gerald Garwood, DO	Internal Medicine/Hospitalist	December 7, 2017
Mitchell Ballin, MD	Internal Medicine/Hospitalist	December 7, 2017
Lance Neeley, FNP Michael Martz, DO (Collaborative Physician)	Family Nurse Practitioner	December 27, 2017
Melissa Maag, FNP Eric Stallkamp, MD (Collaborative Physician)	Family Nurse Practitioner	December 27, 2017
Cheryl Motter, CNP John Sirak, MD (Collaborative Physician)	Certified Nurse Practitioner Cardio-Thoracic Surgery	December 29, 2017
Kamishela Maila, MD	Internal Medicine Hospitalist	January 3, 2018
Allison Douglas, FNP William Scherger, MD (Collaborative Physician)	Family Nurse Practitioner	January 4, 2018
Nathan Patrick, MD	Orthopaedic Surgery	January 4, 2018
Andre Gilbert, MD	Urology	January 16, 2018
Robert Hillman, DC	Chiropractor	February 1, 2018
Anthony Nunez, MD	Cardiothoracic & Vascular Surgery	February 1, 2018
Sara Gerlach, FNP Rajbir Bajwa, MD (Collaborative Physician)	Family Nurse Practitioner	February 1, 2018
Monica Kasse, FNP Naghmana Masood, MD (Collaborative Physician)	Family Nurse Practitioner	February 1, 2018
Elana Hacker, PA John Sirak, MD (Collaborative Physician)	Physician Assistant	February 1, 2018

Cornerstone Staff

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