



PMG/IPA Information Now Available on Secure Portal

We appreciate your patience while Anthem Blue Cross implemented the necessary changes to our secure portal in order to be HIPAA (Health Insurance Portability and Accountability Act of 1996) version 5010 compliant. **Providers can now view the member's current assigned participating medical group when looking up eligibility online.**

We are providing the attached visual aid that we created to help you navigate the recent screens changes for eligibility and benefit inquiries and claims inquiries. The file path to this information is anthem.com/ca > **OTHER ANTHEM WEBSITES: Providers** > Under **Learn More**, select **State Sponsored Plans** > Under **Provider Communications**, click **Provider Operations Manuals and Important Updates**. You will see a copy of this provider bulletin and visual aid under the list of provider bulletins.

Eligibility and Benefits Inquiries

You are required to verify eligibility and benefits prior to rendering services. All the information you need to perform an online search is on the member's ID card.

Required information for an eligibility and benefit (E&B) inquiry on **ProviderAccess** includes:

- Member ID including the alpha prefix
- Patient date of birth (recommended) *or* the patient first and last name
- Date of service (defaults to current date)
- Selection of defined HIPAA service types (defaults to Health Benefit Plan and can be changed via a drop down list of services)
- An active member will show a term date of "12/31/9999"

To be HIPAA Version 5010 compliant, you will no longer be able to conduct a "Name Search."

Claims Inquiries

The claim inquiry screen requires the information above and the National Provider Identifier (NPI) for the provider of service. The NPI must match the servicing provider tax identification number (TIN). Please note that we've made a recent update to make searching easier. NPIs are now in alphabetical order by provider name, with secondary numeric order for multiple NPIs. In early 2012, we will add a search feature to allow faster results through input by provider name or NPI.

As with eligibility and benefit inquiries, providers will no longer be able to conduct claim inquiries using a "Name Search" or a "Claim ID Number" search for local plan members.

ProviderAccess will allow navigation to the **claims inquiry page** from the **E&B inquiry results page**. The member information (member ID, patient name and date of birth) will carry over to the claims inquiry page to avoid redundancy in keystrokes.

Contact Information

If you have questions, please call the Customer Care Center at the appropriate numbers provided below:

- Medi-Cal outside Los Angeles County: **800-407-4627**
- Medi-Cal inside Los Angeles County: **888-285-7801**
- Healthy Families Program: **800-845-3604**
- Access for Infants and Mothers (AIM) Program: **877-687-0549**
- Major Risk Medical Insurance Program (MRMIP): **877-687-0549**
- County Medical Services Program (CMSP): **800-670-6133**

Secure Provider Portal HIPAA 5010 Changes

Providers still have access to the same claim and eligibility information they have always had. However effective October 21, 2011, how they access claims and eligibility information is slightly different.

Overview | **Eligibility & Benefits** | **Claims**

Providers can access claims and eligibility inquiries by selecting the appropriate tab at the top of the page and selecting **Claims Status Inquiry** or **Eligibility & Benefit Inquiry**.

Or they can access both from the **Eligibility & Benefits Inquiry Panel** at the right of the page.

Effective October 21, 2011, providers will need to enter the **Member ID**, as well as the **Birth Date** or first and last name of the member. Note: The provider will need to include the alpha prefix in the member ID. Then click **Search**.

Select either:

- View **Eligibility & Benefits Details** for additional information on the member's coverage.
- Perform **Claims Status Inquiry** for claims details.
- Contact **Customer Service** for contact and billing information.

Member ID (Including Alpha Prefix) »

Member Type
 Subscriber Dependent

Service Date (mm/dd/yyyy) »

Service Type Code
 30 - All Benefits (Health)

Enter at least one of the following: (Birth Date is recommended for best results)

Birth Date (mm/dd/yyyy)

Patient First Name

Patient Last Name

» Indicates a Required Field

From the **Eligibility & Benefits Summary** page, a provider will have options available in the **Action** drop down menu.

Eligibility & Benefits Inquiry / Eligibility & Benefits Summary

Eligibility & Benefits Summary

Member Eligibility Summary

Member ID	Member Name	Birth Date	Relationship	Group Name	Effective Period	Action
						(None Selected)

Member information will display here.

View Eligibility & Benefits Details
 Contact Customer Service
 Perform Claims Status Inquiry

When you select **View Eligibility & Benefits Details** from the drop down it will take you to the member's benefits and provider information. See example below.

Most Recent Coverage

Coverage Type	Plan Name	Status	Effective Period
Health Benefit Plan Coverage	Plan name goes here.	Active	07/01/2011 - 12/31/9999 (Plan)
Health Maintenance Organization (HMO)			
Medical Care		Active	07/01/2011 - 12/31/9999 (Plan)
Mental Health		Active	07/01/2011 - 12/31/9999 (Plan)
Urgent Care		Active	07/01/2011 - 12/31/9999 (Plan)
Dental Care		Active	07/01/2011 - 12/31/9999 (Plan)
Hospital		Active	07/01/2011 - 12/31/9999 (Plan)
Emergency Services		Active	07/01/2011 - 12/31/9999 (Plan)
Professional (Physician) Visit - Office		Active	07/01/2011 - 12/31/9999 (Plan)

PMG/PCP Information

Provider Name	Effective Date	Term Date	Provider Address	Provid
	07/01/2011	12/31/9999		

PMG/PCP name and contact information goes here.

Please note: When a member is active it will show the term date 12/31/9999 in the eligibility, claim inquiries and PCP and/or PMG/IPA Information.

Another change put in place to support HIPAA 5010 is the way a provider will view claim information.

The **Provider's tax ID** will appear in the tax ID field. If the provider has more than one tax ID the field will appear as a drop down. Once the tax ID is selected, click **Continue**.

The provider selects the tax ID for the claim they submitted and the **Servicing Provider** field will update with all the NPI numbers associated with that tax id. Provider's NPI and Name will display here. The NPIs will appear in alpha order and the provider will need to scroll through list. Once the NPI is located, the provider will need to select the billing NPI for the claim.

Claims Inquiry

Please enter the required search criteria to begin your search.

Tax ID » (NOTE: Servicing Provider List will update if Tax ID selection is changed.)

Servicing Provider »

Claim Search

Member ID »

(As on ID Card)

Birth Date »

(mm/dd/yyyy)

Service Date From »

(mm/dd/yyyy)

Service Date To »

(mm/dd/yyyy)

(The Blue Cross and Blue Shield Service Benefit Plan, also known as the Federal Employee Program or FEP claim status information is available for a period of 18 months from current date and date range searches can not exceed 90 days.)

» Indicates a Required Field

Patient First Name

Patient Last Name

Patient is the Subscriber Dependent

Subscriber Last Name

Claim ID

Then enter the **Service Date From** and **Service Date To** of the claim they submitted. Then click **Search**.

Is the patient covered by an out of state Blue Cross Blue Shield Plan? Use [BlueCard Claims Advisor](#) to find out where to send the claims

Claim summary and details will then display for claims with the service dates entered.

