

# Behavioral Health Network Quick Reference Sheet

Participating providers under an *Anthem Participating Mental Health Practitioner Agreement* are individually contracted for all Anthem Blue Cross Plans that access the Anthem Behavioral Health Network including, but not limited to: HMO, PPO, and EPO Commercial plans. HMO, PPO, and EPO plans on and off the exchange, and Medicare Advantage PPO Plans.

**NOTE: The Behavioral Health Medi-Cal Network is covered by a different Agreement and fee schedule.** E-mail any questions to: [BHMedi-CalNetworkRelations@anthem.com](mailto:BHMedi-CalNetworkRelations@anthem.com).

## Behavioral Health Network Relations

Handles questions about fee schedules, Agreement (contract) language or requirements as specified in the *Anthem Blue Cross Professional Manual*. E-mail questions to: [#°"=V k](mailto:#°).

## Provider Practice Change Request

- **Complete** a *Practice Update Form* to ensure proper processing of all changes to practice or mailing addresses and TaxIDs. The form is available online on the [Behavioral Health Provider Resources](#) Web page.
- **Submit** changes directly to Anthem Provider Database at e-mail: [ProviderDatabaseAnthem@anthem.com](mailto:ProviderDatabaseAnthem@anthem.com)
- **Add** the e-mail **subject line: "BH Change"** for easier processing and identification.
- If changing or adding a TaxID, include a W-9 form.
- **All changes must** be signed by the provider.
- All changes **require a 30 day** notification prior to the change.

## Benefits & Eligibility

Login to [availability.com](http://availability.com) or call the toll-free phone number on the back of the member's ID card.

## Resources you need everyday

- **Behavioral Health Provider Resources** is a comprehensive behavioral health information Web page. Go to [anthem.com/ca](http://anthem.com/ca) > Providers > Under "Learn More" select *Behavioral Health Provider Resources*.
- **Availity** for benefits, eligibility, claims status inquiry or request online authorization through Interactive Care Reviewer (ICR). [Register](#) at [availability.com](http://availability.com) for our exclusive Web based tool.
- **ProviderAccess®** for manuals, fee schedules, claims reports and more. [Register](#) for this secure website at [provider2.anthem.com/wps/portal/ebpmybcc](http://provider2.anthem.com/wps/portal/ebpmybcc).

## What to do when seeing an Anthem member

Determine coverage by verifying benefits and eligibility through Availity or call the toll-free phone number on the back of the member's ID card. Ask the following questions:

- Is the member eligible for coverage?
- Is preauthorization of services required?
- Does the member access the Anthem Behavioral Health Network for services?
- What is the copay, coinsurance or deductible?
- Where should claims be submitted?

**Collect the copayment, coinsurance and deductible** from the member, and bill Anthem directly for services. We recommend claims be submitted electronically.

When using Availity for benefit verification, print or save the benefit verification Web page for your records.

## Behavioral Health Network Update

Our online newsletter specifically designed for you, a participating behavioral health group.

Go to [anthem.com/ca](http://anthem.com/ca) > Providers > Under "Learn More", select *Behavioral Health Provider Resources* > [Behavioral Health Network Update \(Newsletter\)](#) to view current and archived newsletters.

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## Network eUPDATE

A Web tool for sharing vital information via e-mail. It features short timely critical business information as:

- Important website updates
- System changes
- Fee Schedules
- Claims and billing updates

Registration is **fast** and **easy**. There's no limit to the number of subscribers who can register for Network eUPDATES. Submit all e-mail addresses for your group.

## Electronic Claims Filing Assistance

Billing electronically through Anthem, Electronic Data Interchange (EDI) is **faster** and more accurate. Transmit claims 24/7.

Call e-solutions toll-free at **1-800-470-9630** Monday to Friday 8 a.m. to 4:30 p.m. PT. or by e-mail: [e-solutions.support@anthem.com](mailto:e-solutions.support@anthem.com) to get started.

User **Payer ID 47198** for electronic claims submission (transactions) **directly** to Anthem Blue Cross.

For submission through a clearinghouse or use of a software vendor, **ask** and **confirm the correct value that should be used**. Many clearing agencies use proprietary values therefore, we do not assign or maintain payer ID codes for other entities, vendors or clearinghouses.

## Enroll with CAQH for Electronic Fund Transfer (EFT) and Electronic Remittance Advice (ERA).

Health care providers can **enroll easily** in electronic payment and electronic remittance advice programs with multiple payers via a single, secure online process.

The CAQH Solution™, *EnrollHub™*, **eliminates different forms** required by each payer and centralizes EFT and ERA enrollment.

Logon to [solutions.cagh.org](https://solutions.cagh.org) and enroll into Electronic Fund Transfer (EFT) and Electronic Remittance Advice (ERA) today!

## Claims Submission made easy

- Original claims must be submitted to Anthem **within 12 months** from the date services were rendered
- Correct rendering provider information- always include individual National Provider Identifier (NPI) and Tax ID
- Correct member and patient information- Anthem member ID, name and date of birth
- Electronically through Electronic Data Interchange (EDI) is easy. Call toll-free **1-800-470-9630** or e-mail [e-solutions.support@anthem.com](mailto:e-solutions.support@anthem.com) to get started today!
- Always refer to the member ID card for the correct claim mailing address.

Send **some claims** to a TPA. Send **most behavioral health claims** to Anthem Blue Cross at the following address:

Anthem Blue Cross  
P.O. Box 60007  
Los Angeles, CA 90060-0007

## “Avoid” Network Participation Interruption

Our Credentialing Program verifies credentialing data **every three years**. Keep your CAQH applications current by **attesting every four months** to avoid network participation interruptions due to outdated information (office and mailing addresses, liability coverage etc). Complete re-attestation now at [cagh.org](https://cagh.org).

## Find answers to BlueCard® (out-of-area) questions

You may render services to patients who belong to other Blue Plans and who travel to or live in California. The BlueCard Program lets you conveniently submit claims for other Blue Plans, including international Blue Plans, directly to Anthem Blue Cross in California.

Get help navigating the program and claim filing, eligibility, pre-authorization and contact information in the [Blue Card Program Provider Manual](#). Go to [anthem.com/ca](https://anthem.com/ca) > Providers > Enter > Under “Learn More”, select Behavioral Health Provider Resources > [Resources and Tools](#) to access the Manual.