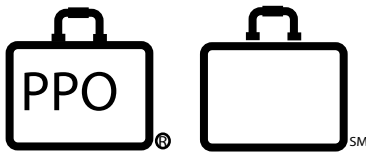


Anthem Blue Cross participates in the Blue Cross Blue Shield Association (BCBSA) BlueCard® program, which consists of policies and procedures that enable members to receive healthcare services while traveling or living in another Blue Plan’s service area.

How does this process work?

Provider

Sends claim to Anthem Blue Cross



Anthem Blue Cross (Host Plan)

- applies pricing
- electronically submits claim to member’s plan
- answers all provider claim inquiries



Anthem Blue Cross (Host Plan)

- receives electronic disposition
- sends Explanation of Payment (EOP) to provider
- pays provider



Member’s Plan (Home Plan)

- verifies eligibility & benefits
- authorizes Anthem Blue Cross to finalize claim
- forwards electronic submission to Anthem Blue Cross
- sends EOB to member
- answers all member inquiries

Submit all BlueCard® (out-of-area) claims to Anthem Blue Cross
If submitting by paper, mail to:

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

ID Cards:

- The three characters in front of the member’s ID are critical in determining if the claim belongs to another Blue Plan. Include these alpha characters with the member’s ID when submitting claims.
- If no group number is indicated on the ID card, insert 999999 when submitting claims.

Anthem Blue Cross Responsibilities:

- Price the claim and forward it electronically to the member’s Blue Plan.
- Pay the provider using the Anthem Blue Cross fee schedule and payment method.
- Answer all provider inquiries.

Provider Responsibilities:

- For each service, obtain a copy of the front and back of the current ID.
- Use the Availity Web Portal for eligibility, benefits, and claim status. Use www.anthem.com/ca for Medical Policy, Clinical UM Guidelines, and Pre-Certification Requirements.
- Verify eligibility and benefits by calling **800-676-2583**.
- For medical records, claim inquiries or appeals, call **800-444-2726**.

BlueCard® (Out-of-Area)

Ancillary Claims Filing:

Ancillary providers include Independent Clinical Laboratory, Durable/Home Medical Equipment and Supplies and Specialty Pharmacy providers. File claims for these providers as follows:

- Independent Clinical Laboratory (Lab)
The Plan in whose state the specimen was drawn based on the location of the referring provider.
- Durable/Home Medical Equipment and Supplies (D/HME)
The Plan in whose state the equipment was shipped to or purchased at a retail store.
- Specialty Pharmacy
The Plan in whose state the Ordering Physician is located.

If you contract with more than one Plan in a state for the same product type (i.e., PPO or Traditional), you may file with either Plan.

Availity: Out-of-area member eligibility, benefits, and claims detail is available on Availity with the member's ID number. The alpha prefix must be included. www.availity.com

Customer Service:

- Eligibility and Benefits: 800-677-2583
- Claims: 800-444-2726