

Quick Reference Guide Anthem Blue Cross and Blue Shield in Ohio Ohio Medicaid Plan	
<i>Please note, this communication applies to Medicaid for Anthem Blue Cross and Blue Shield (Anthem).</i>	
Topic	Resource
Provider Education Webinars	https://www.carelonbehavioralhealth.com/providers/resources/trainings/
General Provider Training Inquiries	Provider.training@carelon.com
Customer Service	Please call the phone number on the back of the Member ID card or contact Provider Services: 1-844-912-1226, from 7 a.m. to 8 p.m. ET, Monday through Friday
Carelon Behavioral Health, Inc.* National Provider Service Line	1-800-397-1630, 8 a.m. to 8 p.m. ET, Monday through Friday Call this number for administrative and technical support.
Claim Submission	For Ohio Medicaid plans from Anthem, all claims must be submitted through an Ohio Department of Medicaid (ODM) authorized EDI trading partner or Direct Data Entry on the Availity portal, www.Availity.com Paper claims cannot be accepted.
Claims Status Inquiry	Please utilize the Availity portal at www.Availity.com . From the Availity home page, select Claims & Payments from the top navigation, then select Claims Status Inquiry from the drop-down menu. You may chat or send a Secure Message through the Availity portal for claim status. If unable to utilize the Availity portal, please call the Provider Services number on the back of the Member ID Card and select the <i>Claims</i> prompt. Anthem Provider Services Phone: 1-844-912-1226, from 7 a.m. to 8 p.m. ET, Monday through Friday
Claim Issue Resolution	Claim Reconsideration (First level) appeal: Submit within 12 months from DOS or 60 calendar days after the payment, denial, or partial denial of a timely claim, whichever is later. <ul style="list-style-type: none"> • Verbally by calling Provider Services at 1-844-912-1226, from 7 a.m. to 8 p.m. ET, Monday through Friday • Fax: Directly to the Appeals Department at 866-587-3316 • In writing to: Anthem Blue Cross and Blue Shield Payment Dispute Unit P.O. Box 62500 Virginia Beach, VA 23466-25066 • Online at https://www.availity.com. From the Availity home page, select Claims & Payments from the top navigation. Select Claim Status Inquiry from the drop-down menu. Submit an inquiry and review the Claims Status Detail page.

* Carelon Behavioral Health, Inc. is an independent company providing utilization management services on behalf of the health plan.

	<p>If the claim is denied or final, there will be an option to dispute the claim. Select Dispute the Claim to begin this process. You will be redirected to the Payer site to complete the submission.</p> <p>Claim payment appeal (Second level): Second step in claim payment dispute process. If a provider or facility disagrees with the outcome of the claim payment reconsideration. Providers can request a second level review. Submit within 12 months from DOS or 60 calendar days after the payment, denial, or partial denial of a timely claim, whichever is later.</p> <ul style="list-style-type: none"> • Verbally by calling Provider Services at 1-844-912-1226, from 7 a.m. to 8 p.m. ET, Monday through Friday • Fax: Directly to the Appeals Department at 866-587-3316 • In writing to: Anthem Blue Cross and Blue Shield Payment Dispute Unit P.O. Box 62500 Virginia Beach, VA 23466-25066 • Online at https://www.availity.com. From the Availity home page, select Claims & Payments from the top navigation. Select Claim Status Inquiry from the drop-down menu. <p>If you have completed the steps above and the issue has not been resolved to your satisfaction, then reach out to your Provider Experience Team Member through the Carelon Behavioral Health National Provider Service Line at 1-800-397-1630, 7 a.m. to 7 p.m. CT, Monday through Friday.</p>
Availity Help Desk (for Availity technical support)	Availity Client Services, 1-800-282-4548, 8 a.m. to 8 p.m. ET, Monday through Friday
Notification/Precertification	Submit precertification requests online at: www.Availity.com or by fax at: Inpatient: 1-866 -577-2184 Outpatient: 1-866- 577-2183
Eligibility & Benefits	Actual member benefits and eligibility are determined in accordance with the requirements set forth by the state. Eligibility and benefits can be verified through the State’s PNM portal or on www.Availity.com .
Credentialing/Recertification	For Ohio Medicaid plans from Anthem, all provider Credentialing/ Recertification must be done through the ODM Provider Network Management (PNM) website.
Provider Demographic Changes	For Ohio Medicaid plans from Anthem, all provider demographic updates must be done through the ODM Provider Network Management (PNM) website.
Provider Forms	https://providers.anthem.com/ohio-provider/resources/forms
Policies, Guidelines & Manuals	https://providers.anthem.com/ohio-provider/resources/manuals-and-guides
Claims Submission	https://providers.anthem.com/ohio-provider/claims
Provider Experience Associate	provider.relations.OH@carelon.com

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