

Doing Business with Anthem in 2014

HOW ACA CHANGES OUR DAY TO DAY

On January 1, 2014, the Affordable Care Act (ACA) will dramatically change the way we do business. At Anthem, we're doing everything we can to support Small Group employers through this transition.

In order to prepare and implement the requirements of the ACA legislation, Anthem will administer its Small Group ACA-compliant plans on a single operating platform.

Most of the work in transitioning to Anthem's Individual and Small Group (ISG) systems will be invisible to you. There are, however, some changes that will impact the administrative details of your day-to-day business.

Here's what you can expect:

- All ACA-compliant plans will be administered on the ISG system.
 - **Small Group:** Your current Small Group benefits will be transitioned to ACA-compliant benefits and the ISG system on your 2014 renewal date.
- **New, easier-to-understand Enrollment Applications for all ACA-compliant plans.** Available on anthem.com, we have streamlined our member and employer applications.

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IMPORTANT: The information in this guide refers to the customer experience associated with purchasing through traditional Anthem channels. Some aspects will differ with purchases through the Health Insurance Marketplace, also known as the Exchange.

Member ID Cards

At renewal, members will receive new ID cards for their ACA-compliant benefits. The cards will look very similar to what they look like today, but there are some changes.

What's changing:

Member Name

Space is limited for member names and addresses so they'll see a slight variation in how their information is displayed on their ID card, for example:

Prior to 1/1/14:	After 1/1/14:
SANTORO SAN ANGELO	SANTORO SAN ANGE

Alpha Prefix

While member ID numbers are not changing, the three-letter prefix that appears before the member ID number is changing. The prefix identifies for a doctor or hospital the member's product type and associated provider network. We have developed unique prefix codes to distinguish between Anthem plans purchased directly through us, as well as Anthem's plans offered through the Health Insurance Marketplace, also referred to as the Exchange.

SMALL GROUP - PURCHASED DIRECTLY THROUGH ANTHEM		
Alpha prefix	Product type	Network
YTB	HMO/POS	HealthKeepers
YTN	PPO	KeyCare PPO

SMALL GROUP - PURCHASED THROUGH THE HEALTH INSURANCE MARKETPLACE		
Alpha prefix	Product type	Network
YTU	HMO/POS	Pathway X Tiered Hospital

Member Customer Service Numbers

To streamline our members' customer service experience, we have established dedicated phone numbers to support members who renew into an ACA-compliant health plan. These numbers are changing and are listed on page 7.

Group Number

A new Group Number will be assigned at renewal and will be included on the member ID card.

Contract Code

The ID card also lists a four-character code. The contract code is unique to the benefit plan for the member.

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WHAT YOU NEED TO DO:

Remind your employees how important it is to use their new member ID cards. If they don't, they risk claims being denied or having to pay for services up front.

Group Numbers, Group Name and Address, Effective Dates

Group Numbers

What's changing:

Today, a Group Number consists of eight digits. With our transition to ISG, the Group Number will now be condensed to six digits. Also, all subgroups will roll up to one number. We'll no longer have separate numbers for locations.

WHAT YOU NEED TO KNOW:

The new Group Number will be comprised of six digits. Here's an example: **M01234**

Effective Dates

What's changing:

Member effective dates will align to the life event. For example, a newborn who is born on February 14th will have an effective date of 2/14 and the premium will be prorated accordingly.

Group Name and Address

What's changing:

The ISG system limits how some information is stored and displayed. For example:

- All mailings are sent to a single address, known as the billing address
- Group name and address length is shorter, for example:
 - **Prior to 1/1/14:**
TECHNICAL PLANNING ASSOCIATES INC
DBA DESIGN GROUP AND CLARENCE
TNPk OFFICE PARK 1579 STRAITS TURNPIKE
 - **After 1/1/14:**
TECHNICAL PLANNING ASSOC
1579 STRAITS TURNPIKE

We have applied USPS-approved abbreviations for the changes made to the street address suffix and any secondary address information.

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Waiting Periods

What's changing:

To be compliant with ACA regulations, if you have waiting periods greater than 90 days you will be transitioned into an ACA-compliant waiting period at the same time you are transitioned into an ACA-compliant plan as defined below:

Waiting period today	Waiting period beginning 1/1/14
First of the month following 6-month waiting period	First of the month following 60-day waiting period
120-day waiting period	90-day waiting period

If your current Group Imposed Waiting Period is greater than 90 days, it will automatically be converted to an ACA-compliant time period. If members are effective first of the month, they will move to First of the Month after 60 days, which is the maximum allowed waiting period under ACA's regulations. If coverage becomes effective as soon as the waiting period is met, the group will convert to a 90-day waiting period. Current waiting periods that are ACA-compliant will remain unchanged. For example: An employee is hired on 10/1/13. Prior to this group's renewal period, the standard waiting period was six months. The group's renewal period is 2/1/14 and this member's waiting period will now be satisfied as of 2/1/14.

Employees hired before the renewal date who have not yet met the waiting period, will become effective on the earlier of the previous group imposed waiting period or the new period beginning on the renewal date. No member can wait more than 90 days after the group renewal date before their coverage becomes effective. It is the employer group's responsibility to ensure that member applications are submitted in a timely manner for members realizing a reduced waiting period.

We understand you may have questions, for example, what happens with members in their current waiting period? The answer is — it depends on where they are in their waiting period in relationship to your revised waiting period.

A complete list of waiting period options appears under the Eligibility section of the employer enrollment application.

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Evidence of Coverage, Schedule of Benefits, Master Contract

What's changing:

Upon renewal, you will receive a package of materials that includes:

- "Thank you for renewing" letter
- Copy of your Master Group Contract
- Evidence of Coverage, also known as a Schedule of Benefits

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Billing Statements

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What's changing:

- **Billing statements will look different**, but the format is cleaner and they contain all the information they do today.
- **Billing statements will run on the first day of each month.** We will no longer be able to support bi-monthly or quarterly billing periods. Billing statements will also vary in length depending on the number of products offered as well as the number of members covered by your plan.
- There is a **new lockbox address** for premium payments and will be included on the new billing statement. It is critical that you **update your online banking information** with the new lockbox information. If premium for their ACA-compliant plan is sent to the old lockbox, **it will delay the processing.** The new address is:
 - Anthem Blue Cross and Blue Shield
P.O. Box 11792
Newark, NJ 07101-4792
- All premium payments must include the **invoice coupon** to prevent delay in payment processing.
- **Manual member adjustments to the bill cannot be processed.** All premium invoices must be paid in full. To achieve optimum processing speed, the ISG system is highly automated; therefore, manual member adjustments are not recognized. It is critical that groups pay the full amount shown on the billing statement, otherwise the account could move to a delinquent status.
- **New reinstatement process fee**
A group may only be reinstated twice within a 12-month period. Should a group need to be reinstated, the group must pay all past due amounts and current premium as well as a \$150.00 reinstatement fee.
- **Medicare Supplement billing changes**
The Medicare Supplement products can no longer be billed on the same group number as active employees so these individuals will receive their bills mailed directly to their home.

WHAT YOU NEED TO DO:

You will receive a billing statement based on the ACA-compliant benefits outlined in your renewal approximately **30 days prior to the effective date of the renewal.**

If you select a different ACA-compliant plan, **subsequent bills will reflect the premium change.**

It is important to pay your **premiums as billed each month and to include the payment coupon.**

Customer Service

If members ever have questions, we're standing by with answers and assistance. Our service representatives are highly trained on all aspects of the ISG system and even receive ongoing mentoring from associates of our service centers of distinction which serve the needs of local and large group clients across the country.

Member Customer Service

To streamline our members' customer service experience, we have established dedicated phone numbers to support members who renew into an ACA-compliant health plan. These numbers are:

Anthem direct	(855) 330-1214
Anthem through the Health Insurance Marketplace	(855) 748-1812

Group Administrator Services	
Anthem direct	(855) 250-1430
Anthem through the SHOP Marketplace	(800) 706-7893

NOTE: For Small Group members whose employer has opted to Early Renew with Anthem, their customer service numbers will not change.

TIP: Always remind your employees that when they need to call customer service, refer to the number listed on their member ID card.

Post-Enrollment Group Services

If you have eligibility and billing questions after you have renewed, please call our dedicated team:

(855) 250-7765

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Select your State and Role for your custom experience

Small Group Resources for You

- [Summary of Benefits](#) – Easy access to benefit details on Anthem’s plans.
- [Small Group Plan Comparison Tool](#) which easily allows you to compare your prior plan to your new 2014 ACA-compliant plan. This tool gives you an apples-to-apples comparison of the plans available, making the renewal experience easier.
- [makinghealthcarereformwork.com](#) – You’ll find a comprehensive library of resources to support you. This website is designed specifically for you. Select your role – Small Group Employer – and the resources that are the most relevant to you will appear, including:
 - An **interactive decision-support tool** that provides you with a high-level overview of what to expect with the provisions of ACA. It’s a guided user experience that allows the user to answer questions that will help generate information and cost-containment solutions based on your unique responses.
 - **Podcast series** where you can learn about the facts or myths of health care reform – accessible via your computer or mobile device.



- A **financial calculator** which helps you assess the financial differences of offering health care coverage on exchange vs. off exchange.

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