

Anthem Medicare Preferred (PPO) Employer Group Health Plan Enrollment Election Form
 Please review Anthem Blue Cross and Blue Shield of your local information in another language or format (Health).

To enroll in Anthem Medicare Preferred (PPO), please provide the following information:

Employer or Union name	Group #
Please write in the name of the plan in which you want to be enrolled.	Request effective date of coverage <small>(M/D/Y Y Y Y)</small> The effective date of enrollment will be the first of the month following the agreement date, unless a future date is requested.
Last name	First name
Birth date: <small>(M/D/Y Y Y Y)</small>	Sex: <input type="checkbox"/> M <input type="checkbox"/> F Home phone number () <input type="checkbox"/> Alt phone number ()
Permanent residence street address (PO Box is not allowed)	
City	State ZIP code
Mailing address (only if different from your permanent residence address)	
City	State ZIP code
E-mail address	

Please provide your Medicare insurance information

Please take out your red, white and blue Medicare card to complete this section.

- Please fill in these blocks so they match your Medicare card.
- OR
- Attach a copy of your Medicare card or your letter from the Social Security Administration or the Railroad Retirement Board.

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

MEDICARE HEALTH INSURANCE	
SAMPLE ONLY	
Name:	
Medicare Claim Number	Sec: <input type="checkbox"/> M <input type="checkbox"/> F
Is Enrolled To:	Effective Date:
HOSPITAL (Part A)	
MEDICAL (Part B)	

Y0001_11_8015_1_0018/09/2010 CLM_03_NH/01 page 1 of 4

Anthem Medicare Preferred (PPO) Employer Group Health Plan Enrollment Election Form
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To enroll in Anthem Medicare Preferred (PPO), please provide the following information:

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Please write in the name of the plan in which you want to be enrolled.	Request effective date of coverage <small>(M/D/Y Y Y Y)</small> Generally the effective date of enrollment will be the first of the month following the agreement date, unless a future date is requested and is allowed.
Last name	First name
Birth date: <small>(M/D/Y Y Y Y)</small>	Sex: <input type="checkbox"/> M <input type="checkbox"/> F Home phone number () <input type="checkbox"/> Alt phone number ()
Permanent residence street address (PO Box is not allowed)	
City	State ZIP code
Mailing address (only if different from your permanent residence address)	
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MEDICARE HEALTH INSURANCE	
SAMPLE ONLY	
Name:	
Medicare Claim Number	Sec: <input type="checkbox"/> M <input type="checkbox"/> F
Is Enrolled To:	Effective Date:
HOSPITAL (Part A)	
MEDICAL (Part B)	

Y0001_14_17457_1_006/07/23/2013 ME page 1 of 4

THE BUSINESS OF SPINE

ORTHOWORLD Source: https://www.orthoworld.com/index.php/publications/orthoknow_content
 Opportunity in value-based care lies in impacting quality

OPPORTUNITY IN VALUE-BASED CARE LIES IN IMPACTING QUALITY

September 2019 Issue
 By Patrick Vega, M.S., Vizient

The purpose of this quarterly column is to introduce and discuss key considerations for device companies from the perspective of their customers: hospitals, health systems and physicians.

Value-based healthcare is a delivery model in which providers, including hospitals, physicians and other stakeholders, are paid based partially upon patient health outcomes. Value-based care contrasts with fee-for-service, in which providers are paid based on the amount of healthcare services they deliver and not necessarily the quality of care. As more of your hospital and surgeon customers embrace value-based healthcare, it is imperative to understand how you play a role in this reimbursement shift.

DEVICE COMPANIES SEEK TO UNDERSTAND VALUE-BASED CARE

As value-based healthcare, in its many forms, permeates delivery and reimbursement, the most immediate impact for device companies will be price pressure, forced downstream by risk holders (payers, hospitals, physicians, other providers) who must put together packaged healthcare services at a lower cost. A specific example would be a hospital and surgeon joint replacement coalition contracting with a commercial payer for a full episode of care. The coalition will competitively position its package and seek price concessions from partners. Implants, a substantial cost for joint replacement, are an obvious target for cost reduction. In its simplest form, as more joint and spine care moves toward value-based reimbursement, device companies will need to offer strategic pricing levels to maintain business. A more complex version may require device companies to demonstrate that their products contribute to incrementally better outcomes over time. Exhibit 1 envisions not only the surgical event, but also a 12-month episode of care and quality considerations.

Exhibit 1: Surgical Event vs. Episode of Care

Surgery Event -implant cost	Post Operative Phase of Care ~12 months -achievement of clinical markers: fusion, no SS, etc. -less pain, improved mobility -reduced complications -improved function -quality of life
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Impacting cost and quality over an episode of care

Joint replacement demand will continue to grow, with outpatient procedures steadily increasing. Even with increased payer scrutiny, spine surgery volumes are anticipated to grow overall, yet with an increasing percentage occurring in ambulatory surgical centers.

Many device companies have a strategic understanding of the impact of value-based care from their experience in joint replacement bundles with surgeons and hospitals. However, device companies may tactically choose to maintain a focus on the surgical event, growing market share and assuring pricing. If,

<https://campaign-ut.constantcontact.com/campaign/campaigns/first?search=2020¶m=commonTexts>

Anthem bcbs ga medical policy. Anthem bcbs policy.

abshem April 2018 ~ Anthem BlueCross and BlueShield (BCBS) has released the most recent updates to its medical policies and clinical guidelines. The following updates were reviewed by Anthem BCBS during the first quarter for Indiana, Kentucky, Missouri, Ohio and Wisconsin and will become effective on the dates indicated below. Medical Policies Converted to Clinical Guidelines Effective May 1, 2018 Medical Policies Converted to Clinical Guidelines Effective July 1, 2018 Revisions to Current Medical Policies -or- Clinical Guidelines Updated Behavioral Health LOC Guideline Effective July 1, 2018 MPTAC approved the use of MCG 22nd edition of ORG: B-905-G1 (BHG) - Crisis Intervention Behavioral Health Level of Care (LOC). For more information and a complete listing of medical policies and clinical guidelines go to Anthem's provider page to access state specific resources. Source(s): Anthem BlueCross BlueShield Network Update April 2018; Providers - Georgia The PCP's role is to provide members with a medical home, the member's first stop in the health care process and a centralized hub for a wide variety of ongoing health care needs. The PCP's role is to: Help members schedule appointments with other providers and health education programs. Track and document appointments, clinical findings, treatment plans and care received by members referred to specialists or other health care providers to ensure continuity of care. Screen and evaluate procedures for detection and treatment of or referral for any known or suspected behavioral health problems and disorders. Refer members to specialists or specialty care, behavioral health services, health education classes and community resource agencies, when appropriate. Coordinate with the Woman, Infants and Children (WIC) program to provide medical information necessary for WIC eligibility determinations such as height, weight, hematocrit or hemoglobin. Coordinate with the local tuberculosis (TB) control program to ensure that all members with confirmed or suspected TB have a contact investigation and receive Directly Observed Therapy (DOT). Refer members to specialists or specialty care, behavioral health services, health education classes and community resource agencies including the California Department of Developmental Services regional centers, which are responsible for the Early Start Program (ESP) for children up to 3 years of age with developmental disabilities. Community resources also include the Child Health and Disability Prevention Program (CHDP), and California Children's Services (CCS). How to verify a member has designated you as their primary care provider Members enrolled in Anthem Blue Cross (Anthem) may select any contracted PCP as their primary physician as long as that PCP is taking new patients. We furnish each PCP with a current list of assigned members and from time to time provide medical information about our members' potential health care needs. In this way, providers can more effectively provide care and coordinate services. Providers can verify that a member is assigned to them any time via Availity. Log in to the Provider Online Reporting tool to view the monthly PCP rosters. For other ways to get in touch regarding PCP verification, please refer to your provider manual or visit the Contact Us page. Staying Healthy Assessment ~ For Medi-Cal Managed Care (Medi-Cal) only The Staying Healthy Assessment (SHA) is the California Department of Health Care Services' (DHCS's) Individual Health Education Behavior Assessment (IHEBA). Medi-Cal providers are required to use and administer the SHA to all members enrolled in Medi-Cal as part of the Initial Health Assessment (IHA) and periodically re-administer it according to contract requirements. Note: This requirement does not apply to members enrolled in Major Risk Medical Insurance Program (MRMIP). PCP responsibilities for the SHA include: Reviewing the completed SHA with the patient. Exploring patient responses to verify risk factors and determining the extent to which they might harm the patient's health. Based upon a patient's behavioral risks and willingness to make lifestyle changes, PCPs should provide tailored health education counseling, intervention, referral and follow-up. The PCP must document, initial and date all health education interventions and referrals using the intervention codes listed on the bottom of each SHA tool. Newly added PCP responsibilities for SHA include: Receive training on implementing and administering the new SHA Attest to receiving training on the implementation, administration and state regulations regarding the use of the new SHA assessment forms Complete the DHCS-approved provider presentation training online To obtain SHA forms The SHA forms in all the age categories and most Medi-Cal threshold languages are posted on the DHCS SHA webpage. Tobacco Cessation Requirements for Medi-Cal providers Anthem is responsible for ensuring PCPs and their qualified staff implement the interventions outlined in MMCD Policy Letter 16-014. This includes identifying all members, initially and annually, of any age who use tobacco products or are exposed to tobacco smoke and document this information in the member's medical record. This can be accomplished by using the SHA or an equivalent, approved assessment. Providers must ask tobacco users about their tobacco status at every visit and document their responses in their medical record. Coding Guide for Tobacco Use We look forward to working with you to provide quality services to our members. Individuals and Family Plans Dental Blue® Blue 20/20® Vision Plans Ancillary and Specialty Benefits Find a Local Agent Resume an Application Already a Member? Medicare Medicare Plans Find a Local Agent Businesses Group Health Plans Ancillary and Specialty Benefits for Employees

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