

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
Office of Administrative Services
P. O. Box 1797
Richmond, Virginia 23218-1797

NOTICE OF CONTRACT RENEWAL

Contract # 720C-03935-05F 00

CONTRACT: Health Care Services Network

CONTRACTOR: Anthem Blue Cross and Blue Shield
2015 Staples Mill Road
Post Office Box 27401
Richmond, Virginia 27401
FIN: 54-1773225
Phone: 804-354-7000

CONTRACT PERIOD: January 1, 2014 through December 31, 2015 - (This contract automatically renews unless terminated upon 30 days written notice by either party.)

TERMS: Net 30 days.

VENDOR CONTACT: General Contacts:

Linda K. Pace	Karmen Spooner
Phone: 804-354-2457	Phone: 804-354-2613
E-Mail: linda.pace@anthem.com	E-Mail: karmen.spooner@anthem.com
FAX: 804-354-4884	FAX: 804-354-4884

Customer Service (Monday - Friday 8 AM to 5 PM EST) 877-332-8198

SCOPE OF SERVICES: DBHDS and Anthem Health Plans of Virginia, Inc., d/b/a Anthem Blue Cross and Blue Shield (Anthem) have entered into a contract for Anthem to provide standard claims administration services for DBHDS patients/residents who have no health insurance coverage (Medicare, Medicaid or other third party insurance). Facilities that elect to utilize this service for a particular uninsured patient/resident shall:

- Ensure that the patient's/resident's name has been submitted to Anthem for enrollment in this program.
- When a covered patient/resident requires services by an outside medical provider, the facility shall make a photocopy of the Anthem card that has been provided to each facility. Write in the patient's/resident's name on the copy of the card and insert his/her client number after the prefix "YTA827". **Do not write on or send the original card to the provider.**

February 28, 2014

- Submit the photocopy of the Anthem card to the health care provider to which the patient/resident is taken.

This service is available for inpatient, outpatient and dental. The names of all patients/residents are provided and updated on a weekly basis by the DBHDS Reimbursement Office. A file is sent weekly via secure file transfer to Anthem. This report reflects all clients who are in residence in state facilities. In addition, clients discharged within the week the report is compiled are reflected on the report.. This list includes patients/residents who are covered by Medicare, Medicaid or other third party insurers; therefore, it is the responsibility of each facility to confirm Anthem is processing claims correctly by reviewing the monthly Anthem invoice sent to each facility by the fiscal office at the Petersburg, Virginia campus.

This contract is not an insurance plan. Anthem will provide claims administration services as requested. The benefit of this contract to DBHDS is that payments for medical and dental services will be based upon the Anthem Schedule of Allowances for the covered services. The Fiscal Office at the Petersburg, Virginia campus will reimburse Anthem on a monthly basis for payments made to providers under this program. That office will, in turn, IAT the facilities for their portion of this payment.

The costs to DBHDS for this service is as follows:

- \$18.85 for each medical or dental claim paid by Anthem.
- \$2.84 for each prescription drug claim paid by Anthem (Rx coverage under this contract applies only to VCBR)
- A network access fee of 22% of the contract discount for services provided by health care facilities. This discount is defined as the difference between the provider's retail charge for services and supplies that are covered under this program less the amount of Anthem's allowable charges for those services and supplies. There is no per claim fee for denied claims.

Please contact the undersigned, if you have any questions or wish to report any problems regarding this contract.

Florence Wells
Phone: 804-663-7260
FAX: 804-371-8898
E-Mail: florence.wells@dbhds.virginia.gov
Date: February 24, 2014