

## Direct HMO FAQ

California | Anthem Blue Cross | Commercial

### What is Direct HMO?

Direct HMO is a special grouping of PCPs and specialists who serve our Pathway HMO members, similar to a medical group or IPA, for the Pathway HMO (on and off exchange products) network. However, practitioners are reimbursed on a fee-for-service basis using their PPO fee schedules.

### How does participation with Direct HMO benefit me?

Direct HMO allows you to expand your practice by participating in an additional network.

### How do I bill and get reimbursed for Pathway HMO patients?

You will bill us on a fee-for-service basis, just like you do for your PPO members today. Reimbursements will follow your current commercial PPO fee schedule.

### Is my participation in Direct HMO connected to my current PPO *Provider Agreement*?

Yes, your participation in the Pathway HMO network is tied to your existing PPO *Provider Agreement*. If that agreement ends, your participation will be affected.

### Which areas does the Pathway HMO network cover?

Pathway HMO plans, including Direct HMO, serve Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties in California.

### How does the specialist referral process work under Direct HMO?

As a Direct HMO PCP, you must submit referrals for specialty care (except for behavioral health and other specific services to the extent outlined in the member's plan [for example, reproductive or sexual healthcare services and obstetrical/gynecological care consultations]). This is described in the member's *Evidence of Coverage* for complete benefit information, which is available on [Availity Essentials](#). Make sure to refer only to our extensive network of Direct HMO specialists.

### Is there a prior authorization form for Direct HMO?

Yes. To help you efficiently navigate the Direct HMO utilization management (UM) referral and prior authorization process, complete the [Referral and Prior Authorization Request Form](#). The form will capture detailed information about the patient's needs and the required healthcare services, and it will prevent processing delays. Submit your completed *Referral and Prior Authorization Request Form* by fax to **866-461-2401**.

### Where can I find a list of Direct HMO providers?

You can search our online directory. Visit [Find Care](#) and select **Basic search as a guest** to begin:

- Select **Medical Plan** from the drop-down menu.
- Select **California** from the drop-down menu.
- Select **Medical (Individual & Families)**.
- Select **Pathway-HMO (on Exchange)**.
- Select **Continue**.
- Select the blue box titled **Update Location**, and a new window titled *Search Location* will open.
- Enter **Los Angeles County** or **ZIP code 91367**.
- Select **Continue**.
- In the search box, enter **Direct HMO** and then select **DIRECT HMO (ADMINISTRATIVE ONLY)** from the list of options.
- To find providers and specialists, select the **Affiliations** tab.
- Scroll down to find providers listed by specialty in alphabetical order.

### What are the UM requirements for Direct HMO?

You need to coordinate all urgent and elective services with Pathway HMO-contracted providers. To ensure smooth care coordination, promptly notify us of any referral and authorization requests.

### How will I know if the patient is assigned to a Direct HMO provider?

Members assigned to our Direct HMO network design are identified by the Direct HMO or Caremore Health Medical Partners that appear in the upper right corner of their member ID cards. You may contact the HMO Clinical Operations team toll-free at **866-757-8211**.

### How do I opt out of Direct HMO?

To opt out of Direct HMO, email [SpecialNetworkReq@anthem.com](mailto:SpecialNetworkReq@anthem.com) and include Direct HMO in the subject line. Make sure to include your tax ID number in your request.

### What if I have specific contract questions?

Email [SpecialNetworkReq@anthem.com](mailto:SpecialNetworkReq@anthem.com) if you have specific contract questions and include Direct HMO in the subject line. **This contact information is not for general inquiries or questions about the Direct HMO authorization process.**

### Who do I contact for behavioral health UM?

Call **800-274-7767** for behavioral health UM questions.

### **Who do I contact for help with UM?**

If you have UM or medical management questions, contact the HMO Clinical Operations team toll-free at **866-757-8211**. **This contact information is only for UM or medical management questions — not for behavioral health UM, contracting, or general inquiries.**

### **What if I have general questions or need further assistance?**

If you need more help or have questions, visit the [Contact Us](#) page. This contact option is not for specific contract inquiries or Direct HMO authorization process questions.