



Anthem Blue Cross and Blue Shield | Serving
Hoosier Healthwise, Healthy Indiana Plan, Hoosier
Care Connect, and Indiana PathWays for Aging

Digital tools

2024 IHCP Roadshow



Agenda

- Availity Essentials Provider Data Management (PDM) tool
- Roster Automation
- Important reasons for using these tools

Availity PDM application

The intake channel for all demographic
change requests, including roster uploads



Digital tools — Provider Data Management

The PDM application on Availity Essentials is now the only intake application to verify and initiate care provider demographic change requests, including submitting roster uploads, for all professional and facility care providers.

Previous intake channels are now retired as of October 1, 2023.

Choice and flexibility to select the option that works best for you:

- Request data updates via either of the following options:
 - Standard PDM experience
 - Submitting a spreadsheet via a roster upload

Note: An Availity Essentials account is required to access tools. If you are not registered yet, see the next slide for registration details.

Digital tools — Provider Data Management (cont.)

Not registered for Availity Essentials yet?

If you aren't registered to use Availity Essentials, signing up is easy and 100% secure. There is no cost for your providers to register or to use any of our digital applications. Start by going to [Availity.com](https://www.availity.com) and selecting **New to Availity? Get Started** at the top of the home screen to access the registration page. If you have more than one TIN, please ensure you have registered all TINs associated with your Availity Essentials account.

If you have questions regarding registration, reach out to Availity Client Services at **800-AVAILITY-(282-4548)**.

Digital tools — Provider Data Management (cont. 1)

Benefits to our care providers using Availity PDM

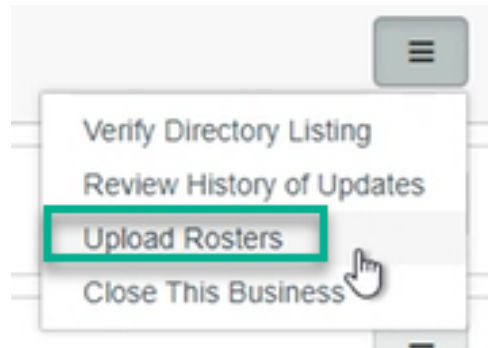
The Availity PDM application will ensure:

- Consistently updated data.
- Decreased turnaround time for updates.
- Compliance with federal and/or state mandates.
- Improved data quality through standardization.
- Increased provider directory accuracy.

Digital tools — Provider Data Management (cont. 2)

How to access the Availity PDM application

Log in to [Availity.com](https://www.availity.com), select **My Providers**. Then, select **Provider Data Management** to begin the attestation process. Before selecting the TIN/business name, select the three-bar menu option on the right side of the window, select the option you need, and follow the prompts.



Availity Essentials administrators will automatically be granted access to PDM. Additional staff may be given access to Provider Data Management by an administrator. To find your administrator, go to My Account Dashboard > My Account > Organization(s) > Administrator Information.

Digital tools — Provider Data Management (cont. 3)

Training is available:

- PDM application specific trainings:
 - Learn about and attend one of our training opportunities [here](#).
 - View the *Availity PDM Quick Start Guide* [here](#).

Reminder: An Availity Essentials account is required to access these training options.

Introducing Roster Automation



Digital tools — Roster Automation

Roster Automation is a new technology solution designed to streamline and automate large care provider data additions, changes, and terminations that are submitted using a standardized Microsoft Excel submission.

Any care provider, whether an individual provider/practitioner, group, or facility, can use Roster Automation starting today.

Digital tools — Roster Automation (cont.)

Where we're headed with Roster Automation:

- Roster Automation was created to drive a standardized intake method that allows the ability to autoload changes. This technology will significantly reduce the turnaround time and drive quality through standardization and programmed business rules, improving care provider data accuracy.

Digital tools — Roster Automation (cont. 4)

Benefits to our care providers:

- When a roster is submitted using the established requirements, Roster Automation will ensure the following, using business rule logic:
 - Consistently updated data
 - Timely updates (processing times of less than five business days)
 - Compliance with federal and/or state mandates
 - Improved data quality through standardization
 - Increased provider directory accuracy

Digital tools — Roster Automation (cont. 5)

Submit a roster using Roster Automation today in two easy steps:

- Use the standard roster template:
 - For your convenience, there is a standard roster Excel document. Find it online [here](#).
- Follow the *Rules of Engagement*:
 - A reference document, *Roster Automation Rules of Engagement*, is available to ensure error-free submissions, driving accurate and more timely updates through automation. More detailed instructions on formatting and submission requirements can be found on the first tab of the standard roster template (*User Reference Guide*). Find it online [here](#).

Digital tools — Roster Automation (cont. 6)

Availity PDM compatibility check for roster submissions:

- Availity PDM has been enhanced to incorporate a roster compatibility check. Care providers can see if the roster was successfully submitted:
 - If there is an error to the roster, care providers will see an error rejection message with a detailed reason for the rejection.
 - Errors will need to be corrected. Then, the roster should be re-uploaded. Status will show as Roster Successfully Submitted.
 - After the successful submission of the roster, all accepted elements of the roster will be processed and only errors/rejections will fall out.
 - Any elements that fall out will require manual intervention.

Why using these
tools is important
for accuracy



Find Care directory

The image shows a screenshot of the Anthem website's 'Find Care' directory. The top navigation bar includes the Anthem logo, a language selector (AAA), and links for Accessibility, Español, and For Providers. Below this, there are dropdown menus for Insurance Plans, Member Resources, Health & Wellness Resources, and Member Login. The main content area features a banner for 'Medicaid Insurance In Indiana' with a photograph of a smiling woman and child. A blue arrow points to the 'Find A Doctor' link in the navigation bar. The 'Find Care' section is highlighted with a blue header and contains the following elements:

- Plan selection: 'Healthy Indiana Plan' with a 'Change Plan' button.
- Search by address: A text input field for 'City, County, or ZIP' and a search button.
- Search by address: A link labeled 'Search by address'.
- COVID-19 Test Site Finder: A search box for 'Find a testing center near you with our COVID-19 Test Site Finder'.
- Search by Care Provider: A dropdown menu currently set to 'o'.
- Service categories: A row of six buttons with icons: Primary Care, Behavioral Health, Lab (Blood Work), Imaging (MRI or X-ray), Pharmacy, and Hospital.

Find Care directory (cont.)

[Print](#)

In this plan's medical network

At This Location ⓘ

ZZZ E OHIO ST #1 INDIANAPOLIS, IN 46204

PCP ID: ⓘ

National Provider Identifier: ⓘ

License Type:
Doctor of Osteopathy (DO)

License Number: ⓘ

Accepts New Patients: ⓘ
Yes

Accreditation Status:
Not available

ADA Accessible: ⓘ

- Accessible by Bus
- Accessible by Public Transportation
- Handicap Parking
- Handicapped Access Restroom
- Meets ADA Accessibility Requirements

Area of Expertise: ⓘ
Not available

Cultural Competence Training: ⓘ
Not available

Email:

Ethnicity:

- Other
- White, Non-Hispanic

Gender:
Male

Indian Health Services Provider: ⓘ
No

Languages Spoken:
English

Language Spoken at the Practice:
English

Level Of Care:
Not available

Medical School Education:

Network Type:
In-Network Medical Plan

Patient Age Preference:
Birth and Older

Patient Gender Preference:
Male and Female

Provider website/URL to Website:
Not available

Specialties:

[Family Medicine Physician - Not Board Certified](#)

[Telehealth](#)

Address: [Redacted]
INDIANAPOLIS, IN 46204
(317) [Redacted] 2

[Save Contact Info](#)

📍 0.14 miles 🕒 33 min

[Get Directions](#)

Office Hours:
Not available

[Profile](#) [Affiliations](#) [Recognitions](#) [Insurance](#)

After-hours services — PMP

As a primary medical provider (PMP), you are required to meet state standards for members to have access to care 24 hours a day, 7 days a week.

Anthem monitors these standards on a regular basis, including annual telephonic surveys.

After-hours services (cont.)

PMPs must adhere to these after-hours protocols.

Failure to comply may result in corrective action.

Answering service or after-hours personnel must:

- Forward member calls directly to the PMP or on-call care provider or instruct the member that the care provider will contact the member within 30 minutes.
- Ask the member if the call is an emergency. In the event of an emergency, they must immediately direct the member to dial 911 or proceed directly to the nearest hospital emergency room.
- Have the ability to contact a telephone interpreter for members with language barriers.
- Return all calls.

After-hours services (cont.)

Answering machine messages:

- May be used in the event staff or an answering service is not immediately available.
- Must instruct members with emergency healthcare needs to dial 911 or proceed directly to the nearest hospital emergency room.
- Must provide instructions on how to contact the PMP or on-call care provider in a nonemergency situation.
- Must provide instructions in English, Spanish, and any other language appropriate to the PMP's practice.

After-hours protocols can be found in the [provider manual](#) in Chapter 8.

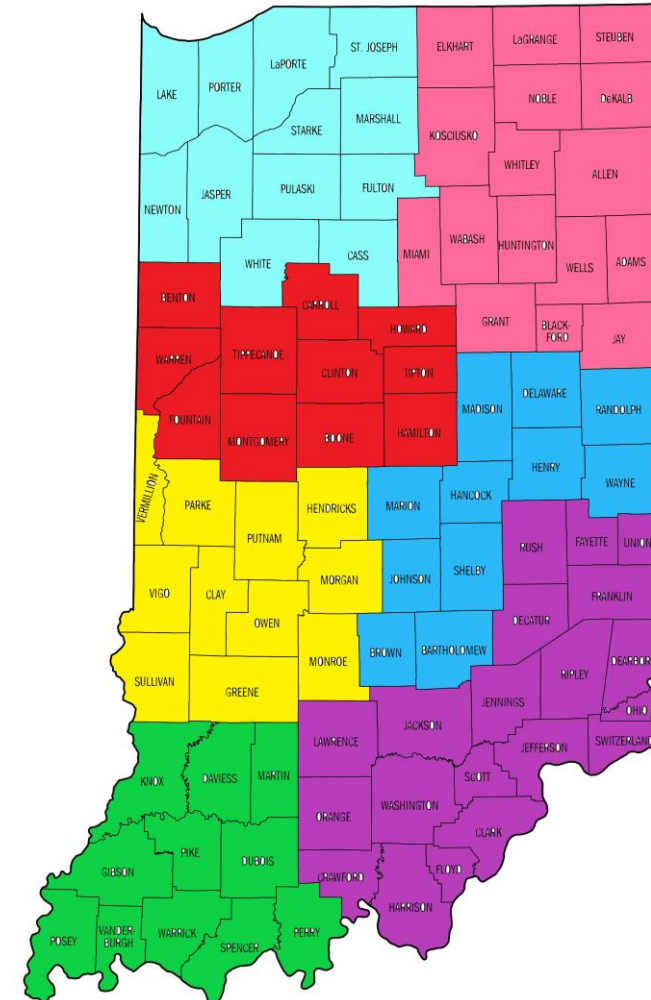
Provider satisfaction survey

Anthem conducts this survey annually to find out where we are excelling and where we need to improve. Participation is strongly encouraged.

This survey is mailed and emailed to the care provider locations and email address we have on file.

Provider relationship account managers: Physical health

Zone 1	Zone 5
Jamaal Wade, Sr. Jamaal.WadeSr@anthem.com 317-409-7209	David Tudor David.Tudor@anthem.com 317-447-7008
Zone 2	Zone 6 — SNF, LTAC, Home Health and Hospice
Angelique Jones Angelique.Jones@anthem.com 317-619-9241	Matt Swingendorf Matthew.Swingendorf@anthem.com 317-306-0077
Zone 3	Zone 7
Whit'neyMcTush Whitney.McTush@anthem.com 317-519-1089	Sophia Brown Sophia.Brown@anthem.com 317-775-9528
Zone 4	Director, Provider Relationship Account Manager
Reggie Lumpkin Reginald.Lumpkin@anthem.com 317-649-5331	Jacque Marsalis, Jacqueline.Marsalis@anthem.com
Indiana University Health, Ascension, Parkview	Franciscan, Community Health, Deaconess
Ashley Holmes Ashley.Holmes@anthem.com 317-315-0623	Trent Mast Trenton.Mast@anthem.com 317-526-2304
Indiana Orthopaedic Hospital (OrthoIndy), South Bend Clinic, Eskenazi, American Health Network, Beacon, Union Hospital, Lutheran Health Network, Community Munster, St. Joseph Regional Health(Trinity)	Schneck Medical Center, Goshen Hospital, Columbus Regional Health, Good Samaritan, Logansport Memorial Hospital, Major Medical Group, Unity Lafayette, Margaret Mary Health, Methodist Gary, Hancock Health, Hendricks Regional Health, Witham, Henry Community Health, Johnson Memorial Health, Riverview Health, Memorial Hospital (Jasper)
Julie Fiedler Julie.Fiedler@anthem.com 260-600-9342	Jonathan Hedrick Jonathan.Hedrick@anthem.com 317-601-9474



Provider relationship account managers: Behavioral health

Acute hospitals
Tish Jones Latisha.Willoughby@anthem.com 317-617-9481
Community mental health centers/federally qualified health centers/rural health clinics
Matthew McGarry Matthew.McGarry@anthem.com 463-202-3579
Substance use disorder (SUD)/Opioid treatment program (OTP)
Alisa Phillips Alisa.Phillips@anthem.com 317-517-1008
SME — SUD/OTP
Michele Weaver Michele.Weaver@anthem.com 317-601-3031



Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, and Indiana PathWays for Aging through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

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