

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

Anthem PathWays Dual Care FIDE Overview

2026 IHCP Works Annual Seminar

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Agenda

- What is a Fully Integrated Dual Eligible (FIDE) Plan?
- Eligibility Review
- Claims Trends
- Enrollment
- Resources

What is a FIDE Plan?



FIDE Plans

A FIDE plan is a type of Dual Special Needs Populations (D-SNP) Medicare plan. Other types of D-SNP plans include highly-integrated dual care (HIDE) and care coordination.

Our **Anthem PathWays Dual Care Advantage** and **Anthem PathWays Dual Care Advantage Nursing Facility Level of Care (NFLOC)** plans are part of the Indiana PathWays for Aging (PathWays) and were designed to provide coordinated care. They combine Medicare and Medicaid services including doctors, hospitals, pharmacies, home care, other home- and community-based services (HCBS), nursing home care, and other healthcare providers into one coordinated care system.

These plans also support care coordinators to help members and providers manage all the services the member receives.

To be eligible to enroll in a FIDE Special Needs Plan (SNP) in Indiana, the member must be 60 years of age or older, be entitled to Medicare Parts A and B, and be eligible for the PathWays benefits.

Additional Resources for Member Benefits Overview — Medicare Plans

Members and providers are invited to review the full breadth of benefits our members may take advantage of, including covered services and member incentives, on our Anthem website.

- [Shop Medicare Plans | Anthem:](#)
 - Enter the zip code and county the member resides in, then compare all available Medicare plans offered in your area, including **Anthem PathWays Dual Care Advantage** and **Anthem PathWays Dual Care Advantage NFLOC**.
 - You can download or read through all of the specifics by selecting:
View Plan Documents > Plan Details > Summary of Benefits.

The screenshot displays the Anthem website's Medicare Advantage Special Needs section. At the top, there are four tabs: Medicare Advantage (7 Plans), Medicare Advantage Special Needs (4 Plans, currently selected), Medicare Supplement (4 Plans), and Part D. Below the tabs is a 'Filter By Plan Type' dropdown menu set to 'Select One'. Two plan cards are shown side-by-side. Both cards are for 'Anthem | PathWays Dual Care Advantage' with the ID 'H0629-003-000' and 'H0629-004-000' respectively. Each card features the PathWays logo and a 'Compare' button. The plans are summarized in a table below the card header:

Your Monthly Premium	Your Maximum out-of-pocket In-Network	Annual Medical Deductible
\$0.00	\$9,250.00	\$0.00

Below the table, the following services are listed with their respective costs:

Service	Cost
Primary Doctor (in-network)	\$0.00 copay
Specialist (in-network)	\$0.00 copay
Fitness, Routine Dental, Vision & Hearing	Covered

At the bottom of each card, there is a link to 'Other Additional Benefits'.

Eligibility Review



Member Enrollment Summary

- Eligible Population:
 - Members who qualify for both Medicare and Medicaid (dual-eligible members) may be enrolled in the new PathWays Dual Care (HMO D-SNP), which began on January 1, 2026.
- Members participating in this plan will now have one member ID card that will reflect both their PathWays and Medicare Advantage benefits, replacing the need for two separate cards:
 - As a reminder, providers should use the portal.indianamedicaid.com or <https://Availity.com> to check member eligibility at least once a month.
- Member Choice:
 - Members can make changes to their Medicare and Medicaid coverage during Medicare Open Enrollment (October 15 to December 7, 2026), which may affect their enrollment for 2027.

Medicare Eligible Membership

In alignment with *IHCP Bulletin* [BT202685](#), some members identified by the state as being Medicare-eligible but not enrolled have received a letter with their required actions to either provide supportive documentation that proves *ineligibility* for Medicare, or the expectation to sign up for Medicare benefits timely:

- Many members received such letters on or around 6/1/26, with expected actions prior to 10/1/2026.
- This expectation is in alignment with federal policy supporting order of funding, that requires benefits are received by the most appropriate benefits manager first, second, third, etc. If no action was taken within the outlined timeframes, a loss of specific benefits may have occurred.
- If you have members that contact your office with questions regarding this letter, their expectations, necessary actions, or a loss of benefits due to lack of action within the timeframe, please direct them to Anthem's Member Services at **833-412-4405** or the direct contacts on the letter itself to obtain support and guidance.

Claims Trends



FIDE Claims Trends — Atypical Providers

Electronic Visit Verification (EVV) Compliance:

- FIDE members' services that are EVV-Compliant required will still require supportive EVV data. There are no changes to how the provider submits information to their EVV Aggregator for FIDE members.

Medicare “Denials” for Non-Covered Services:

- Medicare benefits are bypassed for FIDE members who are receiving non-Medicare covered services (ex, attendant care). Your Explanation of Payment (EOP) will show the primary denial code (GYB, for example), and opening the EOP to review secondary adjudication (Medicaid) is necessary to see how Medicaid processed your claim.
 - It is completely appropriate and expected for HCBS Waiver services to have a “Denial Code GYB – Not Covered by Primary Medicare” but to fully pay under the Medicaid benefit. It is important to understand the Split Remit detail to interpret how the claim processed by both primary and secondary benefits. Providers should pull down the entire EOP, not review at the claim status level in Availity, to see how both Medicare and then Medicaid processed the claim.

Corrected Claim versus Claims Dispute

Corrected Claim:

- Something on the claim itself needs to be updated:
 - Examples: Dates of service, level of care, modifiers, specific member details.
- The original claim number is referenced and notated with frequency code 7 in box 22 as a corrected claim submission:
 - This ties the original claim processing to the new/updated claim. This is particularly critical if there was any payment made on the original claim, to ensure recovery of any funds as the reprocessing occurs.

Claims Dispute/Reconsideration:

- Provider does not agree with how the claim adjudicated and is alerting Anthem with supportive documentation/additional context.
- There are NO changes being made to the claim itself, only that the provider wants that claim to be re-reviewed again:
 - Ensure provider attaches any/all appropriate supportive documentation (IHCP Provider Healthcare Portal Eligibility details, Notice of Action (NOA), Authorization, policies, National Plan and Enumeration System (NPPES) enrollment details, fee schedules, etc.) and a summary of *why* you disagree with the determination, with as much information as you can provide.

Enrollment



Provider Enrollment

Atypical Providers:

- Most atypical providers provide Medicare-excluded services (HCBS waiver benefits).
- As such, many are only in our Medicaid network and not Medicare network providers.
- There is no action needed for provider types that do not support the Medicare network.

Already Contracted Medicare Providers:

- Providers already holding network status for Medicare with Anthem will be grandfathered into the FIDE plan.
- There is no action needed for provider types that are already enrolled with our Medicare network.

Out-of-Network (OON) Medicare Providers:

- OON providers that already support Medicare products and services will have the same approval process for FIDE members as any other Medicare members.
- There are no special enrollment needs specifically for FIDE that these providers are not already performing for the other Medicare products.

Anthem Provider Enrollment via Availity Essentials

- Availity Essentials is now Anthem's primary — and sole — application process for provider enrollment.
- The Availity Essentials provider enrollment process supports professional providers as well as Ancillary, Facility, and Institutional (AFI) enrollments.

Anthem Provider Enrollment - Availity Registration

Not registered for Availity Essentials yet?

- Any Availity Essentials account is required to access the provider enrollment application in Availity Payer Spaces. 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 <https://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 tax ID number, 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)**.

Anthem Provider Enrollment – Availity Access

How to access the Availity Essentials application:

- Log in to <https://Availity.com>, then go to Payer Spaces > Anthem Blue Cross Blue Shield > Provider Enrollment & Network Management.
- For additional guidance, see [Join Our Network | IN Providers | State & Federal Programs](#).

Access & permissions:

- Availity Essentials administrators are automatically granted access to Provider Data Management (PDM).
- Additional staff can be granted PDM access by an administrator.
- To identify your administrator, navigate to **My Account Dashboard > My Account > Organization(s) > Administrator Information**.

Anthem Provider Enrollment – Availity Demos

Provider Enrollment (Availity Essentials) Demos

Demos for Provider Enrollment via Availity Essentials are available in the Digital Solutions Learning Hub.

Note: Access to these demos requires users to be registered in Availity Essentials.

Two ways to access:

1. Login to Availity>Payer Spaces>Anthem Indiana>Digital Solutions Learning Hub
2. Copy and paste this link into your address bar, then select Enter: [Provider Learning Hub](#)
 - A. Sign in/Register (if prompted)
 - B. Browse Learning Hub resources:
 - Select a session/resource under **Payer Spaces** to begin

What are these courses for?

- Understand and use Digital Solutions available for payer-related workflows
- Learn key features and best practices through guided training
- Support adoption and day-to-day execution:
 - Setup, navigation, and common uses cases such as data management, eligibility & benefits, and authorizations
- Stay current on updates and enhancements to the applications and resources

Resources



Resource: Provider Guidebook

Refer to [Provider Guide Book](#) for any questions about operations and procedures related to our Anthem Full Dual Advantage (HMO D-SNP) members. The guidebook provides information on:

- Medicare overview.
- Expectations and responsibilities as a participating provider.
- Provider credentialing.
- Payment disputes, appeals, and grievances.
- Fraud, waste, and abuse.
- Additional topics important to our plan.



Other Important Links

[Indiana Medicaid Provider Manual](#)

[Training Resources](#)

[Availity.com](#)

[FSSA PathWays Dual Care](#)



How to Reach Anthem

Provider Relations Questions:

- [Email Anthem Provider Relations Representative](#)

Other Contact Information:

- [Contact Quick Reference Guide](#)

Stay Informed:

- [Provider News](#)

Provider Services Helplines

- Hoosier Health Wise: 800-408-6132
- Healthy Indiana Plan: 844-533-1995
- Hoosier Care Connect: 844-284-1798
- Indiana PathWays for Aging and PathWays for Aging Dual Care: 833-569-4739



Email is the quickest and most direct way to receive important information from us.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the left or via our online form:

<http://anthem.ly/signup-abcbs-in>.

Questions?

Thank you

- We'd like to know how this presentation helped you, and if there is any additional information or clarification we could offer.
- Please take a moment to complete the survey by scanning the QR code or following [this link](#).





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. Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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