



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

Waiver Provider Overview

2026 Indiana Health Coverage Programs (IHCP)
Works Annual Seminar

Agenda

- Anthem Provider Portal — Resources and Tools
- Care Central Application in Availity: Referral and Member Dashboards
- Care Central: Referral Dashboard
- Care Central: Member Dashboard
- Care Central Resources
- Claim Disputes and Appeals
- Network Enrollment Application Process (Availity Portal)
- Additional Support and Resources

Anthem Provider Portal — Resources and Tools

Anthem Provider Portal for Indiana Care Providers

Resources and tools are available 24/7 for providers, including trainings and guides

1. [Explore Indiana PathWays for Aging](#) — Visit our comprehensive Indiana PathWays for Aging page to learn more about program eligibility, referrals, and more.
2. The [Provider Learning Hub](#) — Access the Digital Solutions Learning Hub using Availity Essentials and use our library of on-demand learning materials, including courses, videos, and guides.

Care Central Application in Availability: Referral and Member Dashboards

Getting Started with Care Central

The Care Central application is available for all home- and community-based services (HCBS) providers as a one-stop-shop for managing referrals, member rosters, and more.

Access Care Central by logging on to <https://Availity.com> and following these steps:

1. From the Availity dashboard page, select *Payer Spaces* tab and select **Anthem** from the dropdown menu.
2. Select the **Care Central** card:
 - Note: Ensure proper access to the Care Central application in Availity by ensuring your provider profile is setup correctly with your Indiana Medicaid Provider ID (Payer Assigned Provider ID) and tax identification number (TIN).
 - Providers with Availity admin access can create their provider profile under the manage my organization page in Availity.

Care Central: Referral Dashboard



Referrals Dashboard

Select **Referrals** in the top menu bar. On the Referrals dashboard, each tab in the menu bar represents phases of the workflow:

- Incoming
- Confirmation needed
- Confirmed
- Declined
- Closed
- All Referral Requests

Care Central

Members Referrals Authorizations Claims Contact Us Resources

Does a member have a problem or need help? [Let us know](#) [Change Organization & Tax ID](#)

Referral Requests

Use this page to view members, their profiles and submit claims. To check member eligibility, visit [Eligibility & Benefits](#).

Incoming Confirmation Needed Confirmed Declined Closed All Referral Requests

Incoming Referrals

- Your organization has been selected as a possible provider for these services. If you feel this is in error, contact Provider Relations.
- If you have questions about a referral, select the mail icon to send a message to the Amerigroup coordinator.

[Respond](#) ☒ More Detail [Prev](#) [1](#) [2](#) [3](#) [Next](#)

☐ Member	Service	Region	County	Program	Start Date	Status
☐ Last Name, First Name	Service Name	N/A	County	Plan	Preferred: 10/01/2023 Entered:	New
Member ID:	123456778	Gender:	Male	Requested On:	07/12/22	
Date of Birth:	09/21/1967	Language:	Spanish	Respond By:	07/14/22	
Address:	1185 Zifha Junction Crossville, TN 12345	Preferences:	Non-Smoker, Pet-Friendly	Referral #	45878901234567890123	
+ Show More						

Referrals Dashboard: Incoming Referrals

Dashboard features:

- User can select **+ Show More** to expand the referral card for additional information.
- Select – **Show Less** for a more compact view.

The screenshot displays a referral card for a member with ID 123456778. The card is in its expanded state, showing detailed information. An orange arrow points to the '+ Show More' button, and another points to the '- Show Less' button.

☐ Last Name, First Name Service Name N/A County Plan Preferred: 10/01/2023 Entered: [Open](#) [Info Requested](#)

Member ID: 123456778 **Gender:** Male **Requested On:** 07/12/22
Date of Birth: 09/21/1967 **Language:** Spanish **Respond By:** 07/14/22
Address: 1165 Zifha Junction Crossville, TN 12345 **Preferences:** Non-Smoker, Pet-Friendly **Referral #** 45678901234567890123

[+ Show More](#)

Member ID: 123456778
Date of Birth: 09/21/1967
Address: 1165 Zifha Junction Crossville, TN 12345
Preferences: Non-Smoker, Pet-Friendly
Referral # 45678901234567890123

You've Requested Additional Information for this referral
Someone will contact you at the number you've provided within xx days
Contact Name: Susan Dey
Phone: 555-555-5555
Additional Information: I have someone staring on 8/1/22. Could the start date for this referral be moved? Please call to discuss.

Diagnosis: Z74.0 Reduced Mobility
Case Description: Placeholder text for case description. Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.
Tasks/Schedule: Placeholder text for tasks/schedule. Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.
Member Phone: 555-555-5555

[- Show Less](#)

Referral Dashboard: Incoming Referrals (Cont.)

Responding to one or more referrals:

- Check the box next to the member's name(s) on the referral card.
- Select **Respond**.

Please note: Providers will only receive a referral for services they are qualified to fulfill.

2

Respond

☒ More Detail

« Prev

1

2

3

Next »

☐ Member ⇅	Service ⇅	Region ⇅	County ⇅	Program ⇅	Start Date ⇅	Status ⇅
☒ Last Name, First Name	Service Name	N/A	County	Plan	Preferred: 10/01/2023 Entered:	New
Member ID:	123456778	Gender:	Male	Requested On:	07/12/22	
Date of Birth:	09/21/1967	Language:	Spanish	Respond By:	07/14/22	
Address:	1165 Zifha Junction Crossville, TN 12345	Preferences:	Non-Smoker, Pet-Friendly	Referral #	45678901234567890123	
+ Show More						

1

☒ Last Name, First Name

Service Name

N/A

County

Plan

Preferred: 10/01/2023
Entered:

New

Member ID:	123456778	Gender:	Male	Requested On:	07/12/22	
Date of Birth:	09/21/1967	Language:	Spanish	Respond By:	07/14/22	
Address:	1165 Zifha Junction Crossville, TN 12345	Preferences:	Non-Smoker, Pet-Friendly	Referral #	45678901234567890123	
[+ Show More](#)						

Incoming Referrals: Responding to Multiple Referrals

Respond to Each Referral:

- If accepting the referrals, you must respond one at a time.

Decline All:

- Select a reason for the decline.

Request Additional Information For All:

- Provide a reason for the request.

[< BACK](#)

You're responding to Incoming referrals | 5 of 5

Referral#/Member	Service	Region/County	Program	Start Date	
4567890123456789 0123 Member Name	Service Name	Region County	Program	Preferred: 10/01/2023 Entered:	✕
4567890123456789 0123 Member Name	Service Name	Region County	Program	Preferred: 10/01/2023 Entered:	✕
4567890123456789 0123 Member Name	Service Name	Region County	Program	Preferred: 10/01/2023 Entered:	✕
4567890123456789 0123 Member Name	Service Name	Region County	Program	Preferred: 10/01/2023 Entered:	✕

I want to:

- ☐ Respond to Each Referral
- ☐ Decline All
- ☐ Request Additional Information For All

Next

Respond to Referrals: Individual Responses

- If responses vary, select Respond to Referrals.
- To accept, you may select:
 - **Accept.**
 - **Accept pending recruitment.**

The screenshot shows a web interface for responding to referrals. At the top left is a '< BACK' link. The main heading is 'You're responding to Incoming referrals | 1 of 5'. Below this is a table with the following data:

Referral#/Member	Service	Region/County	Program	Start Date
4567890123456789 0123 Member Name	Service Name	Region County	Program	Preferred: 10/01/2023 Entered:

Below the table are four radio button options: 'Accept', 'Accept Pending Recruitment', 'Decline', and 'I would like additional information'. A blue 'Next' button is at the bottom left. A callout box on the right, titled 'I want to:', contains three radio button options: 'Respond to Referrals' (which is selected), 'Decline All', and 'Request Additional Information For All'. A blue 'Continue' button is at the bottom of this callout. Orange arrows point from the 'Accept' and 'Accept Pending Recruitment' options to the 'Respond to Referrals' option in the callout, and from the 'Respond to Referrals' option in the callout to the 'Continue' button.

Types of Referral Responses

Select **Accept**:

- Enter your projected start date if the preferred start date is not convenient.

Select **Accept Pending Recruitment**:

- If you want the referral but must recruit staff before you can accept the referral.

[< BACK](#)

You're responding to Incoming referrals | 1 of 5

Referral#/Member	Service	Region/County	Program	Start Date
4567890123456789 0123 Member Name	Service Name	Region County	Program	Preferred: 10/01/2023 Entered:

☒ Accept

When Can You Start? (Required)



☐ Accept Pending Recruitment

☐ Decline

☐ I would like additional information

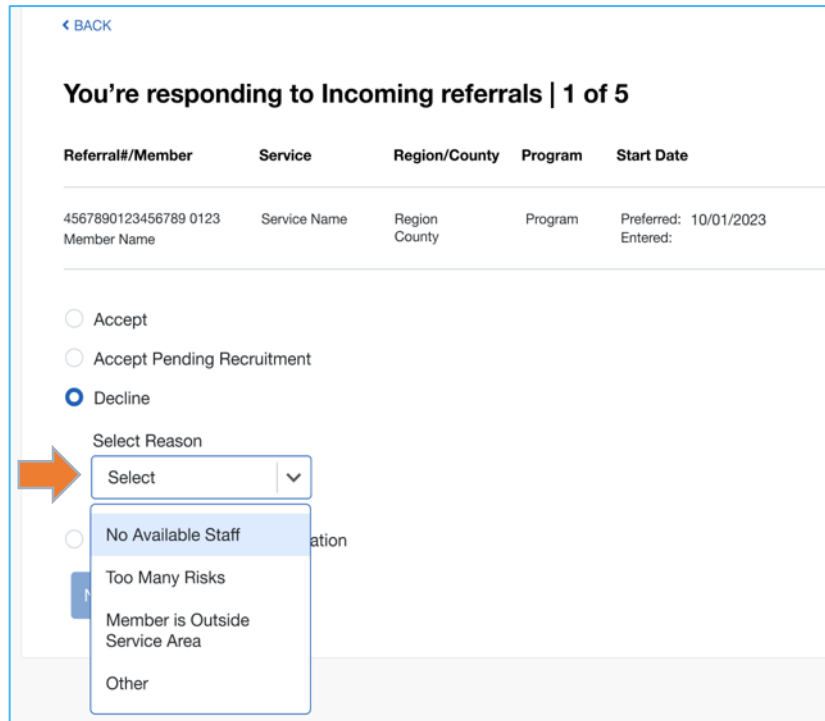
Next

☒ Accept Pending Recruitment

Additional Referral Response Types

Select **Decline**:

- To remove the referral from your member roster. Select a **reason** | **continue**.



← BACK

You're responding to Incoming referrals | 1 of 5

Referral#/Member	Service	Region/County	Program	Start Date
4567890123456789 0123 Member Name	Service Name	Region County	Program	Preferred: 10/01/2023 Entered:

☐ Accept

☐ Accept Pending Recruitment

☒ Decline

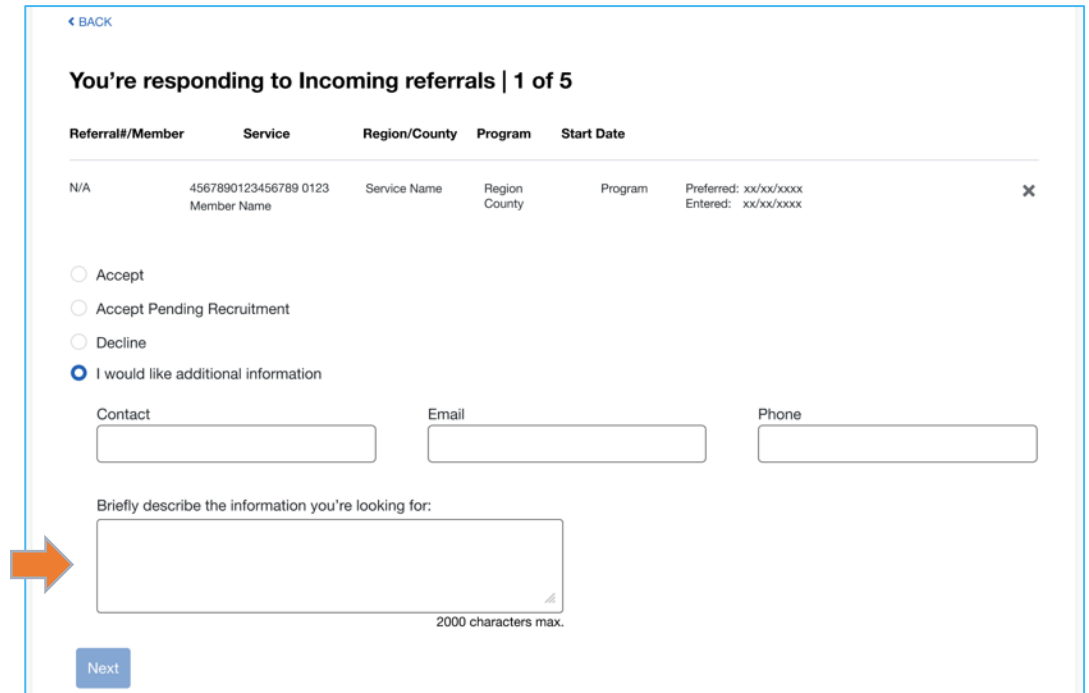
Select Reason

Select ▼

- ☐ No Available Staff
- ☐ Too Many Risks
- ☐ Member is Outside Service Area
- ☐ Other

Select **I would like additional information**:

- If more information is needed before a decision is made. Select **Review & Submit**.



← BACK

You're responding to Incoming referrals | 1 of 5

Referral#/Member	Service	Region/County	Program	Start Date
N/A	4567890123456789 0123 Member Name	Service Name	Region County	Program

Preferred: xx/xx/xxxx
Entered: xx/xx/xxxx

☐ Accept

☐ Accept Pending Recruitment

☐ Decline

☒ I would like additional information

Contact

Email

Phone

Briefly describe the information you're looking for:

2000 characters max.

Next

Referrals Dashboard: Confirmation Needed Tab

Referrals on the Confirmation Needed tab may be in one of two statuses:

- Recruit Staff
- Pending Selection

Incoming

Confirmation Needed

Confirmed

Declined

Closed

Confirmation Needed Referrals

If you have accepted a referral it will show here on the Confirmation Needed Tab. There are three possible statuses for referrals on this tab. Select the links below to learn about each of them and what the next steps are.

Schedule Meet & Greet Status

What's Next?

Recruit Staff Status

What's Next?

Await Auth Status

What's Next?

A Referral Was Pending, Where Did It Go?

Learn More

Respond

More Detail

Member	Service	Region	County	Plan	Start Date	Status
Last Name, First Name	Service Name	N/A	County	Plan	Preferred: 10/01/2023 Entered:	Recruit Staff
Member ID: 123456778 Gender: Male Requested On: 07/12/22 Date of Birth: 09/21/1967 Language: Spanish Respond By: 07/14/22 Address: 1165 Zifha Junction Crossville, TN 12345 Preferences: Non-Smoker, Pet-Friendly Referral # 45678901234567890123 + Show More						
Last Name, First Name	Service Name	N/A	County	Plan	Preferred: 10/01/2023 Entered: 10/05/2023	Await Auth
Member ID: 123456778 Gender: Male Requested On: 07/12/22 Date of Birth: 09/21/1967 Language: Spanish Respond By: 07/14/22 Address: 1165 Zifha Junction Crossville, TN 12345 Preferences: Non-Smoker, Pet-Friendly Referral # 45678901234567890123 + Show More						



Recruit Staff



Pending Selection

Confirmation Needed Referrals: Statuses

Recruit Staff

This means that you are recruiting staff to fulfill the referral. Once staff is recruited, select the referral and continue to respond.

Pending Selection

A referral in *Pending Selection* status is being reviewed by the case manager and will remain on the Confirmation Needed tab.

This means:

- You should not begin providing services but wait until you receive an authorization.
- The referral is still open and could also be accepted by other providers.
- It will remain on your Confirmation Needed tab.

☐	Last Name, First Name	Service Name	N/A	County	Plan	Preferred: 10/01/2023 Entered:	Recruit Staff	
Member ID:		123456778		Gender:	Male		Requested On:	07/12/22
Date of Birth:		09/21/1967		Language:	Spanish		Respond By:	07/14/22
Address:		1165 Zifha Junction Crossville, TN 12345		Preferences:	Non-Smoker, Pet-Friendly		Referral #	45678901234567890123
+ Show More								

☐	Last Name, First Name	Service Name	N/A	County	Plan	Preferred: 10/01/2023 Entered: 10/05/2023	Pending Selection	
Member ID:		123456778		Gender:	Male		Requested On:	07/12/22
Date of Birth:		09/21/1967		Language:	Spanish		Respond By:	07/14/22
Address:		1165 Zifha Junction Crossville, TN 12345		Preferences:	Non-Smoker, Pet-Friendly		Referral #	45678901234567890123
+ Show More								

Referrals | Confirmation Needed Tab | Status: Recruit Staff

2

Respond

More Detail

☐	Member ↕	Service ↕	Region ↕	County ↕	Plan ↕	Start Date ↕	Status ↕
1 ☐	Last Name, First Name	Service Name	N/A	County	Plan	Preferred: 10/01/2023 Entered:	Recruit Staff
Member ID: 123456778 Gender: Male Requested On: 07/12/22 Date of Birth: 09/21/1967 Language: Spanish Respond By: 07/14/22 Address: 1165 Zifha Junction Crossville, TN 12345 Preferences: Non-Smoker, Pet-Friendly Referral # 45678901234567890123 + Show More							

1. Check the box next to the member's name.
2. Select **Respond**.

Staff recruited

Have you recruited staff for this service?

☒ Yes

☐ No

Do you:

☒ Accept

☐ Decline

When can you start? (required)

mm/dd/yyyy

Next

Staff **not** recruited

Have you recruited staff for this service?

☐ Yes

☒ No

By responding no, this referral moves to declined status.

To keep this referral open, do not respond to it.
It will then remain on your pending dashboard until you or someone else accepts it.

To continue, please select the reason for not continuing recruitment:

Select

Amount of hours required

Unable to identify staff in this county

Other

2000 characters max.

Next

Referrals | Confirmation Needed Tab | Status: Pending Selection

Payer will contact the member to verify the provider they decided on.

- **If you are selected**, this referral will move to the confirmed tab, and we will begin creating an authorization.
- **If not selected**, this referral will move to a closed status viewable from the closed tab in your dashboard.

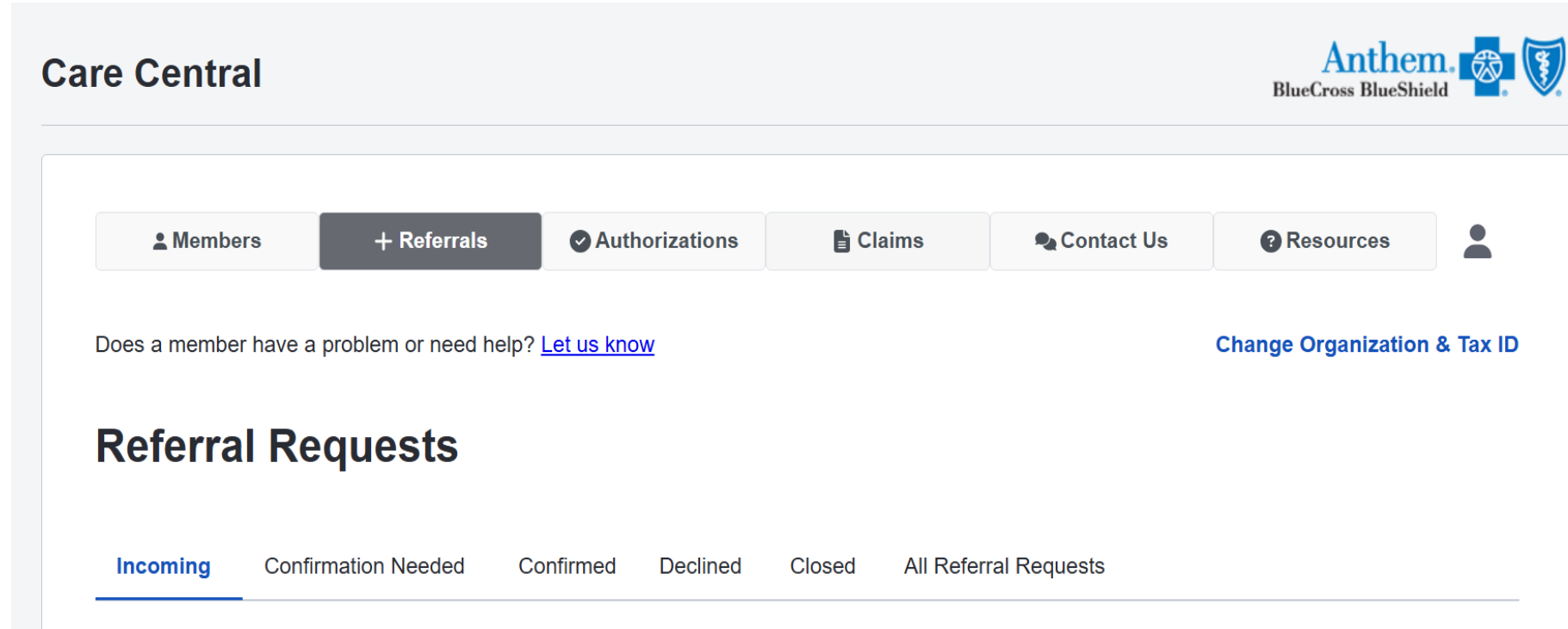
☐	Last Name, First Name	Service Name	N/A	County	Plan	Preferred: 10/01/2023 Entered: 10/05/2023	Await Auth		
Member ID:		123456778		Gender:		Male		Requested On:	07/12/22
Date of Birth:		09/21/1967		Language:		Spanish		Respond By:	07/14/22
Address:		1165 Zifha Junction Crossville, TN 12345		Preferences:		Non-Smoker, Pet-Friendly		Referral #	45678901234567890123
+ Show More									

Referrals Dashboard: Other Tab Meanings

Confirmed: Displays the referrals that have been confirmed; however, providers should not provide services until they receive the authorization.

Declined: Tab contains referrals that were declined by the provider

Closed: Means another provider was selected for the member service



The screenshot shows the 'Care Central' dashboard for Anthem BlueCross BlueShield. At the top right is the Anthem logo. Below it is a navigation bar with tabs: 'Members', '+ Referrals' (which is highlighted), 'Authorizations', 'Claims', 'Contact Us', and 'Resources'. Below the navigation bar, there is a link that says 'Does a member have a problem or need help? [Let us know](#)' and a link on the right that says 'Change Organization & Tax ID'. The main section is titled 'Referral Requests' and has a sub-navigation bar with tabs: 'Incoming' (which is highlighted), 'Confirmation Needed', 'Confirmed', 'Declined', 'Closed', and 'All Referral Requests'.

Care Central: Member Dashboard



New User Dashboard View

Upon initial login to the Care Central application, you may need to add members to your dashboard. Select **Add Member** to begin.

Note: All authorized members for service will automatically be added to member rosters. It may be necessary to add a member manually when:

- A member is waiting on authorizations or coverage to be approved.
- Claim submission is needed, but the authorization does not show on the authorizations dashboard.

Only Availity Essentials administrators will be able to add members.

The screenshot displays the Care Central web application interface. At the top, a breadcrumb trail reads "Home > Anthem Indiana > Care Central > Members". The "Care Central" header is prominent, with the Anthem BlueCross BlueShield logo in the top right corner. A navigation bar contains tabs for "Members", "Referrals", "Authorizations", "Claims", and "Contact Us", with "Members" being the active tab. Below the navigation bar, a link asks "Does a member have a problem or need help? Let us know" and another link says "Change Organization & Tax ID". The main section is titled "Members" and includes a sub-header: "Use this page to view member information, submit claims and more. To check member eligibility, visit Eligibility & Benefits." A search section features a "Search Category" dropdown and a "Search" input field. Below this, it states "Authorized Members | Showing 0 of 0". On the left sidebar, there are links for "Members", "Authorized Members", "Your Added Members", and "Create Member". The main content area contains a message box with an exclamation mark icon, stating: "You Do Not Have Any Members On Your List. This indicates that your organization doesn't have members with authorized services yet. Once you have authorized members, they will automatically appear on this page. If you have any concerns or feel this is in error, contact your provider representative." Below this message, it says "You may also use Create Member to manually add members, both authorized and unauthorized:" and points to a "Create Member" button with an orange arrow.

Create a Member Profile

Once you've selected **Create Member**, you will be brought to the Manage Members page, which allows providers to add a current member or an individual awaiting coverage to the member list. Follow the prompts to add members to your roster.

Manage Members

View Members

Create New Member

Create New Member

If you have a member or pending member that is waiting on authorizations or coverage to be approved, you can still add them to your Members list. If the member is new to Amerigroup Iowa, we'll do our best to match the information you've given with what we have on record. For enrollment information, visit [How to Enroll](#).

Creating a new member is fast and easy. We just need some basic information.

*required

Member or Medicaid ID*

Date of Birth*

mm/dd/yyyy

Find Member

Member Not Found

We could not find this individual in our records. If you would like to add them to your Member list, just add some additional information and choose Add to Members List.

Last Name*

First Name*

Medicaid ID*

Add to Members List

Type the Member or Medicaid ID and enter the member's Date of Birth. Then click **Find Member**.

If an individual is not found, you can still add them to your roster by completing these three fields.

View the Member Roster

Care Central > Members

Care Central

MembersReferralsAuthorizationsClaimsContact UsResources

Does a member have a problem or need help? [Let us know](#)[Change Organization & Tax ID](#)

Members

1 Use this page to view members, their profiles and submit claims. To check member eligibility, [visit Eligibility & Benefits](#).

Search Category

Search

Download

Authorized Members | Showing 50 of 350

Members

Authorized Members

Your Added Members

Create Claims

How to Create Claims

Member Name

Member ID

Date of Birth

Forester, Albert

325890190

09/21/1983

Basic member information, such as name, date of birth, and Medicaid ID, can be viewed and sorted from the main screen.

Quick tips:

- 1. Select a member field to search by, enter your desired result in the search bar, and select **Search**.
- 2. Select the toggle arrows to sort the member names from A-Z or Z-A.

View Member Details

Members

Use this page to view members, their profiles and submit claims. To check member eligibility, visit [Eligibility & Benefits](#).

Search Category: Search

Authorized Members | Showing 50 of 350

Members

Authorized Members

Your Added Members

☐ Forester, Albert

Forester, Albert

[Eligibility Details](#)

Member ID	325890190
Date of Birth	09/21/1983
Address	000 Some Street Some City, Some State 12345
Phone	555-555-5555
Email	Forester, Albert@yahoo.com
Plan	Anthem
Product	Medicaid
Effective Date	09/1/20
Renewal Date	09/1/23

For more detailed information on a member:

1. Select the **member's name** under the Member Name column.
2. If further information is needed, click **Eligibility Details**, and you will be taken outside of Care Central into Availity's Eligibility and Benefits page for the selected member.
3. Providers are encouraged to also check the IHCP portal for member eligibility and ensure they have an active waiver.

Person-Centered Support Plan (PCSP)

The screenshot shows the 'Members' dashboard. At the top, there are navigation tabs: 'Members' (selected), '+ Referrals', '✓ Authorizations', '📄 Claims', '🗣️ Contact Us', and '? Resources'. Below the tabs, there's a link 'Does a member have a problem or need help? [Let us know](#)' and a 'Change Organization' link. The main heading is 'Members', followed by a description: 'Use this page to view member information, submit claims and more. To check member eligibility, [visit Eligibility & Benefits](#).' Below this is a search section with 'Search Category' (a dropdown menu) and a 'Search' input field with a 'Search' button. Underneath, it says 'Your Added Members | Showing 1 of 1'. On the left, there's a sidebar with 'Members' and 'Authorized Members' sections. The main content area has a 'Create Claims' button and a link 'How to Create Claims'. Below this is a table with columns: 'Member Name', 'Member ID', 'Date of Birth', and 'Actions'. The table contains one row for a member named 'Test, Indiana' with ID '12345678910' and birth date '01/01/1901'. The 'Actions' column for this member has a dropdown menu open, showing options: 'View Member's Authorizations', 'View Member's Claims', 'View Member's Patient-Centered Support Plan', and 'Delete Member'.

Members

Use this page to view member information, submit claims and more. To check member eligibility, [visit Eligibility & Benefits](#).

Search Category

Search

Your Added Members | Showing 1 of 1

Create Claims

How to Create Claims

Member Name	Member ID	Date of Birth	Actions
☐ Test, Indiana Verify Coverage	12345678910	01/01/1901	- View Member's Authorizations - View Member's Claims - View Member's Patient-Centered Support Plan - Delete Member

From the Members dashboard:

- Select the **Actions** menu on the row of the appropriate member for additional information.
- Select **View Person-Centered Support Plan**.
- The PCSP will list a member's assigned coordinator and contact information. The coordinator team can also be reached at Ltsscoordination@anthem.com.



Care Central Resources

Care Central Resources and Helpful Tips

Provider resources:

- The [Best practices for managing provider referrals](#) or [FAQ for Care Central](#) guides are available on the anthem.com/in/provider web portal page.
- For support with navigating Care Central — reach out to your assigned provider relations representative or email INMLTSSProviderRelations@anthem.com.

Monthly webinar trainings:

- Available monthly and include the Care Central application overview and referral and authorization dashboard review.
 - Visit providernews.anthem.com/indiana (Education and Training) to view the full webinar schedule and for registration details.

Claim Disputes and Appeals



Corrected Claims vs. Claim Disputes

When to submit a corrected claim:

- Submit a corrected claim to change information on a claim that has already been processed with full or partial payment, and the change is due to provider billing, coding, or data entry additions or corrections.

When to submit a claim dispute:

- Submit a claim dispute when you disagree with Anthem's adjudication, and you believe the claim was billed correctly, but the plan processed it incorrectly (e.g., policy, authorization, eligibility, bundling logic, timely filing applied in error).
- For questions regarding corrected claim submission, claim status, or dispute submission steps, refer to the Anthem Provider Manual at [Guidelines & Manuals | IN Providers | State & Federal Programs | Anthem](#).

Claim Payment Dispute Process

Providers may dispute finalized claim decisions without penalty:

- **Informal Dispute:** This is the first step — must be completed within 60 calendar days of the date of the provider's remittance advice.
- **Formal Appeal:** This is the second step — if the provider disagrees with the outcome of the reconsideration, an appeal must be submitted within 60 Calendar days of the date on the decision letter.

If you disagree with the outcome of both the informal dispute and the formal appeal, you can reach out to your designated provider representative for further assistance.

Submission Methods: Can be completed via Availity Essentials, mail, or verbally through Provider Services. Review Chapter 13, Grievances and appeals, from the [Provider Manual](#) for more information.

Initiating a Claim Dispute — Availity

1. Use the Claim Status tool to locate claim, then select **Dispute Claim** at the top of the results page.
 2. A pop-up confirms your claim has been added to your worklist in the Availity Appeals tool. Select **Go to Request** to complete and submit your dispute.
- Note: If the **Dispute Claim** button is unavailable, the claim cannot be disputed through Availity. Refer to the denial letter or Provider Manual for next steps.

Patient Registration ▾ Claims & Payments ▾ Clinical ▾ My Providers ▾ Reporting ▾ Payer Spaces ▾ More ▾

Keyword Search 🔍

Give Feedback

cs Claim Status

Customer ID 123456 Exchange Date February 26, 2024 11:27 AM
Transaction ID 1aa11aa1-1111-1111-aa11-11aa11aaa1a1

Export to CSV 📄 Print this Page 🖨 Return to Results New Search Edit Search

 Verify Eligibility ✓ Secure Messaging ✉ Remittance Viewer 📄 Chat with Payer 💬
Send Attachments 📎 Dispute Claim ⚠ **1**

Claim 20220101AA0002 was successfully added to your worklist. ✕

CS Look for this request in your worklist to complete and send to the payer. You can review the status of your requests from the worklist.

Claim Number: 20220101AA0002
Status: Initiated

Close Go to Request **2**

Completing a Claims Dispute — Availity

1. In the Availity appeals tool — Select the hamburger filter on the claim initiated appeals card.
2. Complete all required fields on the Dispute Request form, including:
 - Request Reason
 - Please explain the supporting rationale for your request
 - Upload Supporting Documentation
3. When ready, select **Submit** to complete and send your dispute to Anthem for review.

Patient Registration ▾

Claims & Payments ▾

Clinical ▾

My Providers ▾

Reporting ▾

Payer Spaces ▾

More ▾

Keyword Search 

[Home](#) > [Appeals](#) > Details

Need Help? [Watch a demo](#) for Appeals

A

Appeals

Health Plan A

Initiated

Created: 02/26/2024 • Updated 02/26/2024

Claim Number

20220101AA0002

Payment Information

123456789

Patient Name

SYDNEY MEMBER

Service

02/01/2023

\$26.80

Complete Dispute Request

Delete Initiated Appeal

Return to Worklist

Complete Dispute Request Claim# 20220101AA0002

2

1

2

3

4

Request Reason

Add Additional Claims

Attach Documents

Request Submitted

This Health Plan request was initiated on 02/26/2024

Fields marked with * are required.

Monitoring Claim Dispute Requests — Availability

- 1. Select the *Appeals Worklist* tab and use the filter options at the top of the page to search your appeal requests.
- 2. Select the hamburger filter, then **View Details and Attachments** to review status of your appeals.
- 3. The REQ Case # assigned to each dispute is located on the top of the appeals card.

Patient Registration

Claims & Payments

Clinical

My Providers

Reporting

Payer Spaces

More

Keyword Search

Home

>

Appeals

Need Help? [Watch a demo](#) for Appeals

A

Appeals

Appeals Worklist

1

Search By

Select...

Search

Filter

Sort By

Last Update Date: Newest to Oldest

What's New! (PDF)

Results - Active

Results - Finalized

1

Total Active

0

Initiated

1

Submitted to Payer

0

Total Finalized

Results showing 1 appeals

Health Plan A

Submitted - Reconsideration - In Progress · Case #REQ-GBD-123456

Created: 02/26/2024 · Updated 02/26/2024

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
20220101AA0002	123456789	SYDNEY MEMBER	02/01/2023	\$23.80
Method of Receipt	Payment Date	Patient Account Number	Service End Date	Payment Amount
Availity	09/12/2023	A123456789	02/01/2023	\$13.00

2

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Claim Disputes Resources

Availity:

- Visit the Anthem Payer Spaces Page > Provider Learning Hub to access the claim status disputes webinar, which also includes a PDF guide for submitting claim disputes through Availity Essentials.

Anthem Provider Website:

- Visit [Indiana Pathways For Aging | IN Providers | State & Federal Programs | Anthem](#) > Resources > Policies, Guidelines, and Manuals > [Provider Manual — Chapter 13: Grievances and Appeals](#).
- [Indiana Pathways Provider Claims Quick Reference Guide](#)
- Anthem Provider Relations Team Contact Information — [Network Relations Map And Supports](#)

Network Enrollment Application Process (Availity Essentials)



Getting Started with Network Enrollment

Before you begin

All HCBS providers should ensure the following before submitting your application with Anthem:

- HCBS providers must be enrolled and certified through the state and have an active Indiana Health Coverage Programs (IHCP) Legacy Provider ID (LPI) number.
 - For more information, please see [IN Medicaid Providers IHCP Programs/Home-and-community based-services](#) webpage.
- Be registered as a provider in Availity Essentials:
 - If your organization is not registered, please navigate to <https://Availity.com> and select **New to Availity? Get Started**:
 - Note: The person who registers your organization will be your Availity account administrator. Need help? Please Call Availity Client Services at **800-282-4548**.



Joining the Anthem Network

You can start the online application through our Digital Enrollment Tool by following these steps on <https://Availity.com>:

- Select Payer Spaces > Anthem Indiana > Anthem Payer Spaces Page.
- *Applications* tab > Provider Enrollment and Network Management tile.

The screenshot shows the Anthem Indiana Payer Spaces page. The top navigation bar includes links for Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More, along with a Keyword Search field. The breadcrumb trail shows Home > Anthem Indiana. The Anthem BlueCross BlueShield logo is displayed. A featured tile for Primary Care Providers promotes the Alerts Hub App, highlighting its use for timely updates on patient clinical events and listing services like BH services, ADT events, and 24-hour Nurseline recommendations. Below this is a search bar for the payer space. The bottom navigation bar includes Applications (selected), Resources, and News and Announcements (with a notification badge). A right-hand sidebar features a heart icon and the title 'Provider Enrollment and Network Management', with a call to action to join the provider network and download the current roster.

Patient Registration ▾ Claims & Payments ▾ My Providers ▾ Reporting ▾ Payer Spaces ▾ More ▾

Keyword Search 🔍

Home > Anthem Indiana

Anthem. BlueCross BlueShield

www.anthem.com

**Primary Care Providers:
Explore the Alerts Hub App**

Use the Alerts Hub for timely updates on patient's clinical events

PCPs can view BH services, ADT events and Anthem 24 hour Nurseline recommendations

🔍 Start typing to search this payer space...

Applications Resources News and Announcements ¹

💖 **Provider Enrollment and Network Management**

Join our provider network and download current roster.

Digital Provider Enrollment (DPE) Dashboard

1. Select **Begin New Application** to get started.

2. Once complete, select **Provider Enrollment — Join our Network** to get your application ID number.

Note: Agreements can take up to 30 days to complete.

Patient Registration ▾Claims & Payments ▾My Providers ▾Payer Spaces ▾More ▾Reporting ▾

My Dashboard
46 Total Applications

2

Provider Enrollment - Join Our Network

Click here to begin the process of becoming a **Participating Provider** in one or more of our networks.

Non-Participating Provider Registration

Click here to register as a **Non-Participating/Out-of-Network** Provider including **Single Case Agreement (SCA)** Providers.

Contract Changes

Click on begin new contract changes or click on an option below to check your request status

You will be enrolling as a Participating / In-Network Provider. If you want to register as a Non-Participating / Out-of-Network Provider without entering into a formal contract, please click on the Non-Participating Provider Registration option.

If you are a therapy provider (Physical Therapy/Occupational Therapy/Speech Therapy), an audiologist, a registered dietician, or an acupuncturist, please click on "Begin New Application" and select the Specialty Care Provider from the 'Provider Type' drop-down menu to start your enrollment application.

If you are a hearing aid provider, please click on "Begin New Application" and select the 'Non-Credentialed Provider' from the 'Provider Type' drop-down menu to start your enrollment application.

Begin New Application +

1

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Beginning Your DPE Application

Complete all required fields in the drop-down menus:

- Which organization is this for?
- What is the tax ID for this?
- What type of provider are you?
 - All HCBS providers should select **LTSS (Long-term Service and Support)**.

Select your information below to confirm your ability to continue:

Which organization is this for? 

Select Organization 

What is the tax ID for this?

Choose Tax ID 

What type of provider are you?

Provider Type 

What type of provider are you?

LTSS (Long-term Service and Support) 

[Return to dashboard](#)

DPE Application: Important Fields

Complete the rest of the form and upload a copy of your accreditation or certifications with your application. Keep these things in mind when completing this section:

- 1. In the Provider First Name/Organization Name field, enter your organization’s name only.
- 2. In the Tax Name field, the name must match the W-9 information that shows on the IHCP portal.
- 3. At the bottom of the page, HCBS providers should select **SOLO Practitioner with No Group Affiliation**.
- 4. Select **Continue** to move to the next section of application.

Provider First Name / Organization Name

Provider Middle Name (Optional)

Provider Last Name (Optional)

Provider LPI/ Provider ID

NPI (Optional)

Tax ID

Tax Name

☐ SOLO Practitioner with No Group Affiliation

☐ Practitioner with Group Affiliation (Organization)

☐ Facility

Completing a Successful DPE Application

Provider Resources — [Anthem provider portal](#)

1. Reference the [Indiana PathWays for Aging LTSS Provider Application — instructions page](#), for step-by-step instructions on completing your application.
2. Providers can reference the [Network Relations Map and Supports](#) document to get in-touch with a member of the Provider Relations Team.

Tips for successful completion:

- Providers are encouraged to complete their application in Availity in one session- as the Availity portal will time-out after a period of inactivity.
- All lines in the application must be completed with either N/A or relative information.
- Three documents are required to upload — The Family and Social Services Administration (FSSA) Certification Letter that lists approved counties and services, a signed and dated W-9, and a Personal-Service Agency License, if applicable to the waiver service, such as a PSA license. (Not set to expire within 30 days).

Next Steps After Submission

- When an application is received, a member of our contracting team will review the application and the documents attached. If additional documents or information is needed, providers will receive an email from INLTSSprovidercontracting@elevancehealth.com.
- Once an application is approved, providers should expect an email confirmation from OneSpan requesting provider signature:
 - A confirmation email will be sent to you and will include your assigned provider relations representative working with your organization.
- For application status inquiries, please email INLTSSprovidercontracting@elevancehealth.com with your application ID number. (EP-1234), which can be found on the *Network Enrollment* Dashboard page.
- Please allow up to 30 calendar days for application processing.

Additional Support and Resources



Additional Support and Resources

[Anthem provider portal](#) — provider resources and guides:

- Care Central best practices for referral management and FAQ for Care Central guide.
- Indiana PathWays for Aging Provider Claims Quick Reference Guide.
- Indiana PathWays for Aging Provider Application- instructions page and LTSS IN-DPE Guide.
- Provider Manual: Resources > [Policies, guidelines, and manuals](#).
- News, updates, and resources — [Provider News](#)

Claims:

- [Claims overview page](#) — resources for claim submissions, disputes, and reimbursement policies. Additional claim information is available starting in Chapter 10 of the [Provider Manual](#).

Availity:

- Log on to <https://Availity.com> to access Anthem payer spaces page, Care Central, Digital Provider Enrollment Tool, claim tools.
- New to Availity? Select Get Started to register your organization.
- While on the page, select the training site link to watch a demo on registering your organization and explore other helpful resources.

Additional Support and Resources (Cont.)

On-demand and webinar training:

- Provider Learning — [We've Moved! Explore the New Hub](#). Also available in the Anthem payer spaces page in Availity: Access on-demand courses, guides, and videos, including completing a claim dispute.
- [You are invited: Indiana PathWays for Aging training](#): Free monthly provider office hours and webinar trainings, free for Anthem providers and include topics covering Care Central, submitting claims through Availity, and completing a claim dispute.

Additional Questions? Contact our provider relations team at [Network Relations Map and Supports](#) or email us at INMLTSSProviderRelations@anthem.com.

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.