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

Care Central Application

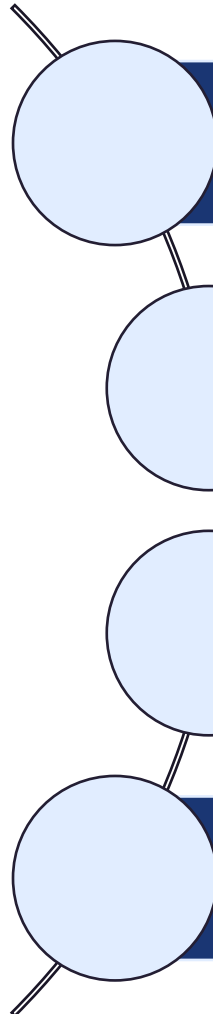An Availity Payer Spaces application for atypical providers

2024 IHCP Works Annual Seminar

What We'll Cover

- Availity Essentials:
  - Helpful Availity Essentials reminders
  - Getting set up in Availity Essentials
- What is Care Central?
- Accessing the Care Central application
- Basic navigation, tips, and timesavers using the Care Central application
- Care Central dashboards:
  - Members dashboard
  - Referrals dashboard
  - Authorizations dashboard
  - Claims dashboard
- Contact information
- Important reminder and resources

Helpful Availity Essentials Reminders

System features and functionality were current at the time this course was created. Applications and information could vary depending on your role and access.

Course contains mock patient and provider data. Protected Health Information (PHI) or Personally Identifiable Information (PII) is not displayed.

Your organization's Availity Essentials administrator sets up your user ID and assigns permissions. In the **My Account** dashboard, select **My Administrators** to find administrators for your business.

Availity Essentials supports Google Chrome, Mozilla Firefox®, and Internet Explorer 11® (or higher). Be sure to allow pop-ups from Availity.com and clear your temporary internet files.

Getting Set Up In Availity Essentials

Registering
When an organization first registers with Availity Essentials, Availity creates a user account for the administrator (admin) and assigns to it all roles that are available to the organization at the time of registration approval.

The organization's administrator must complete this registration process and grant access to users in the organization.
This person is responsible for setting up and maintaining user accounts, maintaining organization information, and performing other administrator tasks in the Availity Essentials platform.

Need Help?
Use this link: training site, to access live webinars, resources, and guides to get started.

What is Care Central?

A Payer Spaces application

Located on the Availity Essentials website for Medicaid providers offering atypical and non-medical services.

A one-stop shop

For Indiana PathWays for Aging waiver service providers.

Alleviate health administrator's burden

This application will help to create a more seamless process between the health plan and provider network, which increases loyalty and satisfaction.

Care Central Application

After completing this guide, providers will be able to use the Care Central application to manage your patient roster, view authorizations, and submit claims electronically for a more consistent and seamless payment reform.

Use the Care Central application to do the following:

- Access Care Central through Payer Spaces on Availity.

- Access and view member profiles.

- Set up, submit, and check claim statuses.

- View details of active authorizations.

- View, update, and download reports.

- Access additional resources that will assist with using this application.

Accessing the Care Central Application – Proper Availity Setup

HCBS waiver providers must add the correct provider credentials under the manage my organization section of their Availity profiles to access the Care Central application.

Follow these steps to add a provider to your organization in Availity:

- From the Availity dashboard, select **(Name) Account**.

- Select **Manage my organization**.

Accessing the Care Central Application – ADDIN

1. Select **Manage Providers.**

2. From the dropdown menu, select **Add Provider(s).**

Complete the Tax ID Type and Tax ID number fields:

- HCBS waiver providers should check the box to indicate they are atypical. This will remove the NPI required field.

- Select **Find Provider** to continue to the next page.

Accessing the Care Central Application – Proper Availity Setup

Select the plus sign next to the add identifier button and do the following:

- In the ID Type dropdown menu, select **Payer Assigned Provider ID (PAPI)**.

- In the Payer dropdown menu, select **Anthem – IN**.

- In the ID Number field, enter your PAPI ID number, also known as your Medicaid ID number.

Accessing the Care Central Application – Getting into Care Central from Availity Essentials

Accessing the Care Central Application

Once logged into [Availity](#), follow the below steps to access Care Central:

1. In the upper right-hand corner of your screen, the provider can select their state from the dropdown list.

2. Select **Payer Spaces** tab and select the payer from the dropdown menu.

3. If not already selected, select the **Applications** tab.

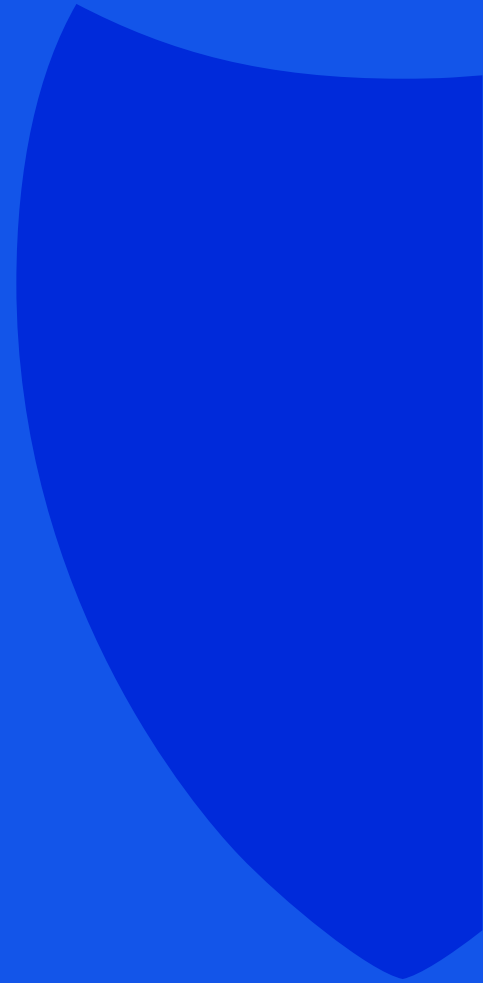4. Select the **Care Central card**.

Care Central Landing Page

To get started:

- Select an **Organization** from the dropdown menu.

- Select a **Tax ID** from the dropdown menu.

- Select a **Provider** from the dropdown menu.
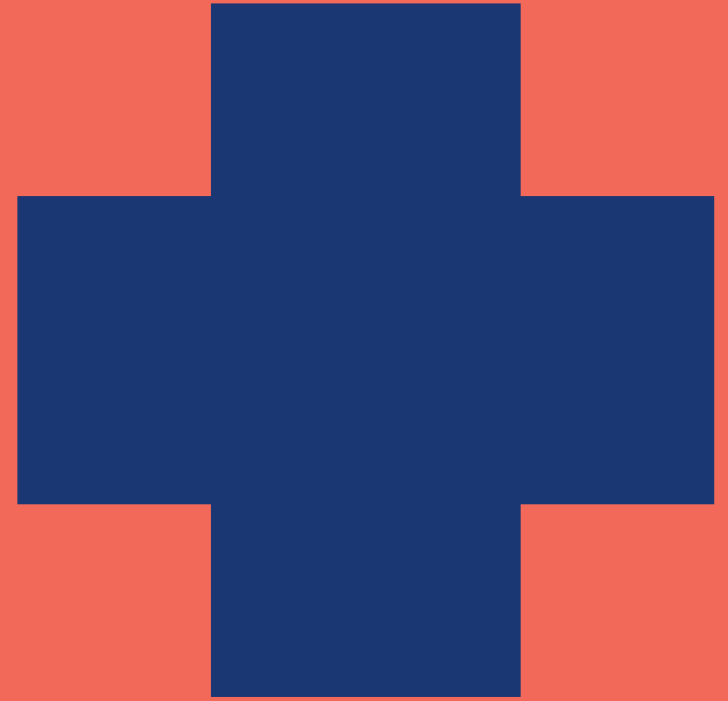
- Select **Next**.

Care Central Dashboards:

A review of the Care Central dashboards and their functionality

Member Dashboard:

How to navigate the Member Dashboard

New User Dashboard View

- Upon initial login to the Care Central application, providers may need to add members to their dashboard.

- Select **Create Member** to begin adding members to your dashboard.

Note: Members who you are authorized to provide services to will be automatically added to your member roster.

Note: Only the administrator will be able to add members.

Create a Member Profile

Once create member has been selected, providers 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:

- Enter the Member name or Medicaid ID and enter the member's Date of Birth; then, select **Find Member**.

- If an individual is not found, you can still add them to your roster by completing the Last Name, First Name, and Medicaid ID fields and selecting **Add to Members List**.

View the Member Roster

Basic member information such as member 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 for and enter your desired result in the search bar. Select **Search**.

2. Select the toggle arrows to sort the Member Names from A-Z or Z-A.

View Member Details

For more detailed information on a member:

1. Select the member's name under the **Member Name** column.

2. If further information is needed, select **Eligibility Details,** and you will be taken outside of Care Central into Availity Essentials' Eligibility and Benefits page for that member.

Referral Dashboard:

how to utilize the Referral Dashboard to respond to referrals, request additional information, and more
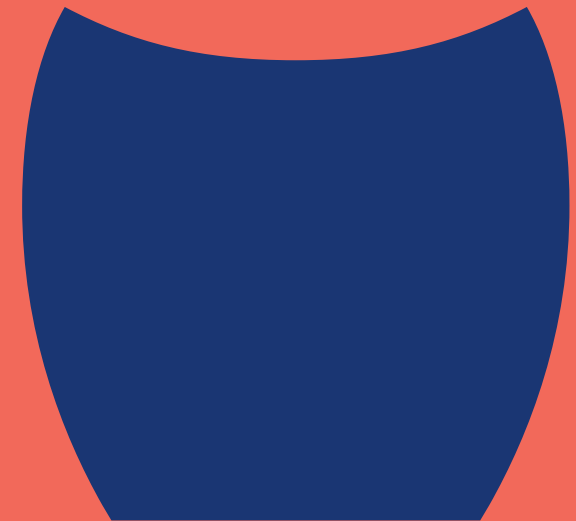
Referral Dashboard

Select **Referrals** in the top menu bar.

On the referral dashboard, each tab in the menu bar represents phases of the workflow:

- Incoming
- Confirmation needed
- Confirmed
- Declined
- Closed
- All referral requests

Referral Dashboard: Incoming Referrals

Dashboard features:

- User can:
  - Sort referrals
  - Respond to referrals
  - View status type:
    - New
    - Open
    - Info Requested
- User can select **+ Show More** to expand the referral card for additional information.
- Select **– Show Less** for a more compact view.

Referral Dashboard: Incoming Referrals – Features

Dashboard features:

• User can select **+ Show More** to expand the referral card for additional information.

• Select **– Show Less** for a more compact view.

Responding to one or more referrals:

• Check the box next to the member name(s) on the referral card.

• Select **Respond**.

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

Incoming Referrals: Responding to Multiple Referrals

- **Respond to Referrals:**
  - If accepting the referrals, you must respond one at a time.
- **Decline All:**
  - Select a reason for the decline.
- **I would like additional information:**
  - Provide reason for the request.

Respond to Referrals: Individual Responses

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

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.
- Select **Decline**:
  – To remove the referral from your member roster. Select a **Reason | Continue**.
- Select **I would like additional information**:
  – If more information is needed before a decision is made. Select **Review & Submit**.

Referral Dashboard: Confirmation Needed Tab

- Referrals on the **Confirmation Needed** tab may be in one of two statuses:
  - **Recruit Staff** status:
    - This means that you are recruiting staff to fulfill the referral. Once staff is recruited, select the referral and continue to respond.
  - **Await Auth** status:
    - Await Auth means you are waiting for the authorization to start the referral. Once the auth has been created, the referral will go to the **Confirmed** tab.

Referrals | Confirmation Needed Tab | Status: Recruit Staff

1. Check the box next to the member's name.

2. Select **Respond**:

   • Staff recruited:

   – Select **Yes**.

   – Select Accept and enter start date.

   • Staff NOT recruited:

   – Select **No**.

   – Select reason for not continuing recruitment and enter explanation below.

Referrals | Confirmation Needed Tab | Status: Await Auth

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

- If **selected**, you will receive notification that this service is confirmed and an authorization will be created.

- If **not selected**, this referral will move to a closed status viewable from the closed tab in your dashboard.

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.

Authorization Dashboard:

how to view authorizations and authorization details

View Authorizations

1. Select **Authorizations** in the menu bar.
2. Select the **Authorization number** to view details (see next slide).
3. Authorization status types are:
   - Pending
   - Approved
   - Cancelled
   - Denied

View Authorization Details

The *Authorizations Details* page displays with the member information, start and end dates, type of service, and description of service.

Note: Option to print a copy of the details page is available.

Claims Dashboard:

how to create, submit, and view a claim using both the Claims and Member Dashboards

Create Claims: Select Members

To start a claim:

1. Select the **Members** tab.

2. Check boxes next to one or *multiple* member names who you wish to complete a claim for.

3. Select **Create Claims.**

If an authorization is expired, can I still submit a claim?

Yes. If an authorization is not visible on the *Authorizations* tab, or has expired, you may use **Add Members** to gain access to the member profile for claim submission.

Create Claims: Configure Settings

If the **Settings** button is highlighted, providers must select the configure settings button for each member by following these steps:

1. Select **Configure Settings**.
2. Complete the fields in the pop-up window as it appears.
3. Select **Save & Setup Next Member**.

Note: Once this step has been completed for a member, you will not have to complete it again.

Create Claims: Same Service For Multiple Members

To bill the same service for multiple members:

1. Select **Yes** to question: Are you billing the same service for these members?
2. Complete all required fields in the service information form.
3. Select **Review & Submit.**

Create Claims: Different Services For Multiple Members

To bill different services for multiple members:

1. Select **No** to question: Are you billing the same service for these members?
2. Complete all required fields in the service information form.
3. Select **Review & Submit.**

Create Claims: Review & Submit

From the *Review & Submit* page:

- Review claims.

- Select **Edit** to make changes.

If no changes are necessary:

- Select **Submit Claims.**

A confirmation window will appear with a transaction ID acknowledging a successful claims submission. From this window, you can choose to navigate to the Members or Claims Dashboards.

Note: Keep record of the transaction ID for reference.

View Claims: Pending & Processed

From the *Care Central* dashboard, select the **Claims** tab to view basic claim information by selecting the **Pending & Processed** tab.

To see full details on claims and dispute claims, navigate to the **Claim Status** application in Availity Essentials by selecting **Visit Claim Status**.

View Claims: Submitted or Rejected

Select the **Submitted or Rejected** tab to view:

- Recently submitted claims.
- Rejected claims.

To see full details on claims and dispute claims, navigate to the **Claim Status** application in Availity Essentials by selecting **Visit Claim Status**.

Visit Claim Status

Select **Visit Claim Status** button to get detailed information and dispute a claim from the Claim status application.

Select **Continue to Claim Status** in the pop-up window.

Contact Information

For Help With	Contact
Authorizations/renewals	844-284-1798 Email: Indianaauths@anthem.com
Provider Services	833-569-4739
Member Services	833-412-4405
Provider Services Line	833-569-4739 (Monday through Friday from 8 a.m. to 5 p.m.)

Important Reminders and Resources

- Availity Essentials is a multi-payer platform that provides for submitting transactions and accessing applications that enhance the provider experience.

- The Care Central resource guide is available in the Custom Learning Center in Availity:

  – Providers can select **Payer Spaces** > **Anthem** > **Custom Learning Center** to download and view the PDF guide.