



# MCE Joint Presentation: Provider Claims Training

Monday, April 15<sup>th</sup>, 2024  
Indiana PathWays for Aging



# Who Are HCBS Providers?

- Adult Day Services
- Adult Family Care
- Assisted Living Facilities
- Attendant Care
- Caregiver Coaching
- Community Transition
- Home and Community Assistance
- Home-Delivered Meals
- Home Modification Assessment
- Home Modifications
- Integrated Health Care Coordination
- Non-medical Transportation
- Nutritional Supplements
- Personal Emergency Response System (PERS)
- Pest Control
- Respite Services
- Specialized Medical Equipment and Supplies
- Structured Family Caregiving
- Vehicle Modifications



# In-Network Providers/Out-of-Network Providers

Anthem, Humana and UHC encourage all providers to enroll with each MCE. In-Network providers have added benefits to enhance the provider experience.

## In-Network Provider Benefits

- Faster access to provider portals
- Will appear in the provider directory
- Members will be encouraged to use network providers for HCBS services
- Dedicated Provider Education and Outreach representatives that are available to assist providers with day-to-day program inquiries

## Out-of-Network Providers

- Will not show in the provider directory
- Once the network is closed MCEs will require authorization for out-of-network care



# HCBS Authorization Process

- Non-HCBS providers traditionally submit Prior-Authorizations requesting for approval prior to a service is rendered.
- HCBS providers will not submit Prior-Authorizations.
- Service Coordinators will develop a service plan using a standardized person-centered process, to ensure members are receiving the right care at the right time. The service plan, formerly the NOA, acts as the authorization request for MCE review and approval.

# HCBS Authorization Process Continued



The person-centered care and service plan are developed with the member along with the member's Interdisciplinary Team.

The service plan includes authorized HCBS services and is submitted to the MCE by the Service Coordinator.

The MCE receives the service plan for review and approval. A Notice of Action will also be sent to HCBS providers. Providers have access to view service plans and approvals in the MCE portal.

# HCBS Authorization Process Continued



Authorized service codes, date spans and units will be added to the MCEs claims processing system.

Claims will be processed against the approved service dates, codes and units. Claims billed for services that are not authorized will be denied by the MCE.



# What Is A Clean Claim?

- Claims submitted correctly the first time are considered a *clean claim*.
- This means that all fields and applicable supporting documents necessary to adjudicate the claim is provided with the first submission.
- A claim may be returned if it is submitted with incomplete or invalid information.
- Timely filing is within 90 days from the date of service for In-Network providers and 180 days for Out-of-Network Providers.

# Methods For Submission: Paper Claims



- Paper claims are scanned for clean and clear data recording, so it is important to ensure paper claims are legible and submitted in the proper format.
- Clean paper claims are processed within 30 days.
- Submit claims on an original claim form (*CMS – 1500*), printed or typed in a large, dark font.





# Mail Paper Claims To:

## Anthem

Anthem Blue  
Cross Blue  
Shield Claims  
Mailstop: IN999  
P.O. Box 61010  
Virginia Beach,  
VA 23466

## Humana

Humana Claims  
P.O. Box 14169  
Lexington, KY  
40512-4169

## UHC

UnitedHealthcare  
Community  
Plan of Indiana  
P.O. Box 5270  
Kingston, NY  
12402-5270

# Methods For Submission: Electronic Claims



- Clean electronic claims are paid within 7 business days from the date of receipt.
- Providers are encouraged to submit electronic claims over paper claims for faster claims processing, streamlined claims submission and tracking, reducing administrative burden, and reduced billing errors.
- Providers can bill as often as they'd like.



# Submit Electronic Claims To:

## Anthem

- Availity Essential's Anthem Payer Spaces: Care Central at [Availity.com](https://www.availity.com)
- Claims Dashboard

## Humana

- Availity Essential's at [Availity.com](https://www.availity.com)

## UHC

- UHC Provider Portal at [www.uhcprovider.com](https://www.uhcprovider.com)



# What Is A Clearinghouse?

- A clearinghouse acts as a mediator between any two entities that are engaged in a financial transaction, functioning to validate and finalize transaction processing.
- Providers have an option to use a clearinghouse for electronic transmission of different types of medical claims data on behalf of provider.

# CMS-1500 Claim Form



MCEs accept the CMS-1500 form both electronically and in paper form. To optimize turnaround times, electronic submission is preferred.

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE (Medicare #)		MEDICAID (Medicaid #)		TRICARE (DoD/DoD#)		CHAMPVA (Champion of Care #)		3. GROUP HEALTH (ID#)		FECA, BLK LUNG (ID#)		OTHER (ID#)		1a. INSURED'S I.D. NUMBER (1a) (Star in Item 1)		PICA	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) (2)								3. PATIENT'S BIRTH DATE (MM DD YY)				SEX (M F)		4. INSURED'S NAME (Last Name, First Name, Middle Initial) (4)			
5. PATIENT'S ADDRESS (No., Street)								6. PATIENT RELATIONSHIP TO INSURED (Self Spouse Child Other) (6)				7. INSURED'S ADDRESS (No., Street)					
CITY (5)				STATE				8. PATIENT STATUS (Single Married Other) (8)				STATE (7)					
ZIP CODE				TELEPHONE (include Area Code) ( ) ( )				9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. OTHER INSURED'S CONDITION RELATED TO ( )					
11. INSURED'S POLICY GROUP OR FECA NUMBER				a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. EMPLOYMENT? (Current or Previous) YES NO				a. INSURED'S DATE OF BIRTH (MM DD YY) SEX (M F)					
b. RESERVED FOR NUCC USE				b. AUTO ACCIDENT? YES NO PLACE (State)				b. OTHER CLAIM ID (Designated by NUCC)				c. INSURANCE PLAN NAME OR PROGRAM NAME					
c. RESERVED FOR NUCC USE				c. OTHER ACCIDENT? YES NO				10d. RESERVED FOR LOCAL USE				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a and 9d.					
d. INSURANCE PLAN NAME OR PROGRAM NAME				12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.									
SIGNED				DATE				SIGNED									

**NOVA**

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

# Claims Processing



- Claims are processed by each MCE using their systems to analyze and validate the claim for member eligibility, covered services, and proper formatting.
- Each MCEs processing systems validate billing, rendering, and referring provider information against IHCP files.
- Medical review is performed, as necessary.
- If no payment is warranted, a notice will be sent to the provider with the specific claims processing information.



# Monitoring Submitted Claims

- **For Anthem and Humana:** Submitted claims can be monitored within the Availity Essentials portal by navigating to Claims & Payments > Claim Status
- Additionally, **for Anthem:** HCBS providers can further view the status of their claims by navigating to the Care Central application within Availity Essential's Anthem *Payer Spaces*. Monitoring claims within Care Central can be completed in the Claims Dashboard.
- A clean electronic claim will be processed within 7 business days for HCBS providers.

# Availity Claim Status



Providers can utilize Availity to check the status of claims submitted. Claims that are submitted electronically have an expected 7-day turnaround time. This turnaround time includes payment and denial of claims.

Claim status can be viewed by visiting:

[Availity.com](https://www.availity.com) > Claims & Payments > Claim Status

Search by the following: Claim Number, Member Name or Date of Service

A status bar on the left side of each claim line indicates its status.

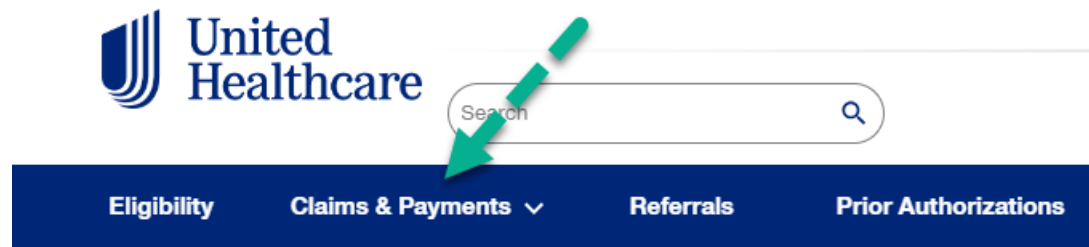
- Finalized - The claim/claim line is pending
- Pended - Payment of the claim/claim line is pending
- Denied- the claim/claim line was denied by the payer.





# Monitoring Submitted Claims (UHC)

- To check claim status, access the UHC Provider Portal at [www.uhcprovider.com](http://www.uhcprovider.com).
- On the portal dashboard, access the Claims & Payments page in the tool bar.



- From the Claims & Payments page a provider can access the claims lookup function and search for a PRA.

# Electronic Funds Transfer (EFT) Enrollment



Use the following links to register for, manage and access Electronic Funds Transfer Information.

## Anthem

- [EnrollSafe](#)

## Humana

- [Electronic Claims Payment For Providers | Humana](#)

## UHC

- [Provider Electronic Payment Options | UHCprovider.com](#)

# Managed Care Rates



MCEs will use the IHCP Professional Fee Schedule to establish a base rate for HCBS services. In and out-of-network HCBS provider payment will be based on 100% of the IHCP fee schedule.

- The IHCP Professional Fee schedule can be obtained at: [IHCP Fee Schedules \(indianamedicaid.com\)](https://www.indianamedicaid.com)
- Providers can export the Professional Fee Schedule in a prepopulated Excel format for ease of use.

# Managed Care Rates Continued



When checking a HCBS rates, review the:

- Procedure code
- Modifier
- Rate Type
- Effective Date- Based on the date of service
- Max Fee/RBRVS Rate

Procedure	Procedure Description	CMS Add Date	Modifiers
S5125	ATTENDANT CARE SERVICE /15M	01/01/2003	U1;U7
S5125	ATTENDANT CARE SERVICE /15M	01/01/2003	U7
S5125	ATTENDANT CARE SERVICE /15M	01/01/2003	U7;UA
S5125	ATTENDANT CARE SERVICE /15M	01/01/2003	U7;UA;UC

Rate Type	Pricing Method	Rate Effective Date	Rate End Date	Max Fee/RBRVS Rate
A&D Waiver	MAXFEE	07/01/2023		8.21
A&D Waiver	MAXFEE	07/01/2023		8.21
A&D Waiver	MAXFEE	07/01/2023		8.59
A&D Waiver	MAXFEE	07/01/2023		8.59

# Anthem Provider Education Opportunities



## Go-live support:

- **Dedicated Provider Relations representative:** Long-term services and supports (LTSS) providers will be assigned a local and dedicated Provider Relations representative, equipped with the expertise to offer comprehensive support and resources. Leading up to implementation, the team is offering ongoing office hours to walk providers through the Digital Provider Enrollment tool and will offer in-person or virtual support to include individualized training, resources, and tools dependent on your needs and preferences.
- **Bi-weekly office hours:** We offer virtual office hours where providers may connect with Anthem's LTSS Provider Relations team to get answers to questions or seek technical assistance in preparation for implementation.
- **LTSS provider webinars:** We will host monthly webinars covering a variety of LTSS provider-focused topics designed to support you in the Pathways for Aging implementation.

# Anthem Provider Education Opportunities



## **Anthem provider essentials:**

- Anthem's Indiana Pathways for Aging Quick Reference Guide
- Anthem's Indiana Pathways for Aging Provider Manual
- Registration for claims submission
- Enrollment in electronic funds transfer
- Anthem's comprehensive Training Support, to include topics such as:
  - Claims and billing
  - Authorizations
  - Person-centered planning
  - Accepting referrals
  - HCBS settings rule
  - Workforce development
  - Value-based programs

# Anthem Provider Education Opportunities In April


**You are invited: Anthem's Indiana PathWays for Aging Training**

Date	Event	Event Link
<i>Virtual office hours are held every Wednesday at 11 a.m.-noon ET</i>		
<i>Training webinars held last Monday of the month at 11 a.m.-12:30 ET</i>		
<b>April</b>		
April 17	HCBS office hours	<a href="#">Link to join</a>
April 24	SNF/ALF office hours	<a href="#">Link to join</a>
April 29	LTSS Provider Onboarding	<a href="#">Link to register</a>

# Humana Provider Education/Outreach




## Humana Will Work to Reduce Administrative Burden and Enable Success

 Dedicated Provider Education/Outreach Representative

 Provider Engagement & Training

 Provider Website & Self-service Tools

 Continued Provider Support and Education

### Provider Education & Training Overview:

- Dedicated HCBS Provider Relations Team
- Weekly/Monthly/Quarterly provider education and training
- Customized training plan
- Provider Education office visits
- Townhalls/Office Hours/Provider Forums
- Assist with technological challenges and/or accommodation support
- Contact for any questions or concerns
- MCE collaboration

Humana Healthy Horizons in Indiana Provider website:

<https://www.humana.com/provider/medical-resources/indiana-medicaid>

Indiana Family and Social Services Administration





# Training Offered By UHC

- Side by Side and Group Training
  - [in\\_providerservices@uhc.com](mailto:in_providerservices@uhc.com)
    - Virtual or in person Q&A and training sessions
- Instructor Lead Training
  - [Instructor-Led Learning Events | UHCprovider.com](https://UHCprovider.com)
    - Claims Overview/Portal
    - Document Library
- Self-Paced Training
  - [Digital Solutions Training and Guides | UHCprovider.com](https://UHCprovider.com)
    - UnitedHealthcare Portal Tools
      - Portal Overview
      - Chat

# Your Anthem LTSS Provider Relations Team

**LTSS Provider Relations email:** [INMLTSSProviderRelations@anthem.com](mailto:INMLTSSProviderRelations@anthem.com)

**Website:** [Indiana Pathways for Aging | Anthem](#)

**Map:** [Indiana PathWays for Aging Network Relations Map and Supports](#)

## Additional resources and contacts:

Workforce Development Administrator

Amanda Wills

[Amanda.Wills@anthem.com](mailto:Amanda.Wills@anthem.com)

317-671-3220

Value Based Programs Specialist

Haley Osborne

[Haley.Osborne@Anthem.com](mailto:Haley.Osborne@Anthem.com)

317-671-2141

LTSS Provider Training Specialist

Ryan Fennessy

[Ryan.Fennessy@anthem.com](mailto:Ryan.Fennessy@anthem.com)

317-671-3220

HCBS Contracting Network Specialist

April Walton

[April.Walton@Anthem.com](mailto:April.Walton@Anthem.com)

219-742-5323



# Humana Provider Education Team Contact Information

Denise Watson, Director of Provider Engagement

: Phone 463-280-5327 | \*: [dwatson31@humana.com](mailto:dwatson31@humana.com)

Kevin Cox, Manager of Provider Engagement

: Phone 812-572-0110 | \*: [kcox23@humana.com](mailto:kcox23@humana.com)

Bria Steele, Provider Engagement

: Phone 317-677-2693 | \*: [bsteele13@humana.com](mailto:bsteele13@humana.com)

General Questions or Concerns

: Phone 866-274-5888 | \*: [INMedicaidProviderRelations@humana.com](mailto:INMedicaidProviderRelations@humana.com)



# UnitedHealthcare Provider Contact Information

HCBS Provider Advocate	Provider Services Director	Provider Services Manager
Dorian Trice	Amanda Wilson	David Hoover
<a href="mailto:IN_providerservices@uhc.com">IN_providerservices@uhc.com</a>	<a href="mailto:Amanda_Wilson@uhc.com">Amanda_Wilson@uhc.com</a>	<a href="mailto:David_Hoover@uhc.com">David_Hoover@uhc.com</a>
763-361-1650	317-352-6600	317-275-8269

## Additional Resources and Contacts

Website	<a href="http://www.uhcprovider.com/INcommunityplan">www.uhcprovider.com/INcommunityplan</a>
Workforce Development Administrator	Joanna Peak <a href="mailto:Joanna_peak@uhc.com">Joanna_peak@uhc.com</a>
Service Coordination General Mailbox	<a href="mailto:in_service_coordination@uhc.com">in_service_coordination@uhc.com</a>



# Path Ways

FOR AGING

