

FAQ for Care Central

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

Care Central overview

Indiana PathWays for Aging offers home- and community-based services (HCBS) care providers an application within Availity Essentials called Care Central. This platform was specifically designed for HCBS care providers to reduce administrative burden, simplify claims, and provide easy access to vital information, serving as a one-stop shop for all business needs.

Within Care Central, HCBS care providers can:

- Submit claims that are billed using the *CMS-1500* form.
- View the status of claims submitted.
- View HCBS authorizations and details.
- Access authorized member lists and view members' demographic information.
- Respond to referrals for services.
- Access health plan contacts and resources.

Care Central FAQ

Do I need to be registered with Availity Essentials to access Care Central?

Yes. You must be registered with Availity Essentials to access Care Central, which you can do at no charge at <https://Availity.com>. Once registered, select **Payer Spaces > Anthem > Care Central** to access the application. You will need to ensure your care provider profile is set up correctly with your Legacy Provider Identifier (LPI) and TIN credentials to access the application.

An error populates when trying to enter the Care Central application stating my identifiers are incorrect. How do I fix this?

If you don't have an NPI, be sure to have your Payer Assigned Provider ID (PAPI)/LPI and TIN added as identifiers under the *Provider* tab in Availity Essentials.

Do I have to use the Care Central application to submit claims?

No. Our preferred platform is Care Central, which offers a condensed and easy-to-use claim submission form. However, you can still submit claims directly through the Availity Essentials platform using the claims and encounters tool or through your own electronic data interchange (EDI) software.

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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I do not see any members listed on my member dashboard in Care Central. How do I add members?

You can add members to the Member Dashboard by selecting the **Create Member** button from the bottom of the *Member Dashboard* page.

Please note that only administrators will be able to add members. Once members are added, however, all users within the organization will be able to see those members.

Note: Members for whom you have authorizations should be automatically added to your Member Dashboard.

Why am I unable to add a member to the Member Dashboard?

There are two main reasons why you may not be able to add a member to your Member Dashboard:

- The member may no longer be enrolled with Anthem or their coverage may have expired. To confirm a member's eligibility, check the Eligibility and Benefits page in Availity Essentials.
- The Care Central application was designed for our Indiana HCBS waiver providers for the Indiana PathWays for Aging program. If the member is not enrolled in Indiana PathWays for Aging, you will not be able to add them to your Member Dashboard.

Why don't I see any referrals listed on my Referral Dashboard?

If you do not see any referrals, there may be currently no referrals for the services in the counties where you are contracted. If you believe this to be incorrect, email your provider relations representative and let them know which counties and services you expect to see.

You should check the Referral Dashboard often for new referrals requiring a response. Once a referral becomes available for response, select the **Incoming** tab to begin the process of responding to the referral.

Is there a way to sign up to be notified when referrals become available for my organization in Care Central?

Yes, providers have the option to opt into receiving referral notification emails up to once a day if they have a referral that needs their response in Care Central. To start receiving referral notification emails:

1. From the Care Central Dashboard page, select your profile icon, then **My Profile**.
2. Scroll to the bottom of the page and switch the toggle button labeled *Receive Referral Email Notifications* to on.
3. You are now set up to receive email notifications for referrals. You can turn this setting off anytime by toggling the switch back to the off position.

Why is the Referral Dashboard telling me I am out of network?

This can happen when your contract with us has ended. An out-of-network message can also be caused by inaccurate information provided during the digital provider enrollment (DPE) process. If you are experiencing this issue, contact your Provider Relations representative or email the Provider Relations team at INMLTSSProviderRelations@anthem.com.

Who do I contact if I have additional referral questions or questions about a member's Care Plan?

Email the Care Coordination team or your Provider Relations representative to help you contact the correct individuals.

If you have not already, you can view most members' Person-Centered Support Plan through Care Central's Member Dashboard. Select the member on the Member Dashboard. Then, select the **Person-Centered Care Plan**. For members who do not have their Person-Centered Support plan available to view through the Care Central application, please reach out to the Care Coordinator working with the member or email Ltsscoordination@anthem.com.

Where can I view additional information on the status of my claims?

You can view your claims from the *Claims* tab in Care Central. For additional claim details, you can also use the Claim Status tool in Availity Essentials. Navigate to the Availity Claim Status tool by selecting the **Claims Status** tool button from the Care Central Claims tab or navigate to Claims and Payments > Claim Status.

I accepted an available referral in Care Central. How long do I have to wait for the referral to become authorized?

The Referrals Dashboard tracks the workflow and status of a referral, so you should check back often for available updates. Once a referral moves to a status of *Await Auth*, we will work with the member to select the servicing care provider. If you are chosen to provide the service, an authorization will be created, and you will see the member on your member dashboard.

My organization is now certified to provide additional services. How do I ensure those updates are reflected in Care Central for my organization?

Contact your Provider Relations representative with the updated certification information or email the Provider Relations mailbox at INMLTSSProviderRelations@anthem.com for assistance with making the updates. Once contracted for additional services, your internal record will be updated, and you will receive referrals for those services in the applicable counties.

How do I update my information in Care Central to reflect additional service locations in which my organization is authorized to provide services?

Use the Provider Data Management (PDM) tool in Availity Essentials to update service area locations for your organization. Once your contract has been updated to reflect additional services, you will automatically be set up to receive referrals for the new services.

Why are some authorizations not available to view in Care Central?

Authorizations in Care Central are pulled using a care provider's LPI/NPI and TIN combination. If the authorization is under a different LPI/NPI and TIN combination than the one used to log into Care Central, it will not display.

Where can I find additional contact information if I have questions?

Select the **Contact Us** tab in Care Central for helpful contact information. Additional contacts are listed below.

For authorizations, please email Indianaauths@anthem.com or contact Provider Services at **866-408-6132** (Hoosier Healthwise), **844-533-1995** (Healthy Indiana Plan), **844-284-1798** (Hoosier Care Connect), or **833-569-4739** (Indiana PathWays for Aging).

For referral questions or to contact a member's care coordinator, please email Ltsscoordination@anthem.com.