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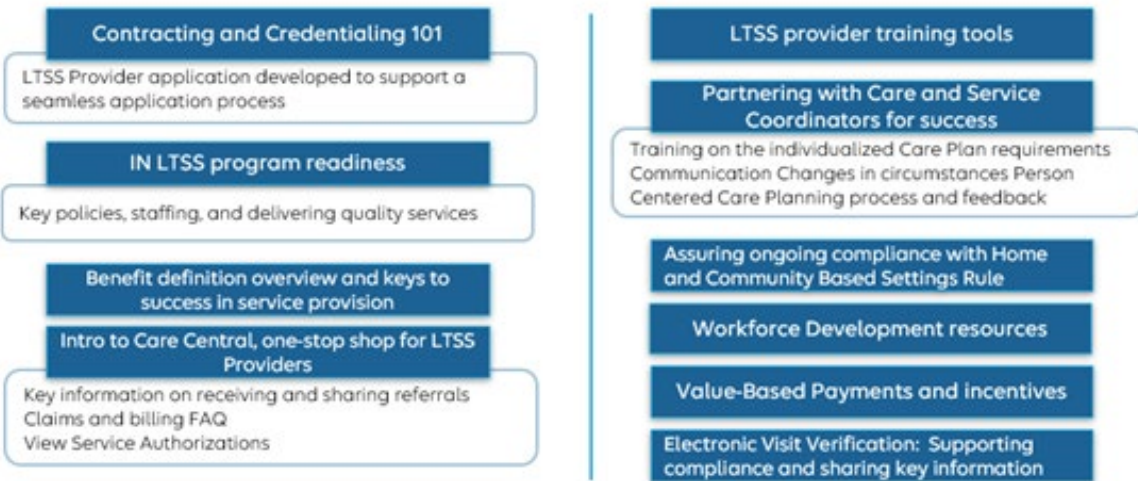
Quick Reference Guide – Indiana PathWays for Aging LTSS Providers

Anthem Blue Cross and Blue Shield (Anthem) recognize the instrumental role that providers play in the Indiana PathWays for Aging program, and we are committed to partnering with you to support your success. We seek to listen and learn from providers, understand what is important to you, and offer resources to ensure you are prepared to provide services in the Indiana PathWays for Aging Program.

This Quick Reference Guide (QRG) is intended to be a resource for long-term services & supports (LTSS) providers to include HCBS and non HCBS providers, developed based on state goals, provider feedback and best practices in network development. This document offers information related to joining Anthem’s provider network and providing services within the Indiana PathWays for Aging program. Additional information on the Indiana PathWays for Aging program may be accessed in the provider policy manual – available on the Anthem provider website at <https://providers.anthem.com/Indiana-provider/patient-care/mltss>.

PathWays for Aging Provider Quick Reference Guide (QRG)

The PathWays for Aging QRG is designed to offer providers with easy to access information on becoming a LTSS provider and provider services in the PathWays for Aging Program



<https://providers.anthem.com/in>

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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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Section 1: Contracting 101

1.1 Provider application and contracting:

- All providers must be certified as a provider with the Office of Medicaid Policy and Planning (OMPP) and enrolled with Indiana Medicaid/Indiana Health Coverage Programs (IHCP) to begin the application and contracting process.
- Submit the required documentation with the Anthem application:
 - Copy of the certification letter verifying that the provider is approved through the Division of Aging/Office of Medicaid Policy and Planning and Indiana Medicaid
 - Copy of current *Certificate of Insurance (COI)* – see property and personal liability insurance as required by 455 IAC 2-11-1, 455 IAC 2-6-2, and 455 IAC 2-12-1(4)
 - Provider’s primary email address and signatory name
 - Copy of current *W-9* form
- The Provider Enrollment tool is available through Availity Essentials. If you are not currently registered as a provider in Availity Essentials, you will be prompted to register at [Availity.com](https://www.availity.com) prior to completing the application process:
 - If your organization is not currently registered for Availity Essentials, the person in your organization designated as the Availity administrator should go to **Availity.com** and select **New to Availity? Get Started** to begin registering their organization.
Note: Atypical providers wanting to register their organization will come to the section of the application asking, “Does this organization have an NPI?” Providers can select the option, “This organization does NOT have an NPI. This organization is an atypical provider and does not provide health care, as defined in 45 Code of Federal Regulations.” This will allow providers to continue their registration as Atypical providers.
- For organizations already using the Availity Essentials, your organization's Availity administrator should go to My Account Dashboard from the Availity homepage to register new users and update or unlock accounts for existing users. Staff who need access to the provider enrollment tool need to be granted the role of provider enrollment. (Availity administrators and user administrators will automatically be granted access to provider enrollment.):
 - If you are using Availity today and need access to provider enrollment, work with your organization’s administrator to update your Availity role. Go to **My Account Dashboard > My Administrators** to determine who your administrator is.

Accessing the Provider Enrollment tool:

- Providers can login to Availity Essentials and from the dashboard page, select the **Payer Spaces** tab.
- Providers can then select the Anthem logo which will bring them to the Anthem applications and resources page. Scroll down the page to the provider enrollment box and select the link to submit an online request to join our provder network.

Provider Enrollment Dashboard page:

- Providers can select the blue **Begin New Application** box on the top of the dashboard to begin the enrollment. The Dashboard page will also have three options to review the status of submitted applications — Recent Applications, Incomplete Applications, and Submitted Applications.

Need assistance with registering for Availity Essentials? Contact Availity Client Services at **800-AVAILITY (800-282-4548)**.

How long will it take to process my application?

Anthem will process all applications within 30 calendar days of receipt of a complete application.

Section 2: IN LTSS program readiness: key contacts, and policies

2.1 Your LTSS Provider Relations Team

Long-term services and support (LTSS) providers have a local and dedicated Provider Relationship Management representative who is equipped with subject matter expertise to support you and to be your ongoing resource.

LTSS Provider Relationship Management	Role:	Phone #:	Email:
Provider Relations Director			
LTSS Health Care Networks Team			
Amanda Wills	Workforce Development Mgr	317-864-9693	amanda.wills@anthem.com
April Walton	Network Relations Consult Sr	219-742-5323	april.walton@anthem.com
David Castaneda	Network Relations Specialist, Central Indiana	317-726-6358	david.castaneda@anthem.com
Haley Osborne	Network Relations Specialist, Southern Indiana	317-671-2141	haley.osborne@anthem.com
Latasha Cobb	Network Relations Specialist, Northern Indiana	317-503-0843	latasha.cobb@anthem.com
Ryan Fennessy	Network Education Representative	317-671-3220	ryan.fennessy@anthem.com
Contact the LTSS Provider Relations team at: INMLTSSProviderRelations@anthem.com			

2.2 Preparing for virtual and onsite support visits

In addition to training, the LTSS provider relations team will offer an array of individual provider virtual and onsite visits to support your readiness to provide services in the Indiana PathWays for Aging program.

Pre-Implementation Surveys will be completed by the LTSS Provider Relationship Management representatives following their network participation submission to conduct a readiness meet and greet. This will include a questionnaire to determine the provider’s level of readiness and understanding of the program, population and biggest support needs and the provider’s strengths, experience, and mission.

Implementation support visits will provide additional support preparing for the Indiana PathWays for Aging implementation and may include verifying they meet all requirements and qualifications to become an Indiana PathWays for Aging provider. The dedicated LTSS Provider Relations associate will walk through the requirements and qualifications that includes, but is not limited to:

- Assisting with the LTSS specific application

- Reviewing service provision expectations including ensuring they have staff capacity and appropriate licensure or training/certification to provide those services
- Reviewing applicable policies and procedures documented in accordance with FSSA specific requirements, NCQA and licensing bodies if applicable based on provider type.
- Review FSSA HCBS Settings Rule status
- Reviewing accessing systems

To assure providers have the tools and resources needed to meet member needs, the Onboarding Training will occur within 30 days of an executed contract/SCA to walkthrough specific health plan developed trainings related to service provision expectations, VBP enrollment, workforce development supports, billing and other processes including LTSS referrals, and authorizations.

HCBS onboarding education and training visits will be conducted by the LTSS Provider Relations Team within 30 days of a provider being contracted. This visit will focus on ensuring Providers are educated and feel confident in understanding all contractual, State, and federal requirements, as described in their contract and Provider Manual before providing services to Indiana PathWays for Aging members.

Ongoing provider support visits will be done annually at minimum to support ongoing education, contract and fee issues, procedural issues and to ensure a smooth re-credentialing cycle. During the visit, the Provider Relations Associate will re-verify anything from the initial visit as well as evaluate their overall performance since the last meeting. This time is also used to conduct re-training or discussions on topics like billing, claims denials or trends, EVV, discussions around outstanding service needs, updates and communications around processes, newsletters, memos, training offerings, QRG and connect Providers to resources.

Implementation support visits are designed to provide targeted assistance to providers who request additional support on service provision expectations, accessing systems, billing/claims, referrals, or other Indiana PathWays for Aging related items prior to the program implementation.

Section 3: Benefit definition overview and keys to success in service provision Indiana PathWays for Aging benefit overview

Indiana PathWays for Aging covered benefits

Adult Day Services (Level 1)

- Category 1

Adult Day Services (Level 2)

- Category 1

Adult Day Services (Level 3)

- Category 1

Adult Day Services (Level 1)

- Category 2

Adult Day Services (Level 2)

- Category 2

Adult Day Services (Level 2)

- Category 2

Assisted Living – Level 1 Monthly

Assisted Living – Level 2 Monthly

Assisted Living – Level 3 Monthly

Assisted Living – Level 1

Daily Assisted Living – Level 2 Daily	Integrated Health Care Coordination
Assisted Living – Level 3 Daily Attendant Care (Agency)	Nutritional Supplements
Attendant Care (Non-Agency)	Personal Emergency Response (PERS) - Install
Attendant Care (NEMT)	Personal Emergency Response (PERS) - Maintenance
Attendant Care (Consumer Directed)	Pest Control
Participant Direct Care – Skilled	Specialized Medical Equipment – New DME
Participant Direct Care – Unskilled	Specialized Medical Equipment – Replacement or Repair
Home and Community Assistance (Agency)	Structured Family Caregiving - (Level 1)
Home and Community Assistance (Non- Agency)	Structured Family Caregiving - (Level 2)
Respite (Unskilled)	Structured Family Caregiving - (Level 3)
Respite (LPN)	Non-Emergency, Non-medical Transportation (Base Trip)
Respite (RN)	Non-Emergency, Non-medical Transportation (Mileage)
Adult Family Care (now Community Home Share) – (Level 1)	Non-Emergency, Non-medical Transportation Assisted (Base Trip)
Adult Family Care (now Community Home Share) – (Level 2)	Non-Emergency, Non-medical Transportation Assisted (Mileage)
Adult Family Care (now Community Home Share) – (Level 3)	Vehicle Modification – Maintenance
Community Transition	Vehicle Modification
Home Delivered Meals	Caregiver Coaching and Behavior Management
Home Modifications Assessment	Nursing Facility
Home Modifications	Residential-Based Habilitation
Eligibility claims submission and checking claims status is found within the Availity Essentials/Care Central site.	

*The most up to date billing guidance on billing code, modifiers and lifetime cap can be found in the IHCP module

Anthem recognizes the needs of the HCBS providers and actively engages to understand the outcomes and quality goals associated with services for our in-home providers, Assisted Living and Adult Day providers, and nursing facilities. We will offer training specific to the Individualized Care Plan (ICP) and partner with Care/Service Coordinator through ongoing communication on service progress, goal achievement, and changes in circumstances to support Behavioral Health/Physical health needs.

The dedicated Provider Relations team will engage with providers to offer Value Based Programs (VBPs) and incentives to enhance provider quality and support the overarching goal of improved health for all Indiana PathWays for Aging members.

Additionally, Anthem provides education and training opportunities to In-Home providers to support EVV Compliance, support ongoing review and assessment for Assisted Living and Adult Day providers for HCBS Settings Rule and heightened scrutiny to ensure the setting does not possess characteristics of an institution and provide collaborative care planning and transition planning to support quality oversight with Nursing Facility providers.

Section 4: LTSS authorizations, billing, & reimbursement

4.1 Billing & Systems

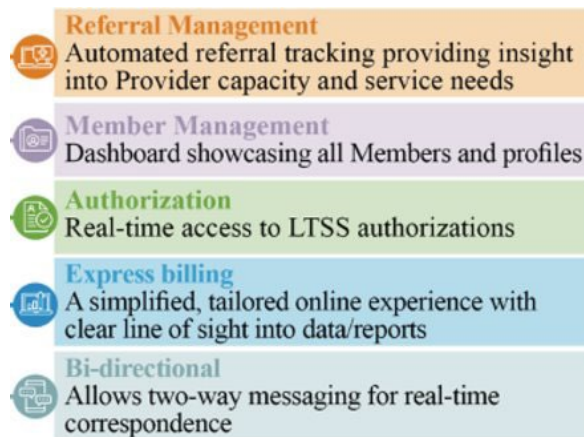
Availity Essentials offers secure access to manage daily transactions with payers.

Availity features:

- Electronic transactions provide a secure platform where providers can perform eligibility and benefit inquiries, check claim status, and track remittance
- Multi-payer portal ensures a consistent workflow for all participating health plans, allowing providers the same user experience
- Through this multi-payer portal, providers can access Anthem's Care Central application, the one-stop shop for LTSS providers.
- To initiate registration, navigate to Availity Essentials Registration on the top right-hand corner of the screen, selecting on "New to Availity? Get Started"
 - Once the Availity registration form is complete and sent, the submitter will receive an application ID used for tracking the status of registration.
 - Keep this ID in a safe place if you need to follow up on the status of your registration
- Visit the Manage my Organization page to check the status of the registration:
 - **Approved**- you are ready to submit transactions on Availity Essentials
 - **Pending**- you are not quite ready to submit transactions. Be sure to stay updated on your application by visiting the Manage my Organization page and follow-up on any actions needed
 - **Rejected**- be sure to review the Organization Activity section to review the notes on why the application was rejected and next steps. Registrations might get rejected when the organization with duplicate information already exists on Availity Essentials
- Need help? Join Availity for a live webinar or explore options on Availity's Training Site: https://www.availity.com/documents/learning/LP_AP_GetStarted/index.html#/
- Availity can be found at **Availity.com** and can be contacted directly at **800-AVAILITY (800-282-4548)**.

Care Central is a one-stop shop for HCBS providers, providing a tailored billing, referral, and member management solution within Availity:

- Enables a simplified, seamless and tailored online experience reducing administrative burden
- Reduces errors and manual processes
- Provides quick access to information
- Provides clear line of site into critical data and reporting
- Member Care Plan Accessibility and Digital Provider Attestation
- Streamlined claims submission and tracking
- Ability to view authorization details for all LTSS members for which care is provided



Care Central-referral management tool:

- Digital referral processing wherein the care coordination team can generate a detailed referral through HIP platform that then goes into to Care Central for instant distribution to preferred or all applicable providers, tracking from receipt through acceptance
- Detailed insight into overall member needs and provider gaps, supporting quicker service initiation and targeted provider expansion and recruitment
- Bidirectional allowing two-way messaging for real-time correspondence
- Data Tracking, Trending and Reporting: Referral acceptance/decline rates, provider capacity by county and service, service initiation timeframes

Authorization dashboard:

- This dashboard showcases all a provider's authorizations for the past 365 days. Ability to view real-time authorization details for all LTSS members for which care is provided.
- Ability to sort, filter, and search authorizations by the auth #, member name, member ID, authorization start and end date, and authorization status.
- Ability to view authorization details for a selected authorization including:
 - Member details (member name, member ID and DOB)
 - Authorization details (diagnosis code, request date & type, Service, and plan)
 - Service Details (procedure code, modifiers, description, units, start & end dates)
- Authorizations will stay on the provider's authorization dashboard for 1 year after expiration.
- Ability to export Authorization Dashboard views to Excel.

Claims dashboard: Streamlined claims submission and tracking, reducing administrative burden and billing errors

- Create and submit claims- allows for submission of claims for one or more members (with same service)
- Allows for the upload of supporting documentation of a claim.
- Can save claims settings for streamlining.
- Can review claims and make changes prior to submission.
- Confirmation of submission.
- The ability to sort, filter, and search by member and claims information.
- The ability for the provider to see the dollar amount of claims that have been billed.
- Allow providers to see fee schedule/contracted rates.

Billing and reimbursement overview

- Anthem accepts electronic and paper claim submissions but encourages providers to submit electronic claims.
- Clean electronic claims will process within seven business days of receipt.
- Paper claims will be processed within 30 calendar days of receipt.
- Submit claims on an original claim form (*CMS-1500*) with dropout red ink, printed or typed (not handwritten) in a large, dark font.

Mail paper claims to:

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

Timely filing is within 90 days from the date of service and corrected claims filed within 90 days of the date of remittance notice

Providers should verify a member's eligibility prior to submitting a claim. Providers can view real-time eligibility information and details through Care Central via Availity including eligibility dates, ID numbers, members demographics and other important information.

Providers can enroll in the electronic funds transfer (EFT) solution. Electronic claims payment through EFT is secure and the fastest way to receive payment reducing administrative processes. Use EnrollSafe (<https://enrollsafe.payeehub.org/>) to register and manage EFT account changes.

Checking member eligibility:

Here are two easy ways to check a member's eligibility and assignment to Anthem:

- Care Central:
 - As a one stop shop for LTSS providers, member eligibility information is available on the Member Management Dashboard within the Care Central portal.
- Indiana's secure website, Provider Healthcare Portal:

- Login and use the member's Medicaid ID: IHCP Provider Portal > Home (<https://portal.indianamedicaid.com>). Review the member's enrollment and verify they are assigned to Anthem.

Providers can also call **800-457-4584** and select **option 2** followed by **option 5**.

Waiver and patient liability

Long-term care claims are not reimbursable until Waiver or Patient Liability has been met. Providers will be able to see liability obligation and balance in the Care Central Portal. FSSA determines the amounts for Waiver Liability and Patient Liability.

Waiver Liability (HCBS)

This term refers to the monetary amount that a member will contribute to their monthly care.

Patient liability (NF)

- Applies to members in a nursing home or intermediate care facility for 30 days or more.
- For liabilities for members related to rule 42 C.F.R 435.725, the amount of the liability will be deducted from the total reimbursement of monthly claims to the facility.
- Providers must apply current income to current needs.
- Example given social security benefit check received in October must be applied to October charges.

Electronic payment services

- If you sign up for electronic remittance advice (ERA)/electronic funds transfer (EFT), you can:
- Start receiving ERAs and import information directly into your patient management or patient accounting system.
- Route EFTs to the bank account of your choice.
- Create custom reports within your office.
- Access reports 24 hours a day, 7 days a week.
- EnrollSafe at enrollsafe.payeehub.org.
- EnrollSafe is the only option for providers to enroll or make changes for EFT payment.

Submitting your first claim

- Your Provider Relationship Management representative will do the following to support you in submitting your first claim:
 - Confirm registration with Availity/Care Central and ensure you are properly set up across Anthem systems, including registered through EnrollSafe for reimbursement
 - Walk you step-by-step through your first claim submission
 - Review the dashboard within Care Central to check claim status for successful submission

Care Central – submitting a claim

Filling out the Claims Form: Easy!

Fill out the required fields marked with a red asterisk, and then select Submit. You may have to open sections on the claim form to fill out additional necessary information.

Tips and helpful advice

- Use Frequency Type 1 – Admit through discharge when submitting a new claim for services that have not yet been billed or when submitting a new claim to replace a claim that received a rejection.
- Located in the Claim Information section, this field defaults to Unit. Only use Minutes when billing for services involving anesthesia. Enter the correct charge amount for the quantity entered. For example, if you charge \$100 for 1 unit, the charge amount for 2 units should be \$200.
- Check the Claim Status after submission to confirm successful submission

Claim disputes

A claim payment dispute may be submitted for multiple reasons including:

- Disagreements over reduced or zero-paid claims
- Post-service authorization issues
- Other health insurance denial issues
- Contractual payment issues
- Timely filing issues

Phone	Provider Services # 833-569-4739
Online	Use the secure Provider Availity Payment Appeal Tool at availity.com
Mail	Mail to: Anthem Blue Cross and Blue Shield Provider Disputes and Appeals P.O. Box 61599 Virginia Beach, VA 23466-1599

Grievances and appeals

There are separate and distinct appeals processes for members and providers depending on the services denied or terminated.

Provider appeals:

To appeal a claim, please complete a claims dispute in Availity by logging on to [Availity.com](https://availity.com). Refer to your provider manual and/or the denial letter for the correct appeals process.

Member appeals:

Members have the right to file a medical appeal regarding an adverse action taken by Anthem. Refer to your provider manual and/or the denial letter for the correct appeals process.

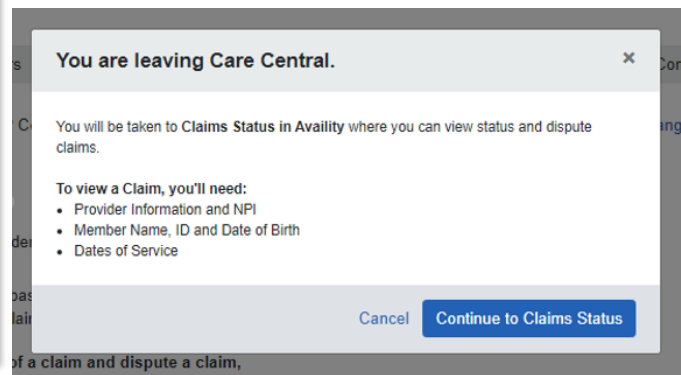
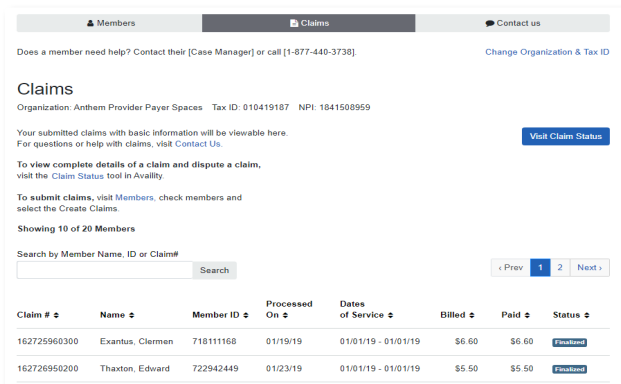
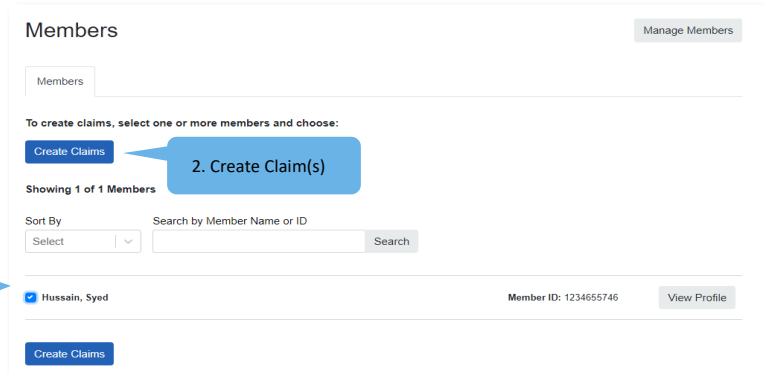
Filing a provider grievance

Providers wanting to file a grievance can do so by navigating to the following link on our website at <https://providers.anthem.com/IN> > Resources > Forms

https://mediproviders.anthem.com/Documents/ININ_CAID_ProviderGrievanceForm.pdf

Provider grievances must be submitted in writing and include the following information:

- Provider's name
- Date of the incident
- Description of the incident



Section 5: Anthem's LTSS Provider Training Tools

5.1 Elsevier

Elsevier is the world's leading health sciences publisher, bringing a wealth of technology and content expertise to today's human services organizations. This guide:

- Gives you step-by-step help to access the Elsevier Performance Manager.
- Explains how to select a course.
- Explains how to review your educational transcript.
- Provides contact information if you need help.

Accessing the Elsevier Performance Manager

Elsevier can be accessed:

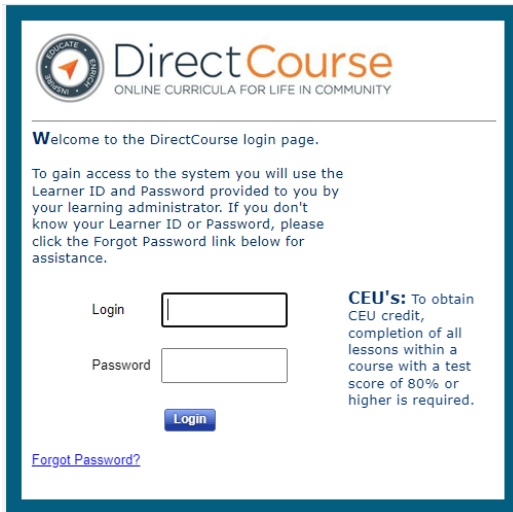
- Directly at <http://tinyurl.com/ElsevierLogin>
- From our provider website at <http://www.anthem.com/inmedicaiddoc> > Provider Support > Anthem's Indiana Medicaid Academy > Elsevier Performance Manager.

Logging into Elsevier

Login information:

- Prior to logging into Elsevier, all providers must be registered. You can register through your agency administrator at indianamedicaidacademy@anthem.com. Once registered, your credentials will be as follows:

- **Login:** Username — this will be the first letter of your first name and full last name.
- **Password:** Your initial password will be *hello* (all lowercase). You will be instructed to immediately create a unique password for your account.

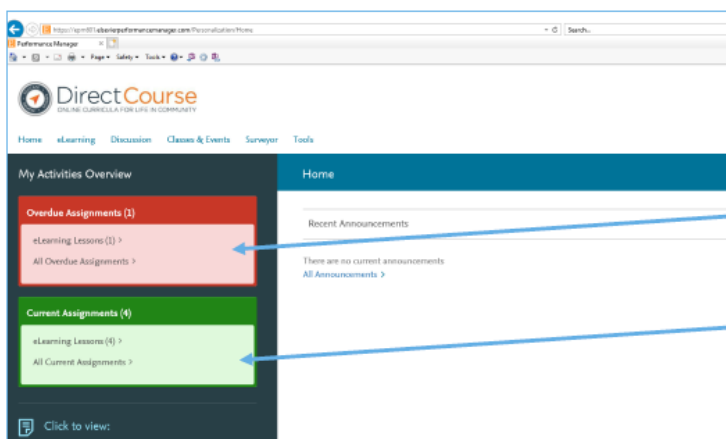


Resetting your password

If you forget your password, please contact your agency administrator at indianamedicaidacademy@anthem.com.

Accessing assigned training

On the *Home* page, you will see *My Activities Overview*. These will be the courses that are currently assigned to you. The items in the green box are current course assignments. If you have assigned courses that are past due, a red box will appear with the past due courses.



Assigned — past due assignments

Assigned — current assignments

To begin an assigned course, select the eLearning Lessons in either the green or red box. The list of individual courses will appear. Select the course name to start the course.

*For additional resources, visit the Anthem provider website at <https://providers.anthem.com/Indiana-provider/patient-care/mltss>

5.2 Provider Pathways – Introduction to Long-Term Support & Services

Provider Pathways- Introduction to LTSS is a 24/7 educational resource on the provider website that offers a foundation for doing business with Anthem in Indiana. It is designed to be user friendly and gives you flexibility when scheduling training for yourself and your staff.

5.3 Availity Essentials Training for Providers

Access the Custom Learning Center for training on Anthem-specific functions, through Payer Spaces on [Availity.com](https://www.availity.com)

- Log in to [availity.com](https://www.availity.com) and select Anthem from the Payer Spaces drop down.
- From the Payer Spaces applications tab, select Custom Learning Center.
- From the Custom Learning Center landing page, use the Catalog drop-down box to select resources.

Section 6: Partnering with Care and Service Coordinators for Success

Care and Service Coordinators are part of the care planning team for individuals in the Indiana PathWays for Aging program. These coordinators work with individuals enrolled in the program to create person centered service plans that reflect the physical, behavioral, and LTSS needs and goals of each person enrolled in the program. The care planning team will partner with LTSS providers to send referrals and ensure services continue to align with the needs of the person supported.

Care/service coordinator information is noted in the person-centered service plan and may be accessed through Care Central (via Availity).

Providers will receive referrals digitally through our Care Central platform in accordance with the counties and services they are contracted for.

- Providers will review the documentation provided in the referral when accepting referrals for HCBS services and determine the capacity to meet the person's individual needs.

6.1 Eligibility and authorizations

How do I know if a member is eligible?

You can view real-time eligibility information and details through our Care Central platform (via Availity), including eligibility dates, ID numbers, member demographics, and other important information.

- Providers do not have to request authorizations. Service needs are determined through the person-centered planning process. Upon accepting referrals, Anthem will document and create an authorization for providers.
- Anthem will authorize services in accordance with the person-centered service plan. Providers can view authorization details and check real-time authorization status through our Care Central platform at any time.
- The length of authorization is based on assessed need through the person-centered service planning process.
- At the onset of the Indiana PathWays for Aging program, there will be a continuity of care provision that will keep current authorization/service levels in place for 180 days from the date of enrollment for a member who meets HCBS level of care and has an existing service plan approved by FSSA or another MCE. After this, Anthem Service Coordinators will reassess to

determine the appropriate level of need. New authorizations will be sent to align with the level of need.

- **Indiana Family Caregiver Support Program**
The Family Caregiver Program, part of the Older Americans Act, acknowledges and encourages the role caregivers play in the nation's home- and community-based services system. These services are provided through Indiana's Area Agencies on Aging. These 15 Area Agencies on Aging (serving 16 planning and service areas) comprise the INconnect Alliance. Additional resources on this program can be found at <https://www.in.gov/fssa/da/older-americans-act-family-caregiver-support/>.

6.2 Critical Incident Management

Providers are expected to take an active role in the prevention, detection, reporting, tracking and trending of critical incidents. Critical incidents are categorized as 1) HCBS critical incidents, 2) Abuse, Neglect and Exploitation (ANE) critical incidents, and 3) all other critical incidents.

Critical Incident: An occurrence involving the care, supervision, or actions involving a member that is **adverse in nature** or has the **potential** to have an adverse impact on the **health, safety, and welfare of the member or others**.

A Critical incident, also known as an unusual occurrence, includes but is not limited to:

- Significant injuries to the member requiring emergent medical intervention, including, but not limited to, the following:
 - A fracture
 - A burn greater than first degree
 - Choking that requires intervention
 - Contusions or lacerations
 - Injuries of unknown origin
 - Any threat or attempt of suicide made by the member
 - Any unusual hospitalization due to significant change in health and/or mental status that may require a change in service provision OR admission of an individual to a nursing facility, excluding respite stays
- Member elopement or missing person
- Inadequate formal or informal support for a member, including inadequate supervision which endangers the member
- Medication errors resulting in outcomes that require medical treatment beyond an ER/physician evaluation or monitoring vital signs
- A residence that compromises the health and safety of a member due to any of the following:
 - A significant interruption of a major utility
 - An environmental, structural, or other significant problem
- Environmental or structural problems associated with a dwelling where individuals reside that compromise the health and safety of the individuals
- A residential fire resulting in any of the following:
 - Relocation
 - Personal injury

- Property loss
- Suspected or observed criminal activity by:
 - Provider’s staff when it affects or has the potential to affect the member’s care
 - A family member of a member receiving services when it affects or has the potential to affect the member’s care or services
 - The member receiving services
- Police arrest of a member or any person responsible for the care of the member
- A major disturbance or threat to public safety created by the member. The threat:
 - Can be:
 - Toward anyone, including staff; and
 - In an internal setting; and
 - Need not be outside the individual's residence
- Any instance of restrictive intervention (including chemical or physical restraints, or seclusion)
- Falls with injury, in accordance with the U.S. Center for Disease Control’s (CDC) Behavioral Risk Factor Surveillance System (BRFSS)

Abuse, Neglect and Exploitation (ANE) are categorized as **ANE Critical Incidents** and include:

- Alleged, suspected, reported, observed, or actual abuse/battery, assault, neglect, or exploitation of a member.
- Unexpected death of a member.

Critical incident reporting

All contracted providers are considered mandatory reporters and are responsible for critical incident reporting.

Abuse, Neglect, Exploitation (ANE) Reporting	Report to local APS office within 24 hours, including interventions underway or anticipated intervention. Link: https://ddrsprovider.fssa.in.gov/APSONlineReporting . APS is not an emergency responder. If you believe someone is in immediate danger, call 911 immediately.
HCBS Critical Incident Reporting	Submit a report via FSSA’s DDRS/DA Incident and Follow-Up Reporting Tool (IFUR) Link: https://ddrsprovider.fssa.in.gov/IFUR/ . The provider must submit these reports within 48 hours of the time of the incident or becoming aware of it, whichever is sooner.

Providers may also email to FSSA’s DDRS/DA Incident and Follow -Up Tool (IFUR) Link at <https://ddrsprovider.fssa.in.gov/IFUR/> to submit a critical incident report or call Provider Services at 833-412-4405 to initiate a report.

Anthem will track and investigate HCBS critical incidents fully and take immediate steps to ensure member safety and prevent future risks as necessary. Anthem will track incidents to review and analyze the information to identify patterns, trends, indicators of quality of care, and/or health and safety concerns. This information will be provided to FSSA along with proposed strategies to address critical incidents so that further actions for improvement can be identified.

6.3 Redetermination process on Eligibility

Anthem will prioritize efforts in assisting members in navigating the Medicaid eligibility redetermination process, directing them to the right resources within the allowable limits on appropriate activities. Anthem aids members allowed under Medicaid regulations and those who are not SSI members. Anthem’s approach to redetermination is to achieve no gaps in coverage, and we will maintain this approach for Indiana PathWays for Aging program members by leveraging multiple channels to remind members. Reminders (calls, texts, and emails) begin approximately 60 days prior to the member’s effective date with Anthem. For members not automatically re-enrolled in Medicaid, Anthem will follow the Family and Social Services Administration approved redetermination policy and procedures, as well as the requirements outlined in Indiana’s PathWays for Aging SOW Section 5.9 Redetermination Assistance.

6.4 LTSS Health Plan Contacts

	Phone #	Fax	Hours
LTSS Provider Services	833-412-4405		
Grievance and Appeals	833-412-4405		
Member Services	833-412-4405		
Pharmacy Member Experience	844-691-2486		
Pharmacy Help Desk	844-691-2487		
Durable Medical Equipment	833-412-4405	844-765-5157	
24-hr Nurse Helpline	833-412-4405		
Vision Services	866-866-5641		
Dental Services	888-291-3762		
Fraud, Waste or Abuse Reporting	877-283-1524 www.fightthehealthcarefraud.com		
Translation & Interpreter Services	For assistance with translation services for your patients, please contact Provider Services at 833-412-4405		
Indiana Relay Service	Available 24 hours a day by calling 800-743-3333 or 711 .		
IN LTSS Provider Website: https://providers.anthem.com/Indiana-provider/patient-care/mltss			

Section 7: Assuring Ongoing Compliance with Home and Community Based Settings Rule

Anthem is aligning our network development plan to FSSA’s guiding documents to support Indiana PathWays for Aging providers transition to managed care. We will receive information from the state on provider specific transition plans and as part of the implementation readiness visits. We are using the LTSS Provider Relations Site Visit tool to ensure HCBS Settings Rule compliance and discuss any related documents. The designated Provider Relations Representative will support ongoing meetings to discuss processes in place, potential barriers and collaborate to build best practices and promote helpful tools like the Advancing States Business Acumen tool kit and training courses. Providers may access the tool at [HCBS Business Acumen Tool Kit | advancingstates.org](https://advancingstates.org)

The final rule addresses several sections of Medicaid law under which states may use federal Medicaid funds to pay for HCBS. The rule supports enhanced quality in HCBS programs and adds protections for individuals receiving services.

To support compliance with state requirements, Anthem has developed training programs to include robust Person-Centered Thinking training sessions made available in person or virtually and Elsevier modules to support ongoing training compliance.

The final rule addresses several sections of Medicaid law under which states may use federal Medicaid funds to pay for HCBS. The rule supports enhanced quality in HCBS programs and adds protections for individuals receiving services. In addition, this rule reflects CMS' intent to ensure that individuals receiving services and support through Medicaid's HCBS programs have full access to the benefits of community living and are able to receive services in the most integrated setting.

- Sets standards to ensure Medicaid funded HCBS are provided in settings that are non-institutional in nature;
- Establishes an outcome-oriented definition focused on the nature and quality of the member's experience;
- Ensures members receiving HCBS have:
 - access to benefits of community living, and
 - services are selected by the person, based on their needs and goals
 - full opportunity to be integrated in their communities; and
- Services support access to care by ensuring the person receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS

Additional information/resources for Indiana Home-and Community-Based Service can be found at <https://www.in.gov/fssa/da/medicaid-hcbs/>.

Section 8: Workforce Development Resources

The Workforce Development team will consist of a dedicated Workforce Development Manager and a Provider Capacity Specialist that will be fully dedicated to supporting providers to increase capacity and implement impactful workforce strategies. The Workforce Development team will assess workforce barriers, identify financial incentives, provide training opportunities, and other tools for providers to increase capacity (through recruitment, retention, and training). The Workforce Development team will collaborate with members, Care Coordination and Service Coordination teams, LTSS providers, and direct service workers to support members and implement impactful workforce strategies.

The Workforce Development Manager is responsible for ensuring a qualified, competent, and sufficient workforce is established to consistently deliver needed services in a timely manner. The WFD Administrator will serve as a liaison and collaborate with state partners, MCEs, and providers to implement statewide workforce development initiatives and activities as outlined in the [Indiana Direct Service Workforce Plan](#).

The Workforce Development Manager and Provider Capacity Specialists will meet with providers and direct service workers monthly to discuss training opportunities, best practices, and resources related to the workforce development space.

Section 9: Value-Based Payments and Incentives

Value-base payments (VBP) refers to a broad set of performance-based payment strategies that ties payments for care delivery to the quality of care provided and rewards providers for both efficiency and effectiveness to individuals by increasing the quality of care while lowering healthcare costs. Indiana

PathWays for Aging programs are tailored to the unique needs of the specialty providers that serve our members, they include HEDIS, Stars and other quality related performance measures that ensure our members receive the highest quality of care.

Indiana PathWays for Aging Provider Incentive Programs

Anthem has developed a broad array of incentive programs to support providers across the Indiana PathWays for Aging delivery system in achieving positive outcomes and delivery of high-quality care supports. These programs promote person-centered care, continuity of care, training, and certifications, as well as reward providers that prioritize workforce development strategies and HCBS Settings Rule compliance.

Programs Available for Pathways Provider Enrollment	
Nursing Facility Quality Incentive Program	Participant Directed Services Quality Incentive Program
Nursing Facility Transition Incentive Program	Workforce Development Provider Incentive Program
Attendant Care Quality Incentive Program	Assisted Living Facility Transition Incentive Program

How to Enroll

Enrolling in our provider incentives programs is easy! In the coming weeks your Provider Relations Representative will be reaching out to you regarding enrollment in the Pathways Provider Incentive Programs. Review the enrollment process below to ensure you are prepared for 2025 provider incentive program participation.

Provider Incentive Program Enrollment:

- Your Provider Relations Representative will reach out to gather interest in participating in the Pathways provider incentive programs.
- If interested, you will be connected with the Anthem VBP Lead. The VBP lead is a dedicated resource that will provide program specific training and support you in achieving success in your enrolled provider incentive programs. This resource will also solicit feedback for program enhancements.
- Once you have reviewed the program with the Anthem VBP Lead, you will complete the Letter of Agreement (LOA) for each program that you would like to participate in. Once the LOA is complete, you are enrolled!

Section 10: Electronic Visit Verification (EVV)

The 21st Century Cures Act directs state Medicaid programs to require providers of personal care services and home health services to use an electronic visit verification (EVV) system to document services rendered. Federal law requires that providers use the EVV system to document the following information:

- Date of service
- Location of service

- Individual providing service
- Type of service
- Individual receiving service
- Time the service begins and ends

Electronic Visit Verification will be required with the launch of the Indiana PathWays for Aging program on 7/1/2024. Services requiring additional EVV-compliant data elements are defined by FSSA and are found in the Provider Code Tables [here](#).

Anthem's claims adjudication system is integrated with the State-sponsored EVV aggregator, Sandata Technologies, for claims matching. When a provider submits a claim through Availity/CareCentral with a procedure code requiring EVV data elements, Anthem's claims system will place the claim in a pending status and perform a check with the Sandata aggregator.

Soft Launch (Claims will not deny if EVV elements are not present): 7/1/2024 - TBD

If there is a match (all EVV data elements are present) the claim will continue to payment. If no match is found (no corresponding EVV visit) the claim will continue to payment with the following codes on the Explanation of Payment (EOP):

- ZIG: No visit found
- ZIF: Unmatched units

Hard Launch (Claims will deny if EVV elements are not present): Date TBD

If there is a match (all EVV data elements are present) the claim will continue to payment. If no match is found (no corresponding EVV visit) the claim will deny following codes on the Explanation of Payment (EOP):

- ZIG: No visit found
- ZIF: Unmatched units

Section 11: Anthem Implementation Schedule

Anthem uses a multi-phase approach to engage with providers in preparation for the new Indiana PathWays for Aging program with the goals of Listening, Informing and Preparing providers to meet them where they are today and prepare them for success in the new delivery system.

Month/ Timeframe	Date	Element	Description & Goals
September 2023 – Ongoing	XX/XX/XXXX	Elsevier Virtual and In-person	<p>Online training platform that contains a variety of nationally and locally recognized institutions and organizations specializing in LTSS and behavioral health services.</p> <ul style="list-style-type: none"> • DirectCourse Curricula is delivered through the Elsevier Performance Manager and includes standardized, tailored training including: <ul style="list-style-type: none"> ○ Direct Supports ○ Employment Services ○ Recovery and Community Inclusion ○ Personal Assistance and Caregiving ○ Person-Centered Counsell (PCC)
October 2023 - ongoing	XX/XX/XXXX	<p>HCBS Provider Onboarding Education & Training</p> <p>Onboarding sessions will be provided virtually or in person with providers within 30 days of enrollment with Anthem. Providers may select their preferred method for onboarding.</p>	<p>This visit will focus on ensuring providers are educated and feel confident in understanding all contractual, State, and federal requirements, as described in their contract and Provider Manual before providing support to Indiana PathWays for Aging members.</p> <ul style="list-style-type: none"> • Available to all Anthem providers to provide a comprehensive provider orientation and onboarding training. • Provider onboarding training will be conducted within 30 days of the provider being enrolled with Anthem to ensure their success. • The training will cover key topics including, but not limited to: <ul style="list-style-type: none"> ○ PathWays Overview: PathWays Populations, Benefits and LTSS Program Quality and Goals ○ Provider Tools/Resources: Provider manual, website, and contact information ○ Claims Submission, Appeals, and Payments: Availity/CareCentral/EVV, authorization process, claims submission, claim dispute resolution, and checking member eligibility and benefits ○ Provider Enrollment and Credentialing ○ Quality Oversight: Critical incidents and quality monitoring ○ Support Services and Provider- Member Communication: Person-centered practices and Person-Centered Support plans, HCBS Settings Rule, age-friendly framework, supporting informal caregivers, provider enrollee communications, member rights and responsibilities, PMP selection, and practice requirements

	XX/XX/XXXX	<p>Nursing Facility (NF) Onboarding Education & Training Visit</p> <p>Onboarding sessions will be provided virtually or in person within 30 days of enrollment with Anthem. Providers may select their preferred method for onboarding.</p>	<p>Nursing Facility visits are an essential step to foster collaborative relationships between Anthem and the Nursing Facility. The Provider Relations Representative will contact the Nursing Facility to coordinate time to meet with the Nursing Facility Leadership staff, Clinical Leadership, and Care Coordination team to walk through plan updates, discuss questions around claims and discuss:</p> <ul style="list-style-type: none"> • Process for Care Coordinator onsite visits, requesting medical records, contacts at the facility • Policy and Procedures • Review of Nursing Facility Services • Emergency Plan description
	XX/XX/XXXX	<p>Provider Implementation Support Visits</p>	<p>Each HCBS provider, NF and existing Anthem provider adding HCBS services will receive either a virtual or in-person meeting for support.</p> <ul style="list-style-type: none"> ○ This provider support visit will provide additional support preparing for the Indiana PathWays for Aging implementation and may include verifying they meet all requirements and qualifications to become an Indiana PathWays for Aging provider. This visit includes, but not limited to: Assisting with the LTSS specific application ○ Reviewing service provision expectations including ensuring they have staff capacity and appropriate licensure or training/certification to provide those services ○ Reviewing applicable policies and procedures documented in accordance with FSSA specific requirements, NCQA and licensing bodies as needed ○ Review FSSA HCBS Settings Rule status ○ Reviewing accessing systems
	XX/XX/XXXX	<p>Provider Orientation</p>	<p>The Provider Orientation will be conducted in person and virtual</p>
October 2023 – December 2023	XX/XX/XXXX	<p>Joint MCE Intro to Managed Care Processes</p> <p>Pending approval, Anthem will host in-person and virtual sessions with all selected Indiana MCEs</p>	<p>Anthem seeks to partner with MCEs in order to develop and conduct training that demonstrates streamlined processes across MCEs, wherever possible, in order to reduce administrative burden for providers.</p> <p>Examples of collaboration include:</p> <ul style="list-style-type: none"> ▪ Referral management ▪ Quality oversight ▪ HCBS Settings Rules ▪ Compliance ▪ Critical incident reporting ▪ Cultural competency

	XX/XX/XXXX	Joint Operating Committees (JOCs) Virtual and In-person	Technical assistance to the providers to support additional readiness and training in preparation for Indiana PathWays for Aging implementation
	XX/XX/XXXX	Tailored Provider Education Virtual and In-person	On-going provider education based on feedback received during JOC and individual provider meetings
January – Ongoing	XX/XX/XXXX	Anthem Monthly Training Webinars Anthem will host monthly webinars covering a variety of topics designed to support providers in implementation for MLTSS (further detailed in the HCBS Provider Education and Outreach Plan)	Virtually webinars that will cover a variety of topics designed to support MLTSS provider implementation. Examples of monthly webinars include: <ul style="list-style-type: none"> • Intro to Elsevier and additional training resources for direct support workers • VBP and Quality MLTSS • Separate sessions for NF and community-based providers • Joint presentation with Help at Home on effective operations in managed care • Joint presentation with Michael Smull and Support Development Associates on applying person-centered concepts in service provision • Care Central: Anthem’s one-stop shop for LTSS providers in referrals, claims, billing • Ongoing compliance with the HCBS Settings Rule • Utilizing the person-centered care plan in service provision and transitions between care settings • Final readiness Q&A • Increase awareness and demonstrate how leveraging technology solutions can improve quality of life, empower independence, and improve provider capacity Technology First Training presented by Technology First SHIFT on the benefits of incorporating Technology Solutions to maximize independence at home and community and optimize DSP hours
March 2024	XX/XX/XXX	Just in Time Training In-person sessions (Pending State discussions with WFD leads)	Anthem proposes delivering Just In Time (Coaching) Training to supervisory staff through six in-person offerings across the state. This is an in-person two-day course designed for supervisors, managers, clinical staff, and staff trainers who teach DSWs. Dr. Tom Pomeranz is a nationally recognized authority, trainer, clinician, and consultant in the field of services for people with disabilities. A native of Indiana, over the last 40 years he has conducted thousands of seminars and programs throughout the United States and Canada.

<p>March 2024 – ongoing</p>		<p>Indiana Workforce Development Learning Collaborative (Pending State discussions with WFD leads)</p>	<p>Anthem will hold in-person regional sessions. Providers will also be given the option to join virtually.</p> <p>Workforce development, training, retention, recruitment, leveraging data to drive workforce strategy. This session will also provide an opportunity for providers to share their experiences, challenges, and effective interventions specific to the direct support workforce. Dr. Amy Hewitt from the Institute on Community Integration and Anthem will partner to hold training sessions on strategies impacting workforce development (WFD) with a focus on data-driven management.</p>
<p>2024</p>	<p>XX/XX/XXXX</p>	<p>Technology First (Virtual Sessions)</p>	<p>Technology First Shift will provide a series of webinars to provider agencies that will contain the following topics:</p> <ul style="list-style-type: none"> • Introduction to Technology First and Best Practices • Roles and Responsibilities • Technology Integration and Mitigating Risk <p>Anthem’s Assistive Technology Specialist will provide training to providers on how to maximize the use of the equipment services (PERS, Home and Vehicle Modifications and Specialized Medical Equipment) to support a Technology First approach.</p>
<p>Post-implementation-ongoing</p>	<p>XX/XX/XXXX</p>	<p>Annual Ongoing Provider Support Visits</p> <p>Virtual/in-person</p>	<p>Annual, Ongoing Provider Support Visits will be conducted by our LTSS Provider Relations Team annually and in alignment with HCBS provider certification, when applicable.</p> <p>During the visit, their dedicated Provider Relations representative will re-verify anything from the provider’s initial support visit as well as evaluate their overall performance since the last meeting. Based on performance, this time is used to conduct re-training or discussions on topics such as:</p> <ul style="list-style-type: none"> • Referral process and their overall acceptance/capacity of referrals • Billing, claims denials or trends, late/missed visits related to EVV services etc. • Ensure they have received all provider updates and communication around processes, newsletters, memos, training offerings, QRG and contacts/resources. • Review any areas for improvement, and a plan to support the provider on an ongoing basis as needed <ul style="list-style-type: none"> ○ This may also result in a Corrective Action Plan or Performance Improvement Plan if there are areas of provider deficiencies