

Roster Automation *Rules of Engagement*

This communication applies to the Commercial, Medicaid, and Medicare Advantage programs from Anthem Blue Cross and Blue Shield (Anthem) in Indiana.

Roster Automation is a new system upgrade that will read a standardized form, identify necessary changes, and update the demographic system.

For Roster Automation to be most effective, the following standards have been put in place. Following these standards for submissions will allow for seamless processing:

- Usage of the Standard Template, which can be accessed here.
- Providers should send rosters one-to-two times per month versus sending individual changes:
 - Preference is one roster update per month.
 - Minimum must be every 90 days to meet attestation requirements.
- A full roster, with terminations included as a separate tab, is considered best practice:
 - Change rosters: Rosters featuring only current updates will also be accepted. This would include adds, changes, and terminations in a separate tab for each request.
- Consistent format month-over-month will allow for programming to run automation.
- Use Availity Essentials* Provider Data Management (PDM) application as the mechanism to submit rosters:
 - In markets where available. All markets will be deployed by the end of the year.
- Only data in Excel or Excel translatable formats (JSON, Common delimited file) will be accepted (no PDFs, Word, GIFs, etc.).
- Updates to provider data should not include changes that are effective dated greater than 24 months in advance.

Within the Excel document itself, the following requirements must be followed:

- Simple tabular format (one cell, one value). Examples and key guidelines include:
 - List of languages need to be separated into columns with one value per cell.
 - Office hours.
 - Minimum/maximum ages should be in separate minimum/maximum columns.
 - No information outside of the table.
 - No free hand comments.
 - No invalid values for columns that don't correspond to the column name.
 - Use specific values indicated in the submission instructions.
 - See the Roster Automation Standard Template (link above) for additional format information.

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect 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.

- Clear and readable headers for all columns.
- Hidden tabs in file will not be identified nor processed.
- Do not use internal or market specific specialty code values:
 - Specialty descriptions are needed for accurate processing.
 - Reference the *Provider Specialty List* on the Roster Automation Standard Template.
- Do not password protect submitted roster/Excel file. Instead, send SECURE, until Availity PDM application is available in your market.