



Anthem Blue Cross and Blue Shield (Anthem) behavioral health policies and procedures

IHCP works annual seminar 2022



Agenda

- Member benefit
- Provider enrollment
- Access to services and strategy for missed appointments
- Primary medical provider (PMP) and behavioral health (BH) working together to treat the whole person.
- Caring for diverse populations
- Interactive care reviewer
- Opioid treatment services
- Substance use disorder residential treatment
- Autism services
- Provider experience contacts and map



Member benefits

Member benefit overview

Self-referral services:

For psychiatric services, managed care members can self-refer to any Indiana Health Coverage Program (IHCP) - enrolled provider licensed to provide psychiatric services within their scope of practice. However, for BH services from any of the listed provider types, self-referrals must be in-network (that is, to providers enrolled within the Anthem network).

- Outpatient mental health clinics
- Community mental health centers (CMHCS)
- Psychologists
- Health service provider in psychology (HSPP)
- Certified social workers
- Certified clinical social workers
- Licensed marriage and family therapist
- Licensed mental health counselor
- Licensed clinical addiction counselor
- Psychiatric nurses
- Independent practice school psychologists
- Advance practice nurses (APNS)
- Persons holding a master's degree in social work, marital and family therapy, or mental health counseling (under 405 IAC 5-20-8)

Member benefit overview (cont.)

- **Covered services:**
 - Hoosier Healthwise (packages A and C), Healthy Indiana Plan (HIP) (including Maternity) and Hoosier Care Connect covered benefits
 - Note: Medicaid rehabilitation option (MRO) and 1915(i) services are not covered by Anthem but are covered under state benefits and can be coordinated with community mental health centers. Notification of 1915(i) services to our care management department are appreciated.
- Inpatient services
 - Except inpatient services provided in a state psychiatric hospital or psychiatric residential treatment facility (PRTF)
 - Residential SUD treatment
 - Opioid treatment program
 - Partial hospitalization services
 - Outpatient services, including psychological testing
 - Applied behavioral therapy
 - Smoking cessation services
 - Telehealth
 - Intensive outpatient

Provider enrollment



BH provider enrollment

- Effective November 1, 2020 , the Indiana health coverage programs (IHCP) expanded its list of eligible providers to include licensed behavioral health professionals:
 - Provider type 11, specialty 616 – *licensed psychologist*
 - Provider type 11, specialty 617 – *licensed independent practice school psychologist*
 - Provider type 11, specialty 618 – *licensed clinical social worker (LCSW)*
 - Provider type 11, specialty 619 – *licensed marriage and family therapist (LMFT)*
 - Provider type 11, specialty 620 – *licensed mental health counselor (LMHC)*
 - Provider type 11, specialty 621 – *licensed clinical addiction counselor (LCAC)*
- Providers are required to credential with Anthem and HIP to bill Anthem directly for services. Providers can enroll with Anthem and HIP using the Availity* digital provider enrollment tool.
- *References: BR202039, BT2020108, BT2020122, BT2020126, BT202137.*

A photograph of a male doctor with a beard and glasses, wearing a white lab coat and a stethoscope, looking at a smartphone held by a male patient with dreadlocks wearing a red shirt. They are in a clinical setting with a window in the background. A blue semi-transparent box is overlaid on the left side of the image, containing white text.

**Access to care
and strategy for
missed appointments**

Access to behavioral health

Access to behavioral health:

- Behavioral health (BH) providers must have a system in place to ensure members are able to call after-hours with questions or concerns.
- Anthem monitors BH provider compliance with after-hours access on a regular basis.
- Failure to comply may result in corrective action.
- Access to care is outlined in the provider contract and the *Anthem Blue Cross and Blue Shield Indiana Medicaid Provider Manual*.

Access to behavioral health (cont.)

Providers must follow the below protocols for response to appointment requests including after-hours inquiries made by members:

- Emergency examinations - immediate access during office hours
- Behavioral health emergent, non-life threatening and crisis stabilization - within six hours of request
- Urgent: behavioral health - within 48 hours of the referral/request
- Non-urgent routine exams - within 21 days of the member request
- Specialty care examinations - within three weeks of the request
- Outpatient behavioral health examinations - within 10 days of the request
- Routine behavioral health visits/initial visit for routine care - within 10 business days
- Outpatient treatment - within seven days of discharge
- Post-psychiatric inpatient care - within seven days of discharge

Strategies for missed member appointments

Anthem is committed to partnering with you to help address no-shows for your Hoosier Healthwise, HIP, and Hoosier Care Connect members.

No-show guidelines:

- A no-show is someone who misses an appointment without canceling at least 24 hours before the scheduled appointment time or someone who arrives 15 minutes or more after the scheduled appointment time.
- Be sure the member understands the office's appointment cancellation and no-show policy.
- After three consecutive no-shows during a 12-month period use the refer to Anthem case management via the [Care Management Referral Form](#) .
- A case manager will contact the member and/or provider to determine the level of care that's needed.
- The case manager will communicate with the provider on action taken with the member, additional care plans, and the member's progress.

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Primary medical providers and behavioral health providers:

Working together to treat the whole person

Working together to treat the whole person

- **Physical health (PH) and behavioral health (BH) go hand in hand.** Comorbid conditions can complicate treatment of and recovery from both PH and BH issues. A member is more likely to stick to a medical treatment plan if their BH needs are properly met and vice versa.
- **Collaboration leads to well-informed decisions.** Providers working together to develop compatible courses of care increases the chances for positive health outcomes and prevents adverse interactions.
- **Sharing relevant case information in a timely, useful and confident manner is an Anthem policy:**
 - National Committee for Quality Assurance (NCQA) standard for health plans to ensure coordination of care between primary medical providers and BH providers.

Exchanging health information

- **Primary medical providers and behavioral health providers should exchange health information:**
 - When a member first accesses a PH or BH service.
 - When a change in the member's health or care plan requires a change in another provider's care plan.
 - When a member discontinues care.
 - When a member is admitted to or discharged from the hospital.
 - When a member is admitted, and a consultation is warranted.
 - When a member has a physical exam and/or laboratory or radiological tests.
 - Once a quarter, if not otherwise required.

Tips for providers

- **Substance use and depression screening:**
 - When doing an annual screening for substance abuse and depression, use standard screening tools. If your patient answers yes to any of the screening tool questions, refer the patient to a BH specialist for a complete BH assessment. Contact Anthem if you need help making this referral.
- **Substance use: treatment and follow-up visits after a diagnosis:**
 - HEDIS® requires all patients with newly diagnosed substance abuse should be seen:
 - At least once within 14 days of being diagnosed
 - Two or more times within 30 days of the initial visit

If you need help arranging treatment for a newly diagnosed patient, call the Provider Helpline.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Tips for providers (cont.)

- **Antidepressant medication management:**

- Depressive disorders can have a significant negative impact on a patient's quality of life and healthcare outcomes, and they are often diagnosed and initially treated in primary care. You should regularly monitor patients you're treating with antidepressant medications. Patients should also be maintained on these agents to allow for adequate trials.
- We strive to meet the *HEDIS* goals by assessing the adequacy of medication trials for members 18 years of age and older who are diagnosed with a new episode of major depression and treated with (and kept on) antidepressant medication:
 - **Effective acute phase treatment:** The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 12 weeks.
 - **Effective continuation phase treatment:** The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least six months. We are here to help you ensure an adequate medication trial for patients whose treatment plan includes medication. Please call our Provider Helpline if you need assistance.


Tips for providers (cont.)

Follow-up visits after an ADHD diagnosis:

- Anthem has adopted the following *HEDIS* goals for ADHD medication follow-up:
 - At least one follow-up visit with a practitioner within a month of the first prescription
 - ADHD medication for all children 6 to 12 years old diagnosed with ADHD:
 - At least two follow-up visits in nine months for children who remain on ADHD medication for at least 210 days
 - Anthem can help you arrange follow-up visits for children with ADHD — just give the Provider Helpline a call.

Behavioral Health Data Sharing Form

BH Data Sharing Form



Serving Hoosier Healthwise, Healthy Indiana Plan,
Hoosier Care Connect and Medicare Advantage

**Behavioral Health and Physical Health Treatment
Coordination of Care and Data Sharing Form**

This communication applies to the Medicaid and Medicare Advantage programs for Anthem Blue Cross and Blue Shield (Anthem).

The sharing of prescribed medication and treatment recommendations between this patient's physical healthcare provider and behavioral healthcare provider are essential for safe, effective coordination of care. Please complete the applicable sections of this form.

Once complete, please fax to **844-456-2698**, Attn: Behavioral Healthcare Management department. This form will be forwarded to the member's primary medical provider, behavioral health provider, and other health providers by an Anthem associate.

Date:		Member DOB:	
Member name:			
Member ID number:		Member phone number:	
Member address:			
Primary medical provider (PMP):			
PMP phone number:			
Other healthcare provider:			
Other healthcare provider phone number:			
Behavioral health provider:			
Behavioral health provider phone number:			
Patient consent			
Please check if you <i>do not</i> want the following protected health information released:			
<input type="checkbox"/> Behavioral health	<input type="checkbox"/> Substance use	<input type="checkbox"/> HIV/AIDS	
<p>This authorization will expire on [Insert date]. I authorize the use and/or disclosure of my protected health information as described above. I understand this authorization for release of protected health information is made to confirm my wishes. I understand that I may revoke this authorization at any time by giving written notice to the person or organization that is authorized above to release information. My healthcare provided by [Insert name of provider] will not be affected if I do not sign this form. The information disclosed by this release may be re-disclosed by the recipient and may no longer be protected.</p>			
Signature of member:			
<input type="checkbox"/> Member declined to participate		Signature of member:	
Date of initial/most recent visit:			
Initial diagnosis:			

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. 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 submitted. If you have questions, please contact your group administrator or your Anthem network representative.

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Caring for diverse populations



Tips for successful encounters with diverse patients

Styles of speech:

- Tolerate gaps between questions and answers.
- Impatience can be seen as a sign of disrespect.
- Listen to the volume and speed of the patient's speech as well as the content. Modify your own speech to more closely match that of the patient in order to make them more comfortable.
- Rapid exchanges, and even interruptions, are a part of some conversational styles. Don't be offended when a patient interrupts you if no offense is intended.
- Stay aware of your own pattern of interruptions, especially if the patient is older than you are.

Eye contact:

- The way people interpret various types of eye contact can be tied to cultural background and life experience.
- Most non-Hispanic Caucasian people expect direct eye contact.
- For many other cultures, direct gazing is considered rude or disrespectful. Never force a patient to make eye contact with you.
- If patients seem uncomfortable with direct gazes, try sitting next to them instead of across from them.

Tips for successful encounters with diverse patients (cont.)

Body language:

- Sociologists say that 70% to 90% of communication is nonverbal. The meaning of body language varies greatly by culture, class, gender, and age:
 - Follow the patient's lead on physical distance and touching. If the patient moves closer to you or touches you, you may do the same. However, stay sensitive to those who do not feel comfortable and ask permission to touch them.
- Gestures can mean very different things to different people. Be very conservative in your own use of gestures and body language. Ask patients about unknown gestures or reactions:
 - Do not interpret a patient's feelings or level of pain just from facial expressions. The way that pain or fear is expressed is closely tied to a person's cultural and personal background.

Tips for communicating across language barriers

Tips to identify a patient's preferred language:

- Ask the patient for their preferred spoken and written language.
- Display a poster of common languages spoken by patients; ask them to point to their language of preference.
- Post information relative to the availability of interpreter services.
- Make available and encourage patients to carry “I speak...” or “Language ID” cards. (Note: Many phone interpreter companies provide language posters and cards at no charge.)

Tips to document patient language needs:

- For all limited English proficient (LEP) patients, document preferred language on paper and/or in electronic medical records.
- Post color stickers on the patient's chart to flag when an interpreter is needed.

Tips for communicating across language barriers (cont.)

Tips to assess which type of interpreter to use:

- Telephone interpreter services are easily accessed and available for short conversations or unusual language requests.
- Face-to-face interpreters provide the best communication for sensitive, legal, or long communications.
- Trained bilingual staff provides consistent patient interactions for a large number of patients.
- For reliable patient communication, avoid using minors and family members.

Tips to overcome language barriers:

- Use simple words; avoid jargon and acronyms.
- Limit/avoid technical language.
- Speak slowly (don't shout).
- Articulate words completely.
- Repeat important information.
- Provide educational material in the languages your patients read.
- Use pictures, demonstrations, video, or audiotapes to increase understanding.
- Give information in small chunks and verify comprehension before going on.

Interactive care reviewer



Interactive care reviewer

- Interactive care reviewer (ICR) is a secure, online provider utilization management tool.
- Access the ICR tool via the Availity.*
- Organizations not registered to use the Availity – register at <https://www.availity.com/> .
 - Select the **Register** button at the top right corner of the screen, then select your **Organization type** from the available options at the bottom of the screen and complete the registration wizard.
- Availity administrator grants access:
 - **Authorization and referral request** for submission capability.
 - **Authorization and referral inquiry** for inquiry capability.
- Each user needs their own unique user ID and password.
- Find the tool under **Patient Registration and Authorizations & Referrals**.

Interactive care reviewer

Benefits include:

- **Free:** no additional cost to use
- **Easy to use:** submit requests online
- **Access from almost anywhere:** submit requests from any computer with internet access (Microsoft Edge, Chrome, Firefox, or Safari are suggested for optimal viewing.)
- **Automated routing to ICR from the Availity Inquiry capability:** inquire to find information on any request affiliated with the tax id even if previously submitted via phone or fax
- **Determine if preauthorization is needed:** For most requests, receive a message indicating whether a review is required.
- **Reduces the need to fax:** ICR allows both text detail and photo/image attachments to be submitted along with the request
- **Receive viewable decision letter:** view, save, or print decision letters
- **Save favorites:** save 25 requesting providers, 25 servicing providers, 25 facility providers
- **Comprehensive view of all precertification requests:** complete view of all requests.

Interactive care reviewer resources located on the custom learning center

Follow these steps to access ICR courses and resources:

From the Availity home page > Payer Spaces > Anthem Blue Cross and Blue Shield tile > Applications > Access Your Custom Learning Center.

1. Select **Catalog** from the menu located on the upper-left corner of the Custom Learning Center screen.

2. Use the catalog filter and select **Interactive Care Reviewer-Online Authorizations** or **Authorizations** from the Category menu.

3. Select **Apply**.

There are two pages of online courses consisting of on-demand videos and reference documents. Find the course(s) you want to take, then:

4. Select **Enroll** and choose **Start** to take the course immediately or to save for later, select **Return to Dashboard**.

The screenshot displays the Custom Learning Center interface. On the left, a navigation menu includes 'Dashboard', 'Resources', and 'Catalog', with 'Catalog' highlighted and marked with a red circle '1'. The main content area features a green banner with the text 'Welcome to Your Custom Learning Center' and 'Available courses: • Required training courses where notification was received • Elective administrative support courses'. Below the banner, a 'Filter Catalog' section is visible, with a dropdown menu open showing categories like 'Interactive Care Reviewer - Online Authorization', 'All Categories', 'Authorizations', 'Claims Followed & Payments', 'Coding and Documentation', 'Interactive Care Reviewer - Online Authorizations', and 'Required Training'. The 'Authorizations' category is selected and marked with a red circle '2'. Below the filter, an 'Apply' button is marked with a red circle '3'. The main content area displays a list of courses, including 'ICR - Behavioral Health ABA Services - Online Course', 'ICR - Behavioral Health Outpatient Requests - Online Course', and 'ICR - Dashboard - Online Course'. Each course card includes a title, difficulty level, length, and an 'Enroll' button. The 'Enroll' button for the 'ICR - Dashboard - Online Course' is marked with a red circle '4'. The interface also includes a search bar at the top and a sidebar with 'Dashboard', 'Resources', and 'Catalog'.

Opioid treatment services

A photograph of a male doctor with glasses and a stethoscope around his neck, wearing a white lab coat, looking at a smartphone held by a male patient with dreadlocks wearing a red shirt. They are in a clinical setting with a window in the background showing green foliage. A blue semi-transparent box is overlaid on the left side of the image, containing the text 'Opioid treatment services'.

Opioid treatment program

- Opioid treatment services:
 - Refer to bulletin [BT201755](#) for billing guidance and program details.
- A qualified provider must:
 - Be enrolled with IHCP with an addiction services provider type and a specialty 835 Opioid Treatment Program (OTP).
 - Maintain a Drug Enforcement Administration (DEA) license.
 - Maintain certification from the state's Division of Mental Health and Addiction (DMHA).
 - Enroll with Anthem through the Availity Digital Provider Enrollment tool:
 - Current participating providers with Anthem wanting to offer OTP services will need to complete enrollment tool to add OTP.

Substance use disorder residential treatment



Substance use disorder residential treatment

- Bulletins [BT201801](#) and [BT201821](#) offer billing guidance and program details. These services require PA, which can be obtained through the Availity and must include the state's SUD forms.
- A qualified provider must:
 - Have designation by the DMHA as offering American Society of Addiction Medicine (ASAM) Patient Placement Criteria level 3.5 and/or 3.1.
 - Enroll with IHCP with provider type 11 and specialty 836.
 - Refer to their Anthem contract manager to decide if a contract amendment or enrollment application is required.
- Billing reminders:
 - 55 is the only acceptable place of service
 - Must be billed under the facility NPI – Not a rendering provider NPI

Anthem follows IHCP coverage for substance use treatment

BT 202104 Further Clarified coverage

- As part of a 1115 demonstration waiver (authorized under *Section 1115 of the Social Security Act*), the Indiana Health Coverage Programs (IHCP) expanded its coverage of substance use treatment in early 2018. Information on this expansion can be found in *IHCP Bulletin BT201801*.
- The IHCP provided additional clarification for providers enrolled as provider specialty 835 – *Opioid Treatment Program (OTP)* and provider specialty 836 – *Substance Use Disorder (SUD) Residential Addiction Treatment Facility*.
- Providers designated as ASAM patient placement criteria levels 3.1 (Clinically Managed Low-Intensity Residential Services) and 3.5 (Clinically Managed High- Intensity Residential Services) are required to have protocols for the continuation of medication-assisted treatment (MAT). Protocols need to be established by a designated ASAM 3.1 or 3.5 SUD residential addiction treatment facility for qualified providers to:
 - Provide access to buprenorphine or naltrexone.
 - Connect members to methadone in an OTP setting.
 - Arrange for and monitor pharmacotherapy for psychiatric medications.

Anthem follows IHCP coverage for substance use treatment (cont.)

American Society of Addiction Medicine (ASAM) 3.5 is considered medium-intensity residential treatment.

SUD Residential Addiction Treatment Facility reimbursement:

- Providers enrolled with provider specialty 836 – *SUD Residential Addiction Treatment Facility* can only receive reimbursement for services included in the SUD per diem reimbursement bundle. However, the following services associated with MAT provided to a patient within a residential addiction treatment facility are reimbursable outside the daily rate when provided by individuals practicing within their scope and under a separate provider enrollment:
 - Evaluation to assess for medications associated with treatment of substance use disorder (including alcohol, sedative hypnotic, nicotine, or opioid use disorder).
 - Prescribing medication for treatment of substance use disorder when clinically indicated
 - Daily, weekly, or monthly follow-up assessment with patient associated with prescribing medication for treatment of a substance use disorder.
 - Laboratory or other medical monitoring necessary for medication associated with treatment of substance use disorder.
 - Prescribing additional medications as medically needed by patient.

Medication assisted treatment

Methadone treatment reimbursement:

- Providers enrolled as provider specialty 836 – *SUD Residential Addiction Treatment Facility* cannot be reimbursed for methadone under this provider type. To be reimbursed for methadone treatment, a facility must be enrolled with provider specialty 835 – *Opioid Treatment Program*.

Buprenorphine or naltrexone reimbursement:

- Additionally, providers enrolled as either provider specialty 835 – *Opioid Treatment Program* or provider specialty 836 – *SUD Residential Addiction Treatment Facility* cannot be reimbursed for buprenorphine or naltrexone MAT. To be reimbursed for these services, qualified prescribers must be enrolled and bill under another IHCP provider type and specialty appropriate for delivering these services. [IHCP Specialty Matrix](#)

Autism services



Case management

Autism spectrum disorder case management:

- Anthem offers case management for members diagnosed with Autism Spectrum Disorder (ASD):
 - Referrals: **866-902-1690** option 2.
- Anthem case managers work with families to develop treatment plans through all phases of the diagnosis:
 - Educate the member and family.
 - Coordinate care between multiple providers and pharmacies.
 - Find community resources and support.
 - Recommend mental health and wellness services.

Case Management Solutions can help Anthem members diagnosed with autism:

- Create a plan to get needed services.
- Work with the member's care team.
- Understand health care benefits.
- Help fit support systems into daily life.

Applied behavioral analysis (ABA)

Applied behavioral analysis (ABA) therapy is covered for the treatment of autism spectrum disorder (ASD). Services require PA, subject to the criteria outlined in Indiana Administrative Code 405 IAC 5-3.

Provider requirements:

For purposes of the initial diagnosis and comprehensive diagnostic evaluation, a qualified provider includes any of the following:

- Licensed physician
- Licensed pediatrician
- Licensed HSPP
- Licensed psychiatrist
- Other BH specialist with training and experience in the diagnosis and treatment of ASD

Provider requirements:

ABA therapy services must be delivered by an appropriate provider:

- HSPP
- Licensed or board-certified behavior analyst, including bachelor-level (BCaBA), master-level (BCBA) and doctoral-level (BCBA-D) behavior analysts
- Credentialed registered behavior technicians (RBT)

Applied behavioral analysis (cont.)

- ABA therapist must have an NPI and hold a valid professional license as an HSPP or a valid board certification from the Behavior Analyst Certification Board as a BCBA or BCBA-D.
- IHCP enrolls BCBA-D and BCBA under provider type 11 and provider specialty 615 . For reimbursement of ABA therapy services, providers already enrolled as a licensed HSPP must add the ABA specialty (615).
- See the [Provider Enrollment Module](#) for more information.
- Claims are reimbursed according to the state's fee schedule, 40% of the billed charge for DOS on or after June 1, 2022 .
- BCBAs and RBTs must bill under the NPI of the supervising practitioner.
- National Correct Coding Initiative (NCCI), procedure-to-procedure (PTP) and medically unlikely edits (MUEs) apply.
- Additional billing guidance for ABA therapy services can be found in [Behavioral Health Services Module](#) .

A photograph of a male doctor with a beard and glasses, wearing a white lab coat and a stethoscope, looking at a smartphone held by a male patient with dreadlocks wearing a red shirt. They are in a clinical setting with a window in the background. A blue semi-transparent box is overlaid on the left side of the image.

Provider Experience contacts and map

Provider Experience behavioral health subject matter experts

Statewide behavioral health (BH) subject matter experts (SME)

Acute hospitals

Tish Jones, Provider Experience Manager
Latisha.Willoughby@anthem.com
317-617-9481

Community mental health centers/federally qualified health centers/rural health clinics

Matthew McGarry, Provider Experience Manager
Matthew.McGarry@anthem.com
463-202-3579

Substance use disorder (SUD)/Opioid treatment program (OTP)

Alisa Phillips, Provider Experience Manager, Sr.
Alisa.Phillips@anthem.com
317-517-1008

SME – SUD/OTP

Michele Weaver, Provider Experience Manager
Michele.Weaver@anthem.com
317-601-3031

Solo BH and applied behavior analysis providers

Zones 1, 2, 5, 6

Ashley Holmes
Ashley.Holmes@anthem.com
317-315-0623

Zones 3, 4, 7, 8

Whitney McTush
Whitney.McTush@anthem.com
317-519-1089



Provider Experience zone map

Physical health Provider Experience managers

Zone 1/Beacon Health Systems
 Jessi Earls
 Jessica.Wilkerson-Earls@anthem.com
 317-452-2568

Zone 2/Ascension St. Vincent
 Angelique Jones
 Angelique.Jones@anthem.com
 317-619-9241

Zone 3
 Jamaal Wade
 Jamaal.WadeSr@anthem.com
 317-409-7209

Zone 4/Deaconess
 Jonathan Hedrick
 Jonathan.Hedrick@anthem.com
 317-601-9474

Zone 5/Parkview
 David Tudor
 David.Tudor@anthem.com
 317-447-7008

Zone 6/IU Health; St. Joseph Regional Medical Health Center; Home Health and Hospice
 Matt Swingendorf
 Matthew.Swingendorf@anthem.com
 317-306-0077

Zone 7/Baptist Health
 Sophia Brown
 Sophia.Brown@anthem.com
 317-775-9528

Zone 8/Eskenazi
 Marvin Davis
 Marvin.Davis@anthem.com
 317-501-7251

Zone 9/Out-of-state providers, Franciscan, Community Health Network
 Nicole Bouye
 Nicole.Bouye@anthem.com
 317-517-8862



Questions?

Thank you for your participation in serving our members enrolled in Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect!





Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

* Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield.

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

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