

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

# LTSS Site Visits and Expectations

Indiana Health Coverage Programs Annual  
Works Seminar

# Agenda

- Meet the Team
- What is a Site Visit
  - Data Elements: Accuracy and Preference
  - Home- and Community-Based Services (HCBS) Settings Rule Orientation
  - Troubleshooting Issues and Challenges
  - Resources and Education
  - Relationship Building
- Questions

# Meet the Provider Relations Team



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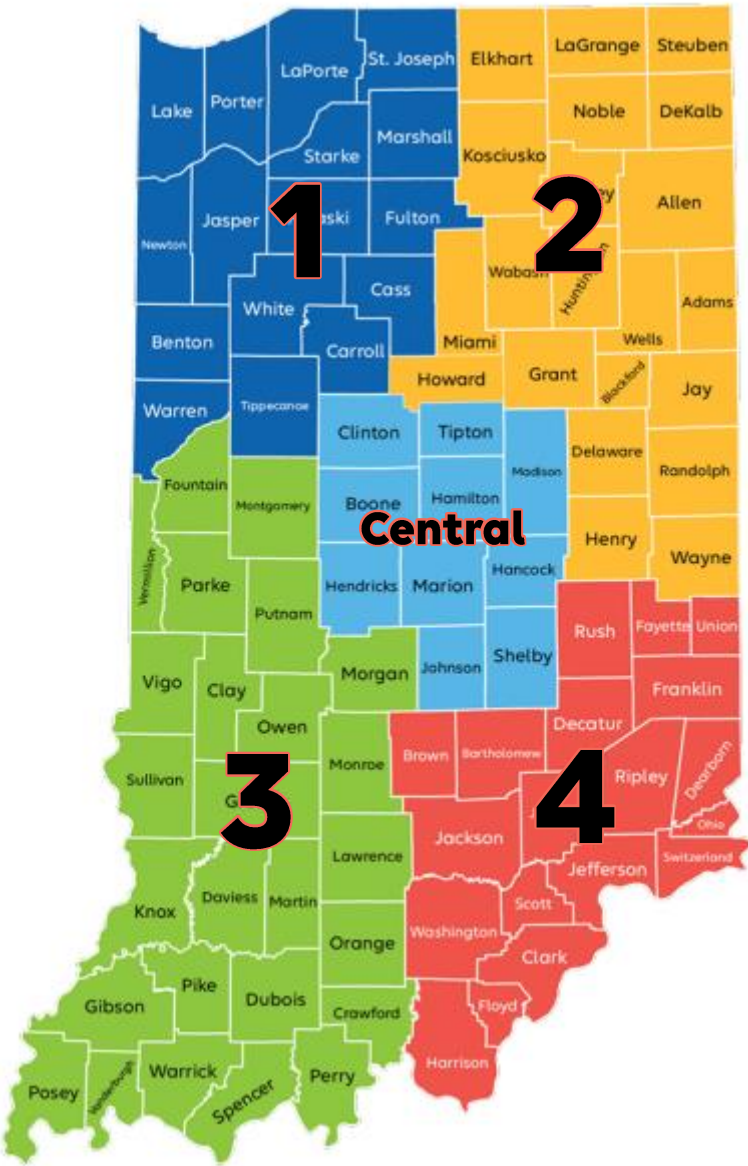
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# What is a Site Visit?

A Provider Relations Site Visit is an on-site engagement conducted by the provider relations specialist to foster positive relationships and support between the provider and the health plan. This one-on-one meeting serves as an opportunity to offer technical assistance, training and education, verify accurate provider information, collect provider feedback, and review quality standards. The goal is to foster an environment conducive to delivering high-quality patient care.

# Site Visit Purpose

A site visit with your dedicated Provider Relations Representative serves several purposes:

- Validation of accurate data received at contracting;
- Ensuring you are demonstrating as desired in the Provider Directory (naming conventions, hours demonstrated, for example);
- Home- and Community-Based Services (HCBS) Settings Rule Orientation – ensuring you are prepared for an audit;
- Helping to troubleshoot challenges and issues;
- Providing you with resources, education, opportunities, and guidance; and
- Building a Partnership: Understanding you and your business

# Data Validation Received at Contracting

Demographic data collected at the time of contracting such as:

- Name Displayed
- Office Hours
- Services Offered
- Counties Served

Provider organization name(s)	
Email address	
Phone number	
Primary contact (last, first)	
LPI	
NPI (if applicable)	
Date	
LTSS Provider Relations reviewer name (last, first)	
<b>Service(s) provided (Select all that apply.):</b>	
<div><div><input type="checkbox"/> Adult day services</div><div><input type="checkbox"/> Adult family care</div><div><input type="checkbox"/> Assisted living</div><div><input type="checkbox"/> Attendant care</div><div><input type="checkbox"/> Case management</div><div><input type="checkbox"/> Community transition</div><div><input type="checkbox"/> Home modification assessment</div><div><input type="checkbox"/> Home modifications</div></div> <div><div><input type="checkbox"/> Home delivered meals</div><div><input type="checkbox"/> Home and community assistance service</div><div><input type="checkbox"/> Integrated healthcare coordination</div><div><input type="checkbox"/> Nursing Facility</div><div><input type="checkbox"/> Nutritional supplements</div><div><input type="checkbox"/> Pest control</div></div> <div><div><input type="checkbox"/> Personal emergency response system (PERS)</div><div><input type="checkbox"/> Respite</div><div><input type="checkbox"/> Specialized medical equipment and supplies</div><div><input type="checkbox"/> Structured family caregiving</div><div><input type="checkbox"/> Transportation</div><div><input type="checkbox"/> Vehicle modifications</div></div>	

\*Reminder to reference your certification to ensure accuracy

# HCBS Settings Rule Orientation

What is The HCBS Settings Rule?

The Office of Medicaid Policy and Planning (OMPP) is responsible for initial validation of HCBS Settings Rule compliance; however, Anthem Blue Cross and Blue Shield is responsible to ensure that all contracted providers remain compliant with requirements on an ongoing basis.

We will continue to support OMPP's requirements through ongoing provider site visits annually to verify that the settings do not have the qualities of an institution, that it is grounded in individual choice and provides full access to the community, and that member and staff experience align with provider's policy and practice.

IN.GOV HCBS Settings Rule Fact Sheet:  
[HCBS settings rule fact sheet, march 2021](#)

# HCBS Settings Rule Compliance Tools

Anthem’s job at the Site Visit is to ensure familiarity with The HCBS Settings Rule, so you are prepared in the event of an audit for compliance.

An audit may be triggered at the request of the State, when concerns are raised, or at random.

The best defense is a good offense. Being prepared is key!

Provider documentation		F
The vision and mission of the agency includes evidence that community access and integration is important/supported or there is an absence of language in direct conflict of the HCBS final rule.		
Identifying information such as pamphlets and fundraising material mentions community integration or there is an absence of language in direct conflict of the HCBS final rule.		
Agency policies and procedures in the areas of rights, dignity, and respect; the grievance process; and modification to the rule are available and compliant.		
Staff training in the area of respect for people’s rights, dignity, and respect as well as training specific to individual’s needs or modifications to the HCBS rule are available and compliant.		

Highlights and recommendations	
<b>Highlights</b>	
Highlight two to three areas where the provider is doing an excellent job promoting community involvement or adhering to the HCBS final rule.	

Onsite member interviews	
People picked living here from other options.	
People picked their roommates.	
People decorated their space the way they wanted.	
People controlled their schedule/activities.	
People have access to things they want and need like food and laundry	



# Troubleshooting Issues and Challenges

## Claims Support

If a provider is experiencing claims issues, our site visit can offer guidance, expertise, recommendations, and education.

We will help you interpret your denials, understand next steps including disputes and appeals, and walk you through the corrected claim process.

If all else fails, we can also be an escalation point for additional support.

## Provider Data Management

Many provider challenges pertaining to data may be self-managed via Availity.

Things like demographic updates (mailing address for checks, e.g.), electronic v physical authorization preference, and enrollment in Electronic Funds Transfer (EFT), are all self-serve options within Availity and may be updated at any time by the provider.

# Resources, Education, and Opportunities

## Provider Manual

Many of our frequent questions may be self-answered by referencing the Provider Manual. Ensuring familiarity on that, and other resources such as the IHCP Provider Reference Modules, will promote independence of the provider allowing for “self-solutioning” at your own pace!

### Additional Resources:

- [IN\\_CAID\\_ProviderManual.pdf](#)
- [Indiana Medicaid: Providers: IHCP Provider Reference Modules](#)

## Workforce Development

Support and resources pertaining to evolving your organization to expand services, territories, or operational enhancements such as culture building and staff retention.

# Relationship Building

We want to understand you and your business.

- Mission, Vision, and Values
- Why did you get into the business?
- What are your goals as an Anthem Network Provider?
- What are your biggest challenges and barriers?
- How can we best support you as a Provider Relations Team?



# Additional contacts

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Questions?



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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