

Indiana | Anthem Blue Cross and Blue Shield

Serving Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, and Indiana PathWays for Aging

Working with Carelon Behavioral Health and Anthem 2026

2026 IHCP Works Annual Seminar

Breakout session for behavioral health providers, billing teams, and office managers

Anthem 



Agenda

1. Meet the support team and routing guide.

Provider Relations roles, territory map, shared inbox, and question routing

2. Understand Carelon's and Anthem's operational roles.

What stays with Anthem, what Carelon manages, and where you can go to ask your questions.

3. Manage network transactions.

Enrollment, amendments, demographic updates, Council for Affordable Quality Healthcare (CAQH), and Provider Connect

4. Navigate claims and payments.

Claim status in Availity Essentials, electronic remittance advice (ERA), common denials, disputes, appeals, and education resources

5. Process-focused Q&A

Let's discuss this information, but please use secure follow-up channels for provider-specific or member-specific details.

Meet the Carelon Provider Relations and Contracting Support Team

Your first connection for network support, routing, and operational questions.



Danielle Abert

Manager, Provider
Relationship
Account
Management



Alisa Phillips

Provider
Relationship
Account Manager
Sr.



Brian Yohler

Provider
Relationship
Account Manager



Michele Weaver

Provider
Relationship
Account Manager



Matt McGarry

Provider
Relationship
Account Manager

Contracting support

Tina Mason

Contracting Provider
Network Manager Sr.

Jennifer Dobos

Contracting Provider
Network Manager Sr.

Provider Relations Account Manager Map

Use your county to identify your dedicated Provider Relations account manager.

Applied Behavior Analysis (ABA) therapy providers should route to Alisa Phillips regardless of county.

Indiana Territory key

 Brian Yohler

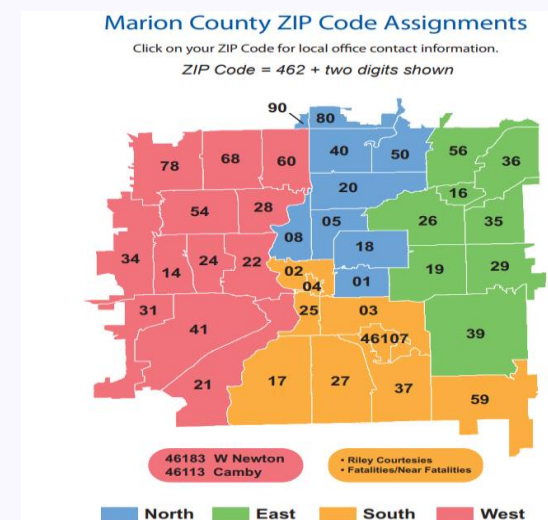
 Matthew McGarry

 Michele Weaver

Marion County Territory Key

Pink/Blue
Matthew
McGarry

Green/Orange
Michele Weaver



Question Routing Guide

Question type	Start here
Network, contracting, credentialing	Carelon Provider Relations or Carelon support channels
Professional practitioner demographic updates	CAQH ProView (Counsel for Affordable Quality Healthcare)
Facility or group demographic updates	ProviderConnect or Forms and Guides Carelon Behavioral Health
Eligibility, benefits, claim status, ERA	Anthem/Availity Essentials
Claim denial after first steps are complete	Availity Essentials dispute/appeal workflow; include reference numbers if escalating
Adding a line of business or health plan	Carelon amendment request process

For Provider Relations email routing, include *Indiana*, issue type, National Provider Identifier (NPI), billing Tax Identification Number (TIN), and applicable reference numbers.

Clear Roles for Provider Support



Plain-language takeaway: Carelon Provider Relations serves behavioral health providers on behalf of Anthem; Anthem still supports member and claims functions.

What Stays the Same for BH Providers Supporting Our Members

Participating provider rates	Existing participating provider rates continue as managed by Anthem.
Claims submission and payment	Anthem claims continue to be submitted and paid through Anthem/Availity Essentials processes.
Member experience	Anthem continues to serve members by line of business and market where applicable.
Eligibility, benefits, authorizations, claim status	Continue to use Anthem and Availity Essentials for these functions.

Network and Provider-Facing Functions

Provider demographic updates		Carelon, CAQH, Provider Connect, Carelon forms
Credentialing and recredentialing		Carelon
Provider experience and contracting		Carelon Provider Relations/Contracting
Provider applications		Carelon Provider Enrollment tile
Provider Services line		Carelon for credentialing and contracting; Anthem for member and claims support
Provider Directory		Anthem for its plans; Carelon for other Carelon plans

When in doubt, use the shared Carelon Provider Relations inbox.
The team can route your request to the correct representative.

Emailing Carelon's Team

Shared inbox: provider.relations.in@carelon.com

Subject line format: *Indiana — Issue*

- Example: Indiana — Demographic update.

Include in the body:

- Solo/group NPI.
- Billing TIN.
- Concise description of the issue.
- Any relevant reference numbers.

Use secure channels for any provider-specific documentation containing Protected Health Information (PHI). Avoid sending duplicate emails while a request is under review unless you have new information.

The team will respond within 48 business hours to confirm receipt and next steps.



Help Us Route and Resolve Your Issue Quickly

Claims assistance	Start with Anthem/Availity Essentials channels. When escalating to Provider Relations, include applicable dispute/appeal reference numbers and outcome details.
Demographic updates	Use CAQH for professional providers; use Provider Connect or Carelon forms for groups and facilities.
Credentialing and contracts	Credentialing can take up to 30 business days. Contract loading can take up to 60 business days.

Best practice: One complete request is easier to resolve than several partial requests.

Contacts at Anthem and Carelon

Anthem

Hoosier Healthwise: **866-408-6132**

Healthy Indiana Plan (HIP): **844-533-1995**

Hoosier Care Connect: **844-284-1798**

Indiana PathWays and PathWays Dual Care:
833-569-4739

Carelon Behavioral Health

National Provider Service Line (NPSL):
800-397-1630 8am to 8pm EST.

Provider Relations shared inbox:
provider.relations.in@carelon.com

Website:
<https://www.carelonbehavioralhealth.com>

Use Anthem for member and claims support. Use Carelon for network, contracting, credentialing, enrollment, and demographic support.

Anthem's Office Hours for Indiana Medicaid

Call hours: Every fourth Wednesday from 2 p.m. to 3 p.m. EST

- Direct support for providers to reduce administrative burden.
- Curated, interactive training by provider type.
- Support for adoption of Anthem digital tools and operational workflows.
- Attending providers can bring non-PHI inquiries and questions to this session.

Live instruction invitation: [Providers get 1:1 support to improve administrative efficiency](#)



Enrollment Changes

Carelon Behavioral Health provider enrollment application process



Where to begin:

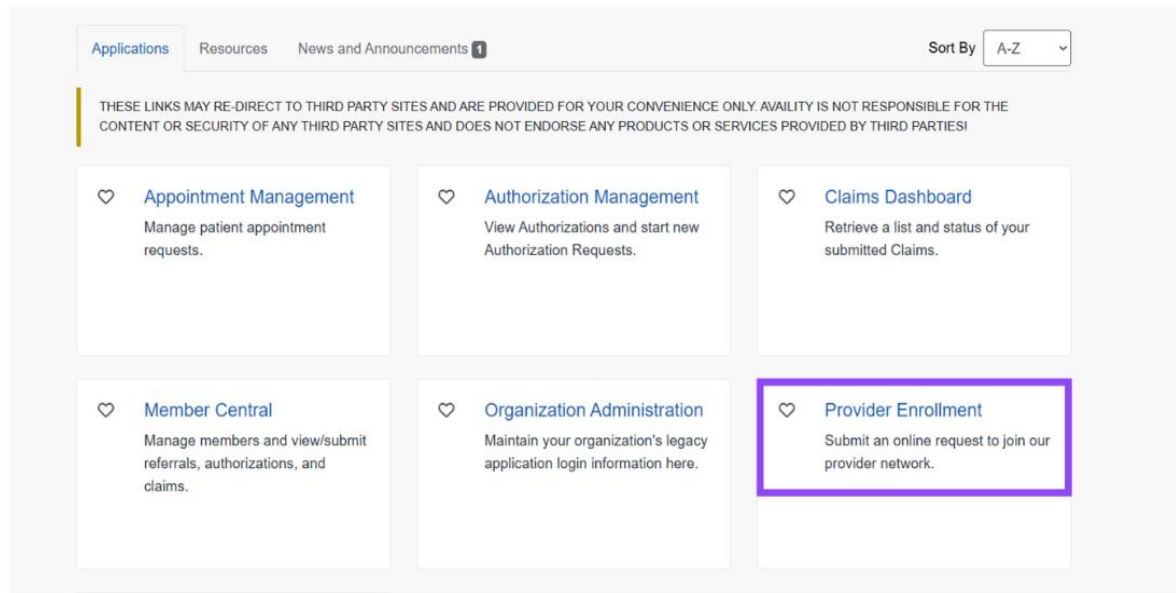
- Carelon uses Availity Essentials for Anthem Networks enrollment.
- In Availity Essentials, open the Carelon BH Payer Space.
- Select the **Provider Enrollment** tile to start or manage an application.

Tip: Confirm you are in the Carelon BH Payer Space before starting the enrollment workflow.

Different Types of Applications

Choose the right application type

Provider Enrollment Dashboard



- **Individual:** Use for a new solo practitioner enrollment.
- **Group:** Use for a new group enrollment or organization-level application.
- **Provider joining a group:** Use when adding a practitioner to an existing group.

Selecting the wrong application type can slow processing and create rework.

Application Status Notifications in the Carelon Portal Dashboard

▼ Frank Underwood

Application ID: 2347820

CAQH Number: 273827364

NPI Number (Type 1): 1098273399

STATUS SUMMARY

Credentialing Status: Denied

Your credentialing request was denied. Please refer to your letter for more details.

Network Agreement Status: Fully Executed

Your network agreement with Carelon Behavioral Health is active.

Ready To See Members: Pending

All necessary portions of agreement have not been finalized. Please check back for status.

Incomplete Applications

Incomplete applications will be displayed for 60 days.

GEORGIA LOREM IPSUM NETWORK

Group Application ID: Not available

NPI Number (Type 1): 1098273399

Status: Incomplete

Delete

Resume

Frank Underwood

CAQH Number

273827364

NPI Number (Type 1)

1098273399

Jamie Ipsum

CAQH Number

273827364

NPI Number (Type 1)

1098273399

What to monitor:

- Check dashboard notifications regularly.
- Respond promptly to requests for missing or corrected information.
- Avoid submitting duplicate applications unless directed.
- Save confirmation numbers or screenshots for follow-up.

Incomplete applications delay credentialing, contracting, and network loading.

Network Changes

When to use Carelon's Amendment Request Form

Use the form when:

- Adding a line of business (Commercial, Medicaid, Medicare).
- Name change without a Tax ID Number (TIN) or Social Security Number (SSN) change.
- TIN or SSN change for a provider with an existing contract.

Include the provider/group identifiers, requested change, effective date if applicable, and supporting documentation.

Download the form from Carelon Behavioral Health's [forms and guides page](#).

Submit completed form to amendment_request@carelon.com.

Demographic Updates

Do not use Availity Essentials for demographic updates.

Use the right demographic update path based on provider type.

Practitioners

Maintain individual practitioner demographic information in [CAQH ProView](#), (Council for Affordable Quality Healthcare) not Availity Essentials. **Be sure to attest, save, and close.**

Facilities and groups

Verify, confirm, or update information directly with Carelon using [Carelon Portal/Provider Connect](#).

Forms and support

Use [Carelon Forms Page](#) when a form-based update or request is required.

Before submitting updates:

- Confirm legal name, service locations, billing address, taxonomy, NPI, and TIN.
- Match identifiers to claims and IHCP records.
- Keep confirmations or screenshots after submission.
- Allow time for approved updates to downstream to connected systems.

Operational reminder:

- Using the wrong demographic channel can create network status issues and claim processing delays.
- When in doubt, contact Provider Relations.

Anthem Claims Information

Timely filing guidelines

Claim type	Timing starts	Deadline
New claims	From date of service	90 calendar days
Third Party Liability (TPL)	From date of notice from third party	90 calendar days
Corrected claims	From Explanation of Benefits (EOB) date	60 calendar days
Dispute	From EOB date	60 calendar days
Appeal	From dispute response	60 calendar days

Electronic payer ID:

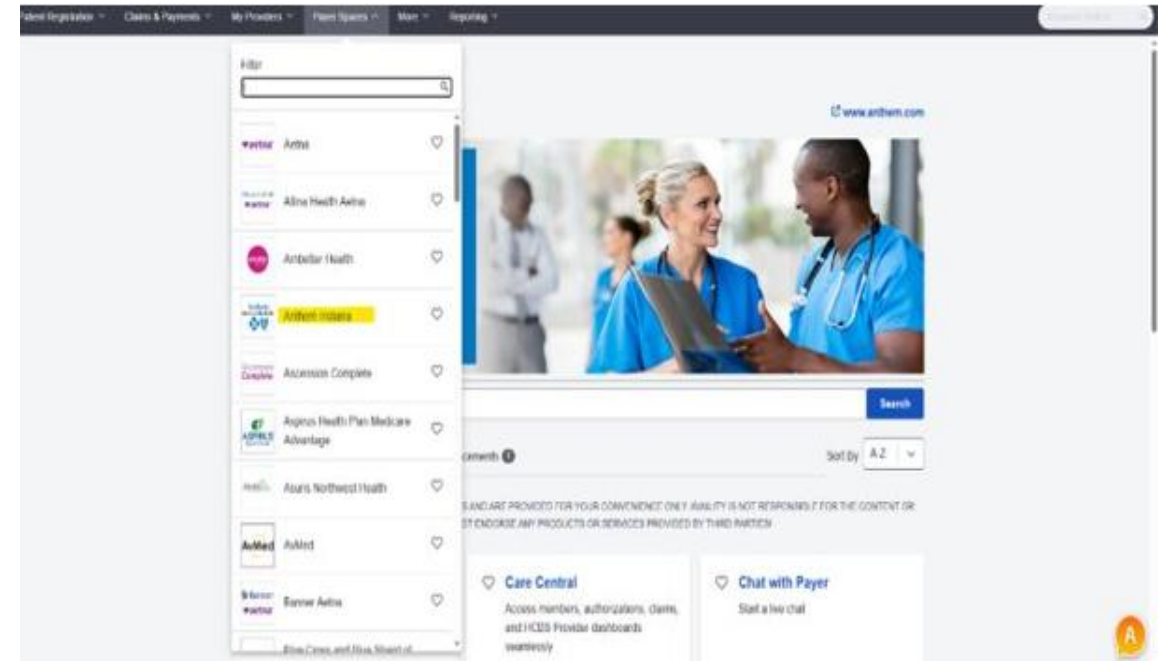
- Professional: 00630
- Institutional: 00130

Availity Essentials is Anthem's electronic data interchange (EDI) vendor.

Claim Status

Recommended navigation path in Availity Essentials:

1. Under *Payer Spaces*, choose **Anthem Indiana**.
2. For Medicaid, use the *HIPAA Standard* tab.
3. Search by member information.



Use Availity Essentials first for claim status. Escalate to Provider Relations only after appropriate claim channels are used.

Claim Status (Cont.)

Screens to recognize

This screenshot shows the 'HIPAA Standard' tab in the Patient Registration system. The interface includes a navigation bar at the top with links for Patient Registration, Claims & Payments, My Providers, Appointment, and Reporting. Below the navigation bar, there's a section for 'Provider Information' with a question 'Is the provider the same as the organization name?' and radio buttons for 'Yes' and 'No'. There are also fields for 'Select a Provider' and 'Provider ID'. Below this is the 'Patient Information' section with fields for 'Select a Patient', 'Patient Last Name', and 'Patient First Name'. The bottom of the screen shows a Windows taskbar with various application icons.

Use HIPAA Standard Tab for Medicaid claims

This screenshot shows the 'Patient Information' tab in the Patient Registration system. The interface includes a navigation bar at the top with links for Patient Registration, Claims & Payments, My Providers, Appointment, and Reporting. Below the navigation bar, there's a section for 'Patient Information' with fields for 'Select a Patient', 'Patient Last Name', 'Patient First Name', 'Patient Date of Birth', 'Patient Gender', 'Patient Account Number', and 'Patient's Relationship to Subscriber'. Below this is the 'Claim Information' section with fields for 'Service From Date' and 'Service To Date'. The bottom of the screen shows a Windows taskbar with various application icons.

Search by member information

Billing team reminder: Confirm member identifiers and date range before assuming a claim is missing.

Accessing Anthem ERA in Availity Essentials

Sign up for electronic remittance advice (ERA):

- Go to <https://Availity.com> > Payor Space > Anthem > Claims & Payments > Remittance Viewer.
- Click **Manage Access** in the right-hand corner.
- Enter Organization > Click **Get Access**.
- Enter previous check information.

Access

- View files through Claims & Payments using the Remittance Viewer app.
- If using a third-party clearinghouse, notify them so they can map ERAs to your software.
- Availity Client Services: **800 282-4548**
Monday through Friday 8:00 AM to 8:00 PM EST

Avoid delays: Make sure your ERA enrollment and clearinghouse mapping are aligned.

Common Denial Resolution

NPI validation

The billing provider service location address must be entered in:

- Box 33 of the *CMS-1500* claim form.
- Box 1 of the *UB-04* claim form.

Anthem Medicaid does not use Box 32 of the *CMS-1500* for the service location for the purpose of conducting the one-to-one matching process.

The provider in Box 24J on the *CMS-1500* must be linked to the service location in Box 33 with the IHCP.

Billing providers are encouraged to always include the billing taxonomy code that matches the taxonomy code registered with the state. Doing so can assist in successful matching and reduce denials for NPI validation.

Billing team check

NPI, taxonomy, service location, ZIP+4, and IHCP attestation need to match the claim and enrollment record.



Common Denial Resolution (Part 2)

Provider loading and authorization	Services that do not require authorization should not be submitted until new provider loading is complete. A common denial reason code may reference missing prior authorization.
Diagnosis codes	Behavioral Health Claims with non-F series diagnosis code will deny, as the service is not covered on the member's plan.
One Provider Per Claim	<i>CMS-1500</i> Header Provider

Before resubmission, confirm the root cause rather than changing claim data by trial and error.



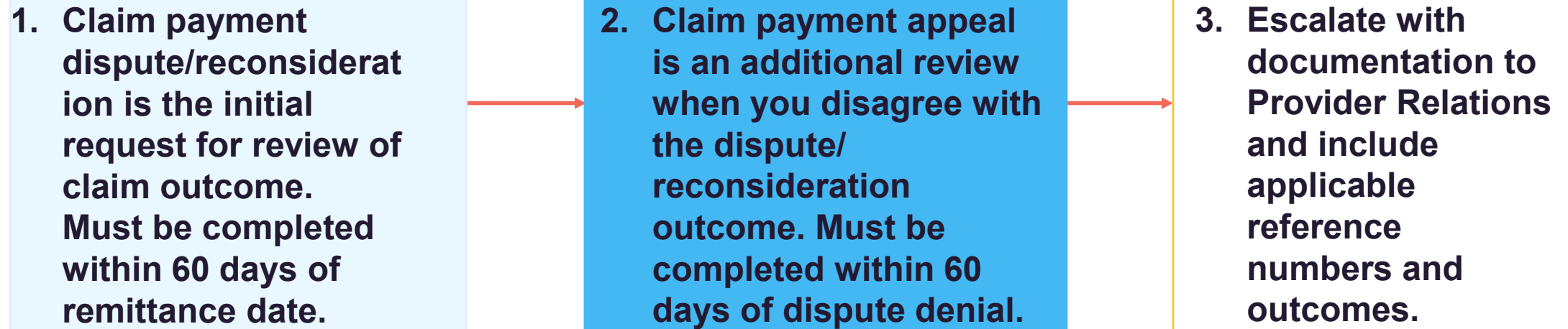
Common Denial Resolution (Part 3)

State Attestation-Registration	Once providers are attested and linked with the State, please allow time for the information to downstream to Anthem.
Corrected Claim Denial	Make sure you use claim type 7 and reference the original claim number to ensure the claim does not deny as duplicate.
ABA therapy-specific consideration	Modifier order matters: Provider modifier (such as U1, U2, or U3) should be first.

Before resubmission, confirm the root cause rather than changing claim data by trial and error.



Claim Payment Disputes and Appeals



Availity Essentials is the preferred method for both disputes and appeals.

Resources

Carelon Provider Training

Year-round trainings on claim submission guidelines, provider portal support, behavioral health topics, and industry practices.

Digital Solutions Learning Hub — Carelon Behavioral Health (on24.com)

Our user guides, videos, and interactive courses for Availity Essentials, EDI, and payer spaces.

Provider News, our newsletter in Indiana

Articles and announcements on claims, products, benefits, administrative updates, policies, and procedures. Subscribe for monthly updates.

Key Takeaways

- **Anthem/Availity Essentials remains the claims workflow.** Use Availity Essentials for eligibility, benefits, claim status, ERA, disputes, and appeals.
- **Carelon supports the BH network on behalf of Anthem.** Use Carelon Provider Relations for network, contracting, credentialing, enrollment, and demographic support.
- **Demographics must use the right channel.** Professional practitioners use CAQH. Facilities and groups use Carelon's provider portal/Provider Connect or Carelon's forms page.
- **When writing to the shared email inbox, include *Indiana* in the subject line.** In the body of your email, include NPI, billing tax ID, applicable reference numbers, and issue description:
 - provider.relations.in@carelon.com



Questions?



Thank you

We'd like to know how this presentation helped you and if there is any additional information or clarification we could offer.

Please take a moment to complete the survey by scanning the QR code or following [this link](#).





Carelon Behavioral Health, Inc. is a separate company providing behavioral health services on behalf of the health plan.

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. Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

IN-BCBS-CD-017278-26-S4622 | July 2026