



Provider Enrollment

2026 IHCP Works Annual Seminar

Agenda

- Anthem Provider Enrollment via Availity Essentials
- How to Register with Availity Essentials
- How Availity Essentials Supports Care Providers
- Getting Started with Availity Essentials
- Digital Solutions Learning Hub: Training and Demos
- Provider Enrollment Training: Learning, Adoption, and Best Practices
- Helpful Tips for a Smooth Enrollment Process
- Staying in Good Standing with Anthem
- Roster Automation via Availity
- Contract Changes via Availity
- Questions

Anthem Provider Enrollment via Availity Essentials

- Availity Essentials is now Anthem's primary—and sole—application process for provider enrollment.
- The Availity Essentials provider enrollment process supports Professional providers as well as Ancillary, Facility, and Institutional (AFI) enrollments.
- Note: An Availity Essentials account is required to access the provider enrollment application.

How to Register with Availity Essentials

Not registered for Availity Essentials yet?

- If you aren't registered to use Availity Essentials, signing up is easy and 100% secure. There is no cost for your providers to register or to use any of our digital applications.
- Start by going to [Availity.com](https://www.availity.com) and selecting **New to Availity? Get Started** at the top of the home screen to access the registration page.
- If you have more than one TIN, please ensure you have registered all TINs associated with your Availity Essentials account.
- If you have questions regarding registration, reach out to Availity Client Services at **800-AVAILITY-(282-4548)**. Hours: Monday – Friday, 8:00 a.m. – 8:00 p.m. ET (excluding holidays)

How Availity Essentials Supports Care Providers

Benefits for our care providers using Availity Essentials

- Faster enrollment turnaround through automation
- Pre-populated information pulled directly from Council for Affordable Quality Healthcare (CAQH) for most provider types
- Compliance with applicable federal and/or state requirements
- Improved data quality through standardization (e.g., USPS address validation)
- More accurate provider directories through improved data capture and validation

Getting Started with Availity Essentials

How to access the Availity Essentials application

- Log in to **Availity.com**, then go to **Payer Spaces > Anthem Blue Cross Blue Shield > Provider Enrollment & Network Management**.
- For additional guidance, see [Join Our Network | IN Providers | State & Federal Programs](#).

Access & permissions

- **Availity Essentials administrators** are automatically granted access to **Provider Data Management (PDM)**.
- **Additional staff** can be granted PDM access by an administrator.
- To identify your administrator, navigate to **My Account Dashboard > My Account > Organization(s) > Administrator Information**.

Digital Solutions Learning Hub: Training and Demos

Provider Enrollment (Availity Essentials) Demos

- **Demos for Provider Enrollment via Availity Essentials** are available in the **Digital Solutions Learning Hub**.
Note: Access to these demos requires users to be **registered in Availity**.

Access the Digital Solutions Learning Hub

1. **Open your web browser** (Chrome browser recommended)
2. **Go to the Digital Solutions Learning Hub**
 - I. Copy and paste this link into your address bar, then press **Enter**:
[link to digital solutions learning hub](#)
3. **Sign in / Register (if prompted)**
4. **Browse Learning Hub resources**
 - I. Select **Contract Change Request in Availity Essentials**
 - II. Select **Provider Enrollment in Availity Essentials**

Provider Enrollment Training: Learning, Adoption, and Best Practices

Provider Enrollment (Avality Essentials) Demos

What are these courses for?

- **Understand and use Digital Solutions** available for payer-related workflows
- **Learn key features and best practices** through guided training
- **Support adoption and day-to-day execution** (e.g., setup, navigation, and common use cases)
- **Stay current on updates and enhancements** to the tools and resources

Helpful Tips for a Smooth Enrollment Process

Set Yourself Up for a Faster, Cleaner Submission

Before you begin

- **Register every TIN** associated with your organization in Availity Essentials before starting an application
- **Keep your CAQH profile current and attested** — accurate data pre-populates the application and speeds up review
- **Confirm Availity access with your administrator** so the right staff can submit and track enrollments
- **Gather documentation up front** — licenses, W-9, NPI, and service location addresses validated against USPS formatting
- **Adding a new TIN that isn't contracted yet?** Professional providers should select **Create a new provider group**. Choosing **Join an existing group** skips required fields such as networks and signatory information, which will delay enrollment.
- **Select the correct provider type** — a frequent error is choosing Ancillary, Facility, or Institutional (AFI) when the provider is professional. Podiatry and chiropractic providers, for example, follow the Specialty Care Provider path.

Staying in Good Standing with Anthem

Ongoing responsibilities after enrollment

- **Keep provider data current** — report changes to addresses, phone numbers, TINs, and practitioners in Provider Data Management or through the Roster Automation process as soon as they occur. This ensures provider files and the directory are accurate.
- **Keep your CAQH profile up to date** — and be sure to re-attest every 120 days so credentialing and directory information stay accurate and verifiable.
- **Complete recredentialing on time** — respond promptly to requests so participation is not interrupted.
- **Maintain active licensure and insurance** — keep state licenses, DEA registration, and malpractice coverage current and on file.
- **Follow contract and compliance requirements** for claims submission, authorizations, covered services, and applicable federal and state program rules.
- **Watch provider communications** — review provider newsletters and Availity Essentials notifications for policy and process updates.
- **Add HIP and Medicaid networks when eligibility begins** — providers are not always eligible for HIP and Medicaid at initial enrollment. If that happens, submit a roster via Availity, add the provider on the Updates tab, and request HIP and Medicaid after they are attested to the appropriate organization and address.

Roster Automation via Availity

Submitting Provider Updates by Roster

What Roster Automation is and when to use it

- **What it is** — a standardized spreadsheet process for submitting provider adds, updates, and terminations in bulk instead of one at a time.
- **When to use it** — adding practitioners to an existing group when they are delegated or out of scope for credentialing, updating demographics or service locations, terminating providers, or requesting additional networks such as HIP and Medicaid.
- **How to submit** — complete the standard roster template and submit it through Availity Essentials; use the Updates tab for changes to providers already on file.
- **Use the required template** — submissions that do not follow the standard format or are missing required fields are returned, which delays processing.
- **Track your submission** — confirm receipt and monitor status in Availity Essentials. If any errors occur during the process, you will be able to track through an error report via the Upload Roster file page in Availity.
- **Updates** — if you are adding a location to an existing provider, this can be completed on the Updates tab.
- **Terminations** — to term a provider completely from an organization, confirm the termination date and reason in the “Provider Term Date” column. To term a provider from a single location, add the term date for that location in Address Term Date, following the address information.

Contract Changes via Availity

Requesting Contract Changes in Availity Essentials

Using the Contract Change Request application

- **What it is** — the Contract Change Request application in Availity Essentials is used to request changes to an existing Anthem contract.
- **When to use it** — requesting amendments, a change of ownership, contract or network termination, and TIN changes for an existing Anthem contract.
- **Where to find it** — log in to Availity.com, then go to Payer Spaces > Anthem Blue Cross Blue Shield > Provider Enrollment & Network Management.
- **Submit complete information** — include the TIN, affected providers and locations, and the specific networks or terms being requested to avoid rework.
- **Terminations** — should include a letter on letterhead with the requested termination date, reason, and signature.
- **Know the difference between a line of business and a network** — lines of business are organized as Commercial, Medicare, and Medicaid, while the network selection lets you request participation in specific networks within that line of business.

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](#).



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. 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-017282-26-S4624 | July 2026