



Healthy Indiana Plan POWER Account Debit Card



Agenda

- Healthy Indiana Plan (HIP) POWER Account debit card
- First step – eligibility verification
- Eligibility and Benefits
- Anthem Provider Portal
- HIP POWER Account balance transfer form
- Collecting payment
- POWER Account balance
- Claims submission
- Excluded services
- Questions

HIP POWER Account debit card

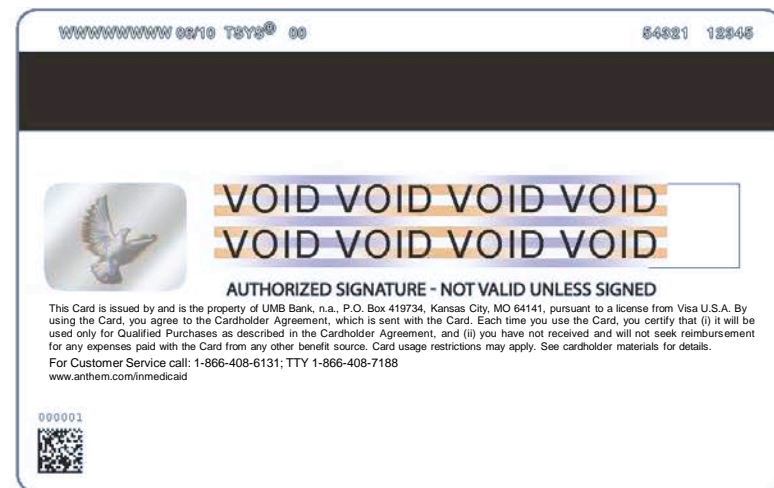
Your Anthem Blue Cross and Blue Shield (Anthem) patients enrolled in HIP will receive a new POWER Account debit card.

This new debit card will allow you to collect payment immediately for rendered services.

You'll use the **Eligibility and Benefits Inquiry** function in Availity to estimate payment based on services rendered.

Simply swipe the card as you would any standard debit or credit card. The amount is deducted from the member's POWER Account and paid directly to you.

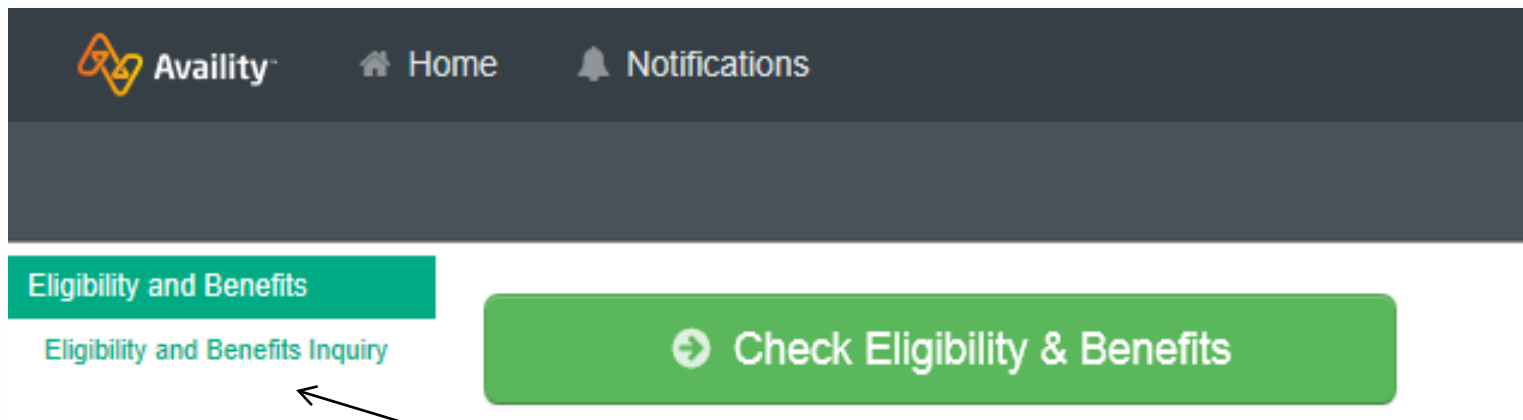
HIP POWER Account debit card



Sample of the new POWER Account debit card for Anthem HIP members. Ask your patients to present their debit card and Anthem member ID card for appointments.

First step – eligibility verification

As always, the first step is ensuring your patients are eligible for HIP benefits.



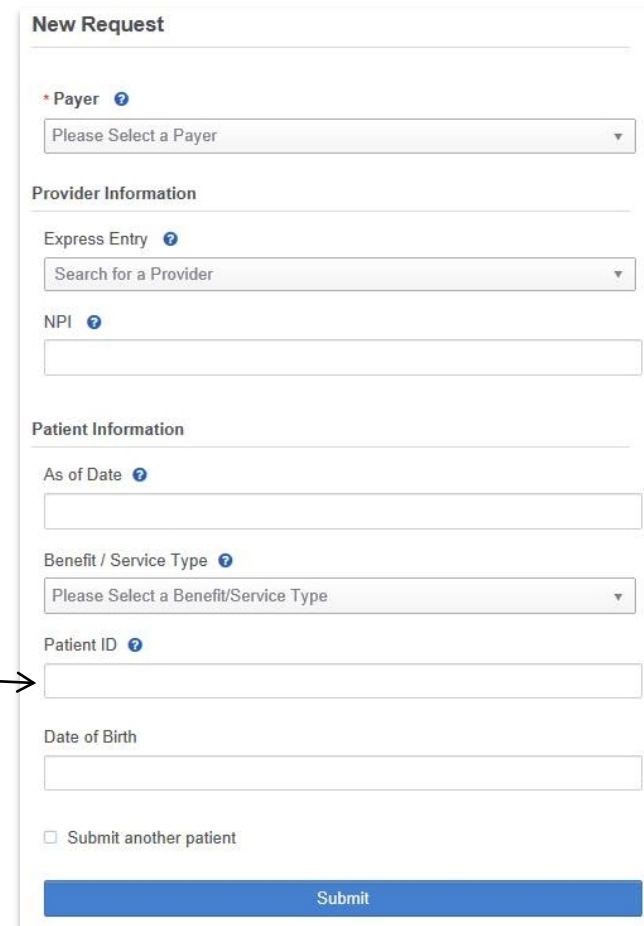
In Availity, click **Eligibility and Benefits**, then **Eligibility and Benefits Inquiry** on the left navigational bar.

First step – eligibility verification

Once you select the **Eligibility and Benefits Inquiry** link, the *New Request* page will pop up, prompting you to input provider and patient information.

For Patient ID, be sure to input the Anthem ID number to verify eligibility.

Select **Submit**.



The screenshot shows a web form titled "New Request". It contains several sections: "Payer" with a dropdown menu; "Provider Information" with "Express Entry" and a "Search for a Provider" dropdown, followed by an "NPI" text field; "Patient Information" with an "As of Date" text field, a "Benefit / Service Type" dropdown, and a "Patient ID" text field. Below the "Patient ID" field is a "Date of Birth" text field. At the bottom, there is a checkbox labeled "Submit another patient" and a blue "Submit" button. An arrow from the text "Anthem ID number" in the previous block points to the "Patient ID" text field.

Eligibility and Benefits

When eligibility is verified, the *Eligibility and Benefits Results* screen will appear with your patient's information and POWER Account balance.

The screenshot displays the 'Eligibility and Benefits Results' screen for a subscriber. At the top, it shows the subscriber's name (redacted), MEMBER ID (redacted), DOB (Aug 25, 1978), and GENDER (Female). Below this, it lists the PLAN / COVERAGE DATE (Apr 14, 2015 - Dec 31, 9999) and the DATE OF SERVICE (Jun 11, 2015). The Anthem BlueCross BlueShield logo is visible, along with buttons for 'Patient Care Summary', 'Patient Attribution', 'View Certificate of Coverage', and 'Additional Benefit Notes'. A green banner states: 'THIS PATIENT MAY HAVE HRA/HSA/HIA DOLLARS TO USE TOWARD DEDUCTIBLE AND OUT OF POCKET EXPENSES'. The main content area has tabs for 'Patient Information', 'Coverage and Benefits', and 'Care Reminders'. Under 'Subscriber Information', it shows the subscriber's address (INDIANAPOLIS, IN 46204), MEMBER ID (redacted), GROUP NUMBER (redacted), PLAN SPONSOR NAME (HEALTHY INDIANA - APRIL 2015), PLAN NAME (HEALTHY INDIANA - APRIL 2015), and PLAN NUMBER (130). The 'Power Account Information' section shows a balance of \$2,500.00 and a link to 'Complete Healthy Indiana Power Account Balance Transfer Form'. A note at the bottom explains that to complete the form, the user must enter the maximum allowable amount for the procedure, which can be found in the Anthem Provider Portal using the Anthem Fee Schedule Tool.

Subscriber

MEMBER ID [REDACTED] DOB Aug 25, 1978 GENDER Female

PLAN / COVERAGE DATE Apr 14, 2015 - Dec 31, 9999

DATE OF SERVICE Jun 11, 2015

Anthem BlueCross BlueShield

Patient Care Summary Patient Attribution View Certificate of Coverage Additional Benefit Notes

THIS PATIENT MAY HAVE HRA/HSA/HIA DOLLARS TO USE TOWARD DEDUCTIBLE AND OUT OF POCKET EXPENSES

Patient Information Coverage and Benefits Care Reminders 0

Subscriber Information

[REDACTED] INDIANAPOLIS, IN 46204

MEMBER ID [REDACTED]

GROUP NUMBER [REDACTED]

PLAN SPONSOR NAME HEALTHY INDIANA - APRIL 2015

PLAN NAME HEALTHY INDIANA - APRIL 2015

PLAN NUMBER 130

Power Account Information

\$2,500.00 - Account Balance [Complete Healthy Indiana Power Account Balance Transfer Form](#)

To complete the Healthy Indiana Plan Account Balance Transfer Form, you must enter the maximum allowable amount for your procedure. Access the [Anthem Provider Portal](#) to obtain the maximum allowable amount using the Anthem Fee Schedule Tool.

Eligibility and Benefits

Below the POWER Account balance is the prompt to estimate the maximum allowable amount by using the Anthem Fee Schedule Tool. To access the fee schedule, click the **Anthem Provider Portal** link.

*As an alternative to the fee schedule, we can also provide your office with a time-saving “**Quick Look-up**” guide listing the most frequently used codes.*

The screenshot displays the Anthem Provider Portal interface. At the top, it shows the subscriber's name (redacted), MEMBER ID (redacted), DOB (Aug 25, 1978), and GENDER (Female). Below this, the PLAN / COVERAGE DATE is Apr 14, 2015 - Dec 31, 9999, and the DATE OF SERVICE is Jun 11, 2015. The Anthem BlueCross BlueShield logo is visible, along with buttons for Patient Care Summary, Patient Attribution, View Certificate of Coverage, and Additional Benefit Notes. A message states: "THIS PATIENT MAY HAVE HRA/SAVIA DOLLARS TO USE TOWARD DEDUCTIBLE AND OUT OF POCKET EXPENSES". The main content area has tabs for Patient Information, Coverage and Benefits, and Care Reminders. Under the Patient Information tab, there is a section for Subscriber Information with fields for GROUP NUMBER (redacted), PLAN SPONSOR NAME (HEALTHY INDIANA - APRIL 2015), PLAN NAME (HEALTHY INDIANA - APRIL 2015), and PLAN NUMBER (130). Below this is the Power Account Information section, which shows a balance of \$2,500.00 and a link to "Complete Healthy Indiana Power Account Balance Transfer Form". A note at the bottom states: "To complete the Healthy Indiana Plan Account Balance Transfer Form, you must enter the maximum allowable amount for your procedure. Access the [Anthem Provider Portal](#) to obtain the maximum allowable amount using the Anthem Fee Schedule Tool."

Anthem Provider Portal



After clicking the Anthem Provider Portal link, click **I Agree**.

Anthem Provider Portal

On the MyAnthem Provider page, go to MyServices.

Welcome, Tara Hammons | [Logout](#) 22 July 2015

Anthem BlueCross BlueShield **MyAnthem Provider™**

[MyAnthem Home](#) [MyServices](#) [Administrative Support](#) [Clinical Resources](#) [Communication & Education](#)

Welcome to MyAnthem Provider
Online Eligibility, Benefits, Claim Inquiry and Secure Messaging will now be available exclusively at www.availity.com. Please register and begin to access this information using Availity.

MyServices

- Provider Inquiry
- Online Provider Services
- Access to other online services & tools

[More](#)

Administrative Support

- Complaint and appeal procedures
- Administrative policy information
- Support tools and information

[More](#)

Clinical Resources

- Anthem's medical policy
- Clinical & preventive practice guidelines
- Anthem's drug formulary

[More](#)

Communication & Education

- View Network Update newsletter
- Network reference guide
- Seminar information & registration

[More](#)

Change Profile

- [Update Email Address](#)

Contact Us

- [General Support](#)

Online Services

- [Online Provider Inquiry](#)
- [Manage My Users](#)

Provider Directory

Search our provider directory when you need a doctor, hospital, pharmacy or other health care provider. [More](#)

MyHealth @Anthem

Anthem Provider Portal

Next, go to Online Provider Services and click Online Provider Inquiry.

Welcome, **Tara Hammons** | [Logout](#) 22 July 20

Anthem. BlueCross BlueShield **MyAnthem Provider™**

[MyAnthem Home](#) [MyServices](#) [Administrative Support](#) [Clinical Resources](#) [Communication & Education](#)

MyServices
Online Eligibility, Benefits, Claim Inquiry and Secure Messaging will now be available exclusively at www.availity.com. Please register and begin to access this information using Availity.

Online Provider Services

-  [Online Provider Inquiry](#)
Access Fee Schedule, Remittance Inquiry and Medical Referral and Pre-Auth Inquiry.
-  [Manage My Users](#)
Allows site administrator to add a new user, disable current user, or update a current user's access in real time.

Other Services & Tools

-  [Anthem® Care Comparison](#)
Evaluate hospitals based on key quality indicators (available in both English and Spanish), estimate the costs of specific health care services and procedures, and more.
-  [Personal Health Record](#)
Access a member's Personal Health Record
- [REQUIRED ANNUAL TRAINING! Medicare Advantage & Part D Compliance Training for Providers](#)

Change Profile
[Update Email Address](#)

Contact Us
[General Support](#)

Online Services
[Online Provider Inquiry](#)
[Manage My Users](#)

Provider Directory
Search our provider directory when you need a doctor, hospital, pharmacy or other health care provider [More](#)

MyHealth @Anthem

Anthem Provider Portal

Anthem BlueCross BlueShield Online Provider Inquiry

Main Menu Remittance Medical Referral & Pre-Auth Fee Schedule Reports

Welcome to Online Provider Inquiry

Please choose an operation from the menu below:

- Remittance Inquiry
- Medical Referral & Pre-Authorization Inquiry
- Fee Schedule Inquiry**
- Reports
- Rewards & Recognition

On the Online Provider Inquiry page, choose Fee Schedule Inquiry to get to the inquiry page and begin calculating the maximum allowable amount.

Anthem Provider Portal

Note: If you're not registered for the **Anthem Provider Portal**, the link below will display in the message. Click this link to get instructions on how to complete registration for access to the Anthem Provider Portal and fee schedule.

The screenshot displays the Anthem Provider Portal interface. At the top, it shows the subscriber's name (redacted), MEMBER ID (redacted), DOB (Aug 25, 1978), GENDER (Female), PLAN / COVERAGE DATE (Apr 14, 2015 - Dec 31, 9999), and DATE OF SERVICE (Jun 11, 2015). Below this, the Anthem BlueCross BlueShield logo is visible, along with buttons for Patient Care Summary, Patient Attribution, View Certificate of Coverage, and Additional Benefit Notes. A green banner states: "THIS PATIENT MAY HAVE HRA/HSA/HIA DOLLARS TO USE TOWARD DEDUCTIBLE AND OUT OF POCKET EXPENSES". The main content area has tabs for Patient Information, Coverage and Benefits, and Care Reminders. Under the Patient Information tab, there is a "Subscriber Information" section with fields for INDIANAPOLIS, IN 46204, MEMBER ID (redacted), GROUP NUMBER (redacted), PLAN SPONSOR NAME (HEALTHY INDIANA - APRIL 2015), PLAN NAME (HEALTHY INDIANA - APRIL 2015), and PLAN NUMBER (130). Below this is the "Power Account Information" section, which shows a "Complete Healthy Indiana Power Account Balance Transfer Form" and a "To complete the Healthy Indiana Plan Account Balance Transfer Form, you must enter the maximum allowable amount for your procedure. You will need to [register for Anthem Provider Portal access](#) to obtain the maximum allowable amount using the Anthem Fee Schedule Tool." An arrow from the text box on the left points to the "register for Anthem Provider Portal access" link.

Subscriber

MEMBER ID [REDACTED] DOB: Aug 25, 1978 GENDER: Female

PLAN / COVERAGE DATE: Apr 14, 2015 - Dec 31, 9999

DATE OF SERVICE: Jun 11, 2015

Anthem BlueCross BlueShield

Patent Care Summary Patient Attribution View Certificate of Coverage Additional Benefit Notes

THIS PATIENT MAY HAVE HRA/HSA/HIA DOLLARS TO USE TOWARD DEDUCTIBLE AND OUT OF POCKET EXPENSES

Patient Information Coverage and Benefits Care Reminders 1

Subscriber Information

INDIANAPOLIS, IN 46204

MEMBER ID [REDACTED]

GROUP NUMBER [REDACTED]

PLAN SPONSOR NAME: HEALTHY INDIANA - APRIL 2015

PLAN NAME: HEALTHY INDIANA - APRIL 2015

PLAN NUMBER: 130

Power Account Information

\$2,500.00 - Account Balance Complete Healthy Indiana Power Account Balance Transfer Form

To complete the Healthy Indiana Plan Account Balance Transfer Form, you must enter the maximum allowable amount for your procedure. You will need to [register for Anthem Provider Portal access](#) to obtain the maximum allowable amount using the Anthem Fee Schedule Tool.

Eligibility and Benefits

Once the maximum allowable amount is estimated using the online fee schedule or Quick Look-up guide, choose **Complete Healthy Indiana Power Account Balance Transfer Form** to access the transfer form window.

Note: If there is nothing in the POWER Account, you'll receive a message that the member's POWER Account is exhausted and to submit a claim for payment.

The screenshot displays the Anthem BlueCross BlueShield member portal. At the top, it shows subscriber details: MEMBER ID (redacted), DOB (Aug 25, 1978), GENDER (Female), PLAN / COVERAGE DATE (Apr 14, 2015 - Dec 31, 9999), and DATE OF SERVICE (Jun 11, 2015). Below this is the Anthem BlueCross BlueShield logo and a row of navigation buttons: Patient Care Summary, Patient Attribution, View Certificate of Coverage, and Additional Benefit Notes. A green banner states: "THIS PATIENT MAY HAVE HRA/HSA/HIA DOLLARS TO USE TOWARD DEDUCTIBLE AND OUT OF POCKET EXPENSES". The main content area has tabs for Patient Information, Coverage and Benefits, and Care Reminders. Under the "Subscriber Information" tab, it lists the address (1231 STREET MAERTIN, INDIANAPOLIS, IN 46204), MEMBER ID (redacted), GROUP NUMBER (00246722), PLAN SPONSOR NAME (HEALTHY INDIANA - APRIL 2015), PLAN NAME (HEALTHY INDIANA - APRIL 2015), and PLAN NUMBER (130). The "Power Account Information" section shows a balance of \$2,500.00 and a link to "Complete Healthy Indiana Power Account Balance Transfer Form". A note at the bottom explains that to complete the form, the user must enter the maximum allowable amount for their procedure, which can be found in the Anthem Provider Portal or the Anthem Fee Schedule Tool.

Subscriber

MEMBER ID [REDACTED] DOB Aug 25, 1978 GENDER Female

PLAN / COVERAGE DATE Apr 14, 2015 - Dec 31, 9999

DATE OF SERVICE Jun 11, 2015

Anthem BlueCross BlueShield

Patient Care Summary Patient Attribution View Certificate of Coverage Additional Benefit Notes

THIS PATIENT MAY HAVE HRA/HSA/HIA DOLLARS TO USE TOWARD DEDUCTIBLE AND OUT OF POCKET EXPENSES

Patient Information Coverage and Benefits Care Reminders

Subscriber Information

1231 STREET MAERTIN
INDIANAPOLIS, IN 46204

MEMBER ID [REDACTED]

GROUP NUMBER 00246722
PLAN SPONSOR NAME HEALTHY INDIANA - APRIL 2015
PLAN NAME HEALTHY INDIANA - APRIL 2015
PLAN NUMBER 130

Power Account Information

\$2,500.00 - Account Balance [Complete Healthy Indiana Power Account Balance Transfer Form](#)

To complete the Healthy Indiana Plan Account Balance Transfer Form, you must enter the maximum allowable amount for your procedure.
Access the [Anthem Provider Portal](#) to obtain the maximum allowable amount using the Anthem Fee Schedule Tool.

HIP POWER Account balance transfer form

In the transfer form, your patient's information auto-populates. You will input:

- Servicing Provider Name
- Servicing Provider NPI
- Place of Service

At the bottom of the form, insert the estimated maximum allowable amount.

For multiple procedures, enter the total of all maximum allowable amounts.

When complete, select **Transfer Funds to Patient Debit Card**.

Healthy Indiana Plan Power Account Balance Transfer Form

PATIENT NAME [REDACTED]
MEMBER ID [REDACTED]
SERVICE DATE Jun 17, 2015
POWER ACCOUNT BALANCE \$2,500.00

Servicing Provider Name
Select One

* Servicing Provider NPI
[REDACTED]

* Place of Service
Select One

* Anthem Fee Schedule Maximum Allowable Amount
For multiple procedures, please enter the total of all maximum allowable amounts
\$ [REDACTED] \$500 Limit per Transfer

Cancel Transfer Funds to Patient Debit Card

For dollar amounts, use this format: xx.xx

Do not use dollar signs or commas.

HIP POWER Account balance transfer form

Once the transfer form is submitted and approved, the following screen will open, showing the amount transferred to the card and your patient's new POWER Account balance.

Next, swipe the card to collect payment.

Select **Print** for a hard copy for your patient.

✓ Healthy Indiana Plan Power Account Balance Transfer Form ✕

Transaction ID: 0001112216 Approval Code: 094805
Transaction Date: Aug 14, 2015 1:48 pm Customer ID: 1194

PATIENT NAME [REDACTED]
MEMBER ID [REDACTED]
SERVICING PROVIDER NPI [REDACTED]
PLACE OF SERVICE Ambulance - Air or Water - 42
SERVICE DATE Aug 14, 2015
ORIGINAL POWER ACCOUNT BALANCE
AMOUNT TRANSFERRED TO DEBIT CARD
NEW POWER ACCOUNT BALANCE

\$2,500.00
- \$400.00
\$2,100.00

Swipe the member's debit card to collect amount due. Please complete this transaction by also filing a standard claims submission for all services provided.

Print Close

Collecting payment

The final step is to swipe the debit card to collect payment due.

- The card can be used as a debit card or a credit card.
- The debit card transaction should be completed on the same date of service.
- Funds not collected on the same date of service may no longer be available on the debit card.
- Transactions are limited to \$500 per transfer and \$1,000 per day.
- Standard transaction fees may apply.

POWER Account balance

In Availity, you'll need to calculate the amount transferred based on the member's POWER Account balance.

Examples:

- Balance is \$100, and the maximum allowable amount is \$46.80
 - Enter the full amount of \$46.80 to be transferred to the debit card
 - \$53.20 balance remains in the member's POWER Account
- Balance is \$100 and the maximum allowable amount is \$240
 - Enter only \$100 to be transferred to the debit card for payment
 - \$0 balance in member's POWER Account
 - Remaining \$140 remitted via standard claims submission

POWER Account balance

The amount entered cannot exceed \$500 per transfer or the amount that's in the POWER Account. If the entered amount exceeds either the transfer limit or the account balance, an error message will appear.

Healthy Indiana Plan Power Account Balance Transfer Form

PATIENT NAME [REDACTED]
MEMBER ID [REDACTED]
SERVICE DATE Jun 09, 2015
POWER ACCOUNT BALANCE \$334.45

Servicing Provider Name
Select One

* Servicing Provider NPI
[REDACTED]

* Place of Service
Select One

* Anthem Fee Schedule Maximum Allowable Amount
For multiple procedures, please enter the total of all maximum allowable amounts
\$ 400 \$500 Limit per Transfer

Enter a valid amount. Amount cannot exceed Power Account balance of \$334.45.

Cancel Transfer Funds to Patient Debit Card

Claims submission

After payment through the new POWER Account debit card, follow up by submitting the claim through the standard process using the CMS-1500 form for professional claims.

- Adjudication through the standard process ensures receipt of the correct amount
- Receipt of payment balance if the maximum allowable amount exceeds the member's POWER Account balance

Excluded services

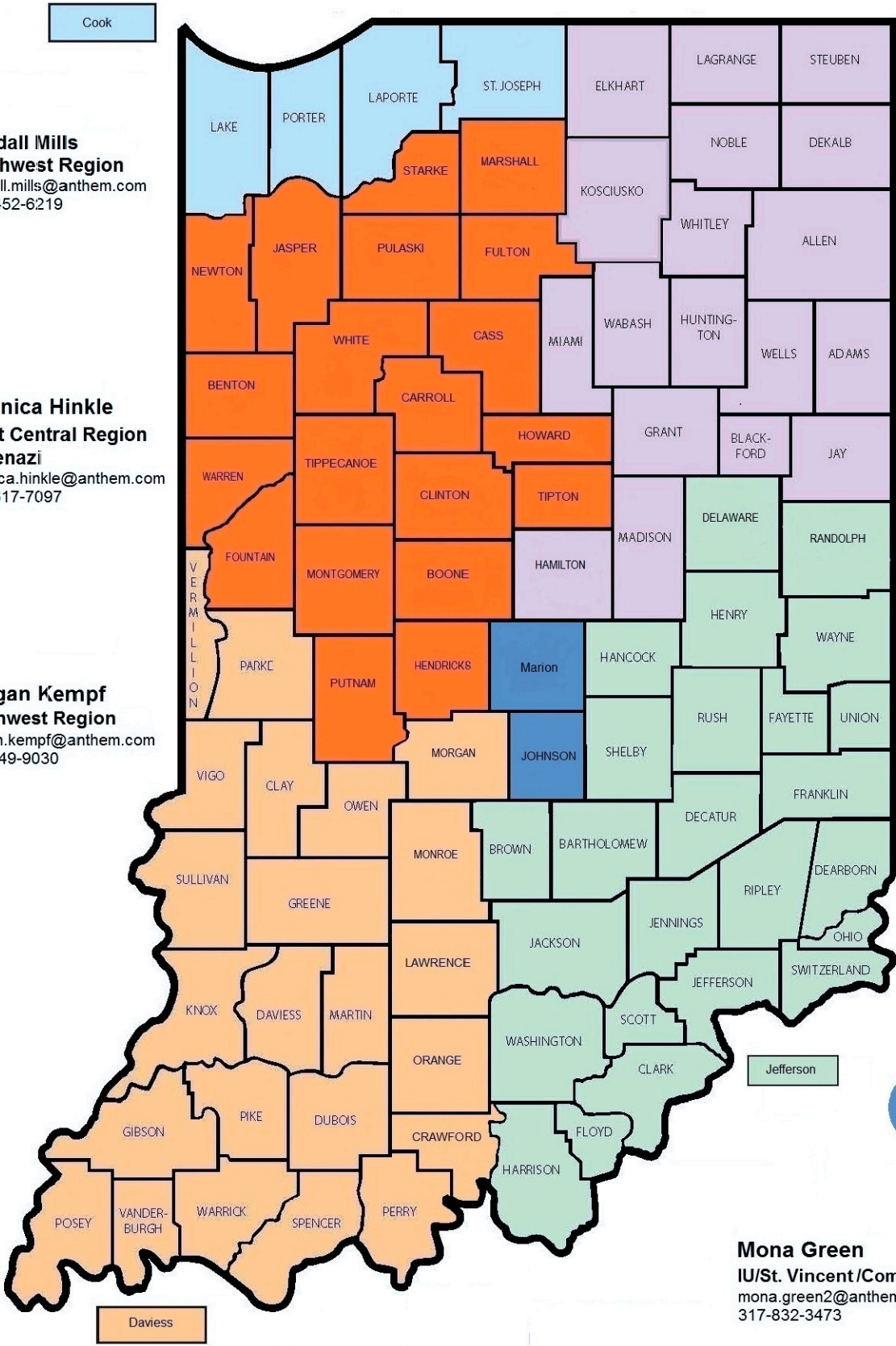
The POWER Account debit card cannot be used for:

- Copayments due by the member
- Preventive health services
- Hospital services, both inpatient and outpatient
- Transportation
- Pharmacy services
- Dental and vision services

Questions

Contact your Provider Relations representative for more information and any questions about the new POWER Account debit card:

- **Northwest Region: Randall Mills**
 - randall.mills@anthem.com
- **Central Region: Shanika Shorey**
 - shanika.shorey@anthem.com
- **Northeast Region: Angelique Carter**
 - angelique.carter@anthem.com
- **Southeast Region: Jovita Mielke**
 - jovita.mielke2@anthem.com
- **Central Region: Mona Green**
 - mona.green2@anthem.com
- **Southwest Region: Meagan Kempf**
 - meagan.kempf@anthem.com



Randall Mills
Northwest Region
randall.mills@anthem.com
317-452-6219

Donnica Hinkle
West Central Region
Eskenazi
donna.hinkle@anthem.com
317-617-7097

Meagan Kempf
Southwest Region
meagn.kempf@anthem.com
812-549-9030

Angelique Carter
Northeast Region
angelique.carter@anthem.com
317-619-9241

Jovita Mielke
Southeast Region
jovita.mielke2@anthem.com
812-483-9453

Butler

Hamilton

Jefferson

Shanika Shorey
Central Region
St. Francis
shanika.shorey@anthem.com
812-217-3499

Mona Green
IU/St. Vincent /Community
mona.green2@anthem.com
317-832-3473