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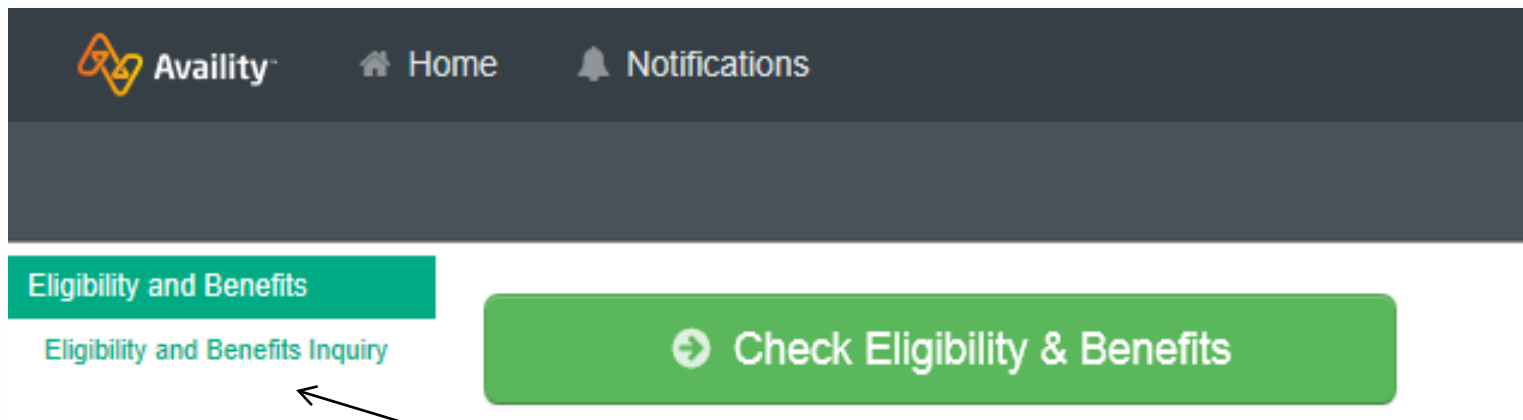
HIP POWER Account debit card
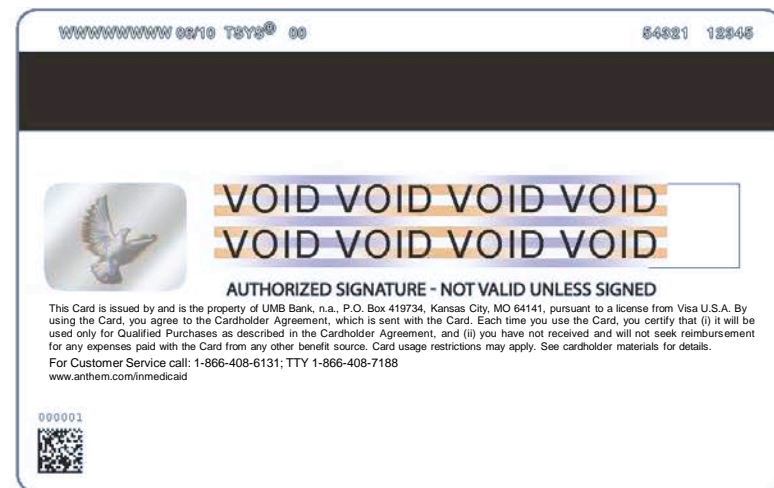
Sample of the new POWER Account debit card for Anthem HIP members. Ask your patients to present their debit card and Anthem member ID card for appointments.

First step – eligibility verification

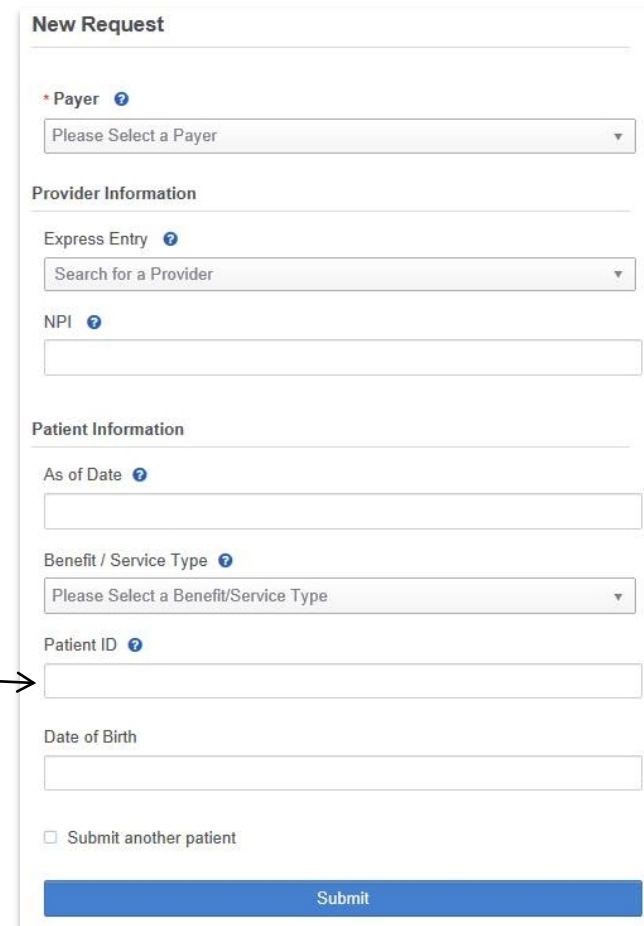As always, the first step is ensuring your patients are eligible for HIP benefits.

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**.

New Request

* Payer ❓
[Please Select a Payer ▾]

Provider Information

Express Entry ❓
[Search for a Provider ▾]

NPI ❓
[ ]

Patient Information

As of Date ❓
[ ]

Benefit / Service Type ❓
[Please Select a Benefit/Service Type ▾]

Patient ID ❓
[ ]

Date of Birth
[ ]

☐ Submit another patient

[Submit]

Eligibility and Benefits

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

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.

Anthem Provider Portal

Disclaimer

You are about to leave Availity's secure site and enter a third-party site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services.

I Agree   Cancel

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

Anthem Provider Portal

On the MyAnthem Provider page, go to MyServices.

Anthem Provider Portal

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

Anthem Provider Portal

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.

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.

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Subscriber   ☑ Edit   🖨 Print

MEMBER ID ▇▇▇▇▇▇ DOB Aug 25, 1978   GENDER Female

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

DATE OF SERVICE Jun 11, 2015

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[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 ▇▇▇▇▇▇

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 ▮▮▮▮▮

MEMBER ID ▮▮▮▮▮

SERVICE DATE   Jun 17, 2015

POWER ACCOUNT BALANCE $2,500.00

Servicing Provider Name

Select One ▾

* Servicing Provider NPI

▯

* Place of Service

Select One

For dollar amounts, use this format: xx.xx

Do not use dollar signs or commas.

* Anthem Fee Schedule Maximum Allowable Amount

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

$ [   ] $500 Limit per Transfer

Cancel   **Transfer Funds to Patient Debit Card**

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	
MEMBER ID	
SERVICING PROVIDER NPI	
PLACE OF SERVICE	Ambulance - Air or Water - 42
SERVICE DATE	Aug 14, 2015
ORIGINAL POWER ACCOUNT BALANCE	$2,500.00
AMOUNT TRANSFERRED TO DEBIT CARD	- $400.00
NEW POWER ACCOUNT BALANCE	$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

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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 ████████████
MEMBER ID ████████████
SERVICE DATE   Jun 09, 2015
POWER ACCOUNT BALANCE $334.45

Servicing Provider Name

Select One ▾

* Servicing Provider NPI

⊞

* 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**

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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**

- **Northeast Region: Angelique Carter**
  - **angelique.carter@anthem.com**

- **Central Region: Mona Green**
  - **mona.green2@anthem.com**

- **Central Region: Shanika Shorey**
  - **shanika.shorey@anthem.com**

- **Southeast Region: Jovita Mielke**
  - **jovita.mielke2@anthem.com**

- **Southwest Region: Meagan Kempf**
  - **meagan.kempf@anthem.com**

Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

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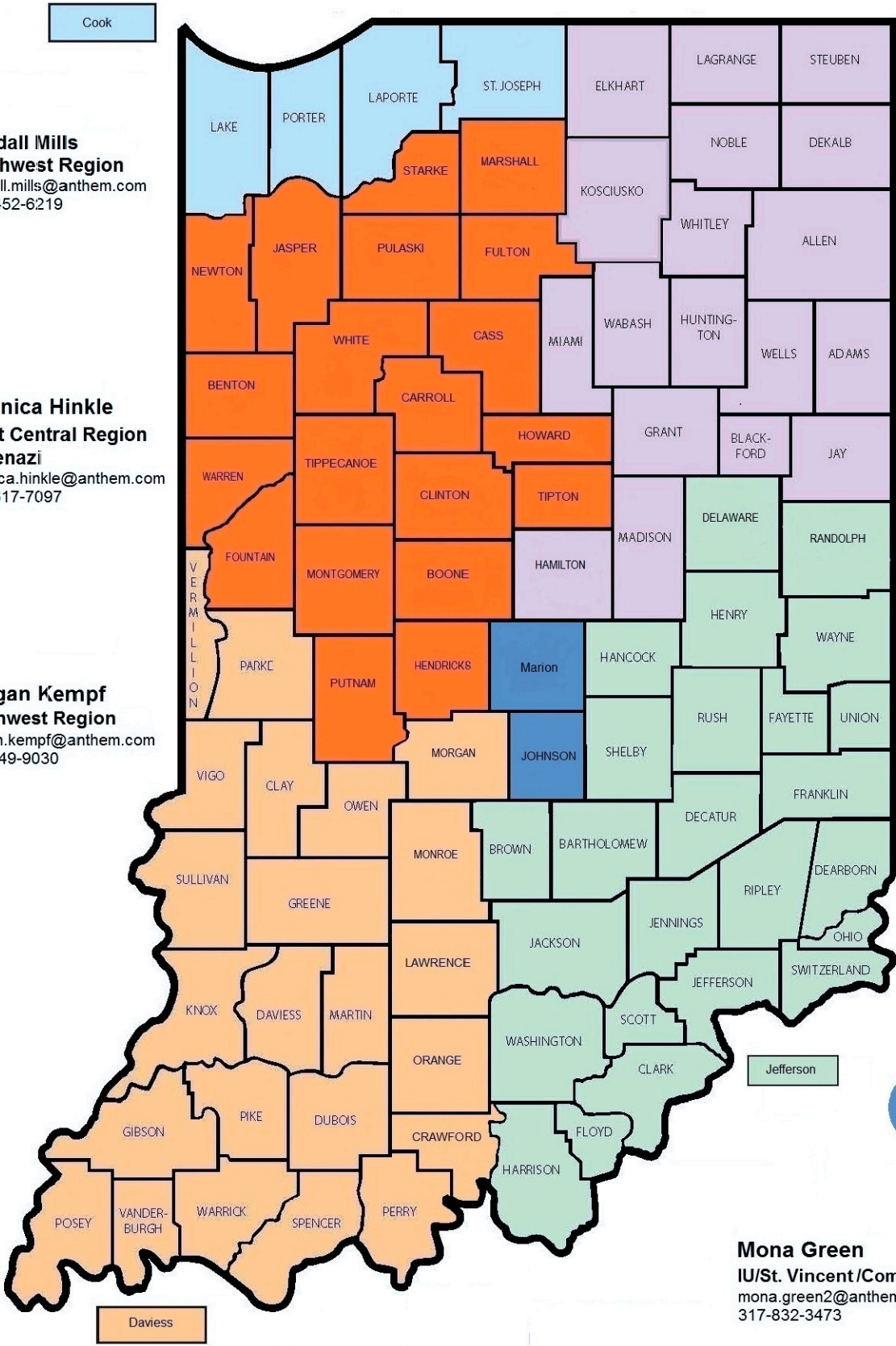
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Cook

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STARKE | MARSHALL | | NOBLE | DEKALB
NEWTON | JASPER | PULASKI | FULTON | KOSCIUSKO | WHITLEY | ALLEN
| WHITE | CASS | MIAMI | WABASH | HUNTING-TON
BENTON | | CARROLL | | GRANT | WELLS | ADAMS
WARREN | TIPPECANOE | HOWARD | | | BLACK-FORD | JAY
| CLINTON | TIPTON | DELAWARE | RANDOLPH
FOUNTAIN | MONTGOMERY | BOONE | HAMILTON | MADISON | HENRY | WAYNE
VERMILLION | PARKE | PUTNAM | HENDRICKS | Marion | HANCOCK | RUSH | FAYETTE | UNION
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SULLIVAN | GREENE | MONROE | BROWN | BARTHOLOMEW | JENNINGS | OHIO
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POSEY | VANDER-BURGH | WARRICK | SPENCER | PERRY

Butler

Hamilton

Jefferson

Daviess

Network Relations
State of Indiana Territory Map