



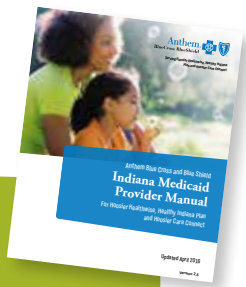
We're here to help!

If you have any questions, refer to the Hoosier Healthwise, HIP and Hoosier Care Connect provider manual or call Provider Services at the following numbers:

Hoosier Healthwise
1-866-408-6132

HIP
1-844-533-1995

Hoosier Care Connect
1-844-284-1798



Serving Hoosier Healthwise,
Healthy Indiana Plan and Hoosier Care Connect

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect 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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Healthy Indiana Plan and Hoosier Care Connect

Access to Care Standards



www.anthem.com/inmedicaidoc

Providers:

Meeting patient expectations regarding timely appointments is an important part of quality care and excellence in patient experience.

The National Committee for Quality Assurance and The Indiana Family and Social Services Administration have established guidelines to set member and provider expectations for access to care.

Access

Members enrolled in Hoosier Healthwise, Healthy Indiana Plan (HIP) and Hoosier Care Connect must have access to quality and comprehensive health care services 24 hours a day, 7 days a week. Members may call you, their primary medical provider (PMP), with a request for medical assistance after office hours.

Availability

- You are required to be available 24 hours a day by telephone or have an on-call provider take calls. We prefer you use an Anthem Blue Cross and Blue Shield-contracted provider for on-call services. In instances when this may not be possible, you are required to use your best efforts to ensure the covering, noncontracted on-call provider abides by the terms of your contract.
- You may use an answering service to forward calls to the responsible provider or to the on-call provider. The provider will contact the member within 30 minutes. An answering service or after-hours personnel must ask the member if the call is an emergency. You must instruct staff and the answering service to direct members with an emergency to call **911** or go directly to the nearest emergency room. All other calls will be directed to you or the on-call provider. The answering service or after hours personnel must have the ability to contact a telephone interpreter for members with language barriers.




- If the staff or answering service is not immediately available, an answering machine may be used to instruct members with emergency health care needs to call **911** or go directly to the nearest emergency department. Further answering machine instructions are required to direct members to an alternative contact number so the member can reach you or an on-call provider with nonemergent medical concerns or questions. Instructions must be provided in English, Spanish and any other language appropriate to the primary medical provider's practice.

Member phone numbers

Members may also call Member Services (8 a.m. to 8 p.m. Eastern time) or the 24/7 NurseLine for answers about health concerns, medical conditions, prescription drugs, local health care services and information about where to go for appropriate health care services.

- Hoosier Healthwise and HIP — 1-866-408-6131
- Hoosier Care Connect — 1-844-284-1797
- TTY — 711

Guidelines are as follows:

Nature of visit	Appointment standards
 General appointment scheduling	
Emergency examinations	Immediate access during office hours
Urgent examinations	Within 24 hours of request
Nonurgent sick visits	Within 72 hours of request
Nonurgent routine exams*	Within 21 days of request
Specialty care examinations	Within 21 days of request
Outpatient behavioral health examinations	Within 14 days of request
Routine behavioral health visits	Within 10 days of request
Outpatient treatment	Within 7 days of discharge
Postpsychiatric inpatient care	Within 7 days of discharge
 Call-back triage	
Wait time to speak to a medical professional if patient needs to be triaged	30 minutes or less
 Prenatal visits	
First trimester	Within 14 calendar days of request
Second trimester	Within 7 calendar days of request
Third trimester	Within 3 business days of request or immediately if an emergency
High-risk pregnancy	Within 3 business days of identification or immediately if an emergency exists
Postpartum exam	3 to 8 weeks after delivery

*Exceptions are permitted for routine cases other than clinical preventive services when primary medical provider capacity is temporarily limited.