IHCP *banner page*

The OMPP approves long-term care RAC audits

The Office of Medicaid Policy and Planning (OMPP) has authorized Health Management Systems (HMS), the Recovery Audit Contractor (RAC) vendor, to perform a comprehensive review of financial activity for each Medicaid-enrolled resident in an Indiana Health Coverage Program (IHCP) nursing facility. The audits will cover a three-year review period adjusted by a one-year look-back period from the date when each audit commences. Because claims filed within the most recent 12 months are excluded (due to timely filing allowances), audited claims can date back four years.

The HMS audits will focus on, but are not limited to:

- Payments made for dates of service after date of discharge
- Duplicate Medicaid payments
- Appropriateness of reporting Medicare or other third-party payments
- Errors related to patient liability application or collection

HMS expects to review all nursing facilities on a two-year cycle. Audits are expected to begin in September 2012.

MORE IN THIS ISSUE

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Update: Missing dates of service on outpatient crossover claims

The Indiana Health Coverage Programs (IHCP) banner page BR201235, published August 28, 2012, included information regarding outpatient crossover claim denials for explanation of benefit (EOB) 264 – *Date of service missing*. These claims are received by the IHCP directly from Medicare, where the date of service (DOS) at the detail level is no longer required. When the claim crosses over electronically to the IHCP, the DOS is missing at the detail level, causing the claim to deny for EOB 264.

The article in BR201235 noted system changes effective August 22, 2012, had been made to prevent these outpatient crossover claim denials, and claims would systematically reprocess. It was subsequently discovered additional system changes were needed for the claims to process and price correctly. This error has caused a delay in reprocessing claims that were denied for edit 264. The systematic reprocessing will now begin appearing on Remittance Advice (RA) statements dated September 18, 2012. These claims can be identified with internal control numbers (ICNs) that begin with region code 80.

In addition, claims that were reprocessed during the period of August 22, 2012, through August 24, 2012, will be systematically mass adjusted due to the pricing concerns noted on paid claims. The systematic mass adjustment will begin appearing on RA statements dated September 25, 2012. These claims can be identified with ICNs that begin with region code 56.

Professional and outpatient claims to be mass adjusted

Professional and outpatient claims will be mass adjusted due to a system change error with National Correct Coding Initiative (NCCI) edits. These claims were originally processed between August 13, 2012, and August 17, 2012. The mass adjustment began appearing on the September 11, 2012, Remittance Advice (RA) and is identified with internal control numbers (ICNs) that begin with region code 56.

If the adjustment finds a claim was underpaid, the net difference is paid and reflected on the RA. If the claim was overpaid, the net difference appears as an accounts receivable. The accounts receivable will be recouped at 100% from future claims paid to the respective provider number.

Provider education opportunities – fall 2012

- **IHCP Third-Quarter Workshops** – This quarter's workshops include managed care entity (MCE) roundtables, sessions on prior authorization (PA) and provider enrollment, and more! Once again, you can attend online training workshops in the comfort and convenience of your own office.

- **2012 IHCP Annual Provider Seminar** – Set aside October 23-25 and plan to be in Indianapolis for the 2012 IHCP Annual Provider Seminar. This year's seminar will be at the Caribbean Cove Hotel and Conference Center.

For more information and to register, visit the Provider Education page on indianamedicaid.com.