IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201839 SEPTEMBER 25, 2018

Services rendered during the retroactive eligibility period for a Hoosier Healthwise member will be covered fee-for-service

Effective September 27, 2018, members determined to be retroactively eligible under Hoosier Healthwise aid categories, will no longer receive a managed care assignment for the retroactive eligibility period. Rather, during the retroactive period, member benefits will be covered through the fee-for-service (FFS) delivery system. Beginning on the date eligibility was actually determined and moving forward, benefits will be covered through the managed care delivery system. The Indiana Health Coverage Programs (IHCP) eligibility verification systems (EVSs) will indicate a FFS benefit plan for the retroactive eligibility period and a benefit plan with a managed care assignment, effective the date eligibility was determined. Providers are reminded to verify member eligibility, including the benefit assignment, for each date of service (DOS).

When notified of a member's retroactive eligibility, the provider is required to refund to the member any payments made by the member for IHCP-covered services rendered during the member's retroactive eligibility period. The provider must then bill the IHCP for the covered service. Services rendered during the retroactive eligibility period must be billed FFS. Nonpharmacy claims should be submitted to DXC Technology; pharmacy claims should be submitted to OptumRx. Claims for DOS after the retroactive eligibility period, at which point the Hoosier Healthwise assignment is effective, must be submitted to the managed care entity (MCE) with which the member is enrolled.

IHCP enhances Portal with a pop-up message when a procedure code is entered on a PA request that does not typically require PA

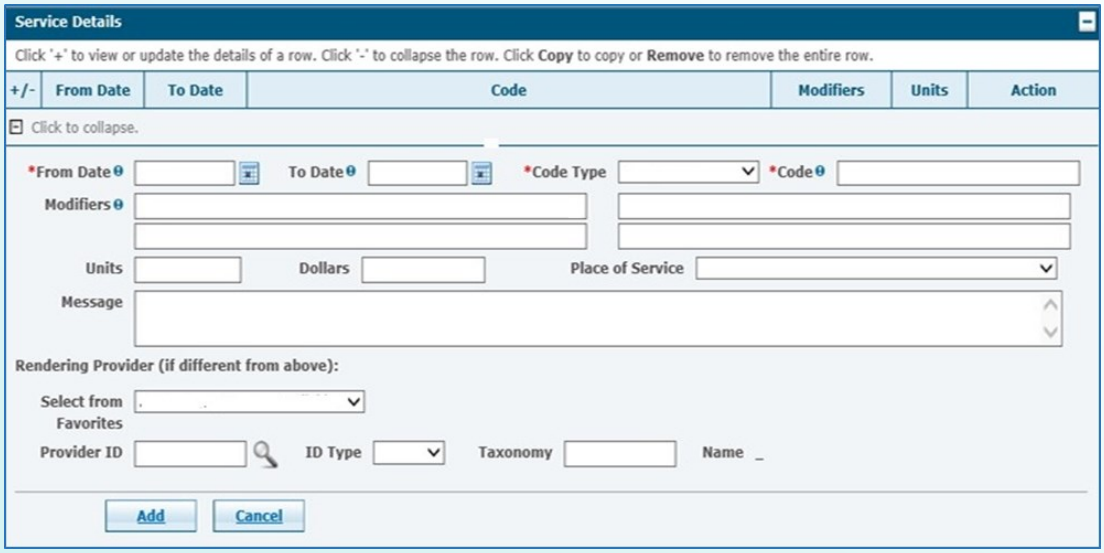
Effective October 31, 2018, the Indiana Health Coverage Programs (IHCP) Provider Healthcare Portal (Portal) will be enhanced with a pop-up message to providers submitting a prior authorization (PA) request for a procedure code that does not typically require PA. The purpose of the message is to alert providers to the possibility of an error with the request. When entering information in the Service Details panel of the PA request on the Portal (see Figure 1), if the procedure code entered does not typically require PA, the following message will display:

> *The service code you are requesting authorization for does not typically require prior authorization. However, there are certain situations, like limitation audits for which the service will require prior authorization. Do you wish to add this service to this authorization? Click OK to add this service, or Cancel to not add this service to the authorization.*

The provider should follow the suggested guidance and either proceed with or cancel the request, as appropriate.

continued

Figure 1 – Service Details panel of the PA request



For detailed information about requesting PA electronically through the Portal, please refer to the *Prior Authorization* and the *Provider Healthcare Portal* provider reference modules at indianamedicaid.com.

IHCP updates the security policy on the Provider Healthcare Portal

Effective October 1, 2018, the Indiana Health Coverage Programs (IHCP) Provider Healthcare Portal (Portal) security policy will be updated to require identifying information on *Provider Account* and *Delegate Account* user profiles to have unique values. The updated security policy will require that each of the following security identifiers within the user's profile be unique:

- User ID
- Password
- Email address
- Passphrase
- Answer to each of the three challenge questions

Beginning October 1, 2018, a pop-up message will display when a user logs into the Portal, if the user's profile contains security identifiers that are not unique, per the updated policy. After closing the pop-up message, the user will be automatically routed to the *My Profile* page to update his or her security information.

Portal users who want to proactively update their user profile should:

1) Log on to the Portal and click the **My Profile** link.
2) On the *My Profile* page, click **Edit** for each section and update any information that does not contain a unique value.
3) Click **Save**; a confirmation message will display, acknowledging that changes were made.
4) Click **Confirm** to save the changes.

Questions about the Portal security policy should be directed to the Portal Help Desk at 1-800-457-4584. When prompted by the automated message, choose "option 3," then "option 3" again, to reach the Portal Help Desk.

IHCP to implement Portal enhancement for converting OPR and rendering provider classifications

The Indiana Health Coverage Programs (IHCP) announced in *Banner Page* BR201835 that the Provider Healthcare Portal (Portal) would be enhanced so that actively enrolled ordering, prescribing, or referring (OPR) providers would be able to convert to rendering providers, or actively enrolled rendering providers would be able to convert to OPR providers, in a single transaction. Implementation of this enhancement was subsequently delayed.

Effective October 1, 2018, this Portal enhancement will be implemented and available to providers. Refer to *BR201835* for information about using this feature.

IHCP corrects procedure code published in *Banner Page BR201834*

The Indiana Health Coverage Programs (IHCP) has identified an error in *Table 2* published in IHCP *Banner Page* BR201834. The article, *Providers may resubmit institutional claims for certain procedure claims that denied inappropriately*, incorrectly referenced procedure code 90800 in the table; the code that should have been referenced is Current Procedural Terminology (CPT®[1]) code 90899 – *Unlisted psychiatric service or procedure*.

Accordingly, beginning immediately, providers may resubmit institutional claims for CPT 90899 for dates of service (DOS) on or after January 1, 2017, that denied for one of the explanation of benefits (EOBs) outlined in the *BR201834* article. The other information published in the article is unchanged.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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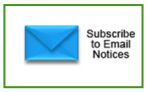

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