

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201851

DECEMBER 18, 2018

IHCP to mass adjust claims to which patient liability deductions were applied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain fee-for-service (FFS) claims for long-term care services processed from February 13, 2017, through July 18, 2018. In error, patient liability was deducted from claims for certain members after the members' patient liabilities were fulfilled.

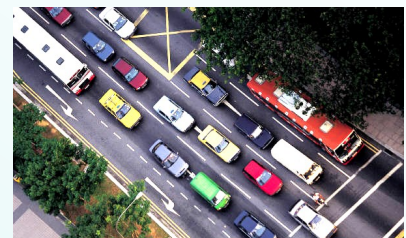
The claim-processing system has been corrected. Claims for affected members processed during the indicated time frame will be mass adjusted. Providers should see the adjusted claims on Remittance Advices (RAs) beginning January 23, 2019, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacement non-check related). For claims that were underpaid, the net difference will be paid and reflected on the RA.



If providers collected excess patient liability amounts from members based on the initial adjudication of the affected claims, providers are required to refund the money to the members.

IHCP clarifies guidance regarding NEMT services for members eligible for both Medicaid and Medicare

The Indiana Health Coverage Programs (IHCP) is clarifying guidance previously published in *IHCP Bulletin* [BT201835](#) regarding nonemergency medical transportation (NEMT) services for dually eligible members enrolled under the *Qualified Medicare Beneficiary (QMB) plus Full Medicaid (QMB-Also)* and *Specified Low Income Medicare Beneficiary (SLMB) plus Full Medicaid (SLMB-Also)* eligibility categories.



- If a member lives in his or her own home, ambulatory or wheelchair NEMT services must be scheduled directly with Southeastrans. Transportation providers should submit claims for these NEMT services directly to Southeastrans with a Trip Leg ID. Providers **should not** submit these claims to Medicare.
- If a member is in a facility (such as a hospital, nursing home, skilled nursing, or other long-term care facility), ambulatory or wheelchair NEMT services must be scheduled directly with Southeastrans. (NOTE: The IHCP temporarily lifted this requirement for **facilities offering extended care services**, allowing them to arrange NEMT services for members directly with preferred transportation providers. This allowance remains in effect until further notice. Providers should refer to *IHCP Bulletin* [BT201845](#) for details.) Transportation providers should submit claims for these NEMT services directly to Southeastrans with a Trip Leg ID. Providers **should not** submit these claims to Medicare.

continued

- If a member lives at home or in a facility (such as a hospital, nursing home, skilled nursing, or other long-term care facility), NEMT services that require basic life support (BLS) or advanced life support (ALS) services during transport or that require transport via a stretcher, should be scheduled directly with an ambulance provider. Providers should submit claims for these NEMT services to Medicare as the primary payer. Claims denied by Medicare or claims paid by Medicare but with balances for coinsurance or deductibles may be subsequently submitted to Southeastrans with the Medicare explanation of benefits (EOB) attached.

Providers should direct questions to Southeastrans by calling 765-602-6004 or via email at kswoveland@southeastrans.com

QUESTIONS?

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

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