# *Core*MMIS *bulletin*

Core benefits – Core enhancements – Core communications

Anticipate temporary suspension of IHCP transactions with transition to *Core*MMIS and the new Portal

On December 5, 2016, the Indiana Health Coverage Programs (IHCP) will replace its current information management system, Indiana*AIM*, with the new *Core*MMIS, which stands for Core Medicaid Management Information System. Along with *Core*MMIS, a new provider interface called the Provider Healthcare Portal (Portal) will replace Web interChange.

The new systems will be operational as of 6 a.m. on Monday, December 5, 2016. To ensure a successful transition to the new system, the IHCP will temporarily suspend business transactions in the current system in the days and hours before implementation. This is necessary so that processing in the current system can be finalized and information can be converted to the new system.
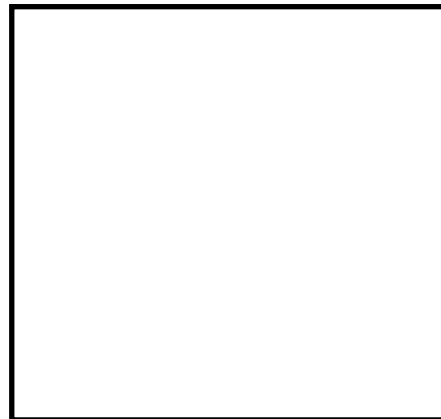
The following outlines details regarding the time frames established for the types of transactions affected. Every effort has been made to keep disruptions of normal business activities to a minimum. Please review the transition schedule carefully and begin making internal preparations to accommodate these down-times. Note that the new system changes will not affect claims or other transactions with managed care entities (MCEs), or pharmacy claims and other transactions with OptumRx. Fee-for-service (FFS) claims currently processed by Hewlett Packard Enterprises (HPE) through Indiana*AIM* and transactions through Web interChange that rely on Indiana*AIM* for processing will be the only transactions affected during the transition period.

Monday, November 14, 2016 (21 calendar days before implementation):

■ *Paper FFS claims and paper FFS claim adjustments:*

  – Paper claims and paper claim adjustments received on or before November 14, 2016, will be processed in Indiana*AIM*.

  – Paper claims and paper claim adjustments received after November 14, 2016, will be held for processing in *Core*MMIS. Claims will be time-stamped upon receipt; determinations regarding timely filing will be based on the date of receipt.

■ *Provider enrollment applications and paper provider profile updates:*

– Provider enrollment applications and paper provider profile updates received on or before November 14, 2016, will be inventoried and processed. Inventory not finalized before *Core*MMIS implementation will be automatically migrated to the new system for continued processing.

– Provider enrollment applications and paper provider updates received after November 14, will be held for processing after *Core*MMIS implementation. Providers are encouraged to submit paperwork for any enrollment changes they anticipate as early as possible.

Wednesday, November 23, 2016 (12 calendar days before implementation):

■ *Written correspondence (including requests for Administrative Review of claims):*

– Correspondence received on or before November 23, 2016, will be handled as usual; providers should expect no delays in response time.

– Correspondence received after November 23, 2016, will be held for processing until after *Core*MMIS implementation. Correspondence will be time-stamped upon receipt; determinations regarding timely filing of Administrative Review requests will be based on the date of receipt.

Wednesday, November 30, 2016 (five calendar days before implementation):

■ *Electronic claim transactions:*

– Electronic batch claims will be accepted until 12 noon on November 30, 2016, for processing in Indiana*AIM*.

– Electronic batch claims not submitted by 12 noon on November 30, 2016, must be held by providers and trading partners for submission on or after December 5, 2016, at which time the claims will be submitted through electronic data interchange (EDI) transmission and processed in *Core*MMIS.

– Claims keyed and submitted through Web interChange will be accepted until 6 p.m. on November 30, 2016, for processing in Indiana*AIM*.

– Web interChange claims not submitted by 6 p.m. on November 30, 2016, must be held by providers for submission on or after December 5, 2016, at which time the claims will be submitted through the Portal and processed in *Core*MMIS.

■ *Paper attachments for electronic claims:*

– Paper attachments associated with electronic claims will be accepted for processing claims in Indiana*AIM* through Wednesday, November 30, 2016.

– Paper attachments received after Wednesday, November 30, 2016, will be held for processing after *Core*MMIS implementation.

■ *Claims processing in IndianaAIM:*

– The final claims processing cycle in Indiana*AIM* will occur on November 30, 2016.
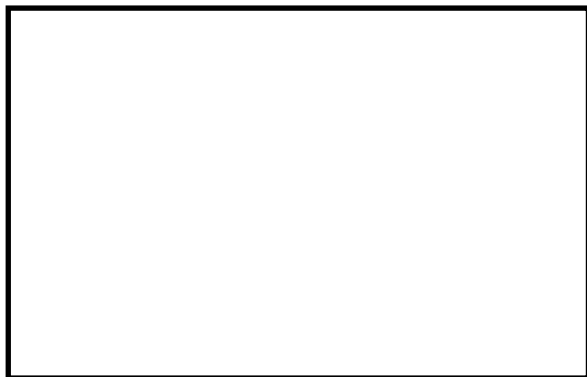
– Claims awaiting attachments or that otherwise suspend in Indiana*AIM* as of November 30, 2016, will be processed to systematically **deny** in Indiana*AIM*, with Claim Adjustment Reason Code (CARC) 143 - *Portion of Payment Deferred* and Remittance Advice Remark Code (RARC) N185 - *Alert: Do not resubmit this claims/service*, as identifiers.

– Systematically denied claims will be subsequently reprocessed in *Core*MMIS after implementation; reprocessing will not require any action on the part of providers.

– Providers will see the systematically denied claims, along with the identifying CARC/RARC codes, on the final Remittance Advice (RA) from Indiana*AIM* dated December 6, 2016.

■ *Electronic updates to provider profiles:*

– Electronic updates to provider profiles can be submitted through Web interChange until 6 p.m. on November 30, 2016.

– Electronic updates not made by 6 p.m. on November 30, 2016, must be held until on or after December 5, 2016, at which time the updates will be submitted through the Portal.

■ *Prior Authorization (PA) and Right Choices Program (RCP) updates:*

– Cooperative Managed Care Services (CMCS) will accept PA and RCP requests and updates throughout the transition time frame, but will not be able to enter the information in Indiana*AIM* after COB Wednesday, November 30, 2016.

– Providers should contact CMCS with PA or RCP questions or concerns on Thursday and Friday, December 1-2, 2016. Normal weekend and holiday protocols should otherwise be followed (for example, pharmacy providers may issue 72-hour emergency prescriptions, as appropriate).

■ *Eligibility File Updates*:

– The November 30, 2016 member eligibility file from ICES will be the final eligibility update made in Indana*AIM.* The update will be made by 6 a.m. on December 1, 2016. This will be the final ICES update sent to MCEs, OptumRx, and other partners until after *Core*MMIS implementation.

– The first member eligibility file update in *Core*MMIS will include ICES files from December 1-3, 2016, and will occur by 6 a.m. on December 5, 2016, before *Core*MMIS implementation. This ICES update will also be sent to MCEs, OptumRx, and other partners.

– IHCP eligibility verification systems will be operational throughout the transition; however, eligibility information will not reflect updates made on December 1-3, 2016, until after *Core*MMIS implementation.

– Providers are encouraged to maintain documentation of all eligibility results they receive for verifications

conducted during the time frame ICES updates are suspended. Providers are also encouraged to REVERIFY eligibility after *Core*MMIS is implemented and eligibility files are again up-to-date. Providers should contact their HPE Provider Relations field consultant if discrepancies are identified.

Sunday, December 4, 2016 (24 hours before implementation):

■ *Eligibility verification systems:*

– Eligibility verification systems will be affected only in the hours immediately before *Core*MMIS implementation; interruptions will be kept to a minimum.

– The Automated Voice Response (AVR) system is expected to be available until 6 p.m. on December 4, 2016.

– EDI eligibility transactions are expected to be available until 12 midnight December 4, 2016.

– Web InterChange is expected to be available for eligibility verification throughout the transition. This functionality will be disabled on Web interChange as of 6 a.m. on December 5, 2016, at which point eligibility verification will be available through the Portal.

■ *Presumptive eligibility (PE):*

– Functionality for processing PE applications will remain available to qualified providers (QPs) throughout the transition. When the Portal begins processing PE applications, this function will be disabled in Web interChange. The transition of processing PE applications from Web interChange to the Portal will occur between 12 midnight and 6 a.m. on December 5, 2016.

After *Core*MMIS and Portal implementation

After *Core*MMIS and the Portal are operational, all functionality will be restored and business transactions resumed. Some temporary changes to claims processing times is anticipated immediately following *Core*MMIS implementation. Claims will intentionally be processed at a controlled rate to verify results. With respect to claims processing, providers can expect the following timelines:

■ **Week 1, December 5-9, 2016**

– **Electronic FFS claims** will come into *Core*MMIS in real time through the Portal and through EDI transactions. This includes new claims and voids/replacements for all claim types.

– **Paper FFS claims and adjustments** held during transition will get first priority and be processed from oldest to newest. All claim types have equal priority.

– **FFS claims suspended and systematically denied in Indiana***AIM* will be reprocessed in *Core*MMIS as new-claims. Current plans are to process these claims within the first week so they appear on the first *Core*MMIS RA.

– **The final RA from Indiana***AIM* **will release December 6, 2016.** Indiana*AIM* RAs will continue to be accessible (for viewing, downloading, or printing) through Web interChange for 30 days after *Core*MMIS implementation. Historical RAs generated in Indiana*AIM* will *not* be transferred to *Core*MMIS. Providers must access these RAs and keep copies for their records during the 30-day time frame.

■ **Week 2, December 12-16, 2016:**

   – Encounter claims from the managed care entities (MCEs) will be processed.

   – The first RA from *Core*MMIS will release December 12, 2016 with a paid date of December 14, 2016.

Stay Informed

The IHCP appreciates the quality services providers offer our members and is committed to working closely with the provider community during this transition. It is critical that providers stay informed as implementation approaches. Watch for future publications and sign up for the IHCP email notification alerts at indianamedicaid.com. Direct questions to your HPE Provider Relations field consultant or email incoremmis2015im@hpe.com.

QUESTIONS?

For additional questions about *Core*MMIS, email incoremmis2015im@hpe.com.

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