*Core*MMIS *bulletin*

Core benefits – Core enhancements – Core communications

Presumptive eligibility processes will transition to *Core*MMIS and the new Portal

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

The presumptive eligibility processes, through which individuals receive temporary IHCP health coverage until the Family and Social Services Administration (FSSA) determines official eligibility, will continue to operate with *Core*MMIS. Qualified providers (QPs) and their designated users, known as delegates, will use the new Portal to submit presumptive eligibility applications.

Qualified providers

QPs currently authorized to make presumptive eligibility determinations will have their status automatically converted to the new system. Providers requesting certification as QPs in the future will follow the current training and certification process.

Presumptive eligibility applications will be submitted through the Portal beginning December 5, 2016. As part of the transition to *Core*MMIS, QPs will need to register on the new Portal before that date. QPs should see IHCP *Core*MMIS *Bulletin BT201661* for information about Portal registration.

The process for submitting the presumptive eligibility applications will be similar to the one that existed in Web interChange. Provider reference modules and training documents will be updated to reflect references to the new system. Updated documents will be posted to the *Provider Reference Materials* and *Presumptive Eligibility* pages at indianamedicaid.com.

Presumptive eligibility RID numbers assigned differently with *Core*MMIS

With *Core*MMIS implementation, Presumptive Eligibility (PE) members may be assigned member identification (RID) numbers with the "600" or "550" PE prefix **or** RID numbers with a "100" or "120" prefix, depending on the member's circumstances.

- PE members already in Indiana*AIM* with a 600 or 550 RID number when *Core*MMIS is implemented will be converted automatically to *Core*MMIS with their PE RID numbers.

- New PE members enrolled after *Core*MMIS implementation will receive a 600 or 550 PE RID number UNLESS the system finds an existing RID number for that individual from an earlier IHCP enrollment. In these cases, the pre-existing RID number for the individual will be assigned and printed in the presumptive eligibility determination letter; these PE members will not receive new 600 or 550 PE RID numbers.

- If more than one pre-existing RID number is identified for a newly applying PE member, the member will be assigned a new 600 or 550 PE RID number.

For members receiving the 600 or 550 PE RID numbers, the PE RID number will be linked to the IHCP enrollment RID number when the member completes an *Indiana Application for Health Coverage* and is officially determined eligible for IHCP coverage. Providers should bill with whatever RID number is assigned, per the eligibility verification system.

Presumptive eligibility applications

Functionality for processing presumptive eligibility applications will remain available to QPs throughout the transition to *Core*MMIS and the Portal. The transition of processing presumptive eligibility applications from Web interChange to the Portal will occur between 12 midnight and 6 a.m. on December 5, 2016. When the Portal begins processing presumptive eligibility applications, this functionality will be disabled in Web interChange. QPs will be notified through a broadcast message on Web interChange when the actual transition will occur. QPs must prepare for this transition by registering for the Portal in advance.

Verifying Presumptive Eligibility member eligibility

Although presumptive eligibility applications will continue to process, the transition will affect eligibility verification processes in the days immediately preceding implementation.

- The November 30, 2016, member eligibility file from Indiana Client Eligibility System (ICES) will be the final eligibility update made in Indiana*AIM.* The update will be made by 6 a.m. on December 1, 2016.

- 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.

- Although Web InterChange is expected to be available for eligibility verification throughout the transition, the system will not reflect updates made December 1-3, 2016, until after *Core*MMIS implementation.

Members determined presumptively eligible during the transition period will continue to receive an eligibility approval letter, which should be honored as proof of eligibility. Providers are encouraged to RE-VERIFY eligibility for members served during the transition time frame after *Core*MMIS is implemented and eligibility files are again up-to-date. Providers should contact their Hewlett Packard Enterprise (HPE) Provider Relations field consultant if discrepancies are identified.

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 *Core*MMIS implementation approaches. All *Core*MMIS provider bulletins are posted on the Indiana *Core*MMIS page at indianamedicaid.com. Sign up for IHCP Email Notifications to be alerted when future bulletins are released. Direct questions to your HPE Provider Relations field consultant or email incoremmis2015im@hpe.com.

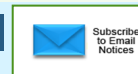### QUESTIONS?

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

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