

# CoreMMIS *bulletin*

Core benefits – Core enhancements – Core communications

INDIANA HEALTH COVERAGE PROGRAMS    BT201680    NOVEMBER 23, 2016

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## IHCP prepared to assist providers in a smooth transition to *CoreMMIS*

In approximately two weeks, the Indiana Health Coverage Programs (IHCP) will replace its current information system, *IndianaAIM*, with the new *CoreMMIS*, which stands for Core Medicaid Management Information System. Along with *CoreMMIS*, a new provider interface called the Provider Healthcare Portal (Portal) will replace Web interChange. The IHCP is committed to working closely with the provider community to make the transition as smooth as possible.

Toward that goal, Hewlett Packard Enterprise (HPE) and the Indiana Family and Social Services Administration (FSSA) are establishing a command center to quickly receive and resolve any issues. A central team of technical and subject matter experts will monitor, evaluate, and direct responses to issues that may arise with *CoreMMIS* implementation:

- Any system issues would be identified through daily reports from internal units – such as claims and call centers – as well as through daily contacts with key stakeholder groups (such as provider associations).
- A team of responders will evaluate the severity level of the issues and determine solutions.
- Actions will be taken to address system fixes as quickly as possible.
- Updates impacting providers and stakeholders will be provided via IHCP news announcements, bulletins, and banners posted on [indianamedicaid.com](http://indianamedicaid.com); other forms of more direct communication will be used, as appropriate.

### Key reference resources

Providers are encouraged to stay informed of changes related to the *CoreMMIS* implementation by reviewing all communication issued through posts to [indianamedicaid.com](http://indianamedicaid.com).

**Bulletins:** A number of bulletins and *CoreMMIS* communications have been released in the recent months and weeks regarding transition to the new system. Information about changes affecting billing and other provider transactions has been relayed. These *CoreMMIS*-specific bulletins are posted with all other IHCP provider bulletins at [indianamedicaid.com](http://indianamedicaid.com), but for easy reference are also listed on the [Indiana CoreMMIS](#) web page.

**FAQs:** The IHCP is developing frequently asked questions (FAQ) documents related to the transition for quick reference. The first, entitled [Provider Healthcare Portal Registration FAQs](#), is available now on the [Indiana CoreMMIS](#) web page.

**Training:** The IHCP is providing web-based training (WBT) sessions and instructor-led virtual training sessions on utilizing the Portal. The full collection of WBTs walks users through the functionality of the Portal from start to finish through self-directed and self-paced online learning. Providers can register for instructor-led training opportunities on select topics. Information on all Portal trainings can be found on the [Provider Healthcare Portal Training](#) web page.

**Provider Reference Modules:** The *IHCP Provider Reference Modules* on the [Provider Reference Materials](#) page at indianamedicaid.com will be updated to reflect the transition to CoreMMIS and the Portal as quickly as possible. Some module updates will be available at implementation on December 5, 2016; other modules will be updated shortly thereafter. As is customary, providers should refer to provider bulletins for all changes related to the transition to CoreMMIS and the Portal until all the modules are updated.

### Customer service resources

Remember, beginning December 5, 2016, the provider Customer Assistance telephone number changes to 1-800-457-4584. Until CoreMMIS implementation, providers should continue to contact IHCP Customer Assistance lines using existing phone numbers. See the [IHCP Quick Reference Guide](#) (QRG) for contact information.

**IHCP call center:** Beginning December 5, 2016, weekday IHCP call center hours will be extended to 8 a.m. – 8 p.m. Eastern Time. Extended hours will be maintained as necessary to support the transition process. New Saturday hours will also be available from 8 a.m. to 1 p.m. Callers may also leave a voicemail message at any time that will be returned within one business day. Through the call center, providers can get help with the following types of inquiries:

- The Interactive Voice Response (IVR) system allows providers to get answers to routine inquiries such as:
  - Eligibility verification and related member information
  - Claim status
  - Payment information
  - Prior authorization status
  - Enrollment transaction status
- Electronic Data Interchange (EDI) customer assistance representatives allow trading partners and providers to get help with:
  - Portal account technical questions
  - Portal password resets
  - Portal registration
  - Electronic eligibility and claim transmissions



EDI inquiries can also be emailed to [INXIXTradingPartner@hpe.com](mailto:INXIXTradingPartner@hpe.com).

■ Provider Customer Assistance representatives allow providers to get answers to inquiries on topics such as:

- Member benefits
- Billing guidance
- Claims issues
- Provider enrollment issues
- Check requests

**Written Correspondence:** Staff is available to research more complex issues for providers experiencing difficulty in receiving claim payments. Providers can communicate inquiries by mail, by email at [INXIXWrittenCorr@hpe.com](mailto:INXIXWrittenCorr@hpe.com), or via Secure Correspondence on the Portal after CoreMMIS implementation.

**HPE Provider Relations field representatives:** Field representatives will be available to answer inquiries regarding billing requirements and policies, as well as to schedule trainings and on-site consultations to address transition questions and concerns. See the [Provider Relations Field Consultants](#) page or refer to the [Contact Us](#) page to find your field representative.

**Other stakeholders:** Providers should continue to contact IHCP partners as they normally would. See the [IHCP Quick Reference Guide](#) (QRG) for contact information.

- *Managed care entities (MCEs):* Services rendered to members enrolled in managed care should be unaffected, or minimally affected, by the transition to CoreMMIS. Providers should continue to refer inquiries to the MCE with which a member is enrolled.
- *Cooperative Managed Care Services (CMCS):* Providers should continue to refer inquiries regarding prior authorization or Right Choices Program (RCP) for fee-for-service (FFS) members directly to CMCS.
- *OptumRx:* Providers should continue to refer inquiries regarding pharmacy benefits and claims for FFS members directly to OptumRx.

#### QUESTIONS?

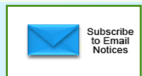
For additional questions about CoreMMIS, email [incoremmis2015im@hpe.com](mailto:incoremmis2015im@hpe.com) or contact Customer Assistance at 1-800-577-1278.

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