

# CoreMMIS *bulletin*

Core benefits – Core enhancements – Core communications

INDIANA HEALTH COVERAGE PROGRAMS    BT201710    JANUARY 30, 2017

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## IHCP sets new *CoreMMIS* implementation date of February 13, 2017

The Indiana Health Coverage Programs (IHCP) has set Monday February 13, 2017, as the new implementation date for replacing its current information system, IndianaAIM, with the new *CoreMMIS*, which stands for Core Medicaid Management Information System. With *CoreMMIS* implementation, a new interface called the Provider Healthcare Portal (Portal) will replace Web interChange.

### Transition schedule

Business transactions will be suspended for a period of time preceding the conversion from IndianaAIM to *CoreMMIS*. Suspension is necessary so that processing in the current system can be finalized and information can be converted to the new system. An abbreviated transition schedule has been established for the reduced functionality of Web interChange and other provider interfaces in the days and hours before *CoreMMIS* implementation. The transition schedule is outlined in Table 1. Note that, after *CoreMMIS* is fully implemented and the Portal is available, Web interChange will be retired.

*Table 1 – Transition schedule for CoreMMIS implementation*

Date	Action
<b>Tuesday, January 31, 2017</b>	<b>Paper claims:</b> Close of business cut-off for paper fee-for-service (FFS) claims and claim adjustments to be processed in IndianaAIM. Paper claims received after this date will be date/time-stamped and held for processing in <i>CoreMMIS</i> . <i>These claims must comply with CoreMMIS billing guidelines.</i>
<b>Wednesday, February 8, 2017</b>	<ul style="list-style-type: none"><li>■ <b>Electronic Batch Claims:</b> 12 noon cut-off for electronic batch FFS claims to be accepted for processing in IndianaAIM. (Electronic Data Interchange (EDI) 270 eligibility transactions continue.)</li><li>■ <b>Web interChange transactions:</b> 5:45 p.m. cut-off for FFS claim submissions, electronic prior authorization (PA) submissions, provider maintenance updates, Presumptive Eligibility for Pregnant Women (PEPW) managed care entity (MCE) assignments, and Right Choices Program (RCP) updates to be accepted via Web interChange for processing in IndianaAIM.</li></ul>

*continued*

Table 1 – Transition schedule for CoreMMIS implementation (continued)

Date	Action
<b>Wednesday, February 8, 2017</b> (continued)	<p>(Presumptive eligibility (PE) applications and eligibility verification functions continue; PEPW MCE assignments are tracked manually by Maximus–PE letters verify eligibility and MCE assignment.)</p> <ul style="list-style-type: none"> <li>■ <b>Final IndianaAIM claim cycle:</b> 6:00 p.m. final run of IndianaAIM financial cycle. Claims awaiting attachments, or otherwise suspended in IndianaAIM, will be systematically denied in IndianaAIM and will be systematically reprocessed by the IHCP in CoreMMIS after implementation. Providers do not need to resubmit claims to process in CoreMMIS.</li> <li>■ <b>Member eligibility updates:</b> 11:59 p.m. final Indiana Client Eligibility System (ICES) update to be made in IndianaAIM; eligibility verification will continue to be available (read-only) based on February 8, 2017, eligibility data until CoreMMIS implementation.</li> </ul>
<b>Thursday, February 9, 2017</b>	<ul style="list-style-type: none"> <li>■ <b>PA and RCP updates:</b> Contact Cooperative Managed Care Services (CMCS) with FFS PA and RCP updates and questions; contact Maximus for managed care RCP updates; normal weekend and holiday protocols should be followed (for example, pharmacy providers may issue 72-hour emergency fills of prescriptions, as appropriate).</li> <li>■ <b>Member eligibility files:</b> 6 a.m. final ICES update transmitted to MCEs, OptumRx, and other partners. (Eligibility verification will continue to be available read-only based on February 8, 2017, eligibility data until CoreMMIS implementation.)</li> <li>■ <b>Member ID cards:</b> Close of business cut-off for member ID cards to be printed from IndianaAIM.</li> </ul>
<b>Friday, February 10, 2017</b>	<ul style="list-style-type: none"> <li>■ <b>Workshop registration:</b> 4 p.m. cut-off for using the Workshop Registration Tool at indianamedicaid.com before CoreMMIS implementation.</li> <li>■ <b>IHCP email notifications:</b> 4 p.m. cut-off to sign up for IHCP email notification of items posted at indianamedicaid.com until CoreMMIS implementation.</li> </ul>

continued

Table 1 – Transition schedule for CoreMMIS implementation (continued)

Date	Action
<b>Saturday, February 11, 2017</b>	<ul style="list-style-type: none"> <li>■ <b>Financial cycle:</b> Final cycle for checks issued via IndianaAIM.</li> </ul>
<b>Sunday, February 12, 2017</b>	<ul style="list-style-type: none"> <li>■ <b>Eligibility verification:</b> <ul style="list-style-type: none"> <li>- 6 p.m. cut-off for eligibility verification via the Automated Voice Response (AVR) system.</li> <li>- 12 midnight cut-off for submitting batch EDI eligibility verification transactions.</li> <li>- 12 midnight to 6 a.m. cut-off timeframe for eligibility verification via Web interChange. Functionality on Web interChange will be disabled after functionality on the Portal is available. (Watch for a Web interChange broadcast message for a more definitive time to log off of Web interChange.)</li> </ul> </li> <li>■ <b>Presumptive Eligibility:</b> 12 midnight to 6 a.m. cut-off timeframe for processing presumptive eligibility applications via Web interChange; functionality on Web interChange will be disabled after functionality on the Portal is available. (Watch Web interChange broadcast message for more definitive time to log off of Web interChange.)</li> </ul>
<b>Monday, February 13, 2017</b>	<ul style="list-style-type: none"> <li>■ <b>CoreMMIS active at 6 a.m.</b></li> <li>■ <b>Provider Healthcare Portal functional at 6 a.m.</b></li> <li>■ <b>Claims processing in CoreMMIS:</b> <ul style="list-style-type: none"> <li>- Electronic batch FFS claims accepted for processing in CoreMMIS.</li> <li>- FFS claims submitted through the Portal accepted for processing in CoreMMIS.</li> <li>- Paper FFS claims and adjustment held during transition begin processing in CoreMMIS; based on date of receipt</li> </ul> </li> <li>■ <b>Member eligibility update in CoreMMIS:</b> 6 a.m. first ICES update transmitted to MCEs, OptumRx, and other partners. Providers should re-verify eligibility as appropriate.</li> </ul>

continued

Table 1 – Transition schedule for CoreMMIS implementation (continued)

Date	Action
Monday, February 13, 2017 (continued)	<ul style="list-style-type: none"> <li>■ <b>New IVR system:</b> Interactive Voice Response (IVR) system and universal customer assistance telephone number (1-800-457-4584) activated.</li> <li>■ <b>Provider website:</b> indianamedicaid.com available with key CoreMMIS applications and updates applied</li> <li>■ <b>Remittance advices (RAs):</b> RAs from final IndianaAIM claim cycle accessible via Web interChange. RAs for claims processed in IndianaAIM will not be converted to CoreMMIS but will be available in Web interChange for 30 days. Providers should access and keep copies for their records by March 15, 2017.</li> </ul>
Wednesday, February 15, 2017	<ul style="list-style-type: none"> <li>■ <b>Systematically denied claims reprocessed in CoreMMIS:</b> FFS claims that were awaiting attachments or otherwise suspended and systematically denied in IndianaAIM will begin reprocessing in CoreMMIS.</li> </ul>
Monday, February 20, 2017	<ul style="list-style-type: none"> <li>■ <b>RAs:</b> First RA from CoreMMIS released with a paid date of Wednesday, February 22, 2017.</li> </ul>

## Registering on the Portal

All providers should register a single *Provider* account as well as all needed *Delegate* accounts on the Portal for every service location enrolled with IHCP. It is critical that all Portal accounts be established before CoreMMIS implementation to avoid interruptions in business transactions.

Details about the registration process were announced in CoreMMIS bulletin [BT201661](#). Web-based training (WBT) on how to register is available on the [Provider Healthcare Portal Training](#) page at indianamedicaid.com. A link to the Portal is provided on the [Indiana CoreMMIS](#) web page at indianamedicaid.com.

Providers who are already registered on the Portal should be aware that passwords expire after 60 days. To minimize confusion at implementation, Portal users are encouraged to reset their passwords in advance. If a password expires due to inactivity, the user will be prompted to create a new password in the Portal prior to logging in.

## Resources and customer service

The IHCP is committed to working closely with the provider community during the implementation and stabilization of CoreMMIS. A team of technical and subject matter experts will monitor, evaluate, and direct responses to issues that arise with CoreMMIS.

- Providers are encouraged to review all communication and reference information issued through postings at indianamedicaid.com.
  - News and Announcement alerts
  - *IHCP Provider Bulletins and Banner Pages*
  - Frequently Asked Questions (FAQs)/Answers
  - Web-based and instructor-led training opportunities
- Customer service to providers remains a high priority during the CoreMMIS transition. Providers are reminded of the availability of following customer service resources:
  - IHCP Call Center: The IHCP Customer Assistance (CA) line telephone number changes with CoreMMIS implementation to 1-800-457-4584. New Saturday hours from 8 a.m. to 1 p.m. and the option to leave a voicemail message will also be available. During the CoreMMIS stabilization period, call center weekday hours will be extended to 8 a.m. to 8 p.m. to increase accessibility if issues arise. Through the CA telephone line, providers can reach the Interactive Voice Response (IVR) system for routine inquires, consult with the Electronic Data Interchange (EDI) help desk representatives for help with technical Portal questions and electronic transmissions, and speak with CA representatives to resolve provider enrollment, FFS claim, and other inquiries.
  - HPE Provider Relations: Hewlett Packard Enterprise (HPE) staff is available to research more complex provider issues. Providers can communicate inquiries by mail, email, or via Secure Correspondence on the Portal. Direct contact with Provider Relations field consultants can also be made to discuss issues or to schedule on-site consultations or trainings.
  - Other Stakeholders: Providers should continue to contact IHCP partners, such as managed care entities (MCEs), Cooperative Managed Care Services (CMCS), OptumRx, and the Division of Family Resources (DFR), and so forth, as they normally would to resolve particular issues handled by those partners. See the IHCP Quick Reference Guide (QRG) for contact information.
  - Transition Issues: Providers who identify systemic issues or have general transition concerns or questions should email them to [incoremmis2015im@hpe.com](mailto:incoremmis2015im@hpe.com).

**QUESTIONS?**

For additional questions about CoreMMIS, email [incoremmis2015im@hpe.com](mailto:incoremmis2015im@hpe.com).

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