

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201914 MARCH 5, 2019

IHCP amends administrative code to reflect program integrity and other updates

Effective January 20, 2019, the Indiana Health Coverage Programs (IHCP) amended Title 405 of the *Indiana Administrative Code* (IAC), including amendments to Rules 1, 2, and 5. Several sections were repealed and placed under a new rule, *405 IAC 1.4 Program Integrity and Appeals*. The amendments also include the implementation of the 180-day timely filing limit for services rendered through the fee-for-service (FFS) delivery system, which was announced in *IHCP Bulletin [BT201829](#)*.

The amendments to Title 405 impact a variety of provider enrollment and program integrity areas, including the following:

- Medical recordkeeping
- Provider enrollment
- Sanctions against providers
- Payment suspension procedures
- Provider exclusions
- Prepayment review
- Provider audits
- Provider appeal requests (institutional and noninstitutional)



A final version of the rules amended under Title 405 of the IAC is available on the Indiana Register ([Legislative Services Agency \[LSA\] Document #18-251](#)) at [in.gov](#).

Over the next few months, the impacted provider reference modules will be updated to reflect all the policy changes as a result of the Title 405 amendments. The following sections provide a complete list of sections affected within Title 405.

New rule created

A new rule for program integrity and appeals was created:

- 405 IAC 1-1.4 Program Integrity and Appeals
 - 405 IAC 1-1.4-1 Scope
 - 405 IAC 1-1.4-2 Medical records
 - 405 IAC 1-1.4-3 Provider enrollment
 - 405 IAC 1-1.4-4 Sanctions against providers; determination after investigation
 - 405 IAC 1-1.4-5 Payment suspension procedures
 - 405 IAC 1-1.4-6 Provider exclusions
 - 405 IAC 1-1.4-7 Prepayment review
 - 405 IAC 1-1.4-8 Denial of claim payment procedures
 - 405 IAC 1-1.4-9 Provider audits; overpayments; recovery
 - 405 IAC 1-1.4-10 Provider payments during pendency of applicant or member appeals; recovery
 - 405 IAC 1-1.4-11 Appeal requests; noninstitutional providers
 - 405 IAC 1-1.4-12 Appeal requests; institutional providers
 - 405 IAC 1-1.4-13 Summary review

Existing rules amended

The following rules were amended:

- 405 IAC 1-1-1 Definitions
- 405 IAC 1-1-3 Filing of claims; filing date; waiver of limit; claim auditing; payment liability; third party payments
- 405 IAC 1-1-15 Third party liability; definitions
- 405 IAC 1-17-18 Administrative reconsideration; appeal
- 405 IAC 2-3.3-4 Administrative appeals
- 405 IAC 5-21.7-14 Provider sanctions



Existing rules repealed

The following rules were repealed:

- 405 IAC 1-1-4 Denial of claim payment; basis; discretion of assistant secretary
- 405 IAC 1-1-5 Overpayments made to providers; recovery
- 405 IAC 1-1-5.1 Provider payments during pendency of appeals; recovery
- 405 IAC 1-1-6 Sanctions against providers; determination after investigation
- 405 IAC 1-1.5 Provider reimbursement appeal procedures
- 405 IAC 1-5 Provider records
- 405 IAC 5-4-1 Enrollment of providers
- 405 IAC 5-4-2 Provider agreement requirements for transportation services
- 405 IAC 5-4-3 Enrollment of a family member as a transportation provider

QUESTIONS?

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