

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202144 JUNE 15, 2021

FQHC/RHC wraparound supplemental professional claim processing to change July 1

The Indiana Health Coverage Programs (IHCP) announces, effective July 1, 2021, federally qualified health center (FQHC) and rural health clinic (RHC) medical wraparound (supplemental) payments will be systematically processed on a claim-by-claim basis by Gainwell Technologies. This change does **not** include dental claims.

This update replaces the monthly and year-end settlement process for medical services reported on professional claims. Providers will no longer submit to Myers and Stauffer to receive the difference between the managed care entity (MCE) payment and the FQHC/RHC encounter rate for claims with dates of service (DOS) on or after July 1, 2021. This update applies to the MCEs listed in Table 1.



Table 1 – MCEs affected by the new wraparound supplemental professional claim processing for FQHCs and RHCs for DOS on or after July 1, 2021

MCE program	MCE ID	MCE name
HCC-Hoosier Care Connect	499254630	Anthem
HCC-Hoosier Care Connect	699842000	UnitedHealthcare Community Plan
HCC-Hoosier Care Connect	399243310	Managed Health Services
HH-Hoosier Healthwise Managed Care	500307680	MDwise
HH-Hoosier Healthwise Managed Care	300119960	Managed Health Services
HH-Hoosier Healthwise Managed Care	400752220	Anthem
HH-Hoosier Healthwise Managed Care	700410350	CareSource Indiana, Inc
HIPMC-Healthy Indiana Plan Managed Care	555763410	MDwise-HIP
HIPMC-Healthy Indiana Plan Managed Care	755726440	CareSource Indiana, Inc
HIPMC-Healthy Indiana Plan Managed Care	455701400	Anthem
HIPMC-Healthy Indiana Plan Managed Care	355787430	Managed Health Services-HIP

Effective with this change, the Core Medicaid Management Information System (*CoreMMIS*) will systematically process the wraparound payment and display the wraparound amounts on the weekly Remittance Advice (RA). Wraparound payments and adjustments are grouped separately on the RA listed for each claim with a wraparound payment or adjustment processed for the week (see [Figure 1](#)).

Figure 1 – RA with wraparound payments per claim and MCE ID

REPORT: CRA-WPPY-R	INDIANA CORE NMIS	DATE: DD/MM/YYYY
RA#: XXXXXXXX	INDIANA TITLE XIX	PAGE: XXX
PAYER: TXIX	PROVIDER REMITTANCE ADVICE	
	WRAP AROUND SERVICES EXPENDITURES	
PROVIDER NAME	PAYEE ID XXXXXXXXXXXX MCD	
PROVIDER ADDRESS	NPI XXXXXXXXXXXX	
CITY, STATE ZIP-ZIP FOUR	PAYMENT NUMBER XXXXXXXXXX	
	PAYMENT DATE MM/DD/YYYY	

MEMBER NO.	--ICN--	PATIENT NO.	MCE ID	SERVICE DATES FROM TO	BILLED AMT	WRAP AMT	TRANSACTION NUMBER
XXXXXXXXXX99	7019XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	MMDDYY MMDDYY	18,341.49	111.92	728467
XXXXXXXXXX99	7019XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	MMDDYY MMDDYY	4,353.72	102.19	728466
XXXXXXXXXX99	7019XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	MMDDYY MMDDYY	4,353.72	111.92	728465
XXXXXXXXXX99	7019XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	MMDDYY MMDDYY	4,662.72	102.19	728464
XXXXXXXXXX99	7019XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	MMDDYY MMDDYY	4,353.72	102.19	728463
XXXXXXXXXX99	7019XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	MMDDYY MMDDYY	74,574.76	408.74	728462
XXXXXXXXXX99	7019XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	MMDDYY MMDDYY	3,623.77	102.19	728461
XXXXXXXXXX99	7019XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	MMDDYY MMDDYY	12,711.37	165.44	728460
XXXXXXXXXX99	7019XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	MMDDYY MMDDYY	13,880.58	111.92	728459
XXXXXXXXXX99	7019XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	MMDDYY MMDDYY	12,880.77	165.44	728458
XXXXXXXXXX99	7019XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	MMDDYY MMDDYY	55,872.65	126.52	728457
TOTAL WRAP AROUND SERVICES PAID:					209,609.27	1,610.66	

Myers and Stauffer monthly settlement processes

Myers and Stauffer will continue to perform the monthly settlement processes for all medical services reported on professional claims with DOS through June 30, 2021.

Place of service codes

Effective July 1, 2021, place of service (POS) codes 02, 03 and 04 will be added to the list of allowable POS codes for valid FQHC and RHC encounter claims:

- 02 – Telehealth
- 03 – School
- 04 – Homeless Shelter

New explanation of benefits codes

Effective July 1, 2021, new explanation of benefits (EOB) codes will be added to CoreMMIS for encounter claims. The new EOBs are listed in Table 2.

EOB code	EOB code description	Additional information
3370	Sum of all payors amount is zero for the COB field for the encounter claim. Please verify and resubmit.	EOB identifies denied RQHC/RHC encounter claims where the sum of all payers' amount is zero or blank in the Coordination of Benefits (COB) table segment.
3371	The service submitted for the FQHC/RHC encounter claim is not payable when billed with a Notice of Pregnancy (NOP).	EOB identifies denied encounter claims reported with T1015 and NOP procedure code/modifier 99354 TH.
3372	Calculated Wrap Around payment amount is zero.	EOB identifies FQHC/RHC encounter claims where the difference between the provider-specific rate and the sum of all payers' amount.

New A/R reason codes

Two new accounts receivable (A/R) reason codes have been created for wraparound payments processed by Gainwell Technologies beginning July 1, 2021. The new A/R reason codes are listed in Table 3.

Table 3 – New A/R reason codes for FQHC/RHC medical services on professional claims, effective for DOS on or after July 1, 2021

A/R reason code	Code description	Additional information
8681	A/R – Result of a wraparound payment adjustment	Identifies a wraparound payment adjustment deducted from future payments resulting from a void/replacement encounter claim
8682	A/R – Manual setup (wraparound payment)	Identifies a manually setup wraparound payment adjustment deducted from future payments

Claim questions should be directed to the MCE with which the member is enrolled.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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