



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER REFERENCE MODULE

Web interChange

Attention:

On February 13, 2017, IndianaAIM was replaced by Core Medicaid Management Information System (CoreMMIS) and Web interChange was replaced by the [Provider Healthcare Portal](#) (Portal), available at portal.indianamedicaid.com.

Until March 15, 2017, please continue to use Web interChange **only** to retrieve Remittance Advices (RAs) for claims processed in IndianaAIM. For all other functions, and to access CoreMMIS RAs (February 21, 2017, onward), please use the Portal.

See the [Provider Healthcare Portal](#) module for information about registering for and using the Portal. Web interChange and this provider reference module will be fully retired on March 15, 2017.

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Introduction

Web interChange is an interactive web application that allows providers to access the Indiana Health Coverage Programs (IHCP) system through the Internet. Web interChange is secure, fast, free, and does not require special software.

If you have questions about accessing Web interChange, contact the Electronic Data Interchange (EDI) Solutions Help Desk toll-free at 1-877-877-5182. Questions can also be sent by email to INXIXElectronicSolution@hpe.com.

For claim-related questions, contact Customer Assistance toll-free at 1-800-577-1278.

Web interChange Features

Web interChange includes the following features:

- Eligibility Inquiry
- Claim Submission
- Claim Inquiry
- Check/RA Inquiry
- NOP Inquiry
- Prior Authorization Submission
- Prior Authorization Inquiry
- Provider Profile View/Edit
- Provider Maintenance
- User Lists
- User Profile
- Help
- FAQ

Providers can access [Web interChange](http://indianamedicaid.com) at indianamedicaid.com.

System Requirements

One of the following browsers should be used to access Web interChange:

- Internet Explorer with 128-bit encryption
 - Internet Explorer for Macintosh is not supported.
 - Lesser encryption values are not supported.
- Mozilla Firefox
- Google Chrome

Web interChange will not function properly if you are using special software that blocks pop-up windows. Users are encouraged to disable pop-up blockers when accessing Web interChange. Pop-up windows, such as the internal control number (ICN) verification of submitted claims or the temporary password assigned during the automated password reset process, will not appear if pop-up blockers are enabled.

See *System Requirements* on the Help screen on [Web interChange](#) for more information.

Web interChange Security

Web interChange is *Health Insurance Portability and Accountability Act* (HIPAA)-compliant for direct data entry (DDE). Encryption and secured socket layer (SSL) connections protect the data in transit.

HIPAA security regulations require that passwords are not shared; therefore, each user of Web interChange must have a unique user ID.

Web interChange allows organizations to assign one or more administrators to oversee their members' use of the website and enforces HIPAA security regulations for password usage.

See *System Requirements and Data Security* on the FAQ screen on [Web interChange](#) for more information.

Web interChange Password Regulations

Web interChange password regulations meet the qualifications for HIPAA security. All passwords are case-sensitive.

Web interChange users have the capability of resetting their own passwords by answering their personal reset questions.

Web interChange users that contact the EDI Solutions help desk will be asked to answer his or her security questions. The EDI Solutions help desk will email a new temporary password to the user's email address on file. The user will be prompted to change the temporary password the first time he or she logs on.

Users may change their passwords one time per day with the Web interChange Change Password function. Users may reset their passwords up to three times per day with the Web interChange Reset Password function. Web interChange administrators have the capability to change passwords outside these parameters.

See *Automated Password Reset* on the Help screen and *User IDs and Passwords* on the FAQ screen on [Web interChange](#) for valid password formatting guidelines.

Web interChange Audit Reports

To protect the integrity and privacy of the information received by Web interChange users, HIPAA security requires that the IHCP audit user activity and privileges on the Web interChange site.

Administrative Group Report

The *Administrative Group Report* is a tool provided to all Web interChange administrators to allow them to monitor all users with access to the organization's data, the type of access given to each user, and the functions the users can perform. This report can be viewed by clicking **View Group Report** on the Web interChange *Group Administration* page. It is each administrator's obligation to review his or her report regularly.

If an administrator has not reviewed the group report for 90 days, a reminder displays each time the administrator signs on to Web interChange. A button is available on the *Group Report* screen for administrators to click to verify that they have reviewed the report.

If a group has more than one administrator, each administrator is prompted to review the report. If a person is the administrator for multiple organizations, the group report must be reviewed for each organization.

Group Owner Email

An email is sent every 90 days to the registered *owner* email address for organizations accessing Web interChange. This email contains a list of the active administrators associated with the owner's organization. The owner can verify that the list is complete and the appropriate person is the administrator for Web interChange.

The owner is responsible for all actions performed by the authorized administrator within his or her organization. If an administrator leaves the organization, the owner must notify the Web interChange help desk and submit a request to establish a new administrator.

Web interChange Administrator

Organizations must designate a Web interChange administrator if they do not already have one.

To apply for a Web interChange administrator User ID, complete the *interChange Administrator Request Form*. The form can be found by clicking **How to Obtain an ID** on [Web interChange](#). A note on company letterhead signed by the practice owner or highest authority with the organization approving the administrator must accompany the *interChange Administrator Request Form*.

Mail the request form along with the letter of approval to the address shown on the form. Forms may also be faxed to (317) 488-5185. Administrators are notified via email when the application is approved.

The following are the advantages and responsibilities of an administrator:

- Maintain compliance to HIPAA security and ensure that users do not share passwords.
- Create and maintain users within an organization. Users choose their own unique user ID.
- Reset passwords for users within an organization. Individual users can also reset their own passwords.
- Assign specific Web interChange access rights to users within an organization according to the user's business need. Users have access only to the information that the administrator assigns to them.
- Monitor users at least every 90 days to verify that the appropriate users are active and have permission to access approved information.

See *FAQ for Web Membership* on the FAQ screen of [Web interChange](#) for more information about Web interChange administrators.

Eligibility Inquiry on Web interChange

Eligibility Inquiry must be requested by National Provider Identifier (NPI) for healthcare providers. Only an atypical provider can verify eligibility by using the Legacy Provider Identifier (LPI).

Access to eligibility information on members is denied if the dates of service do not fall within a provider's active IHCP program eligibility segment.

Providers may search by member ID number, Social Security number, Medicare number, or name and date of birth. The response provides the same information found using the Automated Voice Response (AVR) system. The third-party liability (TPL) information provided includes carrier number, carrier name, address, telephone number, and policyholder name. Web interChange provides benefit limitation information. It indicates if a member has reached the benefit limits for chiropractic, dental, durable medical equipment (DME), and vision services. Benefit limitation information is based on paid claim data. Web interChange provides managed care information if the member is assigned to a managed care health plan for the time period of the eligibility request. Web interChange also allows recognized or qualified providers (QPs) access to the Notification of Pregnancy (NOP) form enabling a simplified means of communication between a member's provider and managed care entity (MCE) when a pregnancy is identified. It also permits QPs access to the Presumptive Eligibility for Pregnant Women (PEPW) or Hospital Presumptive Eligibility (Hospital PE) application.

The following information is included in the eligibility response:

- The Managed Care section of the response contains the MCE name, telephone number, primary medical provider (PMP) name, PMP telephone numbers, PMP assignment effective date and end dates based on the "to" and "from" date of service, and, if applicable, the MCE's network names. If the member has been assigned to multiple PMPs during the period of the eligibility request, the eligibility response includes each PMP and the PMP-MCE information with the date segments that the provider was assigned to the member based on the "to" and "from" date of service.
- The NOP option is available after verifying a pregnant woman is not already enrolled in Medicaid. The Enter NOP button, displays on the NOP Begin screen. The NOP General Information screen is the NOP Form. The provider enters information, which includes the provider's information along with member's current and accurate demographics, any high-risk pregnancy indicators identified during the office visit, and basic pregnancy information. The NOP submission will help establish prenatal care for the pregnant woman and enable NOP reimbursement to the provider. Additional information about NOP can be found in the [Obstetrical and Gynecological Services](#) module.
- The PEPW or Hospital PE application is available once the criteria for the member's eligibility has been established and verified through the NOP process. The PE Application for Pregnant Woman or Hospital PE Application button can be selected to enroll eligible individuals to receive temporary coverage until the application is approved for IHCP by the Indiana Family and Social Services Administration (FSSA). Additional information about PEPW and Hospital PE can be found in the [Member Eligibility and Benefit Coverage](#) module.

See *Eligibility Verification Help* on the Help screen on [Web interChange](#) for more information.

Claim Submission on Web interChange

Claim Submission allows providers to submit individual claims electronically to the IHCP using the Internet. All institutional, professional, and dental claims, including inpatient, outpatient, home health, long-term care, and medical or waiver claims, as well as Medicare crossover and Medicare Crossover Replacement Plan claims, can be submitted electronically.

On September 21, 2013, changes to the format, field length, and qualifiers/indicators for claims transactions and processes were updated to accommodate ICD-10 information. ICD-10 diagnosis codes are required on claims for dates of service on or after October 1, 2015.

A claim submitted through Web interChange is assigned an ICN and available for viewing through claim inquiry approximately two hours after submission.

See the [Claim Submission and Processing](#) module for claim billing instructions.

The *Claim Submission* screen on Web interChange also contains a link to Clear Claim Connection, a web-based solution that enables Hewlett Packard Enterprise and the FSSA to share with providers the claim auditing rules and clinical rationale associated with the National Correct Coding Initiative (NCCI).

Note: Providers cannot use Web interChange to submit claims to MCEs.
Web interChange may not be used for submitting pharmacy claims to the IHCP.

See *Claim Submission Help* on the Help screen and *FAQ for Transactions* on the FAQ screen on [Web interChange](#) for more information.

Voids and Replacements on Web interChange

Note: See the [Pharmacy Services](#) module for information regarding pharmacy claim voids and replacements for point-of-sale or paper.

Providers are able to submit an electronic void or replacement for a previously submitted claim in a paid status. A void or replacement can be completed on the same day or in the same week as a claim submission or after the payment is finalized. However, when performing an electronic void of a claim that was subject to NCCI auditing, providers must wait until the following day to resubmit a claim related to the voided claim.

Resubmitting claims that are related to a voided claim applies only to non-check-related replacements; however, it applies to pre-financial and post-financial claims. New region codes are assigned to post-financial claims for electronic voids or replacements.

See *Claim Submission Help* on the Help screen on [Web interChange](#) for more information on submitting electronic voids and replacements.

Coordination of Benefits Information on Web interChange

Coordination of benefits (COB) information can be submitted for crossover, crossover Medicare Replacement Plan, and TPL claims on Web interChange.

See *Claim Submission Help* on the Help screen and *FAQ for Transactions* on the FAQ screen on [Web interChange](#) for more information about coordination of benefits.

See the [Claim Submission and Processing](#) module for claim billing instructions.

See the [Third Party Liability](#) and [Claim Submission and Processing](#) modules for crossover claim processing procedures.

User Lists on Web interChange

User Lists are created to help a user store and retrieve frequently used data, such as Member ID, rendering provider number, diagnosis codes, and modifiers. This capability eases the process of submitting claims and prior authorizations.

Data entered via a User List is not validated against IHCP data for accuracy. It is the responsibility of the user to maintain any data stored in a User List. Any data entered in this User List may be analyzed by Hewlett Packard Enterprise to ensure validity.

See *Claim Submission Help* on the Help screen on [Web interChange](#) for more information on user lists.

Claim Inquiry on Web interChange

Claim Inquiry allows providers to inquire about previously submitted claims, even before they appear on the Remittance Advice (RA) summary or 835 transaction. Claims submitted electronically are accessible within two hours and remain accessible for seven years. However, due to the NCCI claim editing, it is possible that claims may not be accessible in Web interChange within the normal two-hour time frame. Providers may contact Customer Assistance if claims are not accessible within 24 hours.

Claims are located by searching within a date range, by claim type, by member ID, or by ICN. When the basic claim information displays, click the desired claim ICN for more detail. In keeping with HIPAA privacy requirements, built-in security features allow only billing providers to view the claims they submitted.

Note: Web interChange cannot be used to view the status of claims submitted to MCEs.

See *Claim Inquiry Help* on the Help screen on [Web interChange](#) for more information.

Check/RA Inquiry on Web interChange

Check/RA Inquiry allows the provider to inquire about previously received payments. A list of checks, electronic funds transfers (EFTs), and RAs can be found by searching within the date range or by searching for a specific check number. When the basic check information displays, click on that line to obtain a list of all claims associated with that check. The link to download the RA displays regardless of check availability. If no check was issued in conjunction with the RA, the check number displays as "000000000." Providers are encouraged to print RAs weekly or save them to their system for future reference.

Note: A rolling 12 weeks of RAs are available.

In keeping with HIPAA privacy requirements, built-in security features allow only billing providers to view the checks and RAs they have received.

See *Check Inquiry Help* on the Help screen on [Web interChange](#) for more information.

NOP Inquiry on Web interChange

NOP Inquiry allows the provider to search for a previously submitted NOP. The NPI/LPI used to enter the NOP via member eligibility must be the same NPI or LPI used for the NOP Inquiry function. The appropriate service location will need to be selected if the NPI is associated with more than one LPI. The provider can search for all NOPs, a specific NOP, or by the member identification number (RID), member name, or member Social Security number.

Prior Authorization Submission on Web interChange

Note: Requests for drugs, such as nonpreferred medications and the Medical Necessity Review Form for mental health medications, cannot be submitted via the Web. See the [Pharmacy Services](#) module for information regarding pharmacy prior authorization (PA).

Web interChange Prior Authorization Submission allows providers to submit PA requests electronically through the Internet. This tool is designed to help IHCP providers file PAs faster and more easily. Even though a PA request is submitted through the Internet, the rules for making PA decisions still follow the same 10-day time line. Providers should be specific, clear, and concise on all PA requests to avoid PA suspensions. All information required for paper PA submissions is also required for Web submissions.

As specified in *Indiana Administrative Code (IAC)* citations *405 IAC 5-3-10*, *405 IAC 5-30-4*, and *405 IAC 5-34-11*, the providers that may submit PA requests are as follows:

- Doctor of medicine
- Doctor of osteopathy
- Dentist
- Optometrist
- Podiatrist
- Chiropractor
- Home health agency
- Hospital
- Hospice
- Psychologist endorsed as a health service provider in psychology (HSPP)
- Transportation providers (authorized agents)

Note: DME providers cannot submit PA requests via Web interChange.

See *Prior Authorization Submission Help* on the Help screen on [Web interChange](#) for more information.

Prior Authorization Inquiry on Web interChange

PAs submitted electronically during business hours are viewable within two hours of submission.

PAs can be located by using the search fields of Service Location, Member ID, Procedure Code, Modifiers, Revenue Code, Service Date, and Assignment Code.

Providers can inquire about PA for any known prior authorization number or confirmation number.

See *Prior Authorization Inquiry Help* on the Help screen on [Web interChange](#) for more information.

Provider Profile on Web interChange

The Provider Profile enables providers to view their IHCP profile information.

Accessing the Provider Profile function allows providers to view information on file with the IHCP, including name, current addresses and telephone numbers, type and specialties, license number, Clinical Laboratory Improvement Amendments (CLIA) information, Medicare number, electronic funds transfer (EFT) information, tax identification number information, and PMP managed care information. Groups are also able to view all the rendering providers associated with the practice. Copies of the *Provider Profile* can be printed from Web interChange.

Provider profile updates that do not require supportive documentation can be made through Web interChange quickly, easily, and securely without submitting paper forms. For example, users who have appropriate permissions can change the mailing and pay-to addresses or bank account information for EFT and set up the provider for the 835 electronic remittance transaction. Examples of changes that cannot be made online include changing a primary specialty, which requires certification, or changing the home office address or legal name, which requires a new W-9 form.

Terminations cannot be made online because of managed care PMP considerations. For example, an accidental termination could result in the loss of a PMP's assigned patient panel, causing confusion for members.

Provider Profile gives access to PEPW and Hospital PE providers to enroll as a QP by completing the presumptive eligibility information on the Presumptive Eligibility tab located on the *Provider Maintenance* window.

The Provider Profile update function is available to any user within the provider's organization who has been granted Provider Maintenance access by his or her Web interChange administrator. It is the administrator's responsibility to provide Edit access to only the appropriate users. By limiting personnel who have access to this function, administrators can prevent unauthorized changes to the profile. Administrators should also ensure that users do not share their user IDs and passwords. Access to a specific function is user-ID specific and is available to anyone using that ID and password.

The Provider Profile screen also contains a link for eligible hospitals (EH) and eligible professionals (EP) to register for the Indiana Medicaid Electronic Health Record (EHR) Incentive Program.

See *Provider Inquiry/Maintenance Help* on the Help screen on [Web interChange](#) for more information.

User Profile on Web interChange

User Profile is available to all Web interChange users and allows users to update various basic information about the owner of the ID, including telephone number, email address, and user-specific security questions and answers.

See *Profile Maintenance Help* on the Help screen on [Web interChange](#) for more information.