

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201318

MAY 7, 2013



Inpatient shadow claims eligible for medical education payments to be mass adjusted

Claims for medical education payments for risk-based managed care (RBMC) providers participating in the Hospital Assessment Fee (HAF) program will be mass adjusted. The medical education reimbursement rate was incorrectly paid at 95% rather than paying at 100% as provided for under the HAF program. Adjustments to RBMC shadow claims with dates of service of July 1, 2011, through March 28, 2013, inclusive, will begin appearing on Remittance Advices (RAs) dated May 7, 2013, and will be identified with internal control numbers that begin with region code 67. The corrected payments will appear as expenditures and will include the additional 5% for the medical education payment.

Clarification on the *Consent for Sterilization form*

As announced in [BR201314](#), dated April 9, 2013, the updated *Consent for Sterilization* form is available on the [Forms](#) page at indianamedicaid.com. The consent form is federally mandated and is required for all Indiana Health Coverage Programs (IHCP). The new form is effective through October 31, 2015.

Effective May 9, 2013, the IHCP requires the updated form be used. However, because the signature on a consent form is valid for up to 180 days, it is understood that signatures obtained before May 9, 2013, may continue to be valid for dates of service through November 4, 2013. Therefore, for appropriate claims processing, the IHCP will continue to accept claims submitted with the prior version of the *Consent for Sterilization* form, if the signature was obtained on or before May 8, 2013, and is within the 180-day time frame. Claims will continue to process with the prior version of the form for dates of service through November 4, 2013.

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The updated *Consent for Sterilization* form is required for any signatures of consent obtained on or after May 9, 2013. Any claims received without the appropriate, signed consent form will be returned to the provider. The original signed consent form should be retained at the site where services are provided, and copies should be given to the recipient and submitted with the claim. The consent form is available in English and Spanish.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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