

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201443 OCTOBER 28, 2014

RAs to be available on Web interChange for additional weeks

Beginning November 1, 2014, Indiana Health Coverage Programs (IHCP) Remittance Advices (RAs) will be available for additional weeks on Web interChange. Currently, the most recent four weeks of RAs are visible to providers. Each week beginning November 1, providers will see additional weeks of RAs display, up to a total of 12 weeks. Going forward, Web interChange will continue to display a rolling 12-week history of RAs for provider reference.

For example:

- For providers that submit claims weekly and view the *Check/RA Inquiry* screen in Web interChange on October 28, four weeks of RAs will be available for download
- On November 4, five weeks of RAs will be available for download
- On November 11, six weeks of RAs will be available for download
- On December 26 and after, the maximum of 12 weeks will be available

For any week that a provider has no activity, there will not be an RA posted on Web interChange. Providers are encouraged to print RAs or save them to their systems for future reference.

CMS issues final rule for Home and Community-Based Services (HCBS)

The Centers for Medicare & Medicaid Services (CMS) issued regulations effective March 17, 2014, that define the settings in which it is permissible for states to pay for Medicaid HCBS. The Indiana Family and Social Services Administration (FSSA) is assessing all FSSA HCBS programs and will create a transition plan that assesses the current level of compliance with the requirements, as well as strategies and time lines for coming into full compliance with the new

rule by no later than March 2019. This Statewide Transition Plan will be open for public comment for 30 days, **November 1 – December 1, 2014**. This comment period will allow all HCBS consumers, providers, and stakeholders an opportunity to provide input to the plan. Visit the [HCBS Final Rule](http://in.gov/fssa) web page at in.gov/fssa for more details.

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The IHCP implements more secure authentication process for customer assistance calls

For security purposes, effective December 1, 2014, the Indiana Health Coverage Programs will adopt a revised authentication process for provider calls received by Customer Service representatives when the inquiry involves protected personal and health information. The new process requires callers to provide the following information about the facility or practice for which they are calling:

- The name of the facility or practice
- The National Provider Identifier (NPI) or Legacy Provider Identifier (LPI) with the alphabetical suffix of the facility or practice
- The ZIP +4 Code of the service location
- The last four digits of the tax identification number of the facility or practice

If the inquiry is for claim or other information about a particular member, the caller must be able to provide:

- The member's name
- The member's recipient identification (RID) number
- The date of service or member's date of birth

Note: A claim's internal control number (ICN) will suffice in lieu of the RID number and date of service when calling for claim information.

If the caller does not have the required information available at the time of the call, he or she will be asked to call back when the information is available.



QUESTIONS?

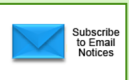
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