IHCP banner page

INDIANA HEALTH COVERAGE PROGRAMS

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FSSA revises inpatient psychiatric hospital services form

The Indiana Family and Social Services Administration (FSSA) has updated the *Certification – Plan of Care for Inpatient Psychiatric Hospital Services/Determination of Medicaid Eligibility* form (State Form 44697 (R4/5-15)/OMPP 1261A).

Revisions include:

- The length of the form has been reduced to two pages.
- A separate plan of care is no longer required as an attachment with the submission of the form.
- The form must be sent to the reviewing agency via certified email. (Do not mail the form via the United States Postal Service.)
- E-signature is **not** an option at this time; the form must be signed, scanned, and sent certified email.

The submission process for this form has been revised for state-operated facilities only. The FSSA will communicate these instructions directly with these facilities.

Note that the form is formatted as a fillable PDF and can be completed online. It is now readily accessible online from the *Forms* page at indianamedicaid.com under Hospital Forms. You can also access this and other state forms using the "browse" function of the Indiana Archives and Records Administration (IARA) <u>State Forms Online Catalog</u> at in.gov/iara.

IHCP mass adjusts Medical and Crossover Part B claims involving HIP rate corrections

The Indiana Health Coverage Programs (IHCP) identified a claims processing system issue that affected physician claims for HIP members processed from February 1, 2015, through April 29, 2015. Medical and Crossover Part B claims processed during that timeframe reimbursed incorrectly.

The claims processing system has been corrected. Affected claims will be mass adjusted. Providers should have seen the mass adjustments on their Remittance Advice (RA) beginning June 23, 2015, with internal control numbers (ICNs) that begin with 56 (mass adjusted). For claims that were underpaid, the net difference is paid and reflected on the RA. If a claim was overpaid, the net difference appears as an accounts receivable. The accounts receivable will be recouped at 100% from future claims paid to the respective provider number.



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