

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

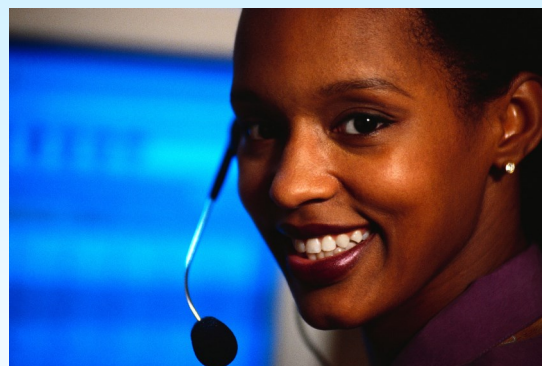
BR201613

MARCH 29, 2016

## IHCP reminds providers that member eligibility verification is not available via Customer Service

The Indiana Health Coverage Programs (IHCP) reminds providers that member eligibility verification is not available via the Customer Service call center. The IHCP offers three self-serve options for providers to verify member eligibility:

- Web interChange: Free web-based solution. Contact your [Provider Relations Field Consultant](#) if you are not already registered to use Web interChange.
- Automated Voice Response (AVR): Free telephonic solution. To access the AVR, call 1-800-577-1278 and select Option 3. See the [Automated Voice Response System](#) provider reference module at indianamedicaid.com for user information and shortcuts.
- 270/271 HIPAA transactions: See the [270/271 Health Care Eligibility Benefit Inquiry and Response Transactions V2.4](#) Companion Guide at indianamedicaid.com or contact the Electronic Data Interchange (EDI) Help Desk by email at [INXIXElectronicSolution@hpe.com](mailto:INXIXElectronicSolution@hpe.com) or by telephone at 1-877-877-5182 for more information.



## IHCP reminds providers of caller authentication requirements for Customer Service

As published in the *Indiana Health Coverage Programs (IHCP) Banner Page* [BR201443](#), dated October 28, 2014, both members and providers are required to provide specific data elements to authenticate their identity and access personally identifiable information (PII) and protected health information (PHI) when calling Customer Service. Authentication is required to comply with the *Health Insurance Portability and Accountability Act (HIPAA)* Privacy and Security rule. It prevents unauthorized persons from obtaining protected information such as taxpayer identification numbers (TINs), financial data (including banking information), members' confidential medical information, and other private information. The IHCP takes privacy and security very seriously. When calling Customer Service for assistance, providers are required to provide the following to authenticate their identities:

- The name of the practice, facility, or billing provider
- The National Provider Identifier (NPI) or Legacy Provider Identifier (LPI) with the alphabetical suffix of the facility, practice, or billing provider

- The full 9-digit ZIP Code (ZIP Code + 4) of the service location related to the inquiry
- The last four digits of the TIN for the practice, facility, or billing provider

If the inquiry is related to a specific claim or information about a specific member, the caller must also provide the following:

- The member's name
- The member's identification number (RID)
- The date of service, member's date of birth, or the claim's internal control number (ICN)

If callers do not have all the required information readily available at the time of the call, they will be asked to call back when they have the required information.

#### QUESTIONS?

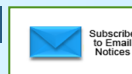
If you have questions about this publication, please contact Customer Assistance at 1-800-577-1278.

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