IHCP banner page

INDIANA HEALTH COVERAGE PROGRAMS

BR201711

MARCH 14, 2017

Paper claims with TPL or Medicare information must include the special attachment form

Providers submitting paper claims with third-party liability or

Medicare information are reminded that the *Third-Party*Liability (*TPL*)/Medicare Special Attachment Form must be included with the claims. Failure to include this form will cause claims to deny. Additional information about use of this form can be found in <u>BT201667</u>. The <u>Special Attachment Form</u>, as well as <u>instructions</u> for completing the attachment, can be located on the *Forms* page of indianamedicaid.com. Claims submitted through the Portal or through the Electronic Data Interchange are not required to include this form; however,

TPL and Medicare information must be provided at the detail level for certain claim types. Please refer to *CoreMMIS Bulletin BT201667* and *Banner Page BR201706* for details and clarification.

Facility claims must include HIPAA-compliant occurrence codes

In Indiana Health Coverage Programs (IHCP) *Core*MMIS *Bulletin* <u>BT201667</u>, the IHCP informed providers that *Core*MMIS would use Health Insurance Portability and Accountability Act (HIPAA)-compliant coding in its claim-processing logic. Specifically, the publication stated that HIPAA-compliant occurrence codes would be required for dates of service after *Core*MMIS implementation.

The IHCP is finding that a number of facility claims from long-term care facilities as well as inpatient and outpatient hospital claims, including crossover claims, with dates of discharge after *CoreMMIS* implementation are being

submitted using occurrence code 51 to indicate a live discharge, as was done in Indiana *AIM*. Live discharges occurring on or after February 13, 2017, should be billed with occurrence code 42–*Date of discharge*. Live discharges that occurred before February 13, 2017, should be billed with occurrence code 51.

As a reminder, claims for members with a discharge due to death should continue to be billed with occurrence code 55—

MORE IN THIS ISSUE

- IHCP reminds providers how to add multiple rendering providers to an active group location in the Portal
- Member search issue in the Portal corrected

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IHCP reminds providers how to add multiple rendering providers to an active group location in the Portal

In the Indiana Health Coverage Programs (IHCP) Provider Healthcare Portal, providers can easily add one or more rendering providers at a time when making changes through the Provider Maintenance function of the Portal. To make multiple rendering provider changes at one time, all changes must be made BEFORE clicking Submit. After Submit is clicked, that maintenance transaction session will end and those changes must be fully processed before further changes can be made to the group provider's profile. Follow these instructions:

- 1. On the My Home page of the Portal, click the Provider Maintenance link in the left navigation panel to display the Provider Maintenance Instructions screen (see Figure 1).
- 2. Click the Rendering Provider Changes link to get to the Provider Maintenance: Rendering Providers page.

3. On the Provider Maintenance: Rendering Providers page, select the Add tab to add rendering providers. See Figure 2.

Figure 2 - The Provider Maintenance: Rendering Providers page

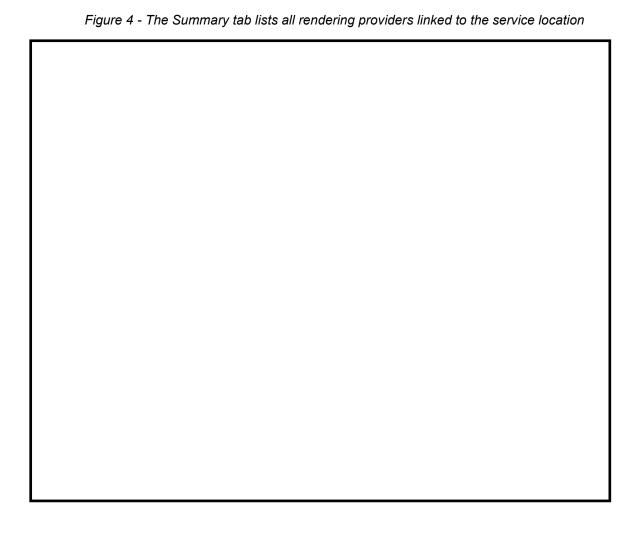
- 4. Follow these steps for each rendering provider (see Figure 3).
 - a. Enter an effective date in the Rendering Linkage Effective Date field.
 - b. Enter either a Provider ID (formerly known as a Legacy Provider ID, plus the service location code) or National Provider Identifier (NPI) in the appropriate field. (The Provider ID is preferred, but NPI is also an option. Waiver providers must enter a Provider ID and not an NPI.)
 - c. Select the I Accept check box. Click the link to the Rendering Provider Agreement and Attestation Form for this rendering provider and print it out for mailing.

continued

- Choose Save. This will return you to the Summary tab where the newly added rendering should display.
 See Figure 4.
- 6. If you have more rendering providers to add to this group location, return to the Add tab and complete steps 4 and 5 for the next rendering provider. **Do not click Submit if you have multiple rendering providers to add during one session**.

Figure 3 - Enter rendering provider information under the Add tab

continued



- 7. When you are finished adding rendering providers, click Submit to complete the task and follow the system prompts.
- 8. Print out a cover sheet with the Application Tracking Number (ATN) to attach to your signed rendering provider agreements. Print only one cover sheet, attach all agreements to one cover sheet, and mail to the post office box on the cover sheet.

When adding more than one rendering provider to the group's Provider Account in the Provider Maintenance function of the Portal, the rendering provider must already be actively enrolled in the IHCP. If a group wants to add a rendering provider that is not yet enrolled in the IHCP, the group must enroll the rendering provider through the Provider Enrollment function on the Portal.

Member search issue in the Portal corrected

Providers searching for members by name, date of birth, or Social Security number were sometimes receiving an error message indicating the system could not identify a unique member based on that information. In error, the system had not automatically linked all Member IDs, or RIDs, for a single member - for instance, a presumptive eligibility (PE) RID to a 1099 RID member – for all member files that were converted to CoreMMIS.

The system has been corrected so that multiple member RIDs are now linked to one primary RID. This allows providers to retrieve accurate eligibility information when searching using any of the search criteria options, including PE RID numbers that have been replaced with a new primary RID.

QUESTIONS?

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