

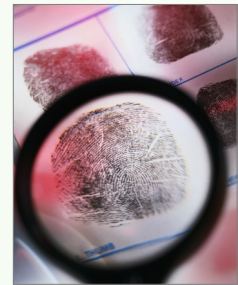
IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201813

MARCH 27, 2018

Portal upgrade will allow electronic submission of fingerprint confirmation information

Effective March 29, 2018, the Indiana Health Coverage Programs (IHCP) will upgrade the Provider Healthcare Portal (Portal) to allow providers designated as high-risk, to report that the fingerprints for owners and those with controlling interest have been submitted to conduct the required criminal background checks. When fingerprints are taken, a confirmation number is provided. With the system upgrade, providers will be able to report this confirmation number online through the Portal when submitting enrollment transactions. The confirmation number for each individual should be entered in the disclosure section of the provider application on the Portal.



The IHCP began requiring fingerprint-based criminal background checks as of July 1, 2013 for the enrollment or revalidation of all provider types/specialties assigned to the high-risk category (refer to the IHCP Provider Enrollment Risk Category and Application Fee Matrix), as well as for specific business entities or practitioners determined by the State to be high-risk. This requirement applies to all individuals that have at least 5% ownership or a controlling interest in the enrolling business entity, including board members of not-for-profit entities.

The criminal background checks require affected individuals to submit to fingerprinting. For the Indiana Health Coverage Programs (IHCP) to conduct the background check, fingerprinting must be submitted through the Indiana State Police. Each affected individual must take the following steps:

- Individuals who can be fingerprinted in the state of Indiana should follow the [Instructions for Fingerprinting - if using a location in Indiana](#).
- Individuals who are not able to be fingerprinted in the state of Indiana should follow the [Out-of-State Fingerprinting Instructions](#).

The State reviews the results of the criminal background check to determine whether a provider is eligible to participate in the IHCP program.

IHCP to mass reprocess LTC claims for retroactive rate adjustments that may have denied incorrectly

The Indiana Health Coverage Programs (IHCP) identified a claim-processing issue that affects long-term care (LTC) claims that were originally mass adjusted to make retroactive rate adjustments. Adjusted LTC fee-for-service (FFS) claims for dates of service (DOS) on or after February 13, 2017, that denied for either of the following explanation of benefits (EOB) codes, may have denied incorrectly.

- EOB 0508 – *The sum of the individual line charges submitted on this claim does not equal the total charge*
- EOB 4030 – *The diagnosis given is not compatible with the member's age*

continued

These claims would have appeared on past Remittance Advices (RAs) with internal control numbers (ICNs) beginning with 55 (retro rate adjustment).

This claim-processing issue has been corrected. Claims for retroactive rate adjustments that denied for EOB 0508 or 4030 will be mass reprocessed. Providers should see the reprocessed claims on RAs beginning May 2, 2018, with ICNs/claim IDs that begin with 80 (reprocessed denied claims).

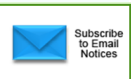


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