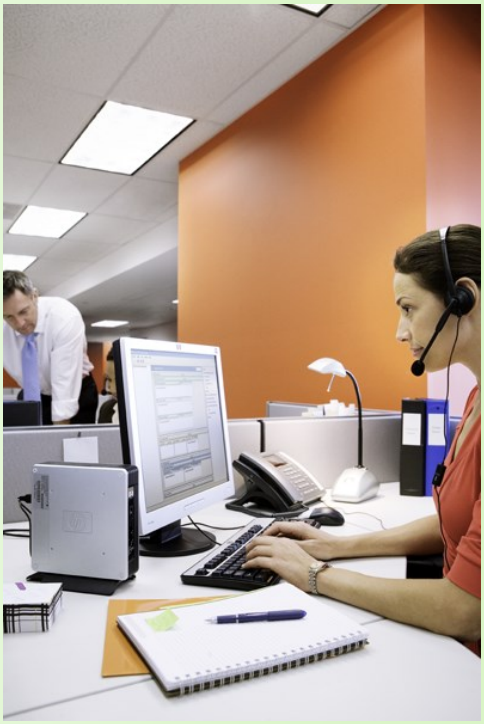
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201553 AUGUST 10, 2015

# Prior claims payment benefit available for certain HIP members

Effective August 1, 2015, certain Healthy Indiana Plan (HIP) members became eligible for the new prior claims payment benefit. HIP does not provide retroactive coverage; however, the prior claims payment benefit will allow reimbursement for covered medical services rendered during the 90 calendar days immediately before enrollment in HIP for a small subset of HIP members. To be eligible, members must meet the following criteria:

- Members must be low-income parents and caretakers eligible for *HIP State Plan* benefits.
- Members must not have received Indiana Health Coverage Programs (IHCP) coverage at any time in the two years before their HIP enrollment.
- Members must not have enrolled in HIP through a presumptive eligibility process.



Starting in early August 2015, HIP members eligible for the prior claims payment benefit were sent an Eligibility Notification Letter that explained this benefit.

Providers that are notified or otherwise become aware of a member's eligibility for this benefit can submit claims for services rendered to the member during the 90-day period for reimbursement consideration. Providers can verify member eligibility for the prior claims period using the standard Eligibility Verification System (EVS) options.

**Providers must submit claims for services rendered during the 90-day pre-enrollment period directly to the IHCP fiscal agent, HP, rather than to the member's HIP managed care entity (MCE).** Reimbursement will be based on Package A - standard plan coverage and fee-for-service reimbursement methodologies. Claims beyond the original one-year filing limit must include a copy of this bulletin as an attachment and must be filed within one year of the publication date. Providers that have already collected payments from HIP members for services eligible for reimbursement consideration under the prior claims payment benefit must refund the member in full before billing the IHCP. Providers may not hold members' refunds pending payment from the IHCP.

Claims for services rendered to eligible members during the 90-day pre-enrollment period that were previously submitted to the IHCP and denied will be mass reprocessed. Providers will see the reprocessed claims on Remittance Advice statements dated September 8, 2015, with internal control numbers (ICNs) that begin with 80 (mass reprocessed).

## QUESTIONS?

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

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