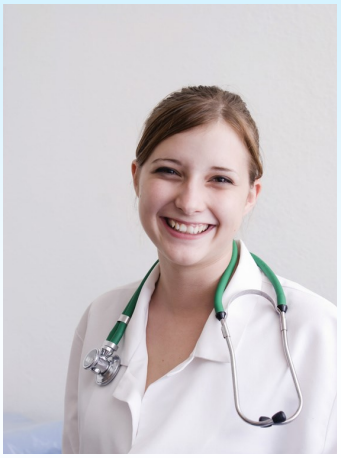
IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201709 FEBRUARY 28, 2017

IHCP will mass adjust waiver claims that denied incorrectly



The Indiana Health Coverage Programs (IHCP) has identified a claims processing issue affecting detail line items on waiver claims processed on or after February 13, 2017. The system issue is causing paid amounts on waiver claim details to be applied to the wrong waiver service on the prior authorization (PA). This is causing claim details to deny inappropriately for explanation of benefits (EOB) 3006 – *Payment for this service has been denied or cutback due to dollars billed exceeding the dollars prior authorized*.

The claims processing system will be corrected. All affected waiver claims will be systematically mass adjusted to correctly apply paid claim details against the proper authorized service. The IHCP will issue a publication indicating when these adjustments will occur and when providers can expect to see them on their Remittance Advice (RA).

IHCP clarifies Provider Healthcare Portal prior authorization status codes

Providers should use the Provider Healthcare Portal (Portal) to inquire on the status of prior authorization (PA) requests submitted to Cooperative Managed Care Services (CMCS). PA statuses displayed on the Portal now comply with the Health Insurance Portability and Accountability Act (HIPAA) 278 transaction standards and provide only a high-level, standardized description of the actual working status of the PA request. PA notification letters mailed to the provider and member will continue to provide the more detailed administrative working status that providers are accustomed to, to more clearly explain the current status of the PA request.

Table 1 provides a crosswalk between the HIPAA-compliant 278 transaction standard response terminology that will

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display on the Portal as well as the descriptions of the administrative working status categories that are included under that standard response. Providers should reference this table to help them understand the standardized HIPAA-compliant status responses displayed when conducting a Portal PA inquiry. Providers should also refer to their PA notification letters for additional information regarding the more detailed working status of a PA request.

Table 1 – Portal PA status versus administrative working status

Portal Status	Administrative Working Status
CERTITIFED IN TOTAL	APPR/CONTIN OF SERV DEC OVERTURN BY ALJ AUTO APPR AFTER 10 APPROVED NON-COV CODE APPROVE APPR THRU ADMIN REV DIS NO HEARING APPR
MODIFIED	DIS NO HEARING MOD MOD THRU ADMIN REV MODIFIED MOD THRU COURT MOD/CONTIN OF SERV
NO ACTION REQUIRED	NO PA REQUIRED NO PA REQ FOR PMP
NOT CERTIFIED	DIS NO HEARING DEN REJECTED INCORRECT PMP DEN/CONTIN OF SERV DENIED NON-COV CODE DENIED DEC UPHELD BY ALJ
PENDED	SUSPENDED PENDING

IHCP will mass reprocess institutional crossover claims that denied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claim processing issue affecting certain institutional claims. Due to a system error, institutional crossover claims with Medicare-paid amounts equal to zero but deductible amounts greater than zero are being denied incorrectly for explanation of benefits (EOB) 0346 - *Medicare is indicated as a prior payer, but no prior payment amount is indicated. Please verify and resubmit*.

Because the denials were due to a system error, providers should not resubmit these claims. Once the system is corrected, affected claims will be reprocessed. The IHCP will issue a publication indicating when reprocessing will occur and when providers can expect to see them on their Remittance Advice (RA).

Delegates must have Provider Maintenance access to add or remove rendering providers

Indiana Health Coverage Programs (IHCP) policy requires providers maintain complete and up-to-date information on file with the IHCP for each service location enrollment. This includes information about the rendering providers associated with that service location. In *Core*MMIS, accurate rendering provider associations in the provider's profile are necessary for proper claims adjudication.

The *Provider Maintenance* function on the My Home page of the Provider Healthcare Portal (Portal) allows users to submit changes to the provider information reported to the IHCP, including adding and removing rendering providers from a service location (see Figure 1). Any delegate within the provider's organization ***who has been granted access to this function*** by his or her provider representative can make edits to the *Provider Maintenance* information.

Figure 1 – The My Home page of the Portal

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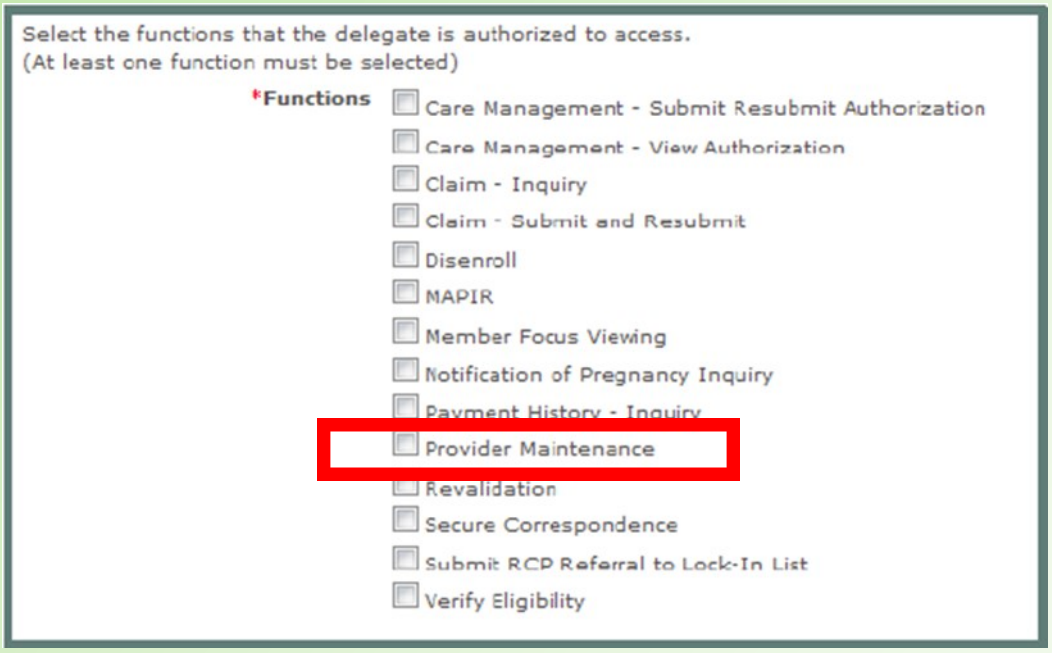
To grant a delegate access to edit provider profile information, the provider account representative will follow these steps:

1. On the *My Home* page of the Portal, page, click **Manage Accounts** in the User Details box to display the *Delegate Assignment* page.
2. In the Delegates section, located at the bottom of the *Delegate Assignment* page, click the link to the delegate's name.
3. In the Functions area of the *Delegate Assignment* page, select the **Provider Maintenance** function to authorize the delegate to be able to edit the provider's Provider Maintenance information (see Figure 2).
4. Click Submit to save and submit the change.

Figure 2 – Authorizing delegate functions



After a delegate has been authorized to edit the Provider Maintenance information, the delegate can submit changes to the provider profile, including changes to rendering providers.

To add or remove rendering providers, the delegate must click **Rendering Provider Changes** in the *Profile Maintenance* area (see Figure 3).

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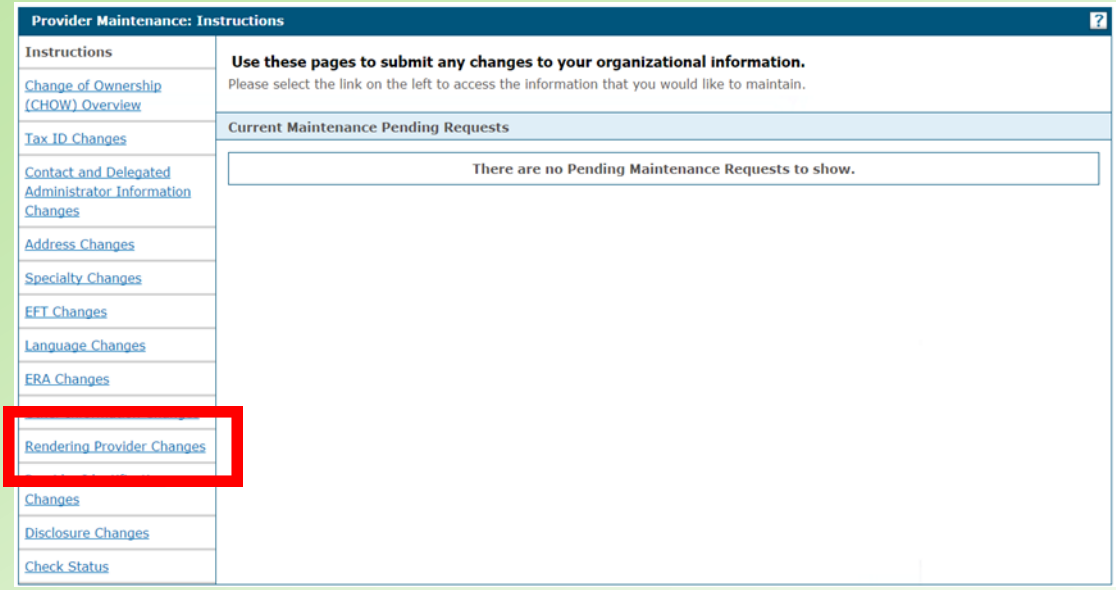
Figure 3 – The Provider Maintenance screen



For more information on working with delegates in the Portal, see the *Quick Reference Guide: Managing Delegate Assignments in the Provider Healthcare Portal* at indianamedicaid.com.

IHCP clarifies which provider types should use their Provider ID for billing purposes

In *Banner Page* BR201708, the Indiana Health Coverage Programs (IHCP) reminded atypical providers that they must use their IHCP Provider ID rather than a National Provider Identifier (NPI) for billing purposes. The article included home health providers as atypical providers.

To clarify, only waiver providers and transportation providers are considered atypical providers. A home health entity may be enrolled with the IHCP as both a waiver provider and a home health provider. These entities must bill as an atypical provider on a *CMS-1500* or professional claim using the waiver Provider ID when billing for services rendered to waiver members. When billing for services rendered to nonwaiver members, the entity would bill as a home health provider using their NPI on a *UB-04* or institutional claim.

Waiver providers and transportation providers must use their Provider ID (formerly known as a Legacy Provider ID plus the service location code) when submitting claims for processing in *Core*MMIS. Please note this does not constitute a change in billing practices. If you have questions, please contact IHCP Customer Assistance at 1-800-457-4584.

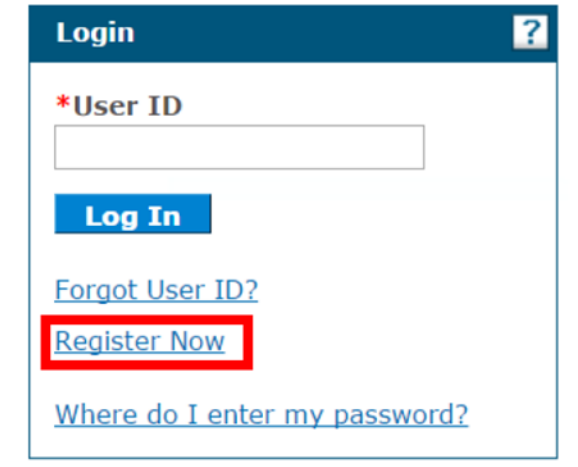
IHCP reminds providers attesting for the EHR Incentive program they must register as rendering providers in the Portal

Any provider attesting for the Electronic Health Records (EHR) Incentive program must register as a rendering provider in the *Provider Healthcare Portal* (Portal).

To start the registration process, access the *Portal* from indianamedicaid.com and complete the following steps:

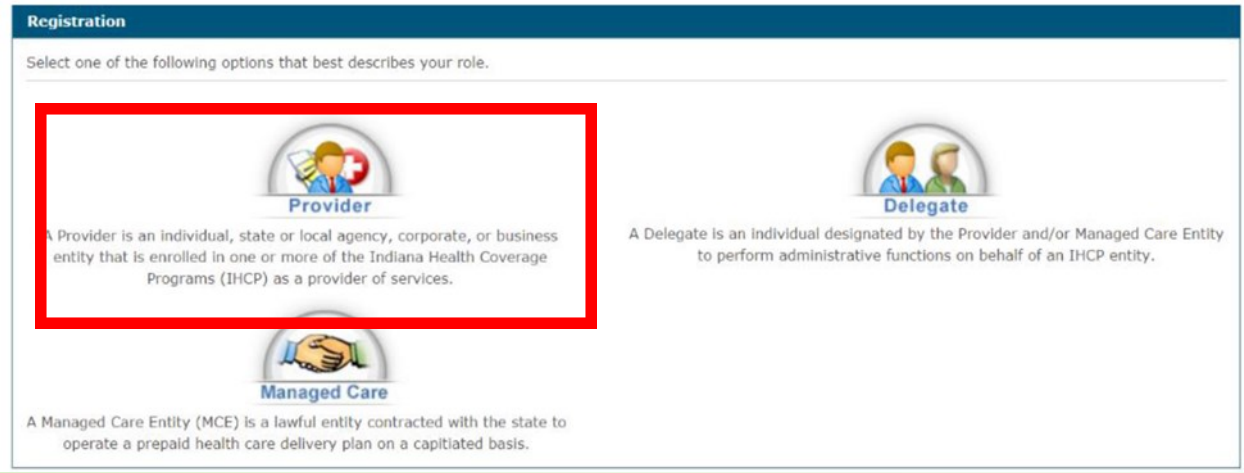
1. From the Login window (see Figure 4), click **Register Now**.

Figure 4 – Portal Login



2. On the *Registration* page (see Figure 5), choose Provider.

Figure 5 – Registration Account Types



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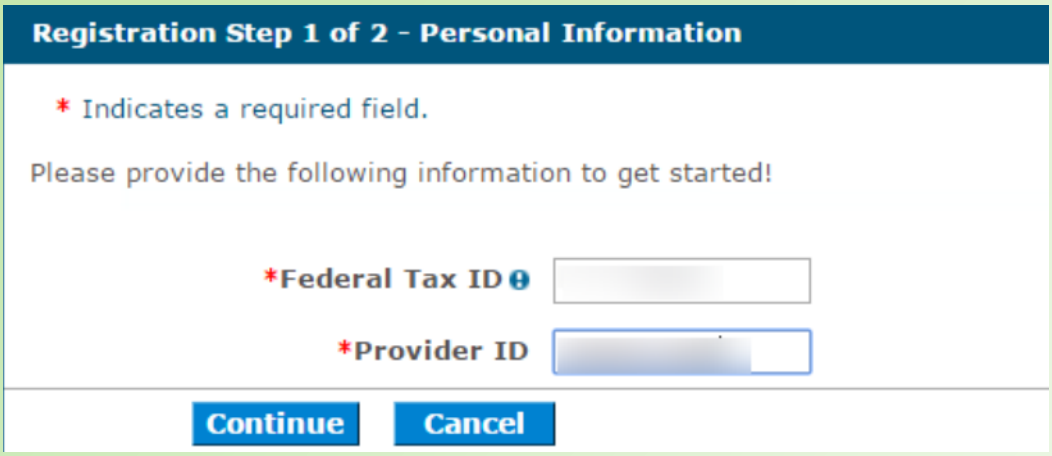
3. After the registration type is selected, the Portal prompts users for the personal information that is required for the role selected. All fields in the Personal Information panel are required.
4. Enter the rendering provider's Social Security number when asked for the Federal Tax ID, and the Legacy Provider Identifier (LPI) of the provider when asked for the Provider ID (see Figure 6).

Figure 6 – Personal Information – Provider



5. After entering the personal information, click **Continue**, and the Portal displays the *Security Information* panel.
6. The *Security Information* panel allows the user to establish all the necessary secure login information.
   - User IDs in the Portal are unique; enter a User ID and then confirm that the User ID is available by clicking **Check Availability**.
   - After establishing an available User ID, complete all required fields in the panel, including selecting a password, display name, email address, site key (an image used as a mutual authentication between the user and the Portal), and passphrase.
7. As an added security feature, the Portal asks the user to select three challenge questions that can be used to verify identity if the user logs on from a public or unregistered computer. These questions may also be used to help authenticate the user if a user gets locked out of the Portal or forgets his or her password.
8. Finally, the user must read and accept the *User Agreement* by entering your full name and clicking **Submit**.
9. The Portal validates the submitted information and confirms the registration process.
10. A registration verification email message from INXIX Electronic Solution will be sent to the email address

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specified during registration. The message includes a link that contains embedded random data that identifies the user.

Once registered, the rendering provider can authorize delegates to perform certain tasks on behalf of the provider. When adding a delegate for the rendering provider, please make sure the delegate is assigned the MAPIR function during the registration process. The MAPIR function will give the delegate access to attest to EHR on behalf of the provider. For details on delegate set-up, please see the *Quick Reference Guide: Managing Delegate Assignments in the Provider Healthcare Portal*.

All rendering providers who enrolled in the IHCP before 2017 display a default address of "Indianapolis" in the Portal

In the Indiana*AIM* system, rendering provider profiles did not include an address. The *Core*MMIS system includes an address field for all providers. As a result, in order to convert data from Indiana*AIM* to the new *Core*MMIS, the Indiana Health Coverage Programs (IHCP) created a default address of "Indianapolis" for all rendering providers enrolled before 2017. Providers can disregard this default address; it serves only as a placeholder for the address field.

IHCP will mass adjust claims with details that denied incorrectly due to manual pricing

The Indiana Health Coverage Programs (IHCP) has identified a claim processing issue affecting claims with detail line items that require manual pricing processed on or after February 13, 2017. Claim details denied incorrectly for explanation of benefits (EOB) 6000 – The *payment has been calculated according to current Indiana Health Coverage Program Policies.*

The claims processing system is being corrected. All affected claims will be systematically adjusted. The IHCP will issue a publication indicating when these adjustments will occur and when providers can expect to see them on their Remittance Advice (RA).

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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