



Medicaid Questions: A Quiz Show

2025 IHCP Works Annual Seminar

For a brand-new provider wishing to participate with the IHCP, what word best describes the first step a provider needs to take?

A. Credentialing

B. Enrollment

C. Contracting



Image from: [flaticon.com](https://www.flaticon.com)

Providers are required to update their enrollment information on a regular basis in a process called what?

A. Revalidation

B. Accelerated Enrollment

C. Redetermination



Image from: [flaticon.com](https://www.flaticon.com)

When verifying member eligibility, which of the following benefit packages is not considered full Medicaid eligibility?

A. Package A

B. Package C

C. Medical Review Team



Image from: flaticon.com



For members who are dually eligible for both Medicare and Medicaid, what are claims called for which Medicare or a Medicare Advantage plan have previously made a payment?

A. Crossover Claims

B. Undercut Claims

C. Medicare/Caid Claims



Image from: flaticon.com

Which type of IHCP providers bill using their Provider ID rather than an NPI?

- A. Nursing facilities
- B. Hospitals
- C. HCBS providers



Image from: flaticon.com

On July 1, 2025, FSSA partnered with which company to launch the second phase of the Indiana Level of Care Assessment Representative (LCAR) process for those seeking long-term services and supports?



A. OptumRx

B. Maximus

C. Myers & Stauffer



Image from: flaticon.com



Which of the following should be included as claim attachments when submitting through the IHCP Provider Healthcare Portal?

A. Copies of checks

B. Documents related to the specific claim

C. Remittance advices for other members



Image from: flaticon.com



True or false: home health agencies will be required to enroll with Medicare effective July 1, 2026?

A. True

B. False



Image from: [flaticon.com](https://www.flaticon.com)



If you receive a claim denial from the IHCP, have attempted to correct a mistake, and are still getting a denial, what should you do next?

A. Appeal directly to FSSA

B. File an administrative review request

C. Send an email to the Provider Relations inbox

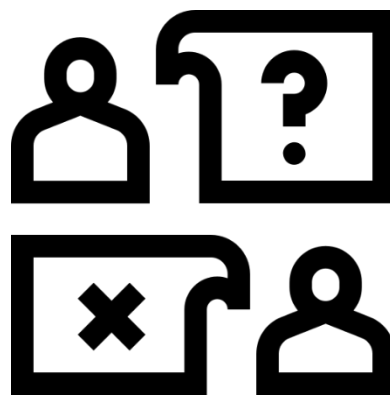


Image from: flaticon.com

If you receive a claim denial from a managed care entity – and you disagree with the determination, how long do you have to file a dispute with the health plan?

A. 30 days

B. 60 days

C. 90 days



Image from: flaticon.com

Effective July 1, 2025, what percentage of reimbursement for Attendant Care must be passed through for compensation of direct services?

A. 50%

B. 70%

C. 95%



Image from: flaticon.com

Policy Consideration



<https://in-fssa.force.com/policy/s/>



Image from: flaticon.com

QUESTIONS? PolicyConsideration@fssa.in.gov



Where should you direct any seminar topics for the 2026 IHCP Works Seminar?

A. OMPP Provider Relations inbox

B. Your MCE representative

C. IHCP Listens inbox



Image from: flaticon.com



Thank you for participating!