

Medicaid Questions (MQ)!

Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning
2021 EDITION



Rules!

- Each question will have three options.
 - Providers have **ten seconds** to respond!
- We'll show the results and have a brief discussion afterwards!



When will the IHCP begin enforcing provider revalidations?

- A. October 1, 2021
- B. July 1, 2022
- C. What is a provider revalidation, exactly?



Which of these providers does the IHCP not allow to enroll today?

- A. Genetic Counselor
- B. Licensed Clinical Addiction Counselor Associate
- C. Physical Therapist



Which of the following services was the most utilized telehealth service billed throughout CY 2020?

- A. Mental health counseling
- B. Eye examination
- C. Dental cleaning



Which statement about the notification of pregnancy process is incorrect?

- A. The provider may receive \$60 for one NOP per managed care member, per pregnancy
- B. The notification of pregnancy is submitted through each individual MCEs claims processing system
- C. The member's pregnancy must be less than 30 weeks gestation at the time of the office visit on which the NOP is based.



How does a provider go about requesting coverage for a brand-new service?

- A. Contact your elected official
- B. Call the Medicaid Director
- C. Use the new online Policy Consideration Request Portal



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



What new OMPP program allows the Program Integrity unit to educate providers with early intervention to reduce high levels of denied claims as well as reduce the risk of fraud, waste, and abuse?

- A. Targeted Probe Education
- B. Audit and Edit Initiative
- C. House of Quality Program



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



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



Where should you direct any seminar topics for the 2022 IHCP Works Seminar?

- A. OMPP Provider Relations inbox
- B. Your MCE representative
- C. IHCP Listens inbox



Thank you for participating!

