IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2023131 OCTOBER 5, 2023

OMPP clarifies request for HIP MCEs to reprocess denied Medicare coinsurance claims

As previously announced in *Indiana Health Coverage Programs (IHCP) Bulletin* BT202394, the Indiana Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP) requested that all managed care entities (MCEs) that provide Healthy Indiana Plan (HIP) coverage reprocess Medicare coinsurance claims that denied. **This only affected Medicare coinsurance and deductible claims for members who became Medicare eligible during the public health emergency (PHE) and were members of both Medicare and HIP for dates of service (DOS) on or after March 1, 2020.**

MCEs are being instructed to appropriately reprocess HIP claims for dually eligible members with DOS on or after March 1, 2020, that denied. MCEs are also being instructed to continue paying Medicare coinsurance and deductible claims for dually eligible HIP members through May 1, 2024, when the PHE unwind redetermination process is completed for these members.

Action needed from HIP providers

Providers serving HIP members, including federally qualified health centers (FQHCs) and rural health clinics (RHCs), that submitted claims for coinsurance and deductibles using procedure codes that did not match the codes on the Medicare remittance, will need to resubmit corrected claims to the MCE for payment. Please follow the MCE's guidelines for submitting corrected claims, with this bulletin attached for waiving the timely filing. **Timely filing will be waived for 90 days from the date of this publication**.

QUESTIONS?

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