

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202394    AUGUST 8, 2023

## OMPP requests that HIP MCEs reprocess denied crossover claims

The Indiana Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP) is requesting that managed care entities (MCEs) for the Healthy Indiana Plan (HIP) reprocess Medicare coinsurance claims that denied. **This affects only Medicare crossover claims for coinsurance and deductibles for members who became Medicare eligible during the public health emergency (PHE) and were members of both Medicare and HIP when the claims were submitted.**



Any HIP provider, 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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