

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202469 MAY 23, 2024

IHCP to reprocess claims as needed that denied with EOB 1010

The Indiana Health Coverage Programs (IHCP) announced in *IHCP Bulletins* [BT2023122](#) and [BT202318](#) that the temporary changes to provider enrollment announced in [BT202039](#) were being rescinded effective Oct. 1, 2023.

Originally, the update was structured in the fee-for-service (FFS) claim-processing system with the effective date of Oct. 1, 2023, as the date of receipt for the claim. The Office of Medicaid Policy and Planning has determined that the effective date of Oct. 1, 2023, will be based on the date of service on the submitted claims.

Therefore, claims with dates of service on or after **Oct. 1, 2023**, with rendering providers that are not appropriately associated with a group enrollment will deny with explanation of benefits (EOB) code 1010 – *Rendering provider is not an eligible member of billing group or the group provider number is reported as the rendering provider. Please verify provider number and resubmit.*

The FFS claim-processing system has been updated, and FFS claims adjudicated on or after Oct. 1, 2023, with dates of service prior to Oct. 1, 2023, including any previous claim adjustments that may have denied will be mass reprocessed. Providers should see reprocessed claims on remittance advices (RAs) beginning June 26, 2024. Reprocessed claims will be identified with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims).

Providers may also resubmit claims that denied in error. If providers submit any claims retroactively, they can submit claims to the IHCP within 180 days of this publication date for FFS claim submission, to satisfy timely filing requirements. Providers should include a copy of this bulletin when submitting claims beyond the standard filing limit.



QUESTIONS?

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