

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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MAY 9, 2023

Glucose monitor procedure code E2103 to be included in the LTC facility per diem rate

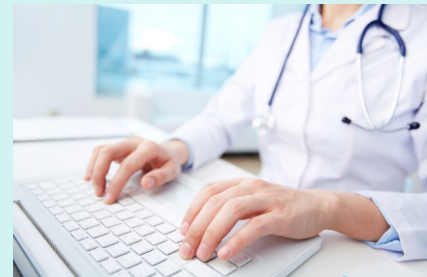
The Indiana Health Coverage Programs (IHCP) has identified a procedure code to be added to the *Long-Term Care (LTC) Durable Medical Equipment (DME) Per Diem Table* included in the LTC facility per diem rate. Effective immediately, and retroactive to dates of service on or after Jan. 1, 2023, procedure code E2103 – *Non-adjunctive, non-implanted continuous glucose monitor or receiver*, will be added to the LTC facility per diem rate group and will not be separately reimbursed for LTC members.

This information will be reflected in the next regularly scheduled update of the *LTC DME Per Diem Table*, accessible from the [Long-Term Care DME Per Diem Table](#) page at in.gov/medicaid/providers.

IHCP reminds providers about benefits of submitting claims electronically

The Indiana Health Coverage Programs (IHCP) would like to remind providers of the time-saving benefits of submitting claims electronically.

Submitting claims electronically to the IHCP can reduce paperwork, increase accuracy, cut down on claim denials and minimize disruptions to cash flow as claims submitted electronically are processed more quickly, resulting in faster payment.



Electronic claims can be submitted through a *Health Insurance Portability and Accountability Act (HIPAA)*-compliant 837 transaction or online using the [IHCP Provider Healthcare Portal](#).

To learn more about electronic claim submissions see these resources at in.gov/medicaid/providers:

- [Claim Submission and Processing](#) provider reference module
- [Electronic Data Interchange](#) provider reference module
- [Provider Healthcare Portal](#) provider reference module
- [Electronic Data Interchange \(EDI\) Solutions](#), [IHCP Provider Healthcare Portal](#), [Provider Healthcare Portal Training](#) pages

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IHCP reminds providers of key provider enrollment requirements

The Indiana Health Coverage Programs (IHCP) is recognizing the end of the coronavirus disease 2019 public health emergency (COVID-19 PHE) on May 11, 2023, as announced in *IHCP Bulletin* [BT202330](#). The IHCP wants to provide some key reminders around how the end of COVID-19 PHE is impacting IHCP provider enrollment.

Revalidation

Providers are strongly encouraged to continue monitoring for federally required revalidation notices. Providers receive written notification of their revalidation deadline along with notice within the IHCP Provider Healthcare Portal when revalidation is due. A list of providers with upcoming revalidation dates is also available on the [Provider Enrollment Revalidation](#) page at in.gov/medicaid/providers.

Providers who submit their revalidation request before the required date will be processed upon successful revalidation. Providers who fail to complete revalidation by the required date will be deactivated and will be required to complete a brand-new provider enrollment application.

Revalidation scenarios:

- Provider submits and processes revalidation before required date – provider remains enrolled with no gap in coverage.
- Provider submits revalidation before required date but is not processed before required date – provider will be deactivated until the revalidation is processed but will be reactivated with no gap in coverage upon successful revalidation.
- Provider fails to submit revalidation before the required date – provider will be deactivated and will be required to complete a new provider enrollment application. This provider will also receive a new IHCP Provider ID.



Licensure

As announced in [BT202327](#), the IHCP will no longer recognize temporary licenses issued by the Indiana Professional Licensing Agency for COVID-19 emergency registries as of May 11, 2023. These licenses are identified by the following: License No. CV#####. To remain enrolled with the IHCP, providers must have an unlimited license to practice on file with the IHCP.

Group and Rendering Providers Service Locations

As announced in [BT202318](#), the IHCP will be reinstating the requirements that all rendering providers be linked to one or more group enrollment service location, and every group enrollment service location must have one or more rendering provider attached. Providers must ensure that all rendering providers are appropriately associated with a group by Oct. 1, 2023.

IHCP reminds providers of the transition to Kepro and its portal benefits

As announced in *Indiana Health Coverage Programs (IHCP) Bulletin* [BT202301](#), Kepro will be the new fee-for-service (FFS) prior authorization and utilization management (PA-UM) vendor for IHCP nonpharmacy services. Kepro will assume PA-UM responsibilities beginning July 1, 2023. Kepro will work with current IHCP vendors to ensure PA-UM responsibilities are carried out seamlessly and with no interruption of services.

All existing FFS authorizations will be honored until all approved units have been used or length-of-stay dates have been exhausted. No action will be needed by members or providers to ensure this continuity. Furthermore, for renewal or continuation of authorization for home health and therapy (physical, occupational, speech) services, requests received from July 1, 2023, through Sept. 30, 2023, will be honored for at least 180 days at the same service level, provided the requests also meet administrative requirements.

Kepro's proprietary care management system, Atrezzo, and its Atrezzo Provider Portal are currently in use for Medicaid PA-UM programs in 16 states. The accessible and user-friendly provider portal is available 24 hours a day, seven days a week and reduces the administrative burden of paper, phone and fax processes.

Beginning July 1, 2023, all IHCP providers can submit FFS nonpharmacy PA requests through the Atrezzo Provider Portal, reducing the need for faxes, mail and other non-system submission types.

The Atrezzo Provider Portal includes Utilization Review Accreditation Commission (URAC)-aligned workflows and a rules engine including numerous rules, validations and edit checks that are customized to Indiana procedures.

The Atrezzo Provider Portal is being configured to include Indiana-specific workflows and "warnings" that verify all required information and documentation is submitted with the request. This capability reduces the back-and-forth between Kepro and providers, streamlining the submission process. Providers will receive a notification about what a submission is missing or any errors before they even submit it!

Training sessions will be conducted to teach providers about the Atrezzo Provider Portal. There are two separate types of Atrezzo trainings:

- Provider Portal Administrator Training
- Provider Portal System Training

For more information, dates and times for training sessions, see [BT202339](#).



IHCP updates backdate request process for Presumptive Eligibility for Inmates

If an incarcerated individual is admitted to the hospital for inpatient treatment, the Presumptive Eligibility (PE) Application for Inmates needs to be completed within seven days of the first date of inpatient hospitalization by the appropriate healthcare entity (that is, hospital or contracted medical vendor). **The request to backdate the effective start date of the Medicaid Inpatient Hospital Services Only coverage needs to be requested in those same seven days.**

To submit a backdate request for inmate PE, please send the PE identification number (PE ID) of the PE Medicaid Inpatient Hospital Services Only member, the current effective start date and the new requested effective backdate to IndianaInmateMedicaid@fssa.in.gov. This request must be sent to the mailbox within seven days of the first date of inpatient hospitalization.

For more information on the Presumptive Eligibility for Inmates process, see the [Presumptive Eligibility](#) provider reference module and [Presumptive Eligibility for Inmates](#) page at in.gov/medicaid/providers.

IHCP updates patient status codes for autoclosure

The Indiana Health Coverage Programs (IHCP) is updating the list of patient status codes that, when used on a long-term care (LTC) facility claim, will result in the autoclosure of the member's level of care (LOC). Effective April 26, 2023, if a claim for an LTC member includes one of the patient status codes in Table 1 or Table 2, the Core Medicaid Management Information System (CoreMMIS) will automatically close out the LOC segment for that member. No other patient status codes will result in autoclosure of the LOC segment.

Table 1 – Autoclosure patient status codes for level of care, effective April 26, 2023

Patient status code	Description
01	Discharge to home or self-care, routine discharge
03	Discharges/Transferred to skilled nursing facility (SNF) with Medicare Certification
07	Left against medical advice or discontinued care
20	Expired

Table 2 – Autoclosure patient status codes for inpatient crossover claims

Patient status code	Description
01	Discharge to home or self-care, routine discharge
03	Discharges/Transferred to skilled nursing facility (SNF) with Medicare Certification
07	Left against medical advice or discontinued care
20	Expired

The patient status codes will be updated in the *Long-Term Care Codes*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

QUESTIONS?

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