

Indiana Medicaid Resolutions Manual

NAME: 2024 90 DAY HIP DISCOVERY PERIOD (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit for HIP and HCC members for services covered under their MCE assignment.

CRITERIA:

Set this edit for HIP and HCC members for services covered under their MCE assignment with, EOB 2042.

Services billed for the Healthy Indiana Plan 2.0 recipient with aid category MAHA, MAPC, MARB, MARP, MASB, MASP (HIP 2.0 members). Continue with policy noted below for claims that are processed by HP (members in RBMC, Medicare, MAER, MAF, MAGP, MAGF with dual Medicare coverage, MAT 18 year olds, MRO services for HIP 2.0 members, and Native Americans unless opted for HIP 2.0).

Services billed for a Healthy Indiana Plan recipient with aid category MA HN (HIP non-caretaker adults); or recipient is discovered to be pregnant and services are billed for the discovery period where her HIP pregnancy aid eligibility is not established in CoreMMIS.

Services billed for a Healthy Indiana Plan recipient who has a value of `N` in the `Emergency Services Only` field on the Recipient Base window when the header date of first rendered service falls between the effective begin and end dates of the `Emergency Services Only` indicator, and the recipient is in the aid category MA HC (HIP caretaker adults). The emergency services data is obtained from the Indiana Client Eligibility System (ICES) and reported into CoreMMIS. Fee For Service (FFS) recipients who have a value of `Y` in the `Emergency Services Only` field on the Recipient Base window and in the aid category MA HC are eligible for emergency services only.

Home Health / Inpatient / Outpatient ? Pregnancy related services can be paid during the Discovery Period if the member moves to Hoosier Healthwise. The Discovery Period is defined as 90 days prior to the effective date when the member's eligibility changes from HIP to Hoosier Healthwise Package B. Pregnancy services are not applicable on Inpatient Crossover and Long

Indiana Medicaid Resolutions Manual

Term Care claims. Inpatient Crossover and Long Term Care claims will deny with the exception of MA HC emergency services only members? emergency services claims.

HOOSIER CARE CONNECT When the claim type billed for a Hoosier Care Connect member is Inpatient (I), Inpatient Crossover (A) or Long Term Care (L), fail this edit with EOB 2042. The following are the applicable Hoosier Care Connect carved out services.

- Medicaid Rehabilitation Options (MRO) mental health services
- Individual Education Plan (IEP) services
- 1915 (i) mental health services
 - a. Adult Mental Health and Habilitation (AMHH)
 - b. Child Mental Health Wraparound (CMHW)
 - c. Behavioral and Primary Healthcare Coordination (BPHC)

DISPOSITION:

Note: EOB 9999 with a Do Not Post status is for internal system use only. This EOB is used to avoid potential system processing abends. This EOB is not posted on the RA and the disposition may be ignored.

Claim Type: 0 - All Claim Types **Member Plan:** PASMI **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 02 | 00 | 9999 | PAY |

Claim Type: 0 - All Claim Types **Member Plan:** MRT **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 02 | 00 | 9999 | PAY |

Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 02 | 00 | 9999 | PAY |

Claim Type: 0 - All Claim Types **Member Plan:** PASMR **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 02 | 00 | 9999 | PAY |

Claim Type: A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 02 | 00 | 2042 | DENY |

Indiana Medicaid Resolutions Manual

| | | | |
|----|----|------|---------|
| 02 | 91 | 2042 | SUSPEND |
|----|----|------|---------|

Claim Type: I - Inpatient Claims **Member Plan:** ALL **Status:** Post

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 02 | 00 | 2042 | DENY |
| 02 | 91 | 2042 | SUSPEND |

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Post

| Location | Region | EOB | Disposition |
|-----------------|---------------|------------|--------------------|
| 02 | 00 | 2042 | DENY |
| 02 | 91 | 2042 | SUSPEND |

EOB: 2042 - THE MEMBER IS ENROLLED IN THE HEALTHY INDIANA PLAN. PLEASE SUBMIT CLAIM TO THE APPROPRIATE INSURER FOR THE MEMBER'S DATE OF SERVICE.

| ARC Code | ARC Description | Effective Date | End Date |
|-----------------|--|-----------------------|-----------------|
| 109 | Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor. | 19950101 | 22991231 |

EOB: 9999 - PROCESSED PER POLICY.

| ARC Code | ARC Description | Effective Date | End Date |
|-----------------|--|-----------------------|-----------------|
| 97 | The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 | 19950101 | 22991231 |

Indiana Medicaid Resolutions Manual

Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 2042.

Special batched claims Claims must have an email or documentation from OMPP approving HPE to FORCE the edit.