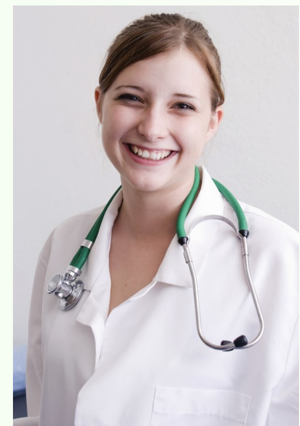
IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR202041 OCTOBER 13, 2020

IHCP to update *Core*MMIS for members in both programs – family planning eligibility and QMB

Effective November 1, 2020, the Indiana Health Coverage Programs (IHCP) will update the *Core*MMIS claim-processing system to prevent automatic denial of fee-for-service (FFS) crossover claims for non-family planning services when the dually eligible IHCP member is enrolled in the Family Planning Eligibility Program and is also a Qualified Medicare Beneficiary (QMB).

Note: For more information about the QMB program, refer to the Member Eligibility and Benefit Coverage provider reference module at in.gov/medicaid/providers.



Currently, *Core*MMIS denies all claims for non-family planning services because the member is eligible under the Family Planning Eligibility Program for the authorized services in the *Family Planning Eligibility Program Codes*, accessible from the Code Sets page at in.gov/medicaid/providers.

Effective for claims submitted on or after November 1, 2020, crossover claims for non-family planning services allowed under Medicare eligibility will no longer deny. This will ensure that the IHCP follows the standard reimbursement policy for dually eligible members, as outlined in the *Third-Party Liability* provider reference module at in.gov/medicaid/providers.

Beginning immediately, providers may resubmit crossover claims for non-family planning services that previously denied as described above, retroactively for claims with dates of service (DOS) on or after January 1, 2019, for reimbursement consideration.

HHS announces phase 3 of *CARES Act* Provider Relief Fund

The U.S. Department of Health and Human Services (HHS) announced $20 billion in new funding through the *Coronavirus Aid, Relief and Economic Security (CARES) Act* Provider Relief Fund for healthcare providers on the frontlines of the coronavirus disease 2019 (COVID-19) pandemic. Phase 3 is in consideration of providers' financial losses and changes in operating expenses.

continued

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The application period begins October 5, 2020, and continues through November 6, 2020. The HHS encourages applicants to apply early to help expedite the review and payment process.

Eligible providers for Phase 3 General Distribution funding include:

- Providers that previously received, rejected, or accepted a General Distribution Provider Relief Fund payment. Providers that already received payments of approximately 2% of their annual revenue from patient care may submit more information to become eligible for an additional payment.
- Behavioral health providers, including those that previously received funding, and new providers.
- Providers that began practicing between January 1, 2020, and March 31, 2020. This includes Medicare, Medicaid, Children's Health Insurance Program (CHIP), dental, assisted living facility, and behavioral health providers.

The Phase 3 General Distribution is designed to balance an equitable payment of 2% of annual revenue from patient care for all approved applicants, plus an add-on payment to account for revenue losses and expenses attributable to COVID-19.

Providers with questions may call the support line at (866) 569-3522.

Countdown to EVV implementation for personal care providers: T-minus 11 weeks

As announced in previous Indiana Health Coverage Programs (IHCP) publications, the *21st Century Cures Act* directs states to require providers of personal care services and home health services to use an electronic visit verification (EVV) system to document services rendered.

Providers of personal care services have until **January 1, 2021**, to implement an EVV system for documenting services.

Please note that personal care providers not in compliance with the EVV requirement by January 1, 2021, will experience claims and reimbursement issues until they follow the federal mandate for successfully recording EVV visits.

More information is available on the *Electronic Visit Verification* web page and in the *Electronic Visit Verification FAQs* document at in.gov/medicaid/providers. For any general questions or concerns about the EVV Program, email EVV@fssa.in.gov.

IHCP requests provider feedback through EVV survey

The Indiana Family and Social Services Administration (FSSA) is working to comply with the federal mandate that personal care providers, by January 1, 2021, use an Electronic Visit Verification (EVV) system to document services rendered.

The FSSA is requesting providers' feedback regarding the EVV implementation. Please take 5 minutes to click on and fill out this survey.

This survey will be available from October 13, 2020, through October 23, 2020.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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