

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP to mass reprocess claims for certain inpatient services that denied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects fee-for-service (FFS) inpatient claims for members enrolled in the Medicaid Inpatient Hospital Services Only benefit plan. This plan includes Presumptive Eligibility (PE) for Inmates. Prior authorization (PA) is not required for inpatient claims under the plan. However, inpatient claims for these members processed from February 13, 2017, through November 18, 2020, may have denied incorrectly with explanation of benefits (EOB) 3001 – *Dates of service not on the PA master file*.

The claim-processing system has been corrected. Affected inpatient claims processed during the indicated time frame that denied for EOB 3001 will be mass reprocessed. Providers should see the reprocessed claims on Remittance Advices (RAs) beginning January 6, 2021, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims).



QUESTIONS?

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