

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP to adjust electronic crossover claims

The Indiana Health Coverage Programs (IHCP) has identified an error with electronic claim submissions for Medicare crossover claims.

The system issue impacted Medicare inpatient and outpatient claims that were processed on Nov. 10, 2021, through Nov. 16, 2021, and Medicare physician claims that were processed on Nov. 10, 2021, through Dec. 9, 2021.

Incorrect Medicare deductible, coinsurance, copayment or blood deductible amounts may have been loaded for inpatient, outpatient and medical claim types.

The system has been corrected and claims will be mass adjusted. Providers should see adjusted claims on Remittance Advices (RAs) beginning Feb. 16, 2022, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).



IHCP posts prerecorded webinar on 2021 annual audit findings and tips

As required by *Indiana Code 12-15-13.5-4*, the Indiana Health Coverage Programs (IHCP) has posted a prerecorded webinar that includes summaries of the 2021 audit findings, most common audit errors, how to avoid such errors and recommended practices. The prerecorded webinar is presented by members of the Program Integrity staff from the Office of Medicaid Policy and Planning (OMPP). It also includes other information on recent changes within Program Integrity.

To watch the prerecorded webinar, go to the [Program Integrity Provider Education Training](#) page at in.gov/medicaid/providers. Scroll down to Training Presentations and click the *Program Integrity 2021 Year in Review – Annual Audit Findings and Tips* link.

Please send any questions or suggested topics for future webinars or other educational pieces to ProgramIntegrity.FSSA@fssa.in.gov.

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