IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202387 JULY 27, 2023

IHCP changes submission requirements for FFS claim administrative review process

Effective immediately, the Indiana Health Coverage Programs (IHCP) is reducing the submission requirements for requesting a claim administrative review by Gainwell Technologies for fee-for-service (FFS) nonpharmacy claims.

Previously, providers were required to submit the following documents along with their written request for administrative review:

- A properly completed claim form
- Any required claim attachments, including medical records, filing limit documentation, third-party liability (TPL) forms and so on
- A copy of the original claim and the associated Remittance Advice (RA), including the explanation of benefits (EOB)
- Any pertinent documentation supporting reconsideration

Providers are now only required to submit any pertinent documentation supporting reconsideration.

Providers may use their discretion to determine which documentation is pertinent for reconsideration. When determining which documentation to include with a claim administrative review request, it is important to remember:

- Items that were originally required with the claim — such as medical records, TPL forms, filing limit documentation and other claim attachments — are likely necessary to support the request and should be included.
- Providers are strongly encouraged to submit a properly completed paper claim form with the administrative review request, to expedite claim processing in the event the administrative review decision overturns the original claim decision.

If the original claim decision is overturned and a claim form was not supplied, Gainwell will provide instructions on submitting the claim. Providers will need to submit the claim form within 30 days of notification of the decision. Failure to do so could result in the administrative review closing without reprocessing the claim.

While claim administrative review requests submitted without all pertinent documentation will not immediately cause a denial of the administrative review, failure to submit the documentation necessary to support the request will result in the claim denial being upheld. Providers will continue to be notified of their additional claim appeal rights in the response from Gainwell if the claim administrative review decision results in a denial, whether due to insufficient information or other reasons.

As a reminder, claim administrative review requests must include the Claim ID, any Claim IDs for previous filing or adjustment attempts, and a detailed description of the reason for disagreement. The written request can be submitted using one of the following methods:

- Write a secure correspondence message on the IHCP Provider Healthcare Portal, accessible from the home page at in.gov/medicaid/providers, selecting Claim Administrative Review Request as the message category.
- Complete an *IHCP Claim Administrative Review Request* form, available on the *Forms* page at in.gov/medicaid/providers.
- Write a letter on letterhead, with Claim Administrative Review clearly printed on the face of the letter.

Submit the request and any supporting documentation via the IHCP Portal, or by mail to the address printed on the *IHCP Claim Administrative Review Request* form:

Gainwell – Written Correspondence

PO Box 7263

Indianapolis, IN 46207-7263

The request must be submitted within 60 calendar days of notification of claim payment or denial. The date of notification is considered to be the date on the most recent RA for the claim.

Before requesting a claim administrative review, providers should review the *Steps Taken Prior to the Administrative Review Process* section of the *Claim Administrative Review and Appeals* provider reference module to determine if correcting and resubmitting the claim would resolve the issue, eliminating the need for an administrative review.

The information in this bulletin is applicable to the administrative review process for FFS nonpharmacy claims. Individual managed care entities (MCEs) create their own administrative review and/or appeals processes. Please contact the member's MCE for requirements and submission instructions. See the *IHCP Quick Reference Guide* for contact information.

QUESTIONS?

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

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