IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP reminds providers to select correct Payer ID for EVV records

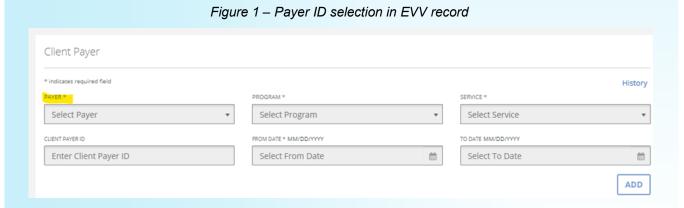
Federal law requires personal care service and home health service providers to use an electronic visit verification (EVV) system to document services rendered and directs Medicaid programs to implement this requirement. See *Indiana Health Coverage Programs* (*IHCP*) *Bulletin* <u>BT202422</u> for more information. The requirement that personal care service providers use an EVV system has been in place since **Jan. 1, 2021**. The requirement that home health service providers use an EVV system has been in place since **Jan. 1, 2024**.



The IHCP would like to remind providers to select the correct Payer ID when creating clients for proper EVV record submission

(see Figure 1). The Payer ID represents a member's IHCP health plan on the date of service. Providers using alternate EVV vendors should consult with their vendor about the appropriate instructions for selecting the correct Payer ID.

Failing to use the correct Payer ID will result in EVV records not matching to claims appropriately and will begin to result in claim denials.



The Payer IDs are included in Table 1 for reference.

Table 1 – Payer IDs for health plans or managed care entities

	Payer ID	Health plan or managed care entity
INFSSA		Traditional Medicaid
INATM		Anthem
INCRS		CareSource
INHUM		Humana
INMDW		MDwise
INMHS		MHS
INUHC		UnitedHealthcare

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