CoreMMIS bulletin

Core benefits – Core enhancements – Core communications

Find key *Core*MMIS and Provider Healthcare Portal bulletins, training, and resources *here*!

On February 13, 2017, the Indiana Health Coverage Programs (IHCP) will replace its current information system, Indiana*AIM*, with the new *Core*MMIS. Along with *Core*MMIS, a new provider interface called the Provider Healthcare Portal (Portal) will replace Web interChange. *IHCP Provider Bulletins* have been published throughout the past months to ensure that all participating IHCP providers have the information needed for a smooth transition.

This master summary encompasses important refresher information and includes links to key published bulletins, training courses, and resources. These resources and others can be found at indianamedicaid.com. We encourage participating IHCP providers to keep this essential document handy as a reference tool during *Core*MMIS implementation and stabilization. Note that some bulletins may include obsolete dates due to delays in implementation; however, other content in the publication remains relevant.

Transition Information

To ensure a successful transition to the new system, the IHCP will temporarily suspend business transactions in the current system in the days and hours before implementation. These suspended business transactions are outlined in the following bulletin:

Related Bulletin

- **BT201710: IHCP sets new *Core*MMIS implementation date of February 13, 2017**
  - *Published January 30, 2017*
  - *Notice to providers about the new implementation date, transition dates, and tasks providers can perform to prepare for CoreMMIS implementation.*

Provider Healthcare Portal Registration and Training

The Provider Healthcare Portal (Portal) is a new Internet-based solution that offers enhanced reliability, speed, ease of use, and security to providers and other partners doing business with the IHCP. Through a registered *Provider* account on the Portal, users can conduct the following types of transactions:

- Verify member eligibility and view member information

- Submit prior authorization (PA) requests and view PA status

- Submit fee-for-service (FFS) claims and view claim status and payment history

- Submit provider enrollment applications and enrollment-related updates

- Submit secure correspondence

Providers will need to create a *Provider* account on the new Portal for each service location. Providers are strongly encouraged to register on the Portal before February 13, 2017, to reduce disruptions. Follow these steps to register on the Portal:

1. Select a provider representative for the Portal account. The provider representative has full access to all information related to the service location in the Portal and manages assignments for delegates who work in the Portal on the provider's behalf (likely current Web interChange users).

2. Register the *Provider* account on the Portal. The provider representative sets up the *Provider* account, including identifying delegates and establishing delegate roles. Each service location has only one *Provider* account in the Portal.

3. Register *Delegate* accounts. The designated delegates set up their accounts at the direction of the provider representative.

Related Bulletins

- [BT201601](#): **The Provider Healthcare Portal will replace Web interChange!**
  - *Published August 27, 2015*
  - *Announcing the replacement of Web interChange with the Provider Healthcare Portal*

- [BT201603](#): **Provider Healthcare Portal training now available at indianamedicaid.com**
  - *Published November 3, 2015*
  - *Initial announcement of Provider Healthcare Portal training*

- **BT201650: Get to Know the Provider Healthcare Portal**

  – *Published September 13, 2016*

  – *In-depth summary of Portal functionality and how to get started with the Provider Healthcare Portal*

- **BT201661: Register for the new Provider Healthcare Portal beginning October 11, 2016**

  – *Published October 6, 2016*

  – *Steps and tips to register on the Portal*

- **BT201676: Provider Healthcare Portal training available at indianamedicaid.com**

  – *Published November 17, 2016*

  – *Announcement of additional training on Portal functionality*

- **BT201679: Provider Enrollment functions available through the Provider Healthcare Portal**

  – *Published November 22, 2016*

  – *Accessing online enrollment functions on the Portal*

Related Training-Registration

Provider Healthcare Portal Overview

Provider Healthcare Portal Overview for Provider Delegates

Provider Healthcare Portal Online Registration

Provider Healthcare Portal Virtual Training

Provider Healthcare Portal: Managing Delegate Assignments-Quick Reference Guide

Provider Healthcare Portal: Portal Account Maintenance

Related Training-Claims

Provider Healthcare Portal: Institutional Claims

Provider Healthcare Portal: Dental Claims

Provider Healthcare Portal: Professional Claims

Provider Healthcare Portal: Payments and Remittance Advice (RA)

Provider Healthcare Portal: Viewing Member Eligibility

Provider Healthcare Portal: Prior Authorization

Provider Healthcare Portal: Online Enrollment

Provider Healthcare Portal: Submitting Secure Correspondence

FFS Billing Guidance

The new system is designed to more accurately and efficiently adjudicate FFS claims in alignment with IHCP policies and procedures and national coding guidelines to prevent the improper payment of claims. Claims not following billing guidelines, or claims for services inconsistent with IHCP policy, will not process for reimbursement in *Core*MMIS as they may have in Indiana*AIM*.

Related Bulletins

- **BT201667**: *Core*MMIS billing guidance: Part I
  - *Published October 20, 2016*
  - *Compliant billing practices and systems, third-party liability and Medicare crossover billing, National Correct Coding Initiative (NCCI) and code auditing rule changes, and emergency indicators for emergency services*

- **BT201669**: *Core*MMIS billing guidance: Part II
  - *Published October 25, 2016*
  - *Billing guidance on outpatient services, bilateral surgery, home health services, hospice services, and renal dialysis services*

- **BT201671**: *Core*MMIS billing guidance: Part III
  - *Published November 1, 2016*
  - *Billing guidance for federally qualified health centers (FQHCs) and rural health centers (RHCs), dental claims, crisis interventions services, medical review team services, rendering provider linkages, electronic attachments to claims, claim payment and Remittance Advice, and searching for IndianaAIM claims in CoreMMIS*

- **BT201687**: ABA therapy claims may deny for NCCI MUE edits in *Core*MMIS
  - *Published December 1, 2016*
  - *Conflict between national and state billing guidelines regarding NCCI edits for Current Procedural Terminology (CPT®[1]) codes 96150-96155*

[1]*CPT copyright 2016 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association*

■ **BT201693: Clarification of *Core*MMIS billing guideline changes for home health and hospice services**

   – *Published December 20, 2016*

   – *Clarification of billing guidance for home health and hospice services*

■ **BT201705: NCCI MUE edits deactivated for certain ABA therapy procedure codes in *Core*MMIS**

   – *Published January 19, 2017*

   – *NCCI Practitioner Medically Unlikely Edit (MUE) deactivated when billing CPT codes 96150, 96151, 96152, 96154, and 96155 with Applied Behavior Analysis (ABA) therapy modifiers*

General System Enhancements

The implementation of *Core*MMIS will enhance many of the daily interactions between the IHCP and providers. The Portal interface will offer familiar features currently available in Web interChange as well as new functions:

■ Verifying member eligibility

■ Prior authorization enhancements

■ Presumptive eligibility

■ Secure correspondence through the Portal

■ Fee Schedule changes

Related Bulletins

■ **BT201670: Presumptive eligibility processes will transition to *Core*MMIS and the new Portal**

   – *Published November 4, 2016*

   – *Presumptive eligibility processes will continue to operate with *Core*MMIS and the Portal*

■ **BT201673: IHCP issues general guidance for the new *Core*MMIS**

   – *Published November 4, 2016*

   – *Information on enhanced customer service, eligibility verification options, PA, and secure correspondence on the Portal and Fee Schedule changes*

■ **BT201703: How to use Medicaid Rehabilitation Option provider functions on the new Portal**

   – *Published January 12, 2017*

   – *Verifying eligibility, coverage details, and PA requests for MRO members*

■ **BT201712: Enhancements to the IHCP Fee Schedule with CoreMMIS implementation**

   – *Published February 10, 2017*

   – *Information on the enhanced functions and information included in the Fee Schedule with CoreMMIS implementation*

Trading Partners

Trading partners are entities that exchange electronic data, such as batch claims or eligibility requests and responses, with the IHCP. Providers should make sure trading partner billing processes and systems are ready for *Core*MMIS implementation by ensuring that contracted software vendors, billing services, and clearinghouses are aware of the upcoming changes that will impact them.

Related Communications

- **SH201703: IHCP sets new implementation date for CoreMMIS of February 13, 2017**
  - *Published February 9, 2017*
  - *Announces the new CoreMMIS implementation date and outlines actions trading partners should perform to prepare for CoreMMIS implementation*

Other Key Resources

Providers will have a single Customer Assistance telephone number starting on February 13, 2017: 1-800-457-4584. The IHCP Call Center will have new Saturday hours available from 8 a.m. to 1 p.m. Callers will also have the option to leave voicemail messages at any time and can expect a return call within one business day.

To support *Core*MMIS transition and stabilization, weekday Call Center hours will be extended on a temporary basis to 8 a.m. – 8 p.m. Eastern Standard Time. Providers may email questions about the transition to incoremmis2015@hpe.com.

Current avenues of communication continue to be available, including the following:

- Electronic Data Interchange (EDI): INXIXTradingPartner@hpe.com
- Electronic Solutions Help Desk: INXIXElectronicSolution@hpe.com
- Written Correspondence: INXIXWrittenCorr@hpe.com
- Provider Relations Field Representatives: HPE Provider Relations Field Representatives

Related bulletins and reference documents

- **BT201680: IHCP prepared to assist providers in a smooth transition to *Core*MMIS**
  - *Published November 23, 2016*
  - *Key reference resources and customer services resources*
- IHCP Quick Reference Guide
- Provider Reference Materials
- Fee Schedule

QUESTIONS?
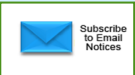
For additional questions about *Core*MMIS, email incoremmis2015im@hpe.com.

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