

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024168 OCTOBER 17, 2024

Indiana PathWays for Aging claims may have paid or denied incorrectly

The Indiana Health Coverage Programs (IHCP) implemented the Indiana PathWays for Aging (PathWays) program effective July 1, 2024.

Claims for members enrolled in PathWays should be submitted to the managed care entity (MCE) with which the member is enrolled. MCE assignment information is included during member eligibility verification as published in *IHCP Bulletin* [BT2024123](#).

The IHCP has identified claims for dates of service (DOS) July 1, 2024, through Sept. 23, 2024, that paid incorrectly through the fee-for-service (FFS) delivery system (see *IHCP Bulletin* [BT2024130](#)) for the following:

- Long-term care (LTC) claims for members enrolled in the PathWays program may have paid incorrectly through the FFS delivery system.

The IHCP has also identified claims for DOS July 1, 2024, through Aug. 22, 2024, that may have denied incorrectly through the FFS delivery system for the following:

- Members enrolled in the Money Follows the Person (MFP) Aged and Disabled Demonstration Grant may have denied incorrectly for explanation of benefits (EOB) code 2017 – *The member is enrolled in risk based managed care. Please submit to appropriate risk based managed care processor.*

In addition, providers may not have had the correct provider enrollment for the PathWays program and may have received claim denials related to no procedure reimbursement for the service category. Please keep in mind that any claims for members enrolled in the PathWays program must be submitted to the member's assigned MCE for processing.

The FFS claim-processing system has been updated. LTC claims paid for DOS July 1, 2024, through Sept. 23, 2024, will be recouped on remittance advices (RAs) beginning Nov. 20, 2024, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related).

Claims for members enrolled in the MFP Aged and Disabled Demonstration Grant and providers that did not have the correct contract assignment will be reprocessed on remittance advices (RAs) beginning Nov. 20, 2024, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims).

If applicable, providers need to resubmit the claims to the member's assigned MCE. Providers can submit claims to the IHCP within 90 days from the date of this publication for managed care claim submission to satisfy timely filing requirements. Providers should include a copy of this bulletin when submitting claims beyond the standard filing limit.



QUESTIONS?

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

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [IHCP Bulletins](#) page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at in.gov/medicaid/providers.

