



MCE Joint Presentation: Provider Test Claims Training

Monday, April 29, 2024
Indiana PathWays for Aging



Claims Testing Notification

- In response to *Indiana Senate Enrolled Act 132 (2024)*, the Office of Medicaid Policy and Planning (OMPP), has announced a claims submission testing period will take place prior to the Indiana PathWays for Aging (PathWays) program go-live [July 1, 2024.]
- OMPP has established a temporary emergency financial assistance program for providers who experience financial emergencies due to claims payment issues while participating in the PathWays program.
- To be eligible for payment of temporary emergency financial assistance, providers must meet criteria including having participated in the claims submission testing period. Additional information on the temporary emergency financial assistance program is available at [\[SB132\]](#) and [\[PathWays website.\]](#)
- The following slides will share best practices to start the claims testing period, follow up once test claims have been submitted, and ongoing support for any questions during the process.



Testing Timeline



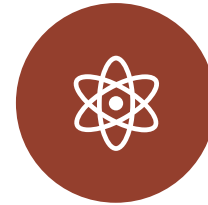
Registration
Starts: April 24,
2024



Registration
Ends: May 30,
2024



First Testing
Session Starts:
April 29, 2024



First Testing
Session Ends:
May 10, 2024



Second Testing
Session Starts:
May 20, 2024



Second Testing
Session Ends:
May 31, 2024

Providers are only required to submit test claims once per MCE during the testing period selected. Daily submission is not required.

Indiana Family and Social Services Administration

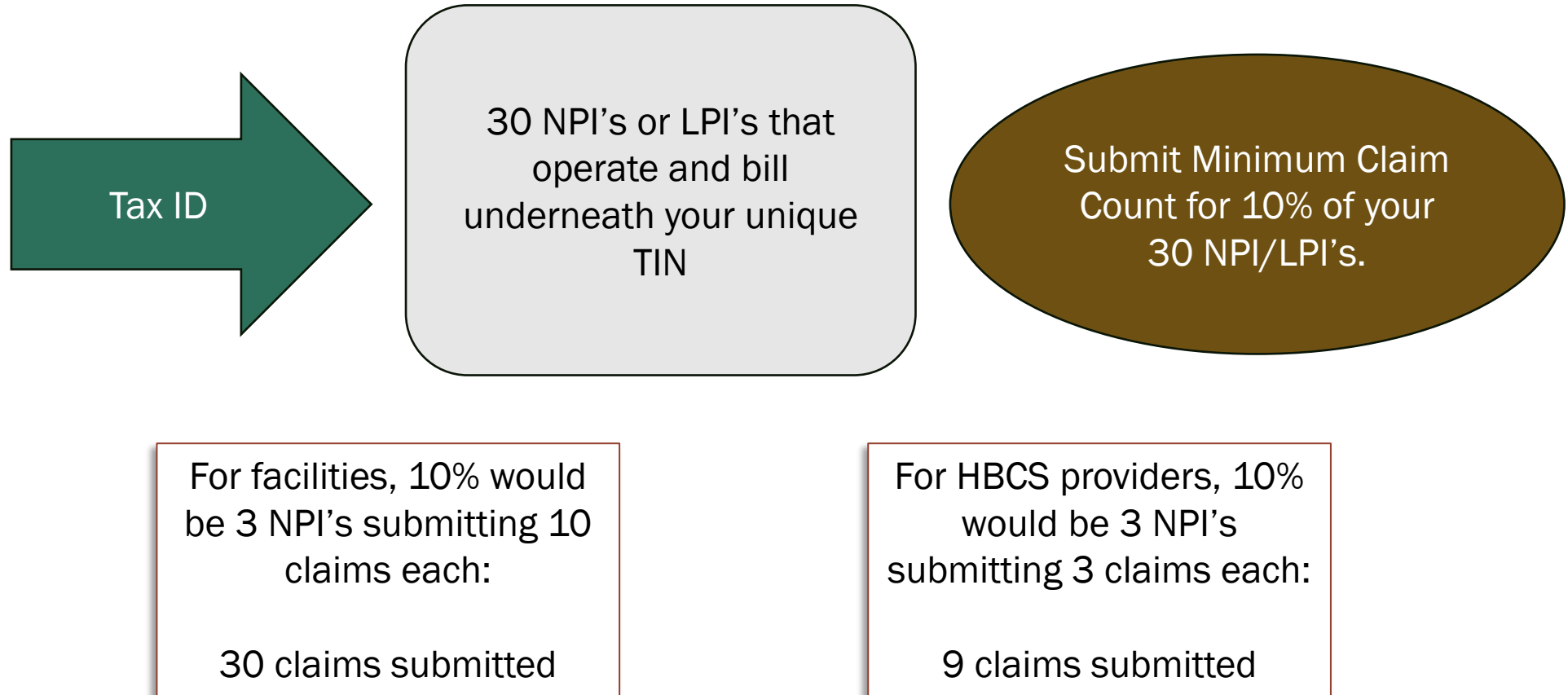


Submitting Test Claims: Guidance

1. **Test Member data will be used – no PHI submissions**
 - Each MCE that you register with will be providing this test member data if you have not already received it
2. **All MCE's invite both In-Network and Out-Of-Network Providers to Participate in Testing**
 - *Providers must test with all 3 MCEs*
3. **No Prior Authorizations are required for Claims Testing**
4. **There will be two claims submission testing periods:**
 - *The first period will start [April 29, 2024, and go through May 10, 2024.]*
 - *The second test period will start [May 20, 2024, and go on through May 31, 2024.]*
5. **Test Claim Minimums**
 - Facility claims (SNFs included): the minimum claims count to be submitted is [10] claims
 - *If you have >2 NPI's or LPI's under 1 TIN you may satisfy the participation requirement by submitting 10% of your NPI's/LPI's, per TIN.*
 - *UB-04 forms*
 - Provider claims, including HCBS providers, the minimum claims count to be submitted is [three] claims
 - *HCFA/CMS-1500 forms*



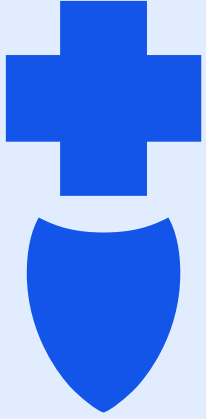
Testing Minimums Expanded





Who Are HCBS Providers?

- Adult Day Services
- Adult Family Care
- Assisted Living Facilities
- Attendant Care
- Caregiver Coaching
- Community Transition
- Home and Community Assistance
- Home-Delivered Meals
- Home Modification Assessment
- Home Modifications
- Integrated Health Care Coordination
- Non-medical Transportation
- Nutritional Supplements
- Personal Emergency Response System (PERS)
- Pest Control
- Respite Services
- Specialized Medical Equipment and Supplies
- Structured Family Caregiving
- Vehicle Modifications



Anthem Blue Cross and Blue Shield | Serving Hoosier Healthwise, Healthy Indiana Plan, Indiana PathWays for Aging, and Hoosier Care Connect

Indiana LTSS claims testing submissions

Pre-implementation [2024]

Anthem Claims Submission Registration

Anthem's Testing Registration can be completed at using the QR code

- or by selecting [<https://s-us.chkmt.com/?e=389672&d=e&h=774FE283994AB4F&l=en>]
- Questions? Email us at: INLTSSClaimsTesting@anthem.com



Electronics Claims Testing is currently still in development with our vendor. Currently, you may participate in claims testing by submission:



File by email

Anthem will accept an electronic claim from the provider or clearinghouse at:

INLTSSClaimsTesting@anthem.com

The email needs to include:

- Provider billing name.
- Contact information.
- “SECURE” in the Subject Line

Acceptable file types:

*.837, *.x12, *.dat, *.txt, *.x223,



File by paper

Anthem will accept a paper claim form from the provider or clearinghouse to:

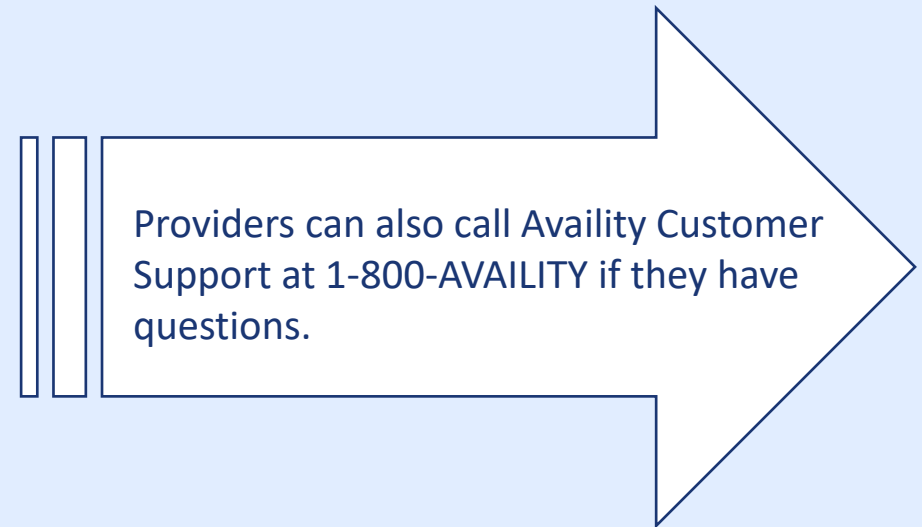
INLTSSClaimsTesting@anthem.com

The email needs to include:

- Provider billing name.
- Contact information.
- “SECURE” in the Subject Line

Acceptable file types:

*.PDF



If you don't have an account With Availity, you can register via this link: <https://availability.com/Essentials-Portal-Registration>.

Anthem Claims Submission Information



Date of service

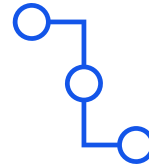
When submitting test claims, the date of service needs to be in the past.

Test claims with a future date will reject.



Anthem's EDI

The Payor ID is 00130 – 837I and 00630–837P.



Hoosier Care Connect

Anthem will allow enrolled HCC providers to use previously submitted claims to satisfy the testing participation requirements, if you choose. If you elect to do so, please alert Anthem via email.



Test Patient Data

Upon registration, Anthem will provide your organization with Test Member data to use during the testing phase.

Additional testing information

Monitoring test claim submissions

Claims processing specialists will monitor and review test claims daily and will provide notification to providers to share:

- The outcome of claims tested (accepted, rejected for technical issues, or denied).
- Offer technical assistance for questions or issues within [one] business day.
- Share education to providers for successful testing submission.

Anthem's Health Care Networks team will reach out to the provider in the event test claims are not received within [seven] days of test execution process.

Providers' Test claims questions:

Correspond by email

Anthem offers enhanced support to LTSS providers who are submitting test claims. To request technical support or ask questions, please contact:

[INLTSSClaimsTesting@anthem.com]

(This mailbox is monitored frequently during the claims testing periods to ensure prompt response to providers inquiries).

If you have general questions specific to Indiana LTSS PathWays for Aging Program, please contact: [INMLTSSPROVIDERRelations@anthem.com].

Anthem's provider education opportunities

Go-live support:

Dedicated provider relationship management: Long-term services and supports (LTSS) providers will be assigned a local and dedicated provider relationship management representative, equipped with the expertise to offer comprehensive support and resources. Leading up to implementation, the team is offering ongoing office hours to walk providers through the Digital Provider Enrollment tool and will offer in-person or virtual support to include individualized training, resources, and tools dependent on your needs and preferences.

Bi-weekly office hours:

We offer virtual office hours where providers may connect with Anthem's LTSS Health Care Networks team to get answers to questions or seek technical assistance in preparation for implementation.

LTSS provider webinars:

We will host monthly webinars covering a variety of LTSS provider-focused topics designed to support you in the Indiana PathWays for Aging implementation.

Anthem's LTSS Health Care Networks team

LTSS Health Care Networks email: INMLTSSProviderRelations@anthem.com

[Website: [Indiana Pathways for Aging | Anthem](#)]

[Map: [Indiana PathWays for Aging Network Relations Map and Supports](#)]

Additional resources and contacts:

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[LTSS Provider Training Specialist

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[HCBS Contracting Network Specialist

April Walton

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219-742-5323]



Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan, Indiana PathWays for Aging, and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

<RR2024> INBCBS-CD-057524-24-A | [Date]

Humana Healthy Horizons Provider Claims Testing

April 2024

Humana®

How To Register – Humana Provider Claims Testing (Round I)

- Provider Claims Testing Email: HumanaHealthyHorizonsIndianaClaimsTesting@Humana.com
- Round I Ways to submit a claim:
 - Paper Claim
 - 837 File
 - CMS-1500/UB-04 Claim Form (fillable claim form will be provided)
- Please Provider Claims Testing Call: For questions or concerns, you can attend our Provider Paper Claims Testing call **every Tuesday, Wednesday and Thursday from 8:00 am to 9:30 am, starting April 30th through May 9th** To access the meeting click on the Zoom link located here:
<https://humana.zoom.us/j/97624633908?pwd=ekNWMERET21Xc0FkY2pzSHRTYzR6dz09&from=addon>
- **General Questions or Concerns:** For additional questions or concerns regarding paper claims testing, send an email to: HumanaHealthyHorizonsIndianaClaimsTesting@humana.com and in the “Subject” field please enter “Provider Claims Testing Round I, Provider Name, Provider Tax ID”

How To Register – Humana Provider Portal (Round II)

- Provider Claims Testing Email:
HumanaHealthyHorizonsIndianaClaimsTesting@Humana.com
- Providers (including HCBS providers): **You must first register with Availity prior to Round II.**
- Please click here to register for Availity: www.Availity.com -> click Get Started -> scroll down, there is a section for Healthcare Providers and a section for Caregiver or atypical provider (HCBS provider)
- Payor ID 61101

How to Register-Humana Provider Portal (Round II)

Provider Portal Claims Testing Call: For questions or concerns regarding Round II provider portal testing , you can attend our Provider Portal Claims Testing call **every Tuesday, Wednesday and Thursday from 8:00 am to 9:30 am, starting May 21st through May 30th** . To access the meeting click on the Zoom link located here:

<https://humana.zoom.us/j/97624633908?pwd=ekNWMERET21Xc0FkY2pzSHRTYzR6dz09&from=addon>

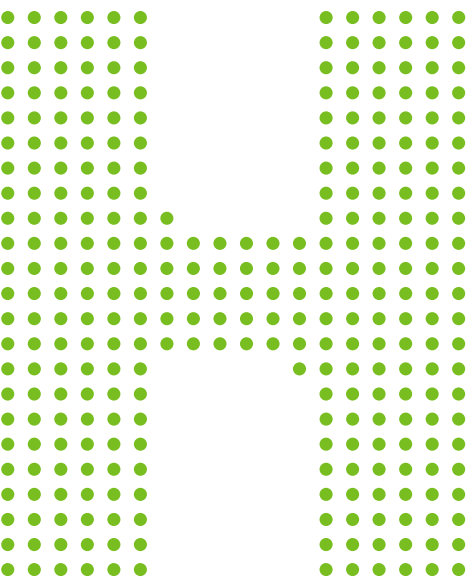
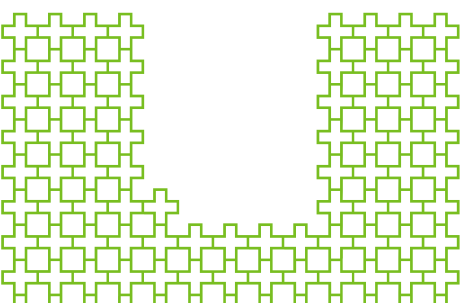
General Questions or Concerns: For additional questions or concerns regarding provider portal claims testing, send an email to:

HumanaHealthyHorizonsIndianaClaimsTesting@humana.com and in the “**Subject**”

field please enter “**Provider Claims Testing Round II, Provider Name, Provider Tax ID**”



Provider Testing What's Next - Humana

- Shortly after sending your request to participate in the claims testing, please look for the automatic reply for Indiana Medicaid Provider Testing
(HumanaHealthyHorizonsIndianaClaimsTesting@Humana.com)
with instruction on how to submit your claim information Round I
 - Providers will also receive an automatic reply during Round II
(**please register for Availity**)
 - **Note: Please check you Spam/Junk email if an automatic reply is not received.**
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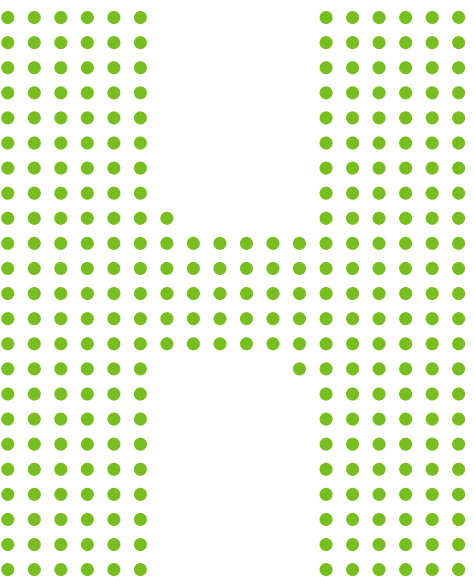
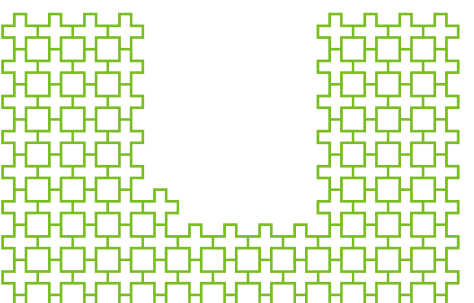
Provider Claims Testing Round I and Round II

- **Paper Claims Submission:**

Humana Claims

P.O. Box 14169

Lexington, KY 40512-4169

- **Please do not send member information – NO PHI**
 - Member test information will be provided to you
 - **Dates of Service (DOS) required for claims testing submission: 03/01/2024 thru 04/20/2024**
 - Provider will receive an email congratulating that the claim testing is complete or that the claim(s) denied, and a provider engagement representative or claims educator will contact you directly.
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Humana Healthy Horizons Provider Relations Team Contact Information

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Stephen Price, Associate Director of Provider Engagement

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Sue Reams, Workforce Development | HumanaINWorkforce@humana.com



General questions or concerns: Phone 866-274-5888 | INMedicaidProviderRelations@humana.com

Humana®



Indiana PathWays for Aging Claims Testing 2024

United
Healthcare

Registration with UHC

Any IHCP enrolled provider can register to test with UHC. To start the process e-mail:

INclaimstesting@UHC.com

To jump start the registration process please include:

- Agency/Organization Name- Please include the legal and DBA if applicable
- Contact Name, Phone Number and E-mail Address
- Tax ID
- NPI or Medicaid ID (LPI)
- Testing Method
- Contracted or Non-Contracted with UHC

Registration will be accepted until May 30th 2024



Testing Options-Paper Claims



Ensure paper claims are submitted with the assigned test member data.



Populate all required claims data that Gainwell requires today, including provider demographic information in the proper fields of the claim form.



E-mail the claim forms to INclaimstesting@uhc.com

Testing Options- EDI

EDI Direct Claim Files can be submitted via file transfer or e-mail.

- File the test claim with payer ID 87726
- Submit a T in the ISA15 indicator.
- Download the X12837P or X12837I file from your clearinghouse.
- E-mail to shelly.phillips@optum.com with the TIN and Organization Name.
- Please reach out to INclaimstesting@uhc.com for secure file transfer instructions.

EDI files will be uploaded to the UHC test processing site for processing.



Testing Options- Provider Test Portal

Portal test claims submission will be available during the second test cycle (5/20/24 - 5/31/24).

You will be provided a new unique URL to log in to the UHC test portal. Providers will create a One Healthcare ID (OHID) for the test environment by accessing <https://identity.nonprod.onehealthcareid.com/oneapp/index.html#/registration>.

Note: - Even if you currently have an OHID you will need to create a new one for this testing.

We will provide the link and instructions for the test portal prior to the second-round test start date.





United Healthcare

United
Healthcare



Frequently Asked Questions

Question: Do I have to test in both windows, or just one?

Answer: You can test in one or both – you are not required to do both, but in at least one of the testing windows.

Testing Window 1: 4/29 – 5/10

Testing Window 2: 5/20 – 5/31

Question: Will all 3 Webinar sessions cover the same material?

Answer: Yes, generally. Specifics are provided by MCE where applicable – but content across all three webinar sessions should be the same. We will be enhancing over time, based on feedback provided by you.

Question: Can you please clarify the 3 vs. 10 claim rule?

Answer:

For HCBS providers and those that bill on a HCFA/CMS -1500, you will need to test at least 3 claims for your group, and you must test 3 at least claims with each of the three PathWays MCEs to be registered as having participated in testing with the MCEs.

For Facility providers, including Hospitals, Nursing Facilities, Hospice, etc., you must submit at least 10 claims for each of your provider groups, and this must be done for all three MCEs.

Caveat: If you have multiple Tax IDs and/or NPI's, you must perform testing across 10% of your locations (or NPIs), with **at least a minimum of 2 provider groups**. For a provider that has 11 NPI's as an example, you'll need to submit 10 test claims for at least 2 of these groups. For groups that may have many NPIs under the same Tax ID, you'll need to follow this logic as well – at least 10% of all of your locations should be tested to qualify for the Senate Bill requirements to be met.

Question: Can we test even if we are not fully participating yet?

Answer: Yes, you can test with all three MCE's, regardless of your participation status

Question: If our centers are already contracted with Anthem, UHC, and Humana for other claims that we currently bill, do we need to get a new contract for this program?

Answer: Please contact the dedicated Provider Contracting email for the individual MCE's to coordinate enrollment.

Question: I registered for all 3 MCE's claims testing a few days ago, but only received a response from one MCE.

Answer: We apologize for any delays, but you should hear from all 3 MCEs by Monday morning at the latest on your outreach for testing.

Question: Should there be a concern that testing with an email submission may not be the same test as electronic submission?

Answer: There is another window that will also include direct portal entry if that's desired, but clearinghouse claims can be submitted to MCEs during round 1 as well as round 2. You do not have to do testing in the first window if you'd prefer to wait and do portal testing in the second window.

Frequently Asked Questions Continued



Question: Should we use the same Payer ID that we use today for Medicaid?

Answer: No, you will use the appropriate payer ID applicable to each MCE.

UHC: 87726

Anthem: 00130-837I and 00630-837P

Humana: 61101

Question: What provider types does this include:

Answer: This testing is for ALL provider types.

Question: Will we bill the MCEs the same way we bill today?

Answer: Generally, yes. However, there may be nuances from today – for example Nursing Facilities may use bill type 651 today for Medicaid, and Bill Type 21X for Medicare. The 3 MCEs will align on the appropriate bill type to use, and schedule a specific billing webinar for those interested and will share more details and rules specific to each MCE.

Question: Are we going to use the patient's current Medicaid RID# for claims testing?

Answer: No. No "real" membership information should be used, nor should any real PHI be transmitted. Each MCE will share test membership data that should be used for test claims submission.

Question: FFS will still be billed for those not participating in PathWays, correct?

Answer: Yes

Question: Will batch billing be available in all windows?

Answer: For testing, we will accept this, but for 7/1/2024 and forward providers must follow individual MCE guidelines regarding acceptable file types.