

INDIANA MARKETPLACE           Policy Name         Policy Number         Effective Date           Interest Payments         PV-1318         07/01/2021-07/31/2022           Policy Type         Policy Type           Medical         Administrative         Pharmacy         REIMBURSEMENT           Reimbursement Policy Statement: Reimbursement Policies prepared by CareSource and its affiliates are intended to provde a general reference regaring billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry standard claims ediing logic, benefits design and other factors are considered in developing Reimbursement Policies.           In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medicat necessity, adherence to plan policies and procedures, claims additing logic, provider contractual agreement, and applicable referent authorization, notification and utilization management guidelines. Medically necessary services include, p.         [2]#desear           Table of Contents           Reimbursement Policy Statement           A. Subject         2         2           Beologround         2         2           Policy         2         2           Policy         2         2           Beologround         2         2           Policy         2         2           Related Policies/Rules	REIMBURSEMENT POLICY STATEMENT				
Interest Payments         PY-1318         07/01/2021-07/31/2022           Policy Type         Reimbursement Policy Statement: Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.           In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable refernt acuthorization, notification and utilization managementguidelines. Medically necessary services include, [2]         [2]4d5xser           Table of Contents         Reimbursement Rolicy Statement					
Policy Type           Medical         Administrative         Pharmacy         REIMBURSEMENT           Reimbursement Policy Statement: Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry standard chains editing logic, benefits design and other factors are considered in developing Reimbursement Policies.           In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral authorization, notification and utilization management guidelines. Medcally necessary services include, [2]         [2]4d\$seer           Table of Contents         Reimbursement Policy Statement.         1           A. Subject.         1         1           Beckground         2         2           Definitions.         2         2           Reimbursement Policy Statement.         1           A. Subject.         2         2           Beckground         2         2           Policy.         2         2           Reimbursement Policy Statement.         2         2           Reimbursement Policy Statement.         1         3           Beckground         2         2      <			Policy Number	Effective Date	
Medical         Administrative         Pharmacy         REIMBURSEMENT           Reimbursement Policy Statement: Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.           In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to planoplicies and procedures, claims editing logic, provider contractual agreement, and applicable referral authorization, notification and utilization management guidelines. Medically necessary services include, I2         [2]403eeer           Table of Contents         Reimbursement Policy Statement	2			07/01/2021-07/31/2022	
Reimbursement Policy Statement: Reimbursement Policies prepared by CareSource and its affiliates are intended to provde a general reference regarding billing. coding and documentation guidelines. Coding methodology, regulatory requirements, industry standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.         In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral authorization, notification and utilization management guidelines. Medically necessary services include; [2]         Table of Contents         Reimbursement Policy Statement.         A. Subject.         3. Bajckground         C. Definitions.         2. Policy,	· ·				
general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry- standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies. In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referal authorization, notification and utilization management guidelines. Medically necessary services include, [2, [2]e03eger Table of Contents Reimbursement Policy Statement	Inedical	Administrative	Pharmacy	REIMBURSEMENT	
Reimbursement Policy Statement.       1         A. Subject.       2         Background       2         C. Definitions.       2         D. Policy.       2         E. Conditions of Coverage.       2         F. Related Policies/Rules.       3         G. Review/Revision History.       3	general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry- standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies. In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral,				
Reimbursement Policy Statement.       1         A. Subject.       2         Background       2         C. Definitions.       2         D. Policy.       2         E. Conditions of Coverage.       2         F. Related Policies/Rules.       3         G. Review/Revision History.       3					
Background       2         Definitions       2         Definitions       2         Definitions of Coverage       2         E. Conditions of Coverage       3         F. Related Policies/Rules       3         G. Review/Revision History       3	Table of Contents Reimbursement Policy Statement				
C. Definitions.       2         D. Policy.       2         E. Conditions of Coverage.       2         F. Related Policies/Rules.       3         G. Review/Revision History.       3	A. Subject			2	
D. Policy       2         E. Conditions of Coverage       3         F. Related Policies/Rules       3         G. Review/Revision History       3	B. Background				
D. Policy       2         E. Conditions of Coverage       3         F. Related Policies/Rules       3         G. Review/Revision History       3	C. Definitions				
<ul> <li>E. Conditions of Coverage</li></ul>	D. Policy				
F. Related Policies/Rules					
G. Review/Revision History					

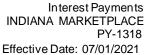


Interest Payments INDIANA MARKETPLACE PY-1318 Effective Date: 07/01/2021

## B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualic -TJ 0 Tc 0 Tw laiai15 Tc -0n34 >>BDC n





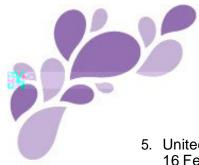
timeframe from Prompt Pay and Interest Regulations. Interest will begin accruing when payment is not made within the Prompt Pay timeframe.

V. CareSource only pays interest on claim payment that is occurring under prompt pay regulations. A contractual adjustment of a claim is not subject to state and federal regulations for interest payment.

VI. CareSource performs regul 32 alas iosis

ply clauses





Interest Payments INDIANA MARKETPLACE PY-1318 Effective Date: 07/01/2021

- 5. United States Government Publishing Office. Title 42, Section 7109. Retrieved 16 February 2021 from www.govinfo.gov
- 6. Federal Register. Prompt Payment Interest Rate; Contract Disputes Act. Retrieved 16 February 2021 from www.fiscal.treasury.gov
- 7. Bureau of the Fiscal Service. (2013, January- 2021, June). Interest Rates. Retrieved 16 February 2021 from www.fiscal.treasury.gov
- Centers for Medicare & Medicaid Services. (2019, January). Notice of New Interest Rate for Medicare Overpayments and Underpayments - 2nd Qtr. Retrieved 16 February 2021 from www.cms.gov
- 9. Indiana General Assembly. (2021). *IC 27-13-36.2-4*. Retrieved 16 February 2021 from www.iga.in.gov
- Justia US Law. (2021). 2018 Indiana Code Title 12. Human Services Article 15. Medicaid Chapter 21. Rules 12-15-21-3. Required rules. Retrieved 16 March 16, 2021 from https://law.justia.com/codes/indiana/2018/title-12/article-15/chapter-21/section-12-15-21-3/

The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.

