Indiana Medicaid PBM transition planned for May 24, 2013

As previously announced in bulletins BT201307 and BT201312, Catamaran Corporation will serve as the new Pharmacy Benefit Manager (PBM) and pharmacy claims processor for the Indiana Health Coverage Programs (IHCP). Plans are for this major transition to be effective May 24, 2013. A summary of the changes that will occur includes:

- All pharmacy claims will be processed by Catamaran; claims appeals and requests for adjustments and administrative reviews will all be directed to Catamaran.

- Catamaran will use Medi-Span’s drug file for adjudication of pharmacy claims and as a source of Prospective Drug Utilization Review (pro-DUR) criteria.

- Catamaran will be responsible for administering the State Maximum Allowable Cost (SMAC) program for the IHCP.

- Catamaran will process all pharmacy-related prior authorization (PA) requests. Existing PAs, including start and end dates, will transfer to Catamaran.

- Catamaran will use an enhanced coordination of benefits (eCOB) process to assist in the identification of potential third-party payer resources.

- All pharmacy auditing responsibilities will transition to Catamaran.
Learn about the upcoming Nursing Facility Satisfaction Surveys

The Indiana Division of Aging, in collaboration with the Office of Medicaid Policy and Planning, cordially invites you to participate in a webinar regarding the Nursing Facility Satisfaction Surveys. The surveys will be conducted in July, August, and September 2013. Press Ganey, the vendor performing the resident, family member and friend, and employee satisfaction surveys, will host the webinars.

The one-hour webinars are scheduled for Friday, May 10, 2013, at 9:30 a.m. Eastern Time and Friday, May 17, 2013, at 2 p.m. Eastern Time. You may participate in either session. During the webinar, you will receive information about the upcoming survey process and how your residents, their family and friends, and your employees will be surveyed.

Please call the toll-free conference line number and sign in as a “guest” using the following Adobe Connect link to access the webinar. If this is the first time you have used this application, you may wish to access the site in advance of the webinar start time to allow time for the webinar application to load.

Webinar Adobe Connect Link: http://pressganey.adobeconnect.com/phuelskampmeeting/
Primary Access Number: 1-877-820-7831
Guest Passcode: 702626#

If you have any questions, please contact Karen Filler with the Division of Aging at (317) 232-4651.

Sign up for the EHR incentive program

Incentive payments for the Electronic Health Records (EHR) initiative amount to more than $116 million since the program’s introduction in May 2011. A total of 1,614 eligible professionals and 99 eligible hospitals have benefited from these payments. For more information about EHR, see the EHR Incentive Program page at indianamedicaid.com.

Questions about ICD-10?
Email the ICD-10 Questions Mailbox and you’ll receive a direct answer from the IHCP. Your question, along with the answer, may also be added to the IHCP’s ICD-10 FAQs web page at indianamedicaid.com.

Sign up for IHCP email notifications
Stay in the know about ICD-10 and other changes coming to healthcare in Indiana. To receive email notifications of the latest Indiana Medicaid publications, look for the blue sign-up envelope at indianamedicaid.com.
ICD-10 is coming, and it’s time to prepare

Get ready for ICD-10! That was the message from Susan Goldsmith, CPC-P, CCS-P, CPEHR, Indiana Office of Medicaid Policy and Planning; and Geneane White, Registered Health Information Administrator (RHIA), HP ICD-10 Medical Policy, when they spoke about ICD-10 and Indiana Medicaid at the annual meeting of the Indiana Health Information Management Association (IHIMA) in Indianapolis April 17-19.

"Now is the time to prepare for this coding transition," says Goldsmith. "If all the coding and billing staff start coding one claim every day in ICD-10, when October 1, 2014, arrives, the coders and billers will have plenty of exposure to the new code set to use the codes appropriately."

"ICD-10 requires that coders update their clinical knowledge and learn new coding concepts," says White. "Do not assume that implementation is a simple replacement of a coding structure. It’s not! Becoming aware now of what ICD-10 entails will provide for a smoother transition."

ICD-10 Question of the Month: Thanks for responding

The IHCP wants to hear from you! In an effort to build a dialogue with providers and vendors concerning ICD-10, the IHCP publishes a “Question of the Month” to the ICD-10 Information page at indianamedicaid.com. The question also appears in the IHCP’s monthly provider newsletter. The Question of the Month addresses ICD-10 questions and asks for a simple click of the mouse – “Yes” or “No.” Please take a moment to respond to the question posed for May.

Responses to Question of the Month for April 2013

Has your coding or billing staff received any training on ICD-10?

■ Yes – 6
■ No – 16
■ Not affected by ICD-10 – 3

Click on your response and include any additional information you want to share in the body of the email.

Implications of May 2013 question

Tip from the Office of Medicaid Policy and Planning (OMPP), Indiana State Medical Association (ISMA), and Indiana Hospital Association (IHA): To become familiar with the complexity of coding claims in ICD-10 versus ICD-9, practice coding the first claim of each day using both ICD-10 and ICD-9 codes. This will allow physicians’ staffs to become familiar with the new coding system.

The IHCP encourages you to use these ICD-10-coded claims for testing with the IHCP through your software vendor and clearinghouse during the vendor testing time frame. For more information, see the ICD-10 Testing - Software and Clearinghouse Vendors at indianamedicaid.com.
Register online for IHCP second-quarter workshops

Registration for in-person and virtual provider workshops, scheduled for dates and locations shown in Table 1, is now available via the Provider Education page at indianamedicaid.com. The workshops will cover the following topics:

- **Life of an Enrollment Transaction (8 a.m. – 9 a.m.)**: This session takes providers step-by-step through the HP provider enrollment and document transaction process. The workshop defines each stage of enrollment, from start to finish and explains the role of those who process and evaluate provider enrollment paperwork.

- **UB-04 Institutional Claim Submission for Web interChange (9:10 a.m. – 10:10 a.m.)**: This session targets providers that use the institutional claim form on Web interChange. Attendees will learn to reset passwords, bill claims, complete third-party liability (TPL) and Medicare information, and use attachments and claim notes.

- **IHCP Updates (10:20 a.m. – 11 a.m.)**: This session provides an overview of newly released information as well as updated information regarding Web InterChange, the National Correct Coding Initiative (NCCI), the Vaccines For Children (VFC) Program, billing Medicaid members, updates on the ICD-10, and the top reasons for claim denials.

- **Indiana Care Select Provider Enrollment and Right Choices Program Overview (11:10 a.m. – noon)**: Presented by representatives of MDwise Inc. and ADVANTAGE Health Solutions\textsuperscript{SM}, this session provides:
  - Care Select overview – includes member eligibility, general prior authorization, provider enrollment and how to become a participating primary medical provider (PMP), and member program referrals
  - Care Select case studies
  - Overview of the Right Choices Program

- **Provider Roles and Responsibilities for Anthem Members (1 p.m. – 2 p.m.)**: This session presents the provider’s role and responsibilities as they relate to Anthem Medicaid members.

- **Managed Health Services and Cenpatico Behavioral Health Second-Quarter Updates (2:10 p.m. – 3:10 p.m.)**: Managed Health Services and Cenpatico Behavioral Health present prior authorization updates, billing tips and reminders, and general program updates.

- **MDwise Updates and Roundtable (3:20 p.m. – 4:20 p.m.)**: This MDwise presentation encompasses Hoosier Healthwise and Healthy Indiana Plan updates for care management, provider relations, behavioral health, provider revalidation, and the Affordable Care Act increased reimbursement for primary care services. MDwise will include a roundtable discussion to address provider questions.

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
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<tbody>
<tr>
<td>May 16, 2013</td>
<td>Wishard Hospital</td>
<td>Myers Auditorium</td>
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<tr>
<td></td>
<td>Indianapolis, Indiana</td>
<td>1001 W. 10th Street</td>
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<td>May 22, 2013</td>
<td>Deaconess Hospital</td>
<td>Bernard Schnacke Auditorium</td>
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<td>Evansville, Indiana</td>
<td>600 Mary Street</td>
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<tr>
<td>June 3, 2013</td>
<td>St. Joseph Regional Hospital</td>
<td>Education Center</td>
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<td>Mishawaka, Indiana</td>
<td>5215 Holy Cross Parkway</td>
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<td>June 5, 2013</td>
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<td>Muncie, Indiana</td>
<td>2401 W. University</td>
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<tr>
<td>June 18, 2013</td>
<td>Virtual Training</td>
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<td>601 W. 2nd Street</td>
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<td>June 26, 2013</td>
<td>Virtual Training</td>
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Visit the Provider Education page at indianamedicaid.com now to sign up and reserve your spot.
**RECENTLY PUBLISHED TO THE IHCP WEBSITE**

**BULLETINS**
- **BT201309** – Coverage and billing information for the April 2013 quarterly CPT/HCPCS code updates
- **BT201310** – The IHCP has revised coverage criteria for CPAP systems
- **BT201311** – Fee-for-service reimbursement increases related to hospital assessment fee to be recouped
- **BT201312** – Effective date of Indiana Medicaid PBM transition planned for May 24, 2013

**PROVIDER MANUAL UPDATES**
- **IHCP Provider Manual** – The following chapters of the manual have been updated:
  - **Chapter 3** – Electronic Solutions
  - **Chapter 5** – Third Party Liability
- **Right Choices Program Policy Manual**

**LOOKING FOR MORE INFORMATION ABOUT PROVIDER MANUAL UPDATES?**
- **Subscribe to IHCP E-mail Notifications**.
- The Revision History at the front of each manual (or chapter) provides detailed information about the updates made in the most recent revision.

**NEWS FROM RECENT BANNER PAGES**
- Reminder: The IHCP requires PA for outpatient mental health services exceeding established limits
- **New coverage and reimbursement for S4993**
- **Claims submitted with CPT codes 90791, 90839, and 90832 to be reprocessed or mass adjusted**
- **Consent for Sterilization form has been updated**
- **CPT code 22551 ASC pricing indicator assigned**
- **IHCP second-quarter workshops are coming soon**
- **Claim and eligibility processes will be temporarily unavailable on April 28, May 5, and May 19, 2013**
- **Updates to mental health utilization edits**
- **Learn about the upcoming Nursing Facility Satisfaction Surveys**

**FOR MORE INFORMATION**
- **Contact your Provider Relations Field Consultant**.
- **IHCP Provider Quick Reference** – This reference contains a complete list of addresses, telephone numbers, and fax numbers for the IHCP and IHCP vendors.

**TO PRINT**
A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.