PROVIDER *news*

Doing business with Medicaid

The IHCP to accept only NCPDP version D.0 transactions beginning January 1, 2012

The Centers for Medicare & Medicaid Services (CMS) issued a final rule that mandates the modification of *Health Insurance Portability and Accountability Act (HIPAA)* transaction standards by January 1, 2012, including National Council for Prescription Drug Programs (NCPDP) version D.0. To be compliant with this rule, the Indiana Health Coverage Programs (IHCP) will accept only NCPDP version D.0 transactions beginning January 1, 2012.

■ The transition includes paper claim transactions – A new paper claim form will be available mid-December for use after January 1, 2012. Claims submitted after January 1 with the old form will be returned to the provider for resubmission on the new form. The new form will include the following

INSIDE STORIES

-
-
-
-
-
-

changes (*changes made only on paper form):

  − *Other Coverage Codes* – codes 05, 06, 07, and 08 are no longer valid values. Valid values for this field include:

    ● 01 – *No other coverage*

    ● 02 – *Other coverage exists – payment collected*

    ● 03 – *Other coverage billed*

    ● 04 – *Other coverage exists – payment not collected*

  − *Dispense as Written (DAW) Codes* – The IHCP is making changes to be compliant with the NCPDP national standard for DAW codes; accepted values for DAW are listed on the Payer Sheet. A future bulletin will be provided to further explain the impact on pharmacies.

  − *Third-party Liability (TPL) Amount Paid* – will change to *Other Payer Amount Paid* to be consistent with NCPDP changes*

  − *Gross Amount Due* – will change to *Other Payer – Patient Responsibility* to be consistent with NCPDP changes*

  − *Other Amount Claim Submitted* – will be removed*

■ The updated Payer Sheet can be found in the *Companion Guide: NCPDP Versions D.0 and 1.2 Transaction Payer Sheet* found on the IHCP Companion Guide page of indianamedicaid.com (General Provider > Electronic Data Interchange (EDI) Solutions).

■ The IHCP will support the Coordination of Benefits (COB) Scenario 3 (see Payer Sheet for further details) – *Other Payer Amount Paid, Other Payer-Patient Responsibility Amount,* and *Benefit Stage Repetitions Present (Government Programs)* in the Coordination of Benefits/Other Payments Segment.

■ If version 5.1 transactions are submitted electronically after January 1, 2012, they will reject with NCPDP reject Code 02 – *M/I Version Number*.

Download the HP Summary Report of LTC Facilities Reviewed from indianamedicaid.com

Each month, the HP Enterprise Services (HP) Long Term Care (LTC) staff members conduct on-site audits of Medicaid-certified LTC facilities, providing oversight for the Office of Medicaid Policy and Planning (OMPP) and the Division of Aging (DA). The audits help providers achieve compliance in documentation and billing, and also help ensure the health and safety of Indiana Health Coverage Programs (IHCP) members.

The HP LTC monthly audit reports, which contain information ranging from audit validation rates, to analyses by risk category, to summaries of monthly statistics for all facilities reviewed, are now available for download from the Monthly Summary Report of LTC Facilities Reviewed-List Month/Year page of indianamedicaid.com.

The IHCP prepares for ACA provider screening and enrollment changes

To become compliant with the *Affordable Care Act (ACA)* requirements, the Indiana Health Coverage Programs (IHCP) announced in BT201151, dated October 18, 2011, significant changes to provider enrollment policies and procedures effective January 1, 2012. Major changes include:

- **Providers are categorized by risk level** – high, moderate, or limited. This categorization is established by the Centers for Medicare & Medicaid Services (CMS), based on an assessment of potential for fraud, waste, and abuse for each provider type. The Provider Type Application Fee and Risk Assignment Matrix (for Non-Waiver and Waiver providers) on indianamedicaid.com provides a full list of providers, by type and specialty, indicating their assigned risk levels.

- **Providers will be screened according to their assigned risk level**. For an overview of risk levels and screening activities, see the news announcement, The IHCP Prepares for ACA Provider Screening and Enrollment Changes, on indianamedicaid.com.

- **Certain providers will be subject to an application fee**. Will you be required to pay an application fee when your enrollment is changed or revalidated? The Provider Type Application Fee and Risk Assignment Matrix (for Non-Waiver and Waiver providers) on the News Summary page of indianamedicaid.com provides a full list of providers, by type and specialty, indicating which are subject to the application fee.

- **Enrollment forms will collect additional information**. Updated IHCP enrollment forms will require additional information for all disclosed individuals. Additional information includes dates of birth and Social Security numbers.

- **All enrolled providers must be revalidated at least every five years**. Under current policy, providers have not been required to re-enroll on a regular basis. Providers enrolling on or after January 1, 2012, however, will be required to revalidate their enrollment with the IHCP at five-year intervals. A more frequent three-year revalidation requirement applies to durable medical equipment (DME) providers and pharmacy providers with DME or home medical equipment (HME) specialty enrollments. All providers enrolled before January 1, 2012, must also revalidate their enrollments under ACA criteria. Beginning in the spring of 2012, the IHCP plans to revalidate existing providers in phases, with completion scheduled for December 31, 2014.

Questions? Please review the ACA Provider Screening and Enrollment FAQs on the News Summary page of indianamedicaid.com, and look for additional guidance in upcoming bulletins, banner pages, and website postings.

Update: ICD-10 Assessment and Implementation Project

The Family and Social Services Administration (FSSA) International Classification of Diseases, 10th Revision (ICD-10) Assessment and Implementation Project continues to move forward. The Centers for Medicare & Medicaid Services (CMS) has mandated an October 1, 2013, implementation date, **with no exceptions**.

The ICD-10 team is presenting information at various association meetings and workshops. Guidance is also available in IHCP publications on indianamedicaid.com.

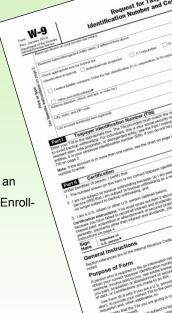### Using ICD-9 codes after ICD-10 implementation
Many of you have asked whether providers and vendors will be able to use ICD-9 codes after the October 1, 2013, implementation of ICD-10. **For dates of service (DOS) or dates of discharge (DOD) on or after the October 1, 2013, implementation date, only ICD-10 codes can be used. There is no grace period**. Claims with ICD-9 codes for DOS or DOD before the implementation date will continue to process as they do today.

More information about ICD-10
- *HHS Issues Final ICD-10 Code Sets and Updated Electronic Transaction Standards Rules* – News release available on the U.S. Department of Health and Human Services (HHS) website at hhs.gov.
- *CMS ICD-10 Regional Office Training Workshop: Training segments to assist State Medicaid Agencies with ICD-10 Implementation*, April 2011, available from the CMS website at cms.gov.

Make tax time easier by starting now
- **Verify your provider profile information on Web interChange** – It's never too early to verify the addresses you have on file with the Indiana Health Coverage Programs (IHCP). To review and verify your "Mail to," "Pay to," and home office addresses, as well as your service locations, go to your Provider Profile on Web interChange on indianamedicaid.com. Providers wanting to change their "Pay to" or "Mail to" address can do so on Web interChange – just choose Provider Profile Update Online.
- **Correct your provider profile information** – If your address or tax identification information has changed since the last enrollment or update, you can update your provider profile online or submit an *IHCP Name and Address Maintenance Form* and an updated W-9 form, available on the Provider Enrollment and Forms pages, respectively, of indianamedicaid.com.

HIPAA 5010 compliance: Has your software vendor or clearinghouse completed testing?

The mandatory compliance date for the American National Standards Institute (ANSI) *Health Insurance Portability and Accountability Act* (HIPAA) version 5010 for all covered entities is January 1, 2012.

Effective January 1, 2012, the Indiana Health Coverage Programs (IHCP) will reject electronic transactions that are not submitted in the HIPAA-compliant 5010 format. Providers that are unable to submit claims in the 5010 format risk possible delay in claim payment.

The IHCP is in the process of testing 5010 vendor transactions. All software vendors and clearinghouses have been sent testing information and encouraged to begin testing. Testing should be completed by October 31, 2011, to allow plenty of time to convert clients to 5010 before the January 1 deadline.

- **Approved vendors and clearinghouses** – A list of the approved software vendors and clearinghouses that have completed 5010 compliance testing is now available on indianamedicaid.com. If you do not see your software vendor or clearinghouse on the list, you must contact your vendor or clearinghouse to ensure that it is in the process of testing with the IHCP.

- **Possible early release** – The IHCP anticipates a production release for version 5010 claims and Remittance Advice transactions in early December 2011. Approved software vendors and clearinghouses will be contacted when the "go-live" date has been decided. The date will also be published in a banner page on indianamedicaid.com.

- **Trading partner IDs** – Trading partners will not be issued new trading partner IDs for submitting version 5010 transactions. You will continue to use your current production trading partner ID.

- **Dual processing** – Indiana Medicaid will not allow dual processing of version 4010A1 and 5010 transactions. When a trading partner begins submitting the HIPAA 5010 transactions, it will not be able to submit the 4010A1 version using the same submitter ID.

- **Submission Summary Report (SSR)** – The Submission Summary Report (SSR) will replace the Biller Summary Report that trading partners now receive for 4010A1 transactions. The SSR provides detailed information about claims that reject due to HIPAA compliance errors. The SSR also points the trading partners to the exact claims that caused the rejection, and displays technical and business explanations of the errors. This report will enable trading partners and providers to correct and resubmit rejected claims in a timely manner.

- **New Trading Partner Agreement available now** – The revised Trading Partner Agreement is now available on indianamedicaid.com. All trading partners are required to submit new Trading Partner Agreements before exchanging version 5010 transactions.

■ **Version 4010A1 testing deadline** – The IHCP will no longer test version 4010A1 transactions with new trading partners after November 10, 2011. All new trading partners must test version 5010 transactions after that date.

■ **Web interChange users** – Providers that submit claims, verify eligibility, or view claim inquiry information via Web interChange will not need to test for HIPAA 5010. Web interChange will be updated with the appropriate HIPAA 5010 requirements.

Contact information

If you have questions related to the 5010 conversion, please email the HP 5010 testing team at INXIXTradingPartner@hp.com or call (317) 488-5160 or 1-877-877-5182 toll free.

Pharmacy news

Changes to the Preferred Drug List and Over the Counter Drug Formulary

Effective October 1, 2011, the over-the-counter (OTC) Drug Formulary was separated into a Pediatric OTC Drug Formulary for those 18 years of age and younger, and an Adult OTC Drug Formulary for those 19 years of age and older.

The Preferred Drug List (PDL) can be accessed on the Indiana Pharmacy Benefits Manager website at indianapbm.com under Pharmacy Services. The OTC Drug Formularies can be accessed at Myers and Stauffer, LC at in.mslc.com under Pharmacy > State MAC List.

Please direct prior authorization (PA) requests and questions about the PDL and OTC Drug Formularies to the Affiliated Computer Services (ACS) Clinical Call Center at 1-866-879-0106.

Synagis® season starts now

Late fall is the beginning of the season for respiratory infections, such as respiratory syncytial virus (RSV), which can be serious for newborns – particularly premature newborns. Especially vulnerable are patients who:

- Attend child care
- Have school-age siblings
- Are exposed to environmental air pollutants or smoke in the home
- Have compromised immune systems

The Indiana Health Coverage Programs (IHCP) accepts the American Academy of Pediatrics (AAP) recommendations regarding the use of Synagis for the prevention of RSV infections. All Synagis prescriptions require prior authorization. A complete list of risk factors and a prior authorization form are available on indianamedicaid.com under Pharmacy Forms.

PROVIDER MANUAL UPDATES

IHCP Provider Manual – the following chapters of the manual have been updated:

- Chapter 2 – *Member Eligibility and Services*
- Chapter 3 – *Electronic Solutions*

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

- Using Modifiers with Codes Having Professional and Technical Components
- Revenue Code 636 Linked to HCPCS Code J2185
- The ISDH Has Updated CLIA Codes
- Reminder: Changes in Global Delivery Codes
- NDC Linked to HCPCS Code J9217
- HIPAA 5010 Compliance Date Is Fast Approaching
- Beware of Construction at the IHCP Annual Provider Seminar
- Reimbursement of CPT Code 88361 in the Facility Setting
- CPT Code 51798 Linked to Revenue Codes 360 and 490

FOR MORE INFORMATION

- Contact your Provider Relations Field Consultant
- IHCP Provider Quick Reference – a complete list of addresses, telephone numbers, and fax numbers for the IHCP and IHCP vendors

RECENTLY PUBLISHED TO THE IHCP WEB SITE

BULLETINS

- BT201149 – The IHCP to Cover Bridge Appointments
- BT201150 – Changes to Early Refill Policy and Criteria
- BT201151 – The IHCP to Adopt New Provider Enrollment and Screening Requirements
- BT201152 – The IHCP Updates List of Hospital-Acquired Conditions