

IHCP Provider Monthly News

February 2010

Indiana Health Coverage Programs

<http://www.indianamedicaid.com>



What's New Inside!

- Important Reminders Regarding Indiana Medicaid Pharmacy Benefit Consolidation
- Leave Days Billed Without Accommodation Days

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Common Abbreviations

ACN	Attachment Control Number	MAR	Management and Administrative Reporting
ADA	American Dental Association	MCO	Managed Care Organization
ASC	Ambulatory Surgical Centers	MHS	Managed Health Services
AVR	Automated Voice Response	MRO	Medicaid Rehabilitation Option
CMS	Centers for Medicare & Medicaid Services	NDC	National Drug Code
COB	Coordination of Benefits	NOA	Notice of Action
CPS	Child Protective Services	NPI	National Provider Identifier
CPT	Current Procedural Terminology	NPPES	National Plan and Provider Enumeration System
DCS	Department of Child Services	NTIOL	New Technology Intraocular Lenses
DFR	Division of Family Resources	NUBC	National Uniform Billing Committee
DME	Durable Medical Equipment	NUCC	National Uniform Claim Committee
EDI	Electronic Data Interchange	OMPP	Office of Medicaid Policy and Planning
EOB	Explanation of Benefits	PA	Prior Authorization
EOMB	Explanation of Medicare Benefits	PMP	Primary Medical Provider
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment	PRTF	Psychiatric Residential Treatment Facility
EVS	Eligibility Verification Systems	RA	Remittance Advice
HCPCS	Healthcare Common Procedure Coding System	RBMC	Risk-Based Managed Care
HIP	Healthy Indiana Plan	RCP	Right Choices Program (formerly Restricted Card Program)
HIPAA	Health Insurance Portability and Accountability Act	SSN	Social Security Number
HP	Hewlett-Packard	SUR	Surveillance and Utilization Review
ICN	Internal Control Number	TIN	Tax Identification Number
IHCP	Indiana Health Coverage Programs	TPL	Third-Party Liability
LPI	Legacy Provider Identifier	VAN	Value-Added Network
MAC	Maximum Allowable Cost		

All Providers

New Bulletins on the IHCP Web Site

The following bulletins were recently posted to the Indiana Health Coverage Programs (IHCP) Web site:

- [BT200950](#) – Enhanced Spend-down Information on the Eligibility Verification Systems
- [BT201001](#) – Coverage Determinations for the New 2010 Healthcare Common Procedure Coding System Codes
- [BT201002](#) – Correction to Reimbursement of Polycarbonate Lenses

A complete list of bulletins is available on the IHCP Web site at

<http://provider.indianamedicaid.com/news,-bulletins,-and-banners/bulletins.aspx>. E-mail notifications are sent to subscribers as new bulletins are posted. To subscribe, visit the IHCP Web site at http://provider.indianamedicaid.com/ihcp/mailling_list/default.asp and click **Open New Account**. To access the [Explanation of Benefits \(EOB\)](#) codes from the IHCP Web site, click **Provider Services** and then click **EOB Descriptions**. Follow the directions at the top of the EOB Web page to print or download the EOB list.

Sterilization Consent Form – Expiration Date

The current sterilization consent form on the Indiana Health Coverage Programs (IHCP) Web site shows an expiration date of November 30, 2009. However, HP will continue to accept this version of the form until a new version becomes available.

You may find the form at:

<http://provider.indianamedicaid.com/media/25278/sterilizationconsentform.pdf>.

Pharmacy and Prescribing Providers

Important Reminders Regarding Indiana Medicaid Pharmacy Benefit Consolidation

As advised in IHCP provider bulletin, [BT200948](#), the Office of Medicaid Policy and Planning (OMPP) has assumed responsibility for the administration of the Hoosier Healthwise (HHW) managed care organizations (MCOs) and Healthy Indiana Plan (HIP) pharmacy benefits for claims with dates of service of December 31, 2009, or later. This change includes processing all outpatient pharmacy claims and managing pharmaceutical services for drugs and some drug-related medical supplies and medical devices (identified in Table 1 of [BT200948](#)) provided by enrolled IHCP pharmacy or durable medical equipment providers as fee-for-service (FFS). As a result of this change, HP Enterprise Services now processes HHW pharmacy claims and HIP pharmacy claims. Please submit outpatient pharmacy claims to BIN 610467 and submit drug-related medical supplies and medical devices to the Indiana Medicaid FFS Medical Benefit.

Copay Information

For Hoosier Healthwise members who do not pay a monthly premium (Package A and B members): Effective January 1, 2010, members have to pay \$3 for each medication. There are times when a member will not have a copay, such as:

- Services for members under the age of 18
- Services related to a pregnancy
- Services related to family planning (birth control and preventive supplies)
- Services while in an emergency room
- Services while in a hospital

Note: Pharmacies must enter a pregnancy indicator of 2 to ensure that the member is not charged a copay.

For Hoosier Healthwise members who pay a monthly premium (Package C members):

- Effective January 1, 2010, members have to pay \$3 for each generic medication and \$10 for each brand medication.

For HIP members:

- As in the past, HIP members do not have a copay for medications.

HIP Pharmacy Claim Submission

If you submit a HIP pharmacy claim to Anthem or MDwise, you may receive a message that the member is not covered. For denied HIP pharmacy claims with a date of service on or after December 31, 2009, that receive a point of service (POS) reject message of National Council for Prescription Drug Programs (NCPDP) 07 – *cardholder not found*, please submit pharmacy claims to Indiana Medicaid BIN 610467/PCN INCAIDPROD. Please call the Automated Voice Response (AVR) system at (317) 692-0819 or toll-free at 1-800-738-6770 to obtain the appropriate member identification (RID) number. Be advised that the RID number is on the back of the Anthem card.

Medical Claim Submission

As a result of drugs being reimbursed on an FFS basis, some drug-related medical supplies and

medical devices are also reimbursed on an FFS basis. Table 1 in [BT200948](#) lists drug-related medical supplies and medical devices that are paid for by the FFS medical benefit for all HHW and HIP health plan members for claims with dates of service on or after December 31, 2009. These claims should be billed on the CMS-1500 claim form or using the 837P transaction. Services must be provided by an IHCP-enrolled pharmacy or durable medical equipment (DME) provider. Only the drug-related medical supplies and medical devices listed in Table 1 of [BT200948](#) are reimbursable by the FFS medical benefit. Claims submitted to the FFS, HHW, or HIP health plans as pharmacy claims with dates of service on or after December 31, 2009, will be denied.

Contact Information

If you require assistance processing pharmacy claims, please contact HP (formerly EDS) at (317) 655-3240 or 1-800-577-1278.

For pharmacy prior authorization requests, please contact Affiliated Computer Services (ACS) at 1-866-879-0106.

Long Term Care Providers

Leave Days Billed Without Accommodation Days

Effective April 1, 2010, system changes will allow claims billed using revenue code 183 (therapeutic bed hold) and/or revenue code 185 (hospital bed hold) with no accompanying accommodation days to adjudicate systematically.

These claims previously have suspended for manual pricing and have been excluded from the Retro Rate Adjustment process.

The changes allow these claims to be correctly priced systematically and allow them to be included in the Retro Rate Adjustment process.

These changes will also allow long-term care (LTC) and hospice claims, which originally paid at zero dollars, to be included in the Retro Rate Adjustment process.

Reminder: The IHCP automatically deducts the member's liability amount from the total reimbursement of the claim. The provider must not indicate the resource contribution anywhere on the claim form. When a member transfers between facilities during a billing period, the member's liability is deducted from the first claim received and processed by IndianaAIM. Therefore, the facilities involved in the transfer must coordinate any liability deductions.

Hospice and nursing facility providers are encouraged to develop coordination and payment procedures to address this retro rate adjustment issue in their contracts.

Inpatient Hospital Providers

Present on Admission Indicator for Newborns

HP
P.O. Box 7263
Indianapolis, IN 46207-7263

For more information visit <http://www.indianamedicaid.com>

Per provider bulletin [BT200928](#), dated August 25, 2009, the Present on Admission (POA) indicator is not required for exempt diagnosis codes. Hospitals that are not exempt from the Hospital Acquired Condition reporting may have experienced denials when diagnosis codes V30 through V39 were billed

on claims with dates of service from October 1, 2009, through December 6, 2009. These claims were systematically reprocessed and should have appeared on the December 22, 2009, Remittance Advice. *Reminder:* The POA indicator of "1" should be used only with exempt diagnosis codes.

Provider Workshops

Regional Workshop for Dental, Home Health, and Hospice Providers

HP Enterprise Services Provider Relations will present a regional workshop for home health/hospice providers and dental providers. The morning session covers home health/hospice education, and the afternoon session is for the dental provider community.

Date: March 2, 2010

Location: Unity Hospital
Unity Medical Pavilion
1345 Unity Place
Lafayette, IN 47905

Date: April 7, 2010

Locations: Deaconess Hospital
Bernard Schnacke Auditorium
600 Mary Street
Evansville, IN 47747

Date: April 15

Location: East Chicago – Regional WS
St. Catherine's
Professional Office Bldg
Conference Room
4321 Fir Street
East Chicago, IN 46312

Date: April 21, 2010

Location: Parkview Hospital Corporate Office
10501 Corporate Drive
Fort Wayne, IN 46845

Home Health/Hospice Providers

Home Health: 9 – 10 a.m.

Hospice: 10:10 – 11:30 a.m.

This is an excellent opportunity to become more familiar with Medicaid home health and hospice

policies, procedures, and billing tools and methodology.

The agenda includes the following:

- Benefit coverage
- Prior authorization requirements
- Billing procedures
- Eligibility requirements
- Reimbursement methodology
- Hospice process
- Common denials

Dental Providers

1:00 – 3:30 p.m.

This is an excellent opportunity to become more familiar with Medicaid dental policies, procedures, and billing tools and methodology.

The agenda includes a live demonstration and discussion of all facets of the Web Interchange system, including:

- Spend-down
- Managed care
- Third-party liability and qualified Medicare beneficiary eligibility
- Dental cap
- Benefit limitations

Providers may enroll in the workshop on www.indianamedicaid.com under **Provider Services > Education Opportunities > Workshop Registration**. If you have questions, please call Provider Relations at (317) 488-5072.

IHCP Offers First-quarter Medicaid Provider Workshops

The IHCP is again offering quarterly provider workshops free of charge – see Table 1 for topics,

times, and descriptions. Sessions on IHCP Updates, Pharmacy Benefit Consolidation, and Medical

Review Team (MRT) are scheduled for the morning; afternoon sessions include the IHCP Family Tree, Outpatient Behavioral Health Services, *Care Select* Services, and Medicaid Rehabilitation Option. The schedule allows for lunch; however, lunch is not provided. Registrations are processed in the order received, and registration does not guarantee a spot at the workshop – seating is limited in all locations, and only two registrants are allowed per provider number. Confirmation letters are sent upon receipt of registrations. If you do not receive a confirmation letter, the workshop is full.

Workshop dates, registration deadlines, and locations are listed in Table 2. General directions to workshop locations are available on the IHCP Web site at

<http://provider.indianamedicaid.com/general-provider-services/provider-education/workshop-registration.aspx>.

Register online at <http://www.indianamedicaid.com>. Click **Provider Services**, then **Education Opportunities**. Another registration option is the form on page 8. Fax completed registration forms to HP at (317) 488-5376. HP processes registrations chronologically based on the date of the workshop. The Provider Workshop Registration form is also available on the Forms page of the IHCP Web site.

If you have questions about a workshop, please contact a field consultant at (317) 488-5072.

Table 1 – First-Quarter Provider Workshops – Topics, Times, and Descriptions

Time	Topic	Description
8 – 9 a.m.	IHCP Updates, presented by HP	The new year brings updates to the IHCP. During this session, providers learn about a highly anticipated enhancement to the spend-down information available on the eligibility verification systems. Also covered is the Right Choices Program, which replaces the Restricted Card Program. In addition, providers will learn more about the 5 percent reimbursement reduction affecting hospital providers, the determination of new rates for manually priced services, and a change to the medical education payment applicable to managed care claims.
9:15 – 9:45 a.m.	Pharmacy Benefit Consolidation, presented by HP	Effective December 31, 2009, the pharmacy benefit has been carved out of the risk-based managed care delivery system. HP is now the processor for all pharmacy claims. Prescribers and pharmacy providers learn about the impact of this change.
10 – 10:45 a.m.	Medical Review Team, presented by HP	This session provides an overview of the billing requirements for Medical Review Team (MRT) claims. The discussion reviews how the member eligibility process works, the types of exams and services performed, and obtaining authorization for additional services. The top reasons for MRT claim denials are also discussed, along with methods of resolution.
11 – Noon	Lunch	
12:10 – 12:30 p.m.	IHCP Family Tree	The afternoon sessions are specifically designed for clinical and nonclinical staff with a mental health specialty. The IHCP Family Tree presentation provides an overview of the structure of the IHCP and a foundation for the afternoon workshop sessions. Behavioral health providers learn the main functions performed by each IHCP contractor.
12:30 – 2 p.m.	Transition from Inpatient Behavioral Health Services to Outpatient Services, presented by Hoosier Healthwise and <i>Care Select</i> health plans	This session focuses on actions that behavioral health providers (inpatient and outpatient) can take to ensure that patients transition from inpatient care to home, school, or workplace setting after discharge. The discussion is framed by the National Committee for Quality Assurance (NCQA) Health Plan Employer Data and Information Set (HEDIS®)

Time	Topic	Description
		measure for follow-up care within seven days of discharge from an inpatient behavioral health facility. Statewide and regional performance data is also provided. After this session, providers will understand the importance of follow-up visits and be aware of available solutions for ensuring follow-up during the seven days following discharge. The session includes pertinent clinical information and billing instructions for both inpatient and outpatient behavioral health providers.
2:15 – 3:15 p.m.	Care Select Services, presented by ADVANTAGE Health Solutions™ and MDwise	This session provides education for providers with patients enrolled in <i>Care Select</i> . The discussion includes a description of <i>Care Select</i> goals, behavioral health integration into <i>Care Select</i> , current clinical quality improvement projects, and care management services provided by <i>Care Select</i> .
3:30 – 4:30 p.m.	Medicaid Rehabilitation Option Transformation, presented by the Office of Medicaid Policy and Planning and the Division of Mental Health and Addiction	This session welcomes representatives from the Office of Medicaid Policy and Planning and the Division of Mental Health and Addiction. The session provides an overview of changes to MRO services that will be implemented in 2010.

Table 2 – Workshop Dates, Registration Deadlines, and Locations

Workshop Date	Registration Deadline	Location
February 16, 2010	February 2, 2010	Parkview Hospital Corporate Office, 10501 Corporate Drive, Fort Wayne, IN 46845
February 22, 2010	February 8, 2010	Ball Memorial Hospital, Auditorium, 2401 W. University Blvd., Muncie, IN 47303
February 25, 2010	February 11, 2010	Wishard Hospital, Myers Auditorium, 1001 W. 10th Street, Indianapolis, IN 46237
March 4, 2010	February 18, 2010	Columbus Regional Hospital, Kroot Auditorium, 2400 E. 17th Street, Columbus, IN 47201
March 9, 2010	February 23, 2010	Bloomington Hospital, Wagmiller Auditorium, 601 W. 2nd Street, Bloomington, IN 47402
March 11, 2010	February 25, 2010	St. Catherine’s Professional Office Building, 4321 Fir Street, East Chicago, IN 46312
March 18, 2010	March 4, 2010	Unity Hospital, Unity Medical Pavilion, 1345 Unity Place, Lafayette, IN 47905
March 25, 2010	March 11, 2010	St. Mary’s Medical Center, 3700 Washington Ave., Evansville, IN 47750

INDIANA HEALTH COVERAGE PROGRAMS



PROVIDER WORKSHOP REGISTRATION

Indicate the workshop you will attend in Indiana. Print or type the information on this form and fax it to (317) 488-5376.

IHCP Updates (8 – 9 a.m.)

<input type="checkbox"/> Fort Wayne, February 16, 2010	<input type="checkbox"/> Columbus, March 4, 2010	<input type="checkbox"/> Lafayette, March 18, 2010
<input type="checkbox"/> Muncie, February 22, 2010	<input type="checkbox"/> Bloomington, March 9, 2010	<input type="checkbox"/> Evansville, March 25, 2010
<input type="checkbox"/> Indianapolis, February 25, 2010	<input type="checkbox"/> East Chicago, March 11, 2010	

Pharmacy Benefit Consolidation (9:15 – 9:45 a.m.)

<input type="checkbox"/> Fort Wayne, February 16, 2010	<input type="checkbox"/> Columbus, March 4, 2010	<input type="checkbox"/> Lafayette, March 18, 2010
<input type="checkbox"/> Muncie, February 22, 2010	<input type="checkbox"/> Bloomington, March 9, 2010	<input type="checkbox"/> Evansville, March 25, 2010
<input type="checkbox"/> Indianapolis, February 25, 2010	<input type="checkbox"/> East Chicago, March 11, 2010	

Medical Review Team (10 – 10:45 a.m.)

<input type="checkbox"/> Fort Wayne, February 16, 2010	<input type="checkbox"/> Columbus, March 4, 2010	<input type="checkbox"/> Lafayette, March 18, 2010
<input type="checkbox"/> Muncie, February 22, 2010	<input type="checkbox"/> Bloomington, March 9, 2010	<input type="checkbox"/> Evansville, March 25, 2010
<input type="checkbox"/> Indianapolis, February 25, 2010	<input type="checkbox"/> East Chicago, March 11, 2010	

IHCP Family Tree (12:10 – 12:30 p.m.)

<input type="checkbox"/> Fort Wayne, February 16, 2010	<input type="checkbox"/> Columbus, March 4, 2010	<input type="checkbox"/> Lafayette, March 18, 2010
<input type="checkbox"/> Muncie, February 22, 2010	<input type="checkbox"/> Bloomington, March 9, 2010	<input type="checkbox"/> Evansville, March 25, 2010
<input type="checkbox"/> Indianapolis, February 25, 2010	<input type="checkbox"/> East Chicago, March 11, 2010	

Transition from Inpatient Behavioral Health Services to Outpatient Services (12:30 – 2 p.m.)

<input type="checkbox"/> Fort Wayne, February 16, 2010	<input type="checkbox"/> Columbus, March 4, 2010	<input type="checkbox"/> Lafayette, March 18, 2010
<input type="checkbox"/> Muncie, February 22, 2010	<input type="checkbox"/> Bloomington, March 9, 2010	<input type="checkbox"/> Evansville, March 25, 2010
<input type="checkbox"/> Indianapolis, February 25, 2010	<input type="checkbox"/> East Chicago, March 11, 2010	

Care Select Services (2:15 – 3:15 p.m.)

<input type="checkbox"/> Fort Wayne, February 16, 2010	<input type="checkbox"/> Columbus, March 4, 2010	<input type="checkbox"/> Lafayette, March 18, 2010
<input type="checkbox"/> Muncie, February 22, 2010	<input type="checkbox"/> Bloomington, March 9, 2010	<input type="checkbox"/> Evansville, March 25, 2010
<input type="checkbox"/> Indianapolis, February 25, 2010	<input type="checkbox"/> East Chicago, March 11, 2010	

Medicaid Rehabilitation Option Transformation 3:30 – 4:30 p.m.)

<input type="checkbox"/> Fort Wayne, February 16, 2010	<input type="checkbox"/> Columbus, March 4, 2010	<input type="checkbox"/> Lafayette, March 18, 2010
<input type="checkbox"/> Muncie, February 22, 2010	<input type="checkbox"/> Bloomington, March 9, 2010	<input type="checkbox"/> Evansville, March 25, 2010
<input type="checkbox"/> Indianapolis, February 25, 2010	<input type="checkbox"/> East Chicago, March 11, 2010	

Registrant Information (One registrant per form)

Name of Registrant: _____

Provider Name: _____ Provider Number: _____

Provider Address: _____

City: _____ State: _____ ZIP: _____

Provider Telephone: _____ Provider Fax: _____

Provider E-mail Address: _____

Contact Information

Table 3 – Provider Relations Field Consultants

Territory Number	Provider Relations Consultant	Telephone	Counties Served
1	Jean Downs	(317) 488-5071	Jasper, Lake, LaPorte, Newton, Porter, Pulaski, Starke
2	Rhonda Rupel	(317) 488-5080	Allen, Dekalb, Elkhart, Fulton, Kosciusko, Lagrange, Marshall, Noble, St. Joseph, Steuben, Whitley
3	Tawanna Danzie	(317) 488-5197	Benton, Boone, Carroll, Cass, Clinton, Fountain, Hamilton, Howard, Miami, Montgomery, Tippecanoe, Tipton, Warren, White
4	Daryl Davidson	(317) 488-5388	Adams, Blackford, Delaware, Grant, Hancock, Henry, Huntington, Jay, Madison, Randolph, Wabash, Wayne, Wells
5	Bill Woodruff	(317) 488-5098	Marion – UB-04 Billing Providers and Dental Providers
	Mona Green	(317) 488-5309	Marion – CMS-1500 Billing Providers
6	Shantel Silnes	(317) 488-5123	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington
7	Virginia Hudson	(317) 488-5148	Clay, Greene, Hendricks, Johnson, Lawrence, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo
8	Ken Guth	(317) 488-5153	Crawford, Daviess, Dubois, Gibson, Knox, Martin, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick
9	Tawanna Danzie	(317) 488-5197	Out-of-State
10	Relia Manns	(317) 488-5363	Presumptive Eligibility and Notice of Pregnancy for the entire State of Indiana

Table 4 – Provider Relations Field Consultants for Bordering States

State	City	Provider Relations Consultant	Telephone
Illinois	Chicago/Watseka	Jean Downs	(317) 488-5071
Illinois	Danville	Virginia Hudson	(317) 488-5148
Kentucky	Owensboro	Ken Guth	(317) 488-5153
Kentucky	Louisville	Shantel Silnes	(317) 488-5123
Michigan	Sturgis	Rhonda Rupel	(317) 488-5080
Ohio	Cincinnati/Hamilton/Harrison/Oxford	Shantel Silnes	(317) 488-5123

Out-of-state providers not located in these states, or those with a designated out-of-state billing office supporting multiple provider sites throughout Indiana, should direct calls to (317) 488-5197.

Table 5 – For Provider Concerns

Name	Title	Telephone
Tina King	Provider Relations Supervisor	(317) 488-5154