

# PROVIDER news

INDIANA HEALTH COVERAGE PROGRAMS

NL201005

MAY 2010



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## CONTACT INFORMATION

Questions? Call Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.



## Doing business with Medicaid

### Claim rejections due to the National Provider Identifier

During first-quarter 2010, approximately 17 percent of electronic claims submitted to HP were rejected due to National Provider Identifier (NPI)-related problems. Claims that are rejected are not accepted into IndianaAIM, the claims processing system; cannot be viewed using Web interChange; and do not appear on the Remittance Advice. To prevent NPI-related claim rejections, ensure that all claims report the correct NPI and ZIP Code + 4. The ZIP Code + 4 reported on claims must match the ZIP Code + 4 on file at HP for the billing provider office location (this is the location where patients are treated).

Providers who experience NPI-related rejections commonly include the ZIP Code + 4 of a central billing office instead of that of the billing provider office location. Other providers include the ZIP Code + 4 of the Pay To address. Only the ZIP code + 4 of the billing provider office location should be included on claims. In addition, the taxonomy code is required when more than one billing provider office location is located within the same ZIP Code + 4, AND both locations use the same NPI.

When a one-to-one match is not established between the NPI and the Legacy Provider Identifier (LPI), IndianaAIM makes further attempts to establish a match using the following criteria:

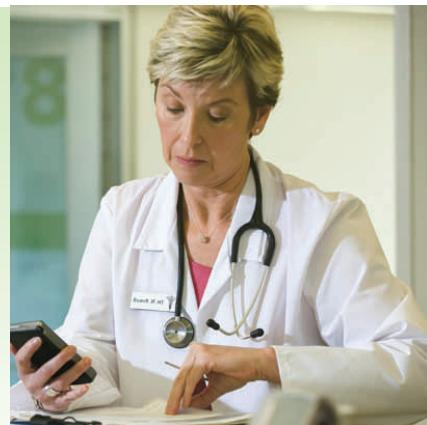
- NPI only
- NPI and taxonomy code (if sent)

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## National Provider Identifier

- NPI and billing provider office location ZIP Code + 4
- NPI and billing provider office location 5-digit ZIP Code
- NPI, taxonomy, and billing provider office location 5-digit ZIP Code

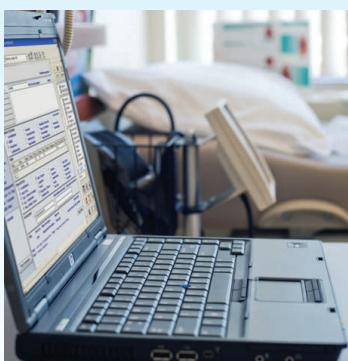
Ultimately, claims that fail to establish a one-to-one match are rejected and appear on the electronic Biller Summary Report (BSR). Providers should review the BSR to identify NPI-related rejections and make the appropriate corrections to ensure claims are received upon initial submission.



## Reduce claim processing time for nonpharmacy claims with electronic submissions

Did you know that electronic nonpharmacy claims process in one-third the time required for paper claims? Other advantages of electronic submission include reduced errors, increased cash flow, and decreased costs. Electronic claims processing is:

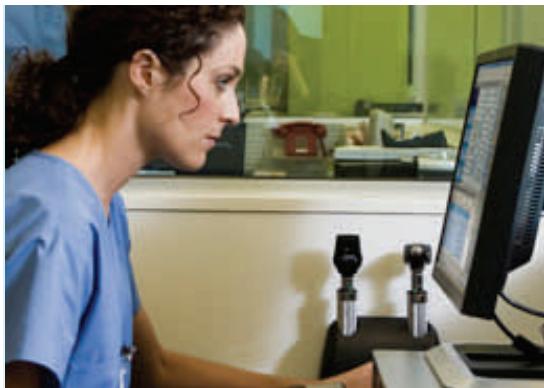
- **Faster** – Most electronically submitted claims process in one to two weeks, compared to paper claims, which typically process in 30-45 days. If you use Web interChange to submit your claims, they are adjudicated in two hours or less. Electronic submissions are automatically read by system edits – when a clean claim is submitted by close of day on Wednesday, you can look for final processing by Tuesday of the following week.



- You can easily submit all traditional Medicaid claims, including claims requiring attachments, using Web interChange – simply click the Attachment button. Assign a unique attachment control number (ACN), write that ACN on top of the attachment, and mail it to HP with the attachment cover sheet. The original claim in suspense status is pulled, matched to the attachment by the unique ACN, and processed. Web interChange also allows easy resubmission of all claims.
- **More accurate** – Electronic claims help reduce keying errors. In addition, claims submitted on paper are often handwritten, which makes them unclear and hard to read. Electronic submission eliminates these problems.

- **Less expensive** – With electronic claim submission, provider staff members no longer spend their time printing and mailing forms – a costly process.

Electronic submission is the easiest, most accurate, and least expensive way to submit claims. Sign up for electronic claims submission today. If you are not already set up to submit claims via the Web, go to <https://interchange.indianamedicaid.com>, click **Web interChange**, then click **How to Obtain an ID**.



## Best practices reminders for using Web interChange

Web interChange is a secure Web site that allows Indiana Health Coverage Programs (IHCP) providers to submit and inquire about their IHCP claim and member information quickly and easily.

Here are some best practices guidelines for using Web interChange:

- **Users must not share user IDs and passwords.** The Web interChange user agreement states, "Each Web interChange user is responsible for protecting access to the Web interChange system by safeguarding user IDs and passwords. It is each user's responsibility to maintain the integrity of their User ID and password. It is imperative that this information not be shared among multiple users."

- **Eligibility and claim inquiry functions are to be used for real-time processing only.** Eligibility inquiry and claim inquiry transactions are performed one at a time by sending a request and receiving a response. The execution of any process that queries Web interChange information using a batch process is prohibited. The batch 270/271 transaction is available for this purpose.

HP and the Office of Medicaid Policy and Planning (OMPP) monitor and audit usage of the Web interChange system. Provider organizations that fail to comply with the best practices guidelines risk suspension of access to the Web interChange system.

Questions regarding the appropriate use of Web interChange should be directed to [INXIXElectronicSolution@hp.com](mailto:INXIXElectronicSolution@hp.com) or the Web interChange service desk at (317) 488-5160. You may also call HP toll-free at 1-877-877-5182.

### Updated provider Web site will be easier to use

If you're reading this newsletter, you've probably noticed a new look and feel to the entry page of the IHCP Web site.

The IHCP is revamping its provider site to make the site more contemporary and user-friendly. The revised site will look very similar to the IHCP member site (<http://member.indianamedicaid.com/>) that debuted in April. Content on the member site outlines the IHCP, directs potential members how to apply, and teaches current members how to best utilize their benefits.

The new provider site will be arranged more logically and will include new information where needed. You can expect to see the revised site up and running by July 1, 2010.

Watch for more updates about the revamped provider Web site in future newsletters.



If you have ideas about how to make the provider site easier to use, contact HP Publications Manager Susan Steele at (317) 488-5084 or e-mail her at [Susan.Steele@hp.com](mailto:Susan.Steele@hp.com).

**RECENTLY PUBLISHED TO THE IHCP WEB SITE****BULLETINS**

- [BT201009](#) – Nonemergency Services Rendered in Emergency Room Settings
- [BT201010](#) – Change in Reimbursement Rate Methodology – Physician-Administered Drugs
- [BT201011](#) – Reimbursement Rates for DDRS Waiver Services
- [BT201012](#) – Revised: Reduction in Dental Reimbursement

**IHCP PROVIDER MANUAL**

The following chapters of the [IHCP Provider Manual](#) have been updated:

- [Chapter 2 – Member Eligibility and Services](#)
- [Chapter 5 – Third Party Liability](#)
- [Chapter 7 – Reimbursement Methodologies](#)
- [Chapter 8 – Billing Instructions](#)
- [Chapter 14 – Long-Term Care](#)

**LOOKING FOR MORE INFORMATION ABOUT PROVIDER MANUAL UPDATES?**

- Subscribe to IHCP E-mail Notifications at [http://www.indianamedicaid.com/ihcp/mailing\\_list/default.asp](http://www.indianamedicaid.com/ihcp/mailing_list/default.asp).
- Check the Revision History at the front of each section of the *IHCP Provider Manual*. The Revision History provides more detailed information about what each revision includes.

**PROVIDER WORKSHOPS**[Second-quarter provider workshops](#)

The IHCP is again offering quarterly provider workshops free of charge. For more information, go to <http://www.indianamedicaid.com>. Click on **Provider Services**, then **Education Opportunities**. [To register, click here.](#)

**NEWS FROM RECENT BANNER PAGES**

- [Correction of Coverage Criteria for 17P Injections](#)
- [Pharmacy Edit Does Not Include Compound Claims](#)
- [Schedule Change for Second-Quarter Workshop](#)
- [HP to Reprocess PASRR Claims](#)
- [Medicaid Home Health Policy Regarding RN Delegation to Home Health Aides](#)

**FOR MORE INFORMATION**

- [Your Provider Relations Field Consultant](#)
- [General provider concerns](#)
- [IHCP Provider Quick Reference](#) – a complete list of addresses, telephone numbers, and fax numbers for the IHCP and IHCP vendors