

# PROVIDER *news*

INDIANA HEALTH COVERAGE PROGRAMS

NL201007

JULY 2010



Mock-up of the new provider Web site home page

## TOP STORIES

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- [New hours for Pharmacy Help Desk](#)
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## The new IHCP provider Web site is here!

The Indiana Health Coverage Programs (IHCP) provider Web site has been updated and reorganized to make it easier to use. The new provider site, which launched July 1, 2010, looks very similar to the member site that debuted in April (if you haven't already, check out the member site [here](#)).

Among the changes to the provider Web site:

- How Medicaid benefits Indiana and the types of programs offered
- Becoming a Medicaid provider or updating your provider profile
- Doing business with Medicaid, including billing, eligibility verification, prior authorization, educational programs, and information for specific provider types
- And much more

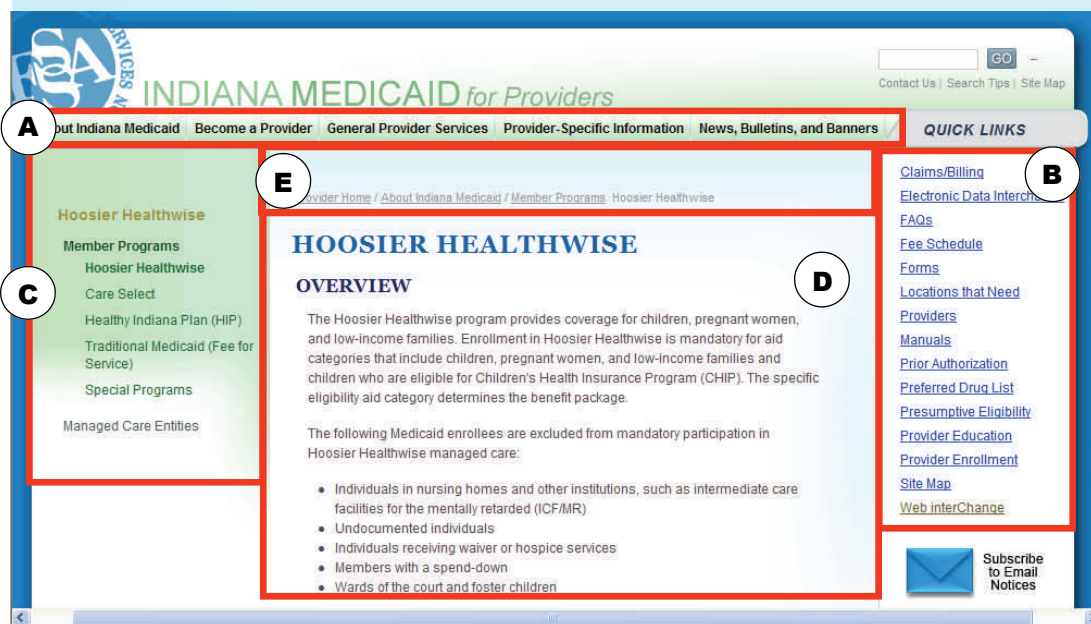
Key features of the home page (sample above) include:

**A** – Main Menu options appear in a green bar at the top of the page

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## Provider Web site

- B** – The search box enables you to quickly search for information
- C** – Quick links take you to pages that are visited most frequently
- D** – News and announcements appear on the Home page and are linked to more detailed information on sub-pages
- E** – The bottom area of the screen highlights the latest information about major IHCP initiatives.
- F** – With one click, you can subscribe to e-mail notifications from the IHCP.



Mock-up of an inside page of the new provider Web site

### Key areas of the inside page:

- A** – Main Menus appear on most pages. The selected menu item is highlighted in a brighter green.
- B** – Quick Links appear on most pages so they are always available.
- C** – Sub-menus are shown on the left.
- D** – The body of the page includes links to other pages
- E** – “Bread crumbs” show you where you are in the structure of the Web site, so you can easily backtrack to a previous page.

What do you think of the new provider site? Let us know if you have ideas about making it better – e-mail HP Publications Manager Susan Steele at [susan.steele@hp.com](mailto:susan.steele@hp.com) or visit the [Web survey site](#).

Doing business with Medicaid

## Prepare now to upgrade to HIPAA 5010 and NCPDP version D.O



The Centers for Medicare & Medicaid Services (CMS) has published its final rule adopting updated versions of the standards for electronic healthcare and pharmacy transactions originally adopted under the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**The mandatory compliance date for ANSI version 5010 and the National Council for Prescription Drug Programs (NCPDP) version D.O for all covered entities is January 1, 2012.** If you submit claims to the Indiana Health Coverage Programs (IHCP), you need to prepare for these upgrades to prevent delays in payment.

Below is an overview of testing plans for the 5010 version.

### Testing time line

Milestone	Target date
IHCP Companion Guides	Fourth-quarter 2010
Vendor testing begins	First-quarter 2011 – testing times will be scheduled with trading partners
5010/D.O compliance date	January 1, 2012

**The IHCP will begin testing the new transactions in the first-quarter 2011.** The IHCP and HP will test transactions on a scheduled basis. Specific transaction testing dates will be provided at a future date.

The transactions affected by this upgrade are healthcare and pharmacy claims for payment (837I, 837D, 837P, and NCPDP transactions), eligibility verifications (270/271), claim status inquiry (276/277), electronic Remittance Advices (835), and prior authorizations (278), as well as managed care enrollment (834) and capitation payments (820).

### Testing information

All trading partners now approved to submit 4010 and NCPDP 5.1 versions will be required to test and be approved for 5010 and D.O transaction compliance. This includes clearinghouses, billing services, software vendors, individual provid-

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## HIPAA 5010 and NCPDP version D.0

ers, provider groups, and managed care entities. Providers that exchange data with the IHCP using an IHCP-approved software vendor will not need to test – because the software product is tested and approved, providers using that software will be approved. However, as part of the testing, each trading partner will be required to submit a new Trading Partner Agreement.

Additional information, including the testing process, revised IHCP Companion Guides, and a schedule for transaction testing on this mandated initiative, is forthcoming. Watch for updates in IHCP provider newsletters and on the IHCP Web site.

### What you need to do

- If you bill the IHCP directly, contact your electronic data interchange (EDI) department to begin the upgrade process.
- If you are using a billing service or clearinghouse, find out if it is preparing for the HIPAA upgrades to ANSI v5010 and NCPDP vD.0.

If you have questions, contact [INXIXTradingPartner@hp.com](mailto:INXIXTradingPartner@hp.com) or call the EDI Solutions Service Desk at 1-877-877-5182 or (317) 488-5160.

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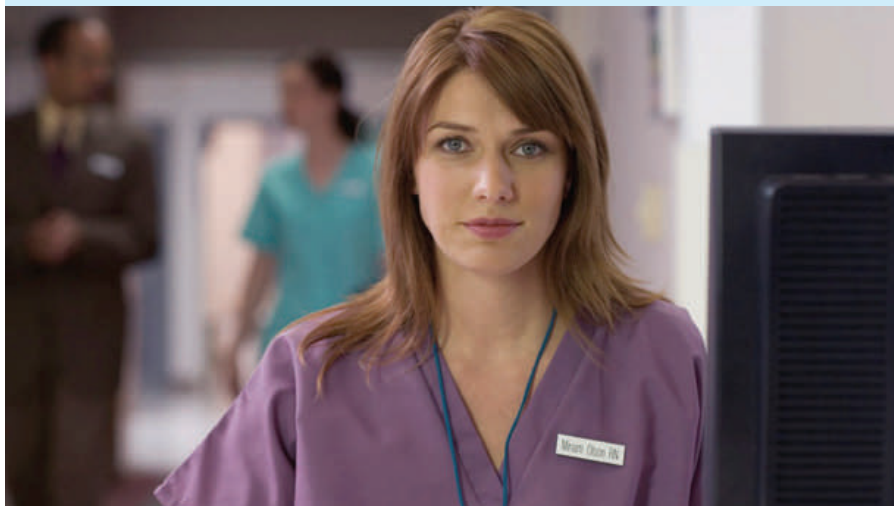
## Please note new hours for Pharmacy Help Desk



Effective June 21, 2010, the hours of operation for the HP Pharmacy Services Help Desk for point of sale (POS) claims processing will be 8 a.m. – 6 p.m. EST, Monday through Friday. The help desk will be closed Saturdays, Sundays, and federal holidays. This change applies to the HP Pharmacy Services Help Desk for POS claims processing only. The hours of operation for Affiliated Computer Systems (ACS) Clinical Call Center for prior authorization requests and Preferred Drug List (PDL) inquiries are not changing.

Introducing!

## Third-quarter provider workshops



The IHCP offers quarterly provider workshops free of charge. Sessions offered this quarter include:

- **Provider enrollment** – When was the last time you tried to complete a form to update your provider information? Was it confusing? Join us as we explore the main functions of the Provider Enrollment unit. This session includes a review of the most common updates requested by providers. After the session, you will understand which form to use to complete your updates and how to avoid having your documents returned unprocessed.
- **Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)** – This session familiarizes primary care providers with the EPSDT program, its higher reimbursement structure, program-specific billing requirements, and program goals for targeted children. The session focuses on a program overview, covered services and specialties, outreach strategies, and current trends. Information about the Vaccines for Children program and immunization registry completes this session, which is ideal for primary care, dental, vision, behavioral health, and hearing specialist providers.

### Indiana Care Select updates

- **Prior authorization (PA)** – The care management organizations (CMOs) discuss the top five reasons for PA suspensions and denials in Indiana Care Select, and how to avoid them, so your PAs are adjudicated more quickly.
- **Indiana Care Select quality measures** – The CMOs present information related to the quality and preventive services monitored and scored by the Office of Medi-

caid Policy and Planning (OMPP) for the Indiana Care Select population. Physicians serving as primary medical providers (PMPs) in Indiana Care Select are instrumental in ensuring that quality and preventive services are provided, and in improving outcomes; those that do have the potential to receive quality bonus awards from the CMOs. In addition, ADVANTAGE Health Solutions<sup>SM</sup> provides a brief update and answers questions about the Medicaid Rehabilitation Option (MRO) transformation (see [BT201015](#)), which began July 1, 2010.

- **MCOs today: Preparing for 2011** – This session provides information about the current structure of the managed care organizations (MCOs) – Anthem, MDwise, and Managed Health Services (MHS) – and the Healthy Indiana Plan (HIP), and how you can plan for 2011. You will learn about changes in the programs that could affect claims payment, eligibility, prior authorization, online claims and prior authorization submissions, HEDIS, the Right Choices Program, presumptive eligibility, and behavioral health. Each of the MCOs and the HIP provide updates relating to their plans, and how these changes could affect you – the

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### Third-quarter provider workshops

provider. We encourage PMPs, office staff, billing agencies, specialists, and self-referral and ancillary providers to attend this session.

#### Sign up now for a chance to win!

As a token of our appreciation to our providers, the MCOs and HIP will have a special drawing at each of the ses-

sions. You must be registered for a session before the workshop's start date to be entered in the drawing. For workshop descriptions, dates, locations, and registration deadlines, [click here](#). To register, [click here](#). If you have questions about a workshop, please contact a field consultant at (317) 488-5072.

## Workshops for community health centers

Provider Relations will present regional workshops for community health center providers in July. Providers may choose any of the following dates to attend.

### Community health center workshop dates

Date and time	Location
July 26, 2010, 1 – 3 p.m.	St. Catherine's Hospital Professional Office Building, Conference Room, 4321 Fir Street, East Chicago, IN 46312
July 27, 2010, 9 – 11 a.m.	Indiana University School of Dentistry, Room DS 114, 1121 W. Michigan Street, Indianapolis, IN 46202-5186
July 29, 2010, 10 a.m. – noon	Paoli Medical Arts Building, Education Classroom, 488 W. Hospital Road, Paoli, IN 47454



This is an excellent opportunity to become more familiar with Medicaid community health center billing policies, procedures, tools, and methodology. The agenda includes service coverage, service definition, eligibility verification, billing procedures, *Care Select*, third-party liability (TPL), risk-based managed care (RBMC), and Healthy Indiana Plan (HIP) considerations, and top denials for community health center claims.

To register for the community health center workshop, [click here](#).

### July workshop for dental, home health, and hospice providers

Provider Relations has scheduled a July 12 provider workshop for home health, hospice, and dental providers. The workshop is at St. Joseph Regional Medical Center, 4215 Holy Cross Parkway, Mishawaka. The morning session focuses on home health and hospice education, and the afternoon session presents information for the dental provider community. Providers can enroll in the workshop [online](#). If you have questions, please call Provider Relations at (317) 488-5072.

**NEWS FROM RECENT BANNER PAGES**

- [MRO Claims To Be Mass Adjusted](#)
- [New Provider Web Site Debuts](#)
- [HP Implements Dental Audits](#)
- [New Hours for Pharmacy Help Desk](#)

**PROVIDER WORKSHOPS**

[Third-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.](#)

**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**

- [BT201017](#) – Update to BT200919 – Attachments Required with Submission of Annual Financial Reports
- [BT201018](#) – Home Health Rates for State Fiscal Year 2011
- [BT201019](#) – Reimbursement for Mental Health Partial Hospitalization for Acute Needs
- [BT201020](#) – Medical Education Reimbursement Change, Phase II

**IHCP PROVIDER MANUAL**

The following chapter of the [IHCP Provider Manual](#) has been updated:

- [Chapter 6 – Prior Authorization](#)

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

- Subscribe to IHCP E-mail Notifications at [http://www.indianamedicaid.com/ihcp/mailling\\_list/default.asp](http://www.indianamedicaid.com/ihcp/mailling_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.

