

PROVIDER *news*

INDIANA HEALTH COVERAGE PROGRAMS

NL201008

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Doing business with Medicaid

Best practices for Medicaid claims processing

by the HP Claims Unit

- Be sure the National Provider Identifier (NPI) submitted with your claims is correct – that you have not transposed or omitted numbers, or made other errors – and that it is registered with HP Enterprise Services. To register your NPI with HP, simply go to the [NPI Reporting Tool](#) on the IHCP Web site.
- Avoid using red ink – it disappears when claims are scanned.
- Be sure Medicare, Third-Party Liability (TPL), and Medicaid information is placed in the proper fields on UB-04 claims.
- Submit proper invoices for manual pricing on Non-Check Adjustments.
- Submit Adjustment forms with Check-Related Adjustments with all required information – claim number, recipient identification number (RID), and date of service (DOS).
- Make sure hand-written claims, including institutional, medical, and pharmacy claims, are legible.

TOP STORIES

- [Tips for making the most of the new IHCP Web site](#)
- [Painless prior authorization](#)
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Tips for making the most of the new IHCP Web site

The Indiana Health Coverage Programs (IHCP) has revised and expanded its indianamedicaid.com Web site to make the site more comprehensive and easier to use. To make the most out of the new IHCP Web site:

- Upgrade your version of Adobe® Acrobat® Reader to the latest version – go to the Web toolkit on the Web site and click the [Adobe Acrobat Reader](#) icon.

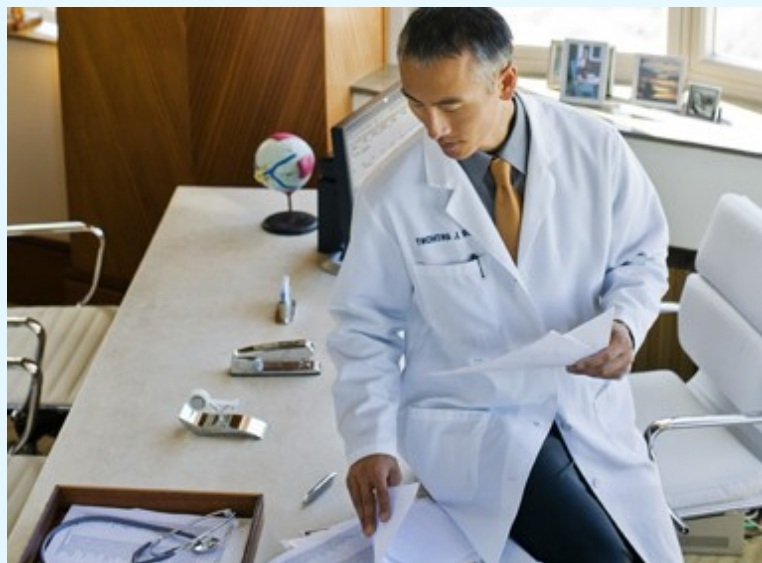
- If you receive an Error 404 – *Page not found*, please report it to the HP Electronic Solutions Help Desk at (317) 488-5160 in the Indianapolis area or toll-free at 1-877-877-5182.

Make prior authorization as painless as possible

by HP Managed Care Analyst Erin Colby and Mark Willeman, ADVANTAGE Health SolutionsSM Prior Authorization Manager

To further understand the prior authorization (PA) process, here are some helpful hints:

- Remember to verify member eligibility to ensure that the PA request is submitted to the correct vendor for review. PA requests sent to the wrong vendor are rejected.
- PA requests and documentation that have been faxed multiple times are often illegible when received. HP recommends that providers also submit an unsigned clear copy of the request for review marked “for clarity only.” The clarity document does not require a signature.
- Please remember to write the PA number on all TPA (telephone PA) or system updates. This prevents replication of requests into the PA database, causing duplications and the mailing of multiple decision letters.
- PA forms submitted by providers require a physician’s signature and date. The signature prevents the PA from being suspended and delaying services.
- Ensure that the NPI or provider number, member ID number, and other information are correct on PA forms. Remember the diagnosis International Classification of Diseases, 9th



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Prior authorization

Edition, Clinical Modification (ICD-9-CM) code must be listed. Service codes must be valid, including modifiers.

- Providers should verify through HP that their Mail To addresses are correct in IndianaAIM to ensure letters are mailed to the appropriate location. Providers with multiple sites should append the appropriate alpha location code to the end of their LPI for each site. Providers may verify the accuracy of their Mail To address via the Provider Profile feature of Web interChange – go to indianamedicaid.com and click **Web interChange** under “Quick Links.”
- IHCP Standard Medical Clearance and Certificate of Medical Necessity forms are located on the IHCP Web site at www.indianamedicaid.com. Remember to complete and attach these forms for easier processing, as applicable.
- Remember to fax all IHCP requests separately. Each PA request should be sent with a separate cover sheet. Providers should keep the fax confirmation for any fax transmission issues.
- When a PA is suspended for additional information,

please be sure to submit the additional documentation within 30 days to avoid automatic system denial.

- Please remember to write “Retro Request” and the reason for the retroactive request on any PA request for past dates of service. Otherwise, the PA request will be modified to the date of service received. Please refer to [Chapter 6](#), page 29, of the *IHCP Provider Manual* for more information regarding retroactive PA. When requests are resubmitted to the PA vendor after being “returned to provider (RTP),” please include the return to provider (RTP) form when resubmitting.

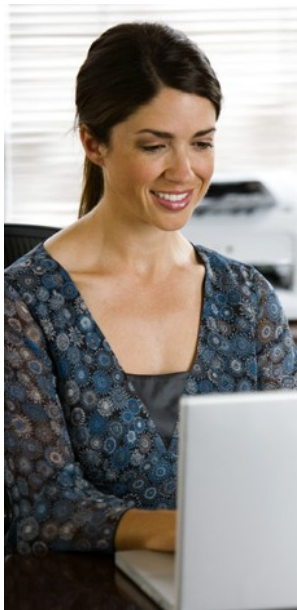
For the appropriate PA vendor, please check the [IHCP Provider Quick Reference](#) on the Web site. For pharmacy claims PA, please call Affiliated Computer Services (ACS) at 1-866-879-0106.



Attention, long-term care providers!

You now have your own pages on the new IHCP Web site. Find out more – [click here](#). Or go to indianamedicaid.com/ and click **Provider-Specific Information > Long Term Care**. Then let us know what you think by filling out the brief [Web site survey](#).

New Web pages will be added in the future for additional provider types.



Testing of HIPAA 5010/NCPDP D.0 transactions begins first-quarter 2011

by EDI Solutions Analyst Marcia Reed

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.0 for all covered entities is January 1, 2012. The IHCP will begin testing the new transactions in first-quarter 2011. If you submit claims to the Indiana Health Coverage Programs (IHCP), you need to prepare for these upgrades to prevent delays in payment. 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) ■ Prior authorizations (278) ■ Managed care enroll-

ment (834) ■ Capitation payments (820)

Below is a general testing schedule for the 5010 version (specific testing dates will be provided at a future date):

- IHCP Companion Guides – Fourth-quarter 2010
- Vendor testing begins – First-quarter 2011 – testing times will be scheduled with trading partners
- 5010/D.0 compliance date – January 1, 2012

Testing information

All trading partners currently submitting or supplying software to submit 4010 and NCPDP 5.1 version data must test and be approved for 5010 and D.0 transaction compliance. This includes clearinghouses, billing services, software vendors, individual providers, provider groups, and managed care entities. Providers that exchange data directly with the IHCP using an IHCP-approved software vendor will not need to test – the software product must be tested and approved. Additionally, each trading partner will be required to submit a new Trading Partner Agreement prior to submitting the 5010 version in production.

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.

Additional information, including testing, revised IHCP Companion Guides, and a schedule for transaction testing, is forthcoming. Watch for updates in IHCP provider newsletters and on the IHCP Web site. If you have questions, contact INXIXTradingPartner@hp.com or call the EDI Solutions Help Desk at 1-877-877-5182 or (317) 488-5160.

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Save time and money: Creating a paperless office

by Business Analyst Rebecca Siewert

If you've often thought about the time and money you could save if you reduced – or eliminated – the amount of paper moving through (and being stored in) your office, welcome to the 21st century. A paperless office – or at least, an office with less paper – is well within your reach. All it takes is willingness to change and a well-thought-out plan.

As with any change, begin with small steps. Your initial goal should be to handle less paper, with your ultimate goal being less – a lot less – paper. Start small, keep it simple, and expect the process to evolve.

Why reduce paper?

When you trim the stacks and files in your office, you'll find you have:

- Increased productivity
- Less space devoted to storage
- Ability to work remotely
- Enhanced customer service
- Decreased expenses for paper and ink cartridges, file cabinets, and other paper-related supplies

As you begin to think about reducing your paper flow, ask yourself these questions:

How will you scan documents for storage, retrieval, and reference?

Is your office now equipped with the hardware and software you need to scan documents and “go paperless,” or do you need to research and purchase hardware and applications to make the process work? Regardless of the software you choose, you must be able to copy, remove or delete, crop, rotate pages within a document, and maintain security. You must also be able to save documents in a portable, versatile format that can be opened intact on a variety of platforms.

Also consider who will scan what documents, and what happens to original documents once they're scanned.



Use the IHCP Web site as a paperless resource

To boost your plans for a paperless office, remember that you can download forms, find the most up-to-date news and announcements, and refer to new and archived IHCP banners, bulletins, and newsletters online on the newly redesigned IHCP Web site.

You can also submit claims electronically via Web interChange—if you haven't already signed up, do it today.

- How will you name and store documents for efficient retrieval?
- Even with the “Search” function on your computer, consistent naming conventions are essential, and are at least as important for electronic files as they are for paper files (in fact, they're more important if you're working toward a more efficient office). Remember that the computer automatically arranges numerical files in numerical order – work with this feature instead of against it, and the computer will organize many of your files for you.
- Will your files be labeled chronologically? By name – for example, last name, first name, middle initial? By birth date? All of

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Paperless office

the above? Set up naming standards and use them consistently. You will probably also need to set up a system for cross-referencing.

How will you decide what to store?

- Determine which original documents (for example, medical documents) you are legally required to retain as paper, as well as which documents you prefer to retain on paper. Keep in mind that the IHCP requires providers to maintain documentation for a minimum of seven years. For more information about what records the IHCP requires, see [Chapter 4, Section 1](#), of the *IHCP Provider Manual*. In addition, there may be other legal requirements to consider. Do your homework!

When will you begin?

Draw a line in the sand – determine a start date for your plan, and set target dates for successive steps (example: Scan all x documents by [date]; scan all y documents by [date]). Don't scan closed or existing files – choose a "before" date and an "after" date, and stick with them. Monitor your plan as you go, and adjust your dates if you need to.

Watch for Part II of "Creating a paperless office" in the September provider newsletter.

NEWS FROM RECENT BANNER PAGES

- [CMS Quarterly Update](#)
- [Edit for Pharmacy Claims Greater than or Equal to \\$10,000/\\$5,000](#)
- [Claims Denied with HCPCS Code G9141](#)
- [Valid Codes to Bill with Revenue Code 490](#)
- [Acute Partial Hospitalization and Third-Party Liability](#)
- [NCCI Initiative](#)

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

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

- [BT201021](#) – Revised: Changes to the Preferred Drug List
- [BT201022](#) – Side-by-Side Comparison: Attendant Care Services, Respite Home Health Aide Services, and Medicaid Prior Authorization for Home Health Aide Services
- [BT201023](#) – Revised: Medicaid Rehabilitation Option Program Updated Code Set and Modifier Information
- [BT201024](#) – Required Pharmacy Documentation for Desk Reviews and On-Site Audits
- [BT201025](#) – Review of Date Written on Prescriptions Selected for Desk Reviews and On-Site Audits
- [BT201026](#) – Minimum Data Set Supportive Documentation Guidelines RUG-III, Version 5.12, 34 Grouper

IHCP PROVIDER MANUAL

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

- [Chapter 13 – Utilization Review](#)

HOSPICE PROVIDER MANUAL

LOOKING FOR MORE INFORMATION ABOUT PROVIDER MANUAL UPDATES?

- Subscribe to IHCP E-mail Notifications at [here](#).
- The Revision History at the front of each section of the *IHCP Provider Manual* provides more detailed information about each revision.