PROVIDER *news*

Doing business with Medicaid

Providers to receive rejected enrollment documents via e-mail

Effective November 1, 2010, incomplete enrollment and maintenance updates submitted to HP Provider Enrollment will be returned by e-mail instead of U.S. Mail. The e-mail will be sent to the "Contact Name" found in the "Contact Information" section of the paperwork, using the "Contact E-mail Address." If this information is not supplied in the enrollment documents, the documents will be returned by U.S. Mail.

The "Subject" line of the e-mail will read "Medicaid Enrollment Rejection * Action Required" (see sample on next page), and the e-mail will include two attachments: 1) a Tagged Image File Format (TIFF) file of the actual paper documents submitted to HP for processing, and 2) a Portable Document Format (PDF) file outlining the reasons the documents are being returned.

"E-mailing returns to provider (RTPs) expedites the process for everyone, allowing HP to make its request and providers to resubmit the necessary information as quickly as possible," says Interim Provider Enrollment Supervisor Darryl Wells.

At this time, HP is not able to accommodate e-mail submission of corrected documents. They must be submitted by U.S. Mail to HP Provider Enrollment, P.O. Box 7263, Indianapolis, IN 46207-7263.

If you encounter any problems that prevent you from accessing the e-mail or the attached documents, call Customer Assistance at 877-707-5750 .

TOP STORIES

* * PLEASE DO NOT REPLY TO THIS EMAIL BOX * *

Please complete the information requested in the attached letter and return all attached documents promptly to HP to ensure completion of your request.

Attachment 1 is a .PDF Letter explaining the reasons your documents are being returned
Attachment 2 is a .TIF document of the actual documents you submitted to HP for processing

Please refer to Chapter Four of the Provider Manual for enrollment policies and procedures. If you have any questions, please contact HP Provider Assistance at 1-877-707-5750 toll-free. Please visit the Indiana Health Coverage Programs Website at www.indianamedicaid.com for program information and all necessary forms.

ADDITIONAL INFORMATION: TO OPEN UP THE TIF IMAGE:

a) Save the attached .TIF document

b) Select the saved file name and right click the mouse

c) Select "Open With" from the list of choices

d) Select Windows Picture and Fax Viewer

Sample e-mail letter – incomplete enrollment and maintenance updates

MDS 3.0 FAQs have been posted to the IHCP Web site

If you're looking for more information about Minimum Data Set (MDS) 3.0 requirements, see the MDS 3.0 Frequently Asked Questions (FAQs) that have been posted to indianamedicaid.com. The FAQs, which cover topics ranging from significant change status to ADL grids to active diagnoses, are divided by topic (cognitive patterns, mood, functional status, and so on) to make it easy to find answers.
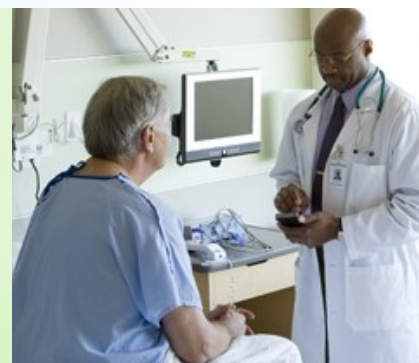
Are you ready?

Vendor testing for HIPAA 5010/NCPDP D.O begins in first-quarter 2011

by EDI Solutions Analyst Marcia Reed

Are you a ■ physician? ■ hospital? ■ payer? ■ clearing-house? ■ pharmacy? ■ dentist? ■ software vendor?

If you are, you'll be required to upgrade to Health Insurance Portability and Accountability Act (HIPAA) ANSI version 5010 and National Council for Prescription Drug Programs (NCPDP) D.0 by January 1, 2012.

Target dates set by the Indiana Health Coverage Programs (IHCP) and HP for HIPAA 5010 implementation include:

- IHCP 5010 Companion Guides – available during November 2010.

- Vendor testing – begins first-quarter 2011.

- 5010/D.0 compliance date – January 1, 2012.

- Compliance with *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)* and *International Classification of Diseases, Tenth Revision, Procedure Classification System (PCS)* – October 1, 2013.

Other changes coming with HIPAA 5010

- New compliance and translation software – The IHCP and HP will use EDIFECS for compliance checking and translation.

- New reporting – The current Biller Summary Report (BSR) that is returned to trading partners for each 837 claim submission will be replaced by a new electronic data interchange (EDI) Submission Summary Report (SSR).

- Testing information – All clearinghouses and vendors that supply transaction software products currently approved to submit 4010 and NCPDP 5.1 versions will be required to test and be approved for 5010 and D.0 transaction compliance. Providers that exchange data with the IHCP using an IHCP-approved software vendor will not be required to test.

- Trading partner agreements – Each trading partner will be required to submit a new Trading Partner Agreement prior to going into production with HIPAA 5010 or NCPDP D.0.

For more information about HIPAA 5010 and NCPDP D.0, see the HIPAA 5010/NCPDP D.0 FAQs posted on indianamedicaid.com. Providers and EDI software vendors should monitor indianamedicaid.com for updates and information about specific testing dates. If you have questions, contact INXIXTradingPartner@hp.com or call the Electronic Solutions Service Desk at 1-877-877-5182 or (317) 488-5160.
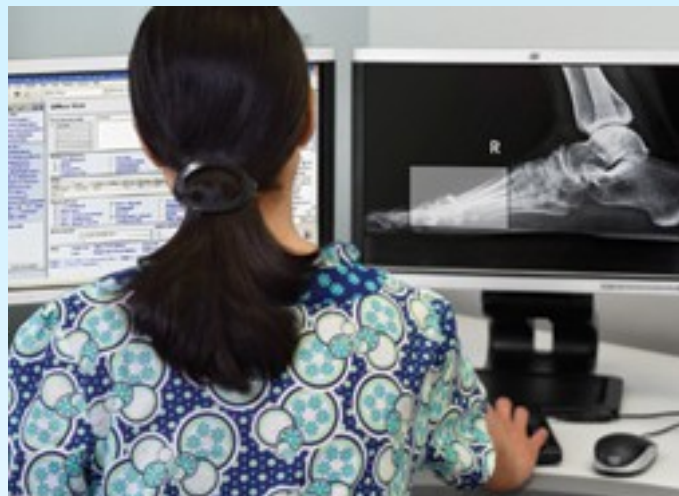
Claim reminders

by the HP Claim Unit

- **Reminder**: Effective September 24, 2010, HP requires cost invoices for Healthcare Common Procedure Coding System (HCPCS) codes for durable medical equipment (DME), supplies, and hearing aids that are currently manually priced. HP prefers retail invoices (for example, manufacturer's suggested retail price or custom-generated invoices); but if you submit cost invoices, they must be accompanied by retail invoices that include the price of the goods plus the provider's margin. If only cost invoices are submitted, the claim will be denied. For more information, see BT201037, dated September 14, 2010.

- To prevent unnecessary claim denials, be sure paper claims are legible, and those that require signatures include full signatures and NOT JUST initials.

- When submitting check-related adjustment requests, be sure to provide as much information as possible – dates of service, procedure codes, and especially internal control numbers (ICNs) – in addition to member identification numbers (RIDs). The more information you include, the more quickly HP can process the adjustment.

Claim notes

Remember – only certain information sent via electronic claim notes is acceptable as documentation! For more information, see "Best practices for electronic claim notes" in the October provider newsletter.

Nursing facility admissions and *Care Select*

Nursing home admissions for *Care Select* members follow the same admission process as the traditional fee-for-service (FFS) Medicaid population. Members who are assigned to a primary medical provider (PMP) in the *Care Select* delivery system will be disenrolled from the managed care program when long-term care/level of care (LTC/LOC) is approved and entered into Indiana*AIM*. The PMP is not responsible for certification of nursing facility (NF) services.

Flu shot Q&A

Q: Will members who receive a flu shot need a separate vaccine for H1N1?

A: This year's flu vaccine (shot) is comprised of three components, one of which is H1N1. That means a basic flu shot should provide defense against most strains of H1N1. A separate H1N1 vaccine isn't necessary.

Q: Who should get flu shots?

A: Flu shots are recommended for children, the elderly, and those with asthma or compromised immune systems.

Q: Does washing your hands really help prevent the spread of flu and other viruses?

A: Washing your hands, covering your mouth when you sneeze, and disinfecting common telephones, work surfaces, keyboards, and so on, will help prevent the flu and other viruses from spreading.

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

Note: Synagis prescriptions require prior authorization. A complete list of risk factors and a prior authorization form are available on indianamedicaid.com under Pharmacy Forms.

Sign up now for the November 19 NCCI workshop

If you missed the October 8 virtual workshop on the National Correct Coding Initiative or were unable to attend the IHCP Annual Provider Seminar, HP will offer the NCCI workshop again November 19, 2010, via the HP Virtual Training Room. Sign up online today.

RECENTLY PUBLISHED TO THE IHCP WEB SITE

BULLETINS

- *BT201040* – Reimbursement Rates for DDRS Waiver Services

- *BT201041* – Annual Hospice Rates Effective October 1, 2010

- *BT201042* – Important Information about Translation Services in *Care Select*

- *BT201043* – Changes to the *Care Select* Program

IHCP PROVIDER MANUAL

The following chapters of the *IHCP Provider Manual* have been updated:

- Chapter 2 – Member Eligibility and Services

- Chapter 4 – Provider Enrollment, Eligibility, and Responsibilities

- Chapter 7 – Reimbursement Methodologies

HEALTHWATCH/EPSDT PROVIDER MANUAL

LOOKING FOR MORE INFORMATION ABOUT PROVIDER MANUAL UPDATES?

- Subscribe to IHCP E-mail Notifications.

- The Revision History at the front of each section of the *IHCP Provider Manual* provides more detailed information about each revision.

NEWS FROM RECENT BANNER PAGES

- Implementation of NCCI Delayed

- Updated Pricing for DME Codes A9276/A9277/A9278

- MDS 3.0 Section Q Implementation

- CMS Quarterly Updates

- IHCP Covers CPT Code 90662 – Influenza Vaccine

- Nursing Facility Admissions and *Care Select*

- Age Restrictions Change for Child/Adult Dental Prophylaxes

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