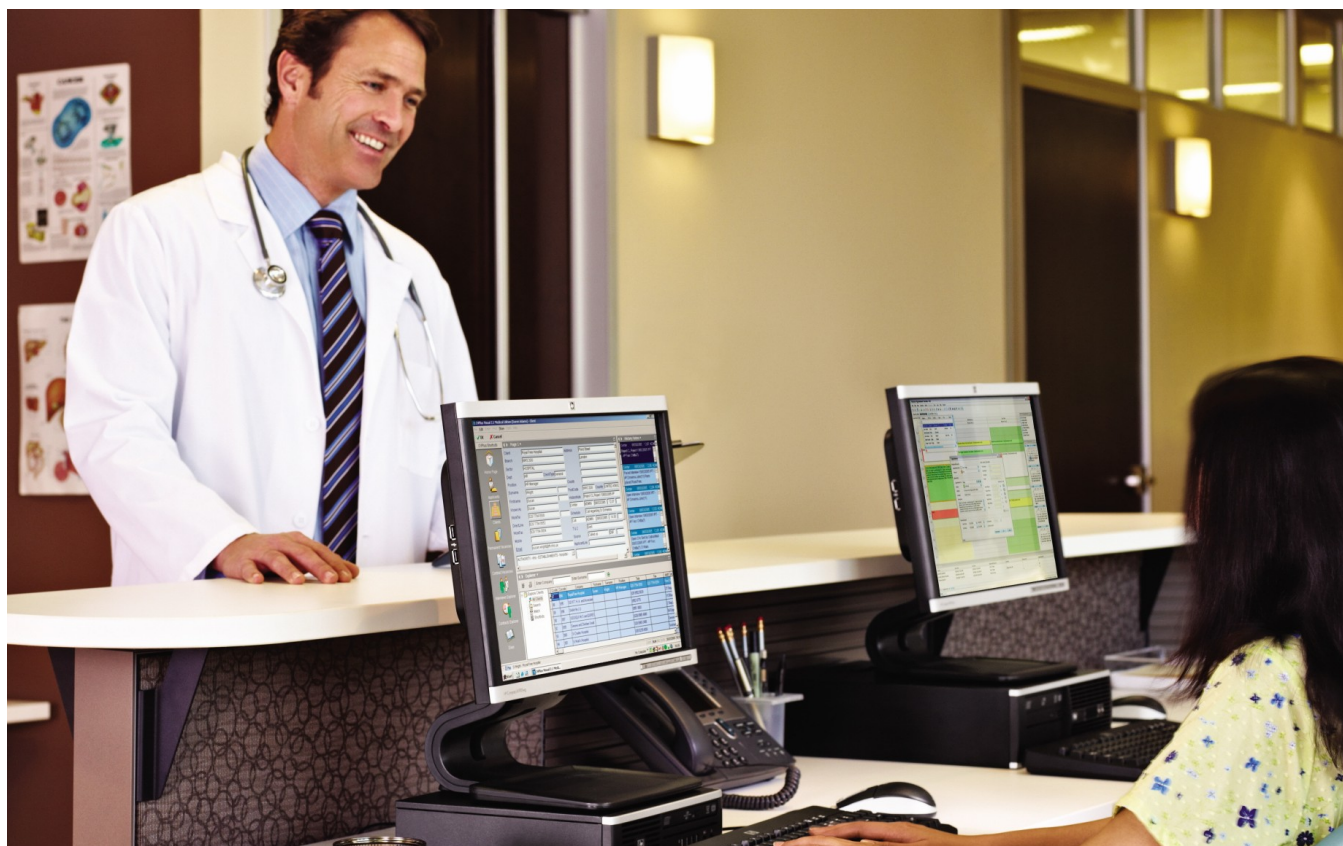


PROVIDER *news*

INDIANA HEALTH COVERAGE PROGRAMS

NL201103

MARCH 2011



Indiana Medicaid Electronic Health Record Incentive Program to arrive in May

The Indiana Medicaid Electronic Health Record (EHR) Incentive Program is coming soon! In May 2011, Indiana will join other Medicaid states and launch the Indiana Medicaid EHR Incentive Program. The *American Recovery and Reinvestment Act of 2009* authorizes the Centers for Medicare & Medicaid Services (CMS) to provide incentives for eligible professionals (EPs) and eligible hospitals (EHs) as the professionals and hospitals

adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology (see [EHR Incentive Programs](#) on the CMS Web site).

What can you do to prepare for the EHR Incentive Program?

To participate in the Indiana EHR Incentive Program, please note the following important details:

- You must be an EP or EH, as defined by CMS guidelines. To determine if you meet the qualifications, visit [EHR Incentive Programs](#) online.

[Continue](#)

INSIDE STORIES

- [Make tax time easier](#)
- [Verify members' eligibility](#)
- [Include MRNs with claims](#)
- [HIPAA 5010/NCPDP D.O](#)
- [Authorization form for disclosure of personal information](#)
- [Electronic claim submissions](#)

- You must complete the registration process with CMS through the National Level Registry (NLR). Please note: Registration is now open for Indiana providers applying under the Medicare program only. A provider notice will be sent to Medicaid providers in the coming weeks with more specific information about the EHR Incentive Program and will provide guidance about how to register and attest for Medicaid participation.

To complete the EHR registration process, all rendering providers will need their own access to Web interChange. Groups will not be able to access the EHR Incentive Program registration site on Web interChange.

- Be sure you understand additional CMS requirements for EHR incentive payments.

Indiana Medicaid will share additional information as Indiana moves toward implementation of the EHR Incentive Program, so keep checking the Indiana [Medicaid EHR Incentive Program](#) Web site at indianamedicaid.com and watch IHCP bulletins and banner pages for updates. If you have questions, please contact MedicaidHealthIT@fssa.in.gov.

Please note: If you are a rendering provider who will be registering for the EHR Incentive Program, you will need to obtain access to Web interChange. To do so, please complete the [interChange Administrator Request Form](#) located under "How to Obtain an ID" via [Web interChange](#) on indianamedicaid.com. Submit the request form and a letter of acknowledgement to the address on the form or fax it to HP EDI Solutions at (317) 488-5185. To complete the EHR registration process, all rendering providers will need their own access to Web interChange. Groups will not be able to access the EHR Incentive Program registration site on Web interChange.

Make tax time easier in 2012 by starting now

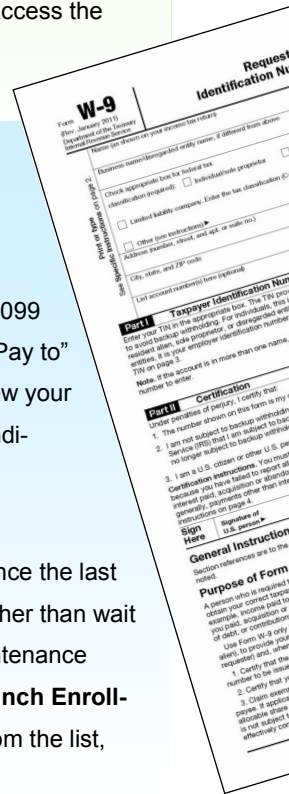
How to verify provider profile information

A reminder from HP: It is never too early to verify that the addresses you have on file with the Indiana Health Coverage Programs (IHCP) are correct. If the home office address on file with the IHCP is not correct, your 1099 will be misdirected, and it will take longer for you to receive it. You may review and verify your "Mail to" and "Pay to" addresses, as well as your service location, via [Web interChange](#) on indianamedicaid.com. You may also view your home office address on Web interChange, but to change it, you must visit the Provider Enrollment page on indianamedicaid.com (see below).

How to correct provider profile information

Be sure to update your W-9 tax form if your tax identification or Social Security number has been changed since the last enrollment or update. It's best to update your [W-9 form](#) (available on indianamedicaid.com) now for 2012, rather than wait until year-end. If your home office address is incorrect, you need to submit an IHCP Name and Address Maintenance Form with a W-9. You can find the form on the [Provider Enrollment page](#) of indianamedicaid.com (select **Launch Enrollment Tool > Update Provider Profile Information**, scroll down and select a Provider Type/Classification from the list, and choose **IHCP Name Address Maintenance Form**).

For more information about Internal Revenue Service (IRS) regulations regarding limited liability companies (LLCs), disregarded entities, and how to fill out the W-9 correctly, visit the [IRS Web site](#).



Be sure to verify members' eligibility

Most denied Medicaid claims are denied because they contain missing or incorrect information that should have been verified through one of the three Indiana Health Coverage Programs (IHCP) Eligibility Verification System (EVS) options – point-of-sale device, online PC access, or automated voice response system. Whatever eligibility verification method you choose, be sure you correctly interpret the eligibility messages you receive. Here are some helpful hints:

- Dates of service – The EVS is programmed to verify eligibility for the current date unless you specifically request verification for different dates of service. To verify eligibility for a date other than the current date (the date on which verification is being made), be careful to enter the actual date of service.
- Program type – The EVS is programmed to provide verification of eligibility for all IHCP programs, including the 590 Program. (See [Chapter 2](#) of the *IHCP Provider Manual*.)
- Service type codes – When service type codes are required, refer to Table 3.4 – Service Type Codes and Benefit Limitations in [Chapter 3](#) of the *IHCP Provider Manual*.
- Past filing limit (PFL) documentation – For PFL documentation for claim submission, use a real-time EVS application. Do not use documentation from a batch-eligibility transaction such as Web interChange. Items that can be used for timely filing documentation are:
 - IHCP Remittance Advice (RA) statements
 - Dated letters from IHCP written inquiries
 - Dated letters from the local county office
 - Dated letters from other insurance carriers
 - Dated prior authorization (PA) forms
- Separate documentation trails – Each claim stands on its own merit, so each claim must have an individual documentation trail attached. Multiple claims with only one set of documentation are not acceptable for filing limit processing.
- Active eligibility segment – Access to members' eligibility information is denied if the dates of service do not fall within your active IHCP program eligibility segment. When you request eligibility for a date span, every date within the date span must fall within your active program eligibility date segment.



When to include MRNs with claims

When is it necessary to send Medicare Remittance Notices (MRNs) with Indiana Medicaid claims?

- When Medicare denies a claim, or...
- When the entire claim amount is applied to the copayment and deductible.

Please note that if MRNs are not included in these cases, claims will deny.

HIPAA 5010 and NCPDP D.O testing is under way

Phase 1 of testing the base Health Insurance Portability and Accountability (HIPAA) 5010 version and National Council for Prescription Drug Programs (NCPDP) D.O is now in progress. HP has been actively attempting to contact all active software vendors, billing services, and clearinghouses; however, we have yet to receive a response from 20 percent of these trading partners. Now is the time to verify that your software vendor, billing service, or clearinghouse has been scheduled for testing.

New trading partner agreements

The current IHCP Trading Partner Agreement is being updated by the Office of Medicaid Policy and Planning (OMPP) and HP. All trading partners will be required to submit the new Trading

Note: Phase 1 testing is for the base 5010 transactions. Testing for the Errata version will begin in the second phase of testing April – June 2011.

Partner Agreement before going into production with HIPAA 5010 or NCPDP D.O. Providers and trading partners will be notified when the new IHCP Trading Partner Agreement is available.

New for 5010 – the SSR

The Submission Summary Report (SSR) will replace the Biller Summary Report that trading partners now receive for 4010A1 transactions. The SSR provides detailed information about claims that reject due to HIPAA compliance errors.

The SSR report also points the trading partners to the exact claims that caused the rejection, and displays technical and business explanations of the errors. This will enable trading partners and providers to correct and resubmit the rejected claims in a timely manner.

For more information about HIPAA 5010 and NCPDP D.O, see the [HIPAA 5010/NCPDP D.O FAQs](#) posted on indianamedicaid.com. If you have questions, contact INXIXTradingPartner@hp.com or call the Electronic Solutions Service Desk at 1-877-877-5182 or (317) 488-5160.



Authorization form for disclosure of personal information now available online

The Division of Family Resources (DFR) provides various tools to strengthen families through services that focus on prevention, early intervention, self-sufficiency, family support, and preservation. It is the DFR's goal to respect the privacy of its clients as it administers these services pursuant to the Health Insurance Portability and Accountability Act (HIPAA) and other applicable federal regulations. To that end, the DFR's policy is to not share or disclose information about its clients or applicants without a release of information form. For your convenience, the DFR Authorization for Disclosure of Personal and Health Information form is now available on the [Family & Social Services Administration \(FSSA\) Web site](#).



Reduce processing time for nonpharmacy claims with electronic submissions

Did you know that electronic nonpharmacy claims process in one-third the time required for paper nonpharmacy claims? Advantages of electronic submission include:

- **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.
- **Easier** – 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 less clear 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're not already set up to submit claims via the Web, go to indianamedicaid.com > [Web interChange](#) > **How to Obtain an ID.**

Provider education opportunities

Sign up now for March 9 MDS 3.0 SDGs training

HP has scheduled the next virtual training session for Minimum Data Set (MDS) 3.0 Case Mix Audit Review and Supportive Documentation Guidelines (SDGs). The seminar is slated for March 9 at 2 p.m. EST (Indianapolis time)/1 p.m. CST and will be presented via HP Virtual Room (Web site) combined with an audio conference phone number. Preregistration is not required, but HP recommends testing your computer setup at least one day before class. For [more information](#) and [to register for the seminar](#), visit indianamedicaid.com. You can also find the [SDGs, Resource Utilization Group \(RUG\)-III, Version 5.12, 34 Grouper](#), for MDS 3.0 on indianamedicaid.com.

Be in the know – register for an IHCP first-quarter workshop

Have you signed up for an IHCP workshop in your area? You should – these free seminars offer a wealth of information for Indiana Medicaid providers. First-quarter 2011 topics include “IHCP Updates,” “Life of a Claim,” and “Prior Authorization (PA) via the Web.” Other sessions include information from ADVANTAGE Health SolutionsSM, MHS – Your Family Health Plan, MDwise, and Anthem. Don't miss the informative topics offered this quarter – [check dates and times](#) online, and [register](#) early at indianamedicaid.com > **General Provider Services > Provider Education.**

RECENTLY PUBLISHED TO THE IHCP WEB SITE

BULLETINS

- [BT201103 – Enhanced Outpatient Facility Code Auditing](#)
- [BT201102 – Enhanced Physician Code Auditing](#)
- [BT201101 – National Correct Coding Initiative Implementation Institutional Outpatient Claims](#)

PROVIDER MANUAL UPDATES

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

- [Chapter 1 – General Information](#)
- [Chapter 10 – Claims Processing Procedures](#)
- [Chapter 12 – Financial Services](#)

[590 Program Provider Manual](#)

LOOKING FOR MORE INFORMATION ABOUT PROVIDER MANUAL UPDATES?

- Subscribe to [IHCP E-mail Notifications](#).
- The Revision History at the front of each manual (or chapter) provides detailed information about the updates made in the most recent revision.

NEWS FROM RECENT BANNER PAGES

- [Mass Adjustment Planned for Chiropractor and Podiatrist Reimbursement](#)
- [Ambulatory Surgical Center Indicator and Revenue Code Linkage](#)
- [Authorization Form for Disclosure of Personal Information Available Online](#)
- [IHCP Covers CPT Code 90736 – Zosters \(Shingles\) Vaccine](#)
- [MHQAC Utilization Edits](#)
- [Mass Adjustment Schedule for Physician Claims for NCCI Editing](#)

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

