

PROVIDER *news*

INDIANA HEALTH COVERAGE PROGRAMS

NL201104

APRIL 2011



Doing business with Medicaid

Sign up now for second-quarter workshops

The Indiana Health Coverage Programs (IHCP) is again offering quarterly provider workshops free of charge. Sessions titled Medicaid 101, IHCP Updates, and Provider Enrollment are scheduled for the morning; afternoon activities include a workshop about *Care Select* Provider Issues and Resolutions, a behavioral health roundtable, updates from managed care entities (MCEs), and a question-and-answer session.

INSIDE STORIES

- [Web interChange training](#)
- [Case mix training](#)
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- [Spend-down](#)
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- **Medicaid 101** – In this session, attendees will get an overview of the IHCP program, the contractors involved, and the roles of each of the contractors, including the managed care entities. This session is specifically designed for new IHCP billers or those needing a refresher.

- **IHCP Updates** – This session provides information about important changes in the Medicaid program, including transition and testing for ANSI version 5010, updates about the National Correct Coding Initiative (NCCI) implementation,

[Continue](#)

Electronic Health Records, therapy services, and ICD-10. The session will also cover claim rejections help.

- **Provider Enrollment** – The *Affordable Care Act*, a component of the *Healthcare Reform Act*, mandates certain requirements for providers enrolling or re-enrolling in the Medicaid program. During this session, providers will obtain a high-level understanding of changes that will affect all new and existing providers. As a bonus, providers will learn the top reasons why enrollment forms are returned to providers unprocessed and will better understand the proper way to complete enrollment forms when updating their provider profiles.
- **Care Select Provider Issues and Resolutions** – This session addresses common issues encountered by providers in Indiana *Care Select* for ADVANTAGE Health SolutionsSM and MDwise. Each care management organization (CMO) keeps track of common concerns raised by providers; during this session, the CMOs will identify and provide resolutions to a variety of these concerns – from disease management and prior authorization to provider relations and member services. The session will be approximately 60 minutes long with time for questions and answers.
- **Behavioral Health Roundtable** – Representatives from each MCE will deliver short comments regarding their behavioral health programs. Time will be allotted at the end of the presentations for related questions and answers.
- **MCE Updates** – The MCEs will open the session with a brief, combined 45-minute presentation that will address (1) member eligibility related to claim and authorization issues; (2) Maximus' new role in Hoosier Healthwise/Healthy Indiana Plan (HHW/HIP); and (3) Health Plan Employer Data and Information Set (HEDIS) quality initiatives. Questions and answers will follow presentations.



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- **Q & A** – The final session will be a roundtable question-and-answer session involving all presenters. Questions should be general and not claim-specific.

Learn how to make better use of Web interChange and indianamedicaid.com

In April and May, the Indiana Health Coverage Programs (IHCP) will offer virtual-room training about using the tools available on Web interChange and indianamedicaid.com. This session will focus on commonly used Web interChange functions, as well as other, less familiar, features. The presenter will demonstrate how to use indianamedicaid.com to research and resolve questions that arise daily in providers' offices, including finding publications, searching the fee schedule, accessing and using the *IHCP Provider Manual*, and many other available resources. Because this is virtual training, your staff doesn't need to leave the office to "attend." Providers have three opportunities to participate:

- April 28, 2011, 1:30 p.m. – 4 p.m. EST*
- May 6, 2011, 9 a.m. – 11:30 a.m. EST*
- May 13, 2011, 10 a.m. – 12:30 p.m. EST*

***Please note times listed are Eastern Standard Time.**

Register now — participation is limited to 125 per session. Please visit indianamedicaid.com (**General Provider Services > Provider Education**) to register for these sessions and learn more about these and other education opportunities.

Upcoming case mix training

The HP Long-Term Care Unit is partnering with Myers & Stauffer (the Indiana Health Coverage Programs' rate-setting contractor) on behalf of the Office of Medicaid Policy and Planning (OMPP) and the Division of Aging to present Case-Mix 101 workshops at Indiana Wesleyan Conference Center in Indianapolis. The sessions are scheduled for April 14, July 11, and October 10, 2011.

This workshop will cover the Minimum Data Set (MDS) 3.0 application to the Resource Utilization Group (RUG)-III calculation, as well as coding instructions for the MDS 3.0 RUG items only. The session will also feature new exercises, including new activities of daily living (ADL) examples; a review of the Supportive Documentation Guidelines; a presentation about the new MDS audit protocol; and a review of the Time-Weighted Reports.

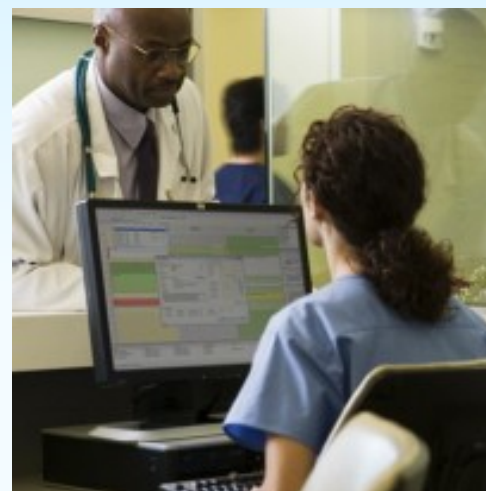
Who should attend?

- MDS staff
- Charge nurses
- Other interested staff

A basic understanding of MDS 3.0 is helpful. The \$65 cost of the seminar includes workshop materials, boxed lunch, and a beverage. To register or for more information, visit "Seminars" on the [Myers and Stauffer Web site](#) at www.in.mslc.com.

Presentation at IHCA convention

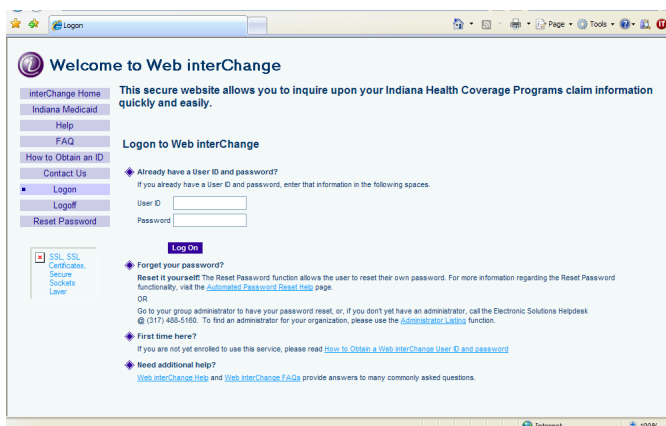
The HP Long-Term Care Unit was also invited to make a presentation about Case Mix Audits at the Indiana Health Care Association (IHCA) 2011 Annual Convention and Expo at the Indiana Convention Center on May 12, 2011. To register or learn more about the IHCA Convention/Expo, visit the [IHCA Web site](#) at www.ihca.org.



Claim tips

- **Identify recipients of refund checks** — If you return a refund check to Indiana Medicaid, make sure to identify the recipient of the check. If the recipient is not properly identified, the check will be returned to you. To identify the recipient of the check, go to [Web interChange](#) on indianamedicaid.com (choose Web interChange under "Quick Links") and review the Remittance Advice associated with the claim.
- **Provide complete information** — In January 2011, the Claims Unit mailed return-to-provider letters associated with 2,227 claims. Of these claims, 19 percent were returned for having invalid National Provider Identifiers (NPIs) or taxonomy codes, and 37 percent were returned for missing or invalid member identification numbers (RIDs). Providing complete and accurate information speeds claim processing!





Guidelines for using Web interChange

[Web interChange](#) is a secure Web portal that allows Indiana Health Coverage Programs (IHCP) providers to submit and inquire about their IHCP claims and member information quickly and easily. Here are some guidelines for using Web interChange:

- Do 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.”

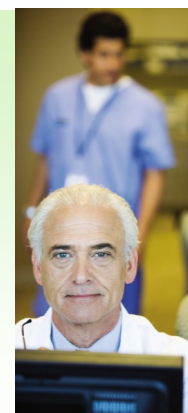
- Eligibility inquiry and claim inquiry functions are for real-time processing only. Eligibility and claim inquiry transactions are performed one at a time by sending a request and receiving a response. The execution of any process that queries Web interChange information using a batch process is prohibited. The batch 270/271 transaction is available for this purpose.
- Use of Web interChange is monitored and audited. Users who fail to comply with established 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 or to the Web interChange service desk at (317) 488-5160 or toll-free at 1-877-877-5182.

Testing for HIPAA 5010 and NCPDP D.O continues

Base testing of the Health Insurance Portability and Accountability Act (HIPAA) 5010 and National Council for Prescription Drug Programs (NCPDP) D.O upgrades continues. Be sure your software vendor, billing service, or clearinghouse has scheduled a testing time.

Information about Errata testing will be forthcoming. To learn more 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 (317) 488-5160 or toll free at 1-877-877-5182.



Confused about spend-down?

Spend-down is a type of Medicaid insurance deductible that allows people whose incomes are higher than the standard to receive some Medicaid benefits. To be eligible, these beneficiaries must pay some of their medical bills themselves (spend-down) to offset their excess income. For more information and a complete explanation of how spend-down works, see *the Indiana Health Coverage Programs (IHCP) Provider Manual, Chapter 2, Section 4*, at indianamedicaid.

Working with members assigned to the Right Choices Program

- What is Indiana Medicaid's Right Choices Program (RCP)?
- How are members assigned to the RCP?
- How do you know whether a member is assigned to RCP?

If you have members who use Indiana Health Coverage Programs (IHCP) services more extensively than their peers, you likely have members who are part of the RCP (formerly the Restricted Card Program). The RCP monitors member utilization and, when appropriate, restricts members who would benefit from increased case coordination.



Any Medicaid member who meets the RCP criteria may be enrolled in RCP, regardless of whether the member is part of Hoosier Healthwise, Healthy Indiana Plan (HIP), *Care Select*, or Traditional Medicaid. Managed care entities (MCEs) administer the RCP for their members. Each RCP member is restricted to a physician, a pharmacy, and a hospital. Members can also be restricted to additional provider types, but must be referred by the primary physician.

RCP and checking eligibility

Providers are responsible for checking an IHCP member's eligibility before rendering services. When you verify a member's eligibility, you can also determine to which Medicaid program or plan the member belongs. If the member is part of the RCP, the "Restricted" indicator is "yes," and the assigned providers are listed. Only the specified providers may receive reimbursement for services rendered to an RCP member. For more information, visit indianamedicaid.com (**General Provider Services > Providing Services > Right Choices Program**).



FYI...

- **DEA National Prescription Drug Take-Back Day, April 30, 2011** – The next Drug Enforcement Administration (DEA) National Prescription Drug Take-Back Day will be April 30, 2011, providing patients a means for the safe disposal of unwanted, unused prescription medications at authorized locations across the country. Patients may use the [DEA drug take-back day locator](http://www.nationaltakebackday.com) (www.nationaltakebackday.com) to find the nearest take-back location.
- **FDA recalls cough, cold, and allergy drugs** — The U.S. Food and Drug Administration (FDA) is taking some 500 unapproved prescription cough, cold, and allergy medicines off the market. For a complete list of unauthorized drugs, visit the [FDA Web site](http://www.fda.gov) (www.fda.gov > **Drugs > GuidanceComplianceRegulatoryInformation > EnforcementActivitiesbyFDA > SelectedEnforcementActionsonUnapprovedDrugs**).

RECENTLY PUBLISHED TO THE IHCP WEB SITE

BULLETINS

- [BT201104 – Changes to the Preferred Drug List](#)
- [BT201105 – Updates to the 2011 Healthcare Common Procedure Coding System](#)
- [BT201106 – Updated Cost-to-Charge Ratios for Inpatient Reimbursement](#)

PROVIDER MANUAL UPDATES

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

- [Chapter 2 – Member Eligibility and Services](#)
- [Chapter 3 – Electronic Solutions](#)

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

- [Online FAQs About Managed Care PMP Assignments](#)
- [Workarounds for Claim Submission Issues Related to HHW/HIP Consolidation](#)
- [E0240/Bath/Shower Chair Requires PA](#)
- [The IHCP Does Not Cover Vaccine Administration Codes 90460-90474](#)
- [2011 HCPCS Modifiers](#)
- [FQHC Crossover Claims to Require TOB 77X](#)
- [Changes to Eligibility Verification for HIP and HHW Members](#)

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

