

PROVIDER *news*

INDIANA HEALTH COVERAGE PROGRAMS

NL201107

JULY 2011



Above, left to right: Jared Linder, Medicaid Health IT coordinator; Jeff Holtsclaw, practice administrator, Holtsclaw Medical Centre; Mike Nissenbaum, chief executive officer, Aprima Medical Software, Inc.; Lisa Holtsclaw, D.O., Holtsclaw Medical Centre; and Andrew VanZee, Indiana Statewide Health Information Technology coordinator.

Holtsclaw Medical Centre receives \$21,250 EHR incentive check

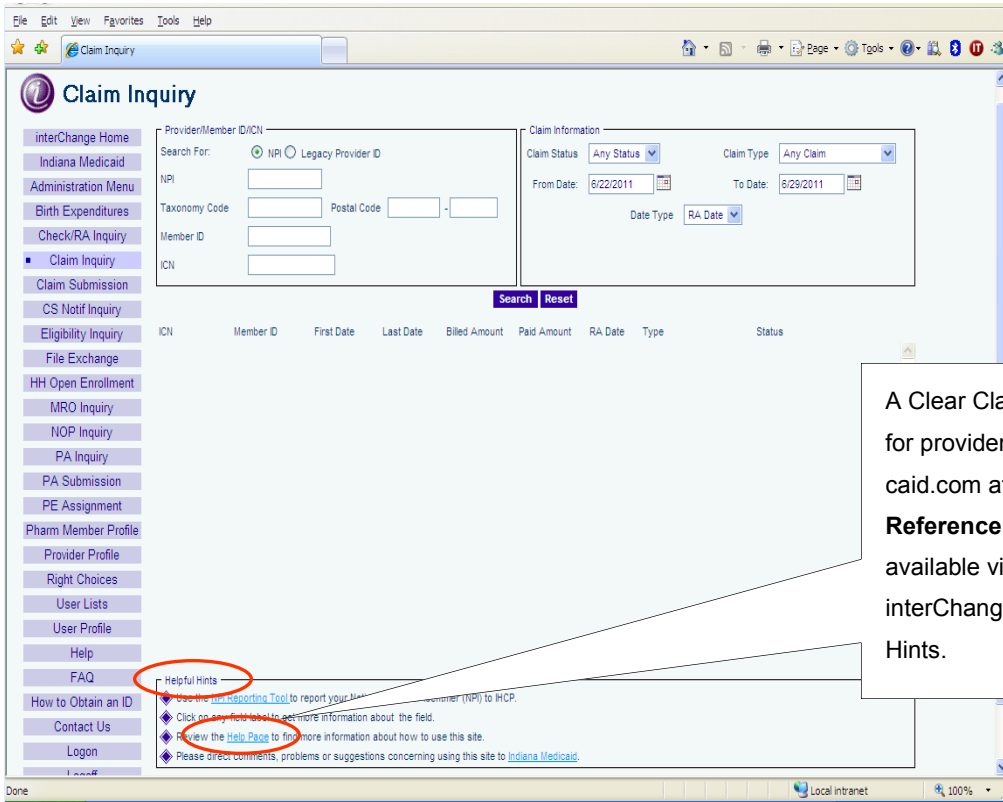
Indiana Medicaid recognized Lisa Holtsclaw, D.O., of Holtsclaw Medical Centre, Fort Wayne, IN, as the first provider in Indiana to comply with federal requirements aimed at streamlining the adoption of electronic medical recordkeeping. Dr. Holtsclaw received an Electronic Health Record (EHR) incentive payment of \$21,250.

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According to Jeff Holtsclaw, the center's practice administrator, technology has advanced to the point that electronic recordkeeping adds value for patients – for example, if a drug is recalled, the medical practice can immediately identify patients who have been prescribed that drug and alert them electronically.

Indiana is one of the first 15 states to open its Medicaid EHR Incentive Programs for registration to eligible professionals (EPs) and eligible hospitals (EHs), which are able to receive Medicaid EHR incentive payments after successfully registering and adopting, implementing, or upgrading certified EHR technology. EPs can receive up to \$63,750 over six years, and EH payments begin with a \$2 million base payment. For more information about the EHR Incentive Program, visit the [EHR Web page](#) on indianamedicaid.com.



A Clear Claim Connection User Guide for providers is available on indianamedcaid.com at [Web interChange](#) > **Help** > **Reference Materials**; the guide is also available via the Help Page link on Web interChange pages that have Helpful Hints.

Doing business with Medicaid

Clear Claim Connection now available through Web interChange

To offer the provider community transparency and disclosure of coding rules and editing rationales associated with the National Correct Coding Initiative (NCCI) code auditing methodology, the Indiana Health Coverage Programs (IHCP) introduces a Web-based tool, Clear Claim Connection™. This easy-to-use tool:

- Provides the rationale for each edit
- Provides policy and editing logic to improve physician and outpatient hospital coding
- Reduces provider administrative costs associated with claim resubmissions
- Gives providers access to code auditing methodologies 24 hours a day, seven days a week

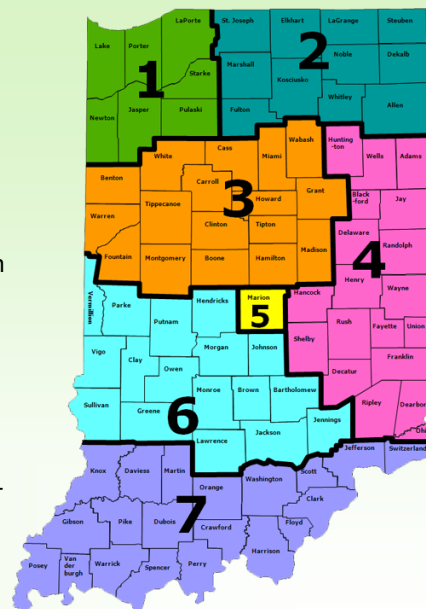
Clear Claim Connection is accessible through the secure IHCP Web interChange site. If you already have a Web interChange user identification (ID) and password, and have Claim Submission permission, you already have access to Clear Claim Connection using your existing Web interChange logon information.

For more information about Clear Claim Connection, see [BT201131](#), dated June 14, 2011. In addition, a Clear Claim Connection User Guide for providers is available on indianamedcaid.com at [Web interChange](#) > **Help** > **Reference Materials**; and also available via the Help Page link on Web interChange pages that have Helpful Hints.

HP changes Provider Relations territories

Effective June 27, 2011, the HP Provider Relations territories changed. Previously, the state was divided into eight territories; it is now divided into seven. The change means some areas of the State have new HP Provider Relations field consultants. Please check the [Provider Relations Field Consultants page](#) on indianamedicaid.com to see whether your field consultant has changed.

Provider Relations field consultants can help you enroll, update your provider profile, learn to use Web interChange, address complex claims concerns, and much more. They also provide one-on-one training in your office, and training at the quarterly provider workshops and the annual provider seminar. Contact information for each field consultant is available on the [Provider Relations Field Consultants page](#).



Enhanced disclosure functionality in Web interChange

Beginning July 5, 2011, [Web interChange](#) makes it easier to add names of business owners and managers to the Provider Profile function. With the new functionality, users no longer need to enter a person's name in both windows. Instead, names entered in the owner window can simply be copied into the manager window. The new functionality is a convenient time-saver for Web interChange users.



HIPAA 5010 testing continues...

Testing for the Health Insurance Portability and Accountability Act (HIPAA) version 5010 continues at HP. If you are uncertain whether you or your practice management software vendor, billing service, or clearinghouse has begun the testing process, contact the EDI Solutions help desk at (317) 488-5160 or toll-free at 1-877-877-5182. You may also email INXIXTradingPartner@hp.com.

Look for updated information about testing the Errata version of 5010 and instructions for the updated IHCP Trading Partner Agreement process later in July on indianamedicaid.com.

Medication wallet card available from AHRQ

The U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ) has published an online guide that helps consumers take medicine safely. The site answers common questions about medicines and provides handy forms, including a wallet card, to help patients keep track of medications. For more information, visit the [AHRQ Web site](#) at ahrq.gov under **Consumers and Patients > Use a Wallet Card**.

Auto-assignment process in *Care Select*

Care Select focuses on disease management, particularly for members with chronic conditions. Qualifying members with asthma, diabetes, heart failure, congestive heart failure, coronary artery disease, hypertension, chronic kidney disease, severe mental illness, serious emotional disturbance, and depression have the option to participate in the disease management programs the care management organizations (CMOs) provide for their members. Members who meet the requirements for *Care Select*, but who opt not to participate, are placed in Traditional Medicaid (fee-for-service).



All qualifying members who do not opt out of *Care Select* are enrolled and linked to a primary medical provider (PMP). Enrollees are strongly encouraged to select their own PMPs. However, if an enrollee fails to select a PMP within 60 days of being determined eligible for *Care Select*, the enrollee is assigned to a PMP through an auto-assignment process.

For more information about how auto-assignment works, see [Care Select Auto-Assignment Process](#) on the *Care Select* page of indianamedicaid.com (**Provider-Specific Information > Managed Care > Care Select**).

Long-term care resources from Myers and Stauffer



Mark your calendar now for a Myers and Stauffer Case Mix 101 workshop

Myers and Stauffer will offer Case Mix 101 workshops August 24 and October 13, 2011, at Indiana Wesleyan Conference Center in Indianapolis. NOTE: Registration is now open for the August 24 workshop; registration for the October 13 seminar begins after July 11, 2011. Watch for more information about the workshops in future publications. You can also find the [Supportive Documentation Guidelines \(SDGs\)](#), Resource Utilization Group (RUG)-III, Version 5.12, 34 Grouper, for

Minimum Data Set 3.0, related to the workshop content, on indianamedicaid.com

How to determine LTC cost report due dates

Information is available on the Myers and Stauffer Web site to help long-term care providers determine their Medicaid cost report due dates. Go to the [Myers and Stauffer Web site](#), click **Long-Term Care** in the left column, then click the folder next to your facility type (nursing facility, for example). Click **Cost Report Due Dates**.

Sign up now for third-quarter provider workshops

HP is again offering timely, topical workshops free of charge. Third-quarter sessions include:

- **Institutional and Physician Replacement Plan Billing** – This helpful session educates providers about billing Medicare replacement plan claims electronically and on paper. Providers billing on the institutional claim form as well as the physician claim form will learn how to get the claim paid the first time.
- **Indiana Health Coverage Programs (IHCP) Updates** – This session details updates to the IHCP, including changes to reimbursement and benefits, updated information on Electronic Health Records (EHR), information on the new Clear Claim Connection tool available on Web interChange, and an explanation of enhancements to the Eligibility Verification System that facilitate Disproportionate Share Hospital (DSH) reporting.
- **Provider Enrollment** – This session provides an overview of the new provider enrollment application and is specifically designed for credentialing personnel. Each area of the new application will be discussed, including the correct way to complete the form.



Set (HEDIS), including plan-specific updates and information on collaboration between the MCEs and the American Academy of Pediatrics (AAP). This session will also address the alignment of EPSDT programming with the Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents.

- **Care Management Organization (CMO) Presentation** – CMOs will present a session about how disease management services help primary medical providers enrolled in Indiana *Care Select* manage members with chronic conditions. The CMOs will also address strategies for specialty and ancillary providers to receive payment for services for members in the *Care Select* Right Choices Program.

Annual IHCP Provider Seminar scheduled for October 25-27

Mark your calendars now for the 2011 IHCP Seminar October 25-27 in Indianapolis at the Marriott East. There is no cost to attend. Session topics include third-party liability (TPL), presumptive eligibility, Web interChange, and sessions on billing and authorization for specific provider types, presented by HP and the managed care entities. Watch for more information coming your way soon in IHCP publications and on indianamedicaid.com.

- **Behavioral Health Updates** – This session addresses Web Portal, Healthy Indiana Plan (HIP) updates, new outpatient treatment record (OTR) forms, and telemedicine as related to behavioral health.

- **Managed Care Entity (MCE) Presentation** – HP and the MCEs will present jointly on Notification of Pregnancy (NOP), Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), and Health Plan Employer Data and Information

For [dates and other workshop information](#), and [to register](#), visit indianamedicaid.com (**General Provider Services > Provider Education**).

RECENTLY PUBLISHED TO THE IHCP WEB SITE

BULLETINS

- [BT201129](#) – Update to BT200919 – Attachments Required with Submission of Annual Financial Reports
- [BT201130](#) – How to Report Member Disease State for Enrollment in Care Select
- [BT201131](#) – Introducing Clear Claim Connection, Available through Web interChange
- [BT201132](#) – PA No Longer Required for Emergency Admissions for Burn Cases
- [BT201133](#) – Revision: Changes to the Preferred Drug List
- [BT201134](#) – Changes to Code Auditing Methodologies – Hospitals
- [BT201135](#) – Changes to Code Auditing Methodologies – Physicians

PROVIDER MANUAL UPDATES

[HIP Reimbursement Manual](#)

[Medicaid Rehabilitation Option 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

- [Correction: BR201117 – Family Planning Diagnosis Codes](#)
- [Enhanced Code Auditing Methodologies for Practitioners and Outpatient Hospitals](#)
- [Special Consideration for Edit 4181](#)
- [MHQAC Utilization Edits](#)
- [Reminder of Home Health Services Requirements](#)
- [Used DME Not Reimbursed by Medicaid](#)
- [Update: Pregnancy-Related Diagnosis Codes for Presumptive Eligibility](#)

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

