PROVIDER *news*

Doing business with Medicaid

HIPAA 5010 testing news

- Testing for the Errata version of the *Health Insurance Portability and Accountability Act* (HIPAA) version 5010 begins this month. HP will communicate with testing trading partners, software vendors, and clearinghouses to indicate when testing can begin.

- Once Errata version testing begins, the Indiana Health Coverage Programs (IHCP) will accept only test transactions formatted in the Errata version.

- The IHCP Upcoming Companion Guide Changes on Indianamedicaid.com are being updated with information about the Errata.

- The HIPAA 5010 IHCP Companion Guides will be available on indianamedicaid.com this month – check the Web site regularly for updates.

- The new Trading Partner Agreement is being finalized. Each trading partner will be required to submit a new Trading Partner Agreement before production implementation for HIPAA 5010.

- Providers must contact their software vendor, clearinghouse, or billing service to be sure they are actively testing HIPAA 5010 transactions with Indiana Medicaid.

- Vendor testing must be completed by October 31, 2011.

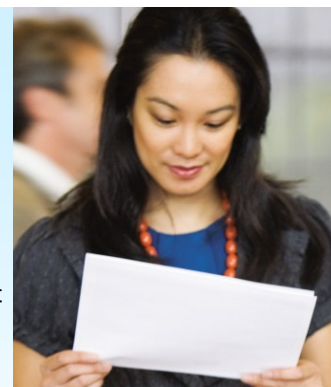- The production implementation date for HIPAA 5010 is January 1, 2012.

Avoid delays in processing nonpharmacy claims

Double-check mailing addresses — or submit claims electronically

Sending claims to the wrong Medicaid address delays payment. To make sure you have the correct address, double-check all addresses – for HP and the managed care plans – against the IHCP Quick Reference Guide on indianamedicaid.com. Better yet, submit your claims electronically.

Nonpharmacy claims submitted electronically process in one-third the time of paper submissions. Electronic submissions also reduce errors, decrease rework, increase cash flow, and cut costs.

If you are not already set up to submit claims via the Web, signing up is easy. Go to Web interChange via indianamedicaid.com and click **How to Obtain an ID**.

Most clean, nonpharmacy claims submitted electronically process in less than seven days, compared to paper claims, which typically process in 30 days.

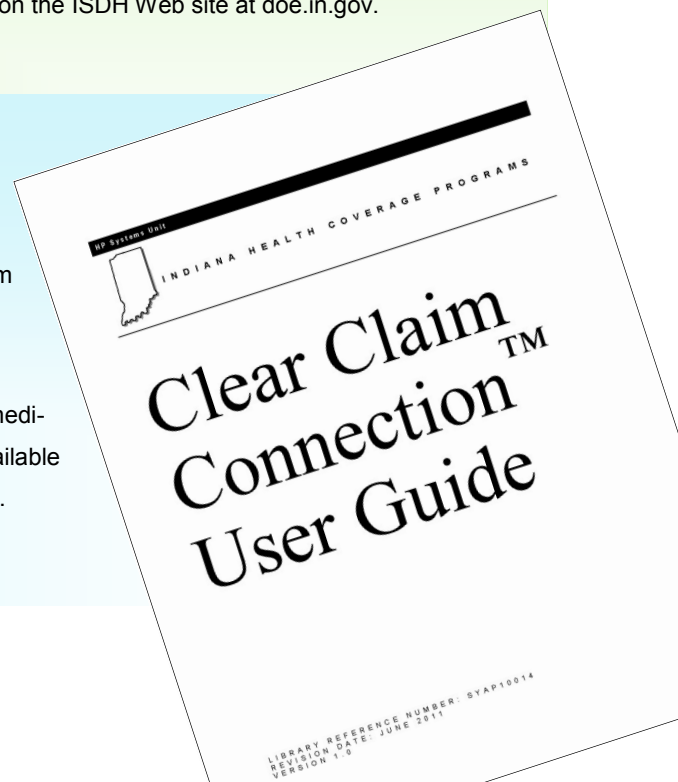## The IHCP covers required vaccines for school-age children

The Indiana State Department of Health (ISDH) requires all school-age children to receive immunizations for meningitis, varicella, and pertussis (whooping cough), if done in a pharmacy or by a registered pharmacist. Please refer to BR201105, dated February 1, 2011, for more information regarding IHCP vaccine billing guidelines.

For a current list of required school vaccines, see the 2011-2012 School Year Immunization Requirements on the ISDH Web site at doe.in.gov.

Have you checked out Clear Claim Connection?

To offer disclosure of coding rules and editing rationales associated with the National Correct Coding Initiative (NCCI) code auditing methodology, the Indiana Health Coverage Programs (IHCP) has introduced Clear Claim Connection™, an easy-to-use tool available through Web interChange.

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

Clear Claim Connection™ User Guide

HP Systems Unit

INDIANA HEALTH COVERAGE PROGRAMS

LIBRARY REFERENCE NUMBER: SYAP10014
REVISION DATE: JUNE 2011
VERSION 1.0

Medicaid providers receive $1,848,750 in EHR incentive reimbursements

Have you signed up for the Indiana Medicaid Electronic Health Records (EHR) Incentive Program? As of August 2, 2011, Indiana Medicaid providers have received $1,848,750 in incentive reimbursements through the Indiana Medicaid EHR program. The program, which began May 2, 2011, provides financial incentives for eligible professionals and eligible hospitals that demonstrate meaningful use of certified EHR technology.

For more information and to find out whether you're eligible, visit the EHR page at indianamedicaid.com.

Healthcare reform to affect Medicaid provider enrollment

The *Patient Protection and Affordable Care Act (ACA) of 2010*, also known as healthcare reform, identifies new Medicaid enrollment regulations that change the way providers enroll in Indiana Medicaid.

So you can continue providing uninterrupted care for Medicaid members with the assurance that you will be reimbursed for services rendered, the Indiana Health Coverage Programs (IHCP) recommends that you become familiar with these new enrollment requirements.

Watch for more information about provider enrollment in upcoming IHCP bulletins and banner pages, and on indianamedicaid.com. You can also find the new ACA provider enrollment provisions on the CMS Web site at cms.gov > Affordable Care Act > Patient Protection and Affordable Care Act (*Medicare, Medicaid, and CHIP Program Integrity Provisions,* page 747).

Reminder: PA no longer required for 17-alpha hydroxyprogesterone ("17P") injections

As of September 1, 2011, compounded 17P injections will no longer require prior authorization (PA) for pharmacy claims with dates of service on or after September 1, 2011. For more information about PA for 17P injections, see IHCP banner page BR201129.

Provider education

Myers and Stauffer Case Mix 101 workshop

Myers and Stauffer is offering additional Case Mix 101 workshops August 24 and October 13, 2011, at Indiana Wesleyan Conference Center in Indianapolis. You can find the Supportive Documentation Guidelines (SDGs) related to the workshop content on indianamedicaid.com at Provider-Specific Information > Long-Term Care > MDS 3.0.

Annual IHCP Provider Seminar scheduled for October 25-27

Mark your calendars for the 2011 Indiana Health Coverage Programs (IHCP) Seminar, October 25-27 in Indianapolis at the Mariott East. Sessions presented by HP and the managed care entities include:

■ Third-party liability (TPL)

■ Presumptive Eligibility

■ Web interChange

■ Billing and authorization for specific provider types

Watch for more information coming your way soon in IHCP publications and on indianamedicaid.com.

Featured third-quarter workshop session

HP/Managed Care Entity (MCE) Presentation to Include EPSDT and HEDIS – HP and the MCEs will present a joint focus on Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services to familiarize primary care providers with the EPSDT program. This session will provide a program overview, description of covered services and specialties, Healthcare Effectiveness Data and Information Set (HEDIS), outreach strategies, and current trends. Upcoming revisions include collaboration between the MCEs and the American Academy of Pediatrics (AAP) and the alignment of EPSDT programming with the *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents*.

IHCP third-quarter provider workshops are happening now!

The Indiana Health Coverage Programs (IHCP) is again offering provider workshops free of charge. Third-quarter sessions include:

■ Institutional and Physician Replacement Plan Billing

■ IHCP Updates

■ Provider Enrollment

■ Behavioral Health Updates

■ HP/Managed Care Entity (MCE) Presentation to Include Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) and Healthcare Effectiveness Data and Information Set (HEDIS) (see featured session, left)

■ MCE Updates

■ Care Management Organization (CMO) Presentation

For session descriptions, dates, and other workshop information, and to register, visit indianamedicaid.com (General Provider Services > Provider Education).

RECENTLY PUBLISHED TO THE IHCP WEB SITE

BULLETINS

■ BT201136 – Please Note Change in Process for Determining Rate Reduction for Nursing Facilities

PROVIDER MANUAL UPDATES

IHCP Provider Manual – the following chapters of the manual have been updated:

■ *Chapter 1* – General Information

■ *Chapter 12* – Financial Services

Qualified Provider Presumptive Eligibility 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

■ Clarification of BT201117 – Hearing Aid Reimbursement

■ Changes to Provider Enrollment and Update Forms

■ PA No Longer Required for 17-alpha hydroxyprogesterone ("17P") Injections

■ Changes to HCPCS Codes for DME Providers – Specialty 250

■ Correction of Third-Quarter Workshop Information

■ Coverage Determinations for the July Quarterly HCPCS Code Updates

■ Billing Guidelines for Inpatient Deliveries

■ Clarification of "Brand Medically Necessary" Policy for Mental Health Drugs

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