PROVIDER *news*

INDIANA HEALTH COVERAGE PROGRAMS NL201201 JANUARY 2012

Doing business with Medicaid

What you need to know about the new IHCP provider enrollment requirements

To comply with requirements of the *Affordable Care Act* (ACA), the Indiana Health Coverage Programs (IHCP) has made changes to provider enrollment policies and procedures effective January 1, 2012. Changes also affect how you update your Indiana Medicaid provider profile. For a quick summary of what changes affect your provider type and specialty, see the revised IHCP Provider Enrollment Provider Type and Specialty Matrix on indianamedicaid.com.

INSIDE STORIES

Under ACA, providers are assigned risk levels – high, moderate, or limited – to designate a provider type's potential for fraud, waste, and abuse, based on an assessment by the Centers for Medicare & Medicaid Services (CMS). To find out where your provider type falls, see the Provider Type Application Fee and Risk Assignment Matrix (for Non-Waiver and Waiver providers) on indianamedicaid.com.

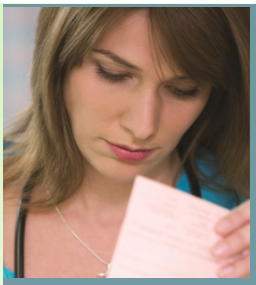
You can find more information about ACA provider enrollment requirements

Continue

and how they may affect you and your business in recent IHCP bulletins (BT201151, BT201154, BT201155) and in Chapter 4 of the *IHCP Provider Manual*.

New enrollment forms and instructions are now available

On indianamedicaid.com, you'll find complete enrollment instructions by provider type and specialty, including steps you may need to take even before you begin to fill out an application to become a Medicaid provider. You'll also find links to newly revised provider application packets and forms. Instructions and forms have been redesigned to make the application process more user friendly. To find out more, go to the Provider Enrollment "Quick Link" on the provider home page at indianamedicaid.com.



Saving you time and money – we've made it easier to correctly complete enrollment paperwork!

The Indiana Health Coverage Programs (IHCP) Provider Enrollment Unit typically has to return approximately 10% of all enrollment applications or profile maintenance requests to providers – usually because providers submit incorrect or incomplete paperwork. Revised Medicaid enrollment application packets and forms are now interactive PDF documents that are easier to complete, and instructions were rewritten for clarity. Application packets include quality checklists, customized by provider type and specialty, outlining all addenda and attachments required for a complete application. Go to the Provider Enrollment page of indianamedicaid.com to familiarize yourself with the new forms and processes.

Medicaid providers receive more than $25.6 million in EHR reimbursements

Have you signed up for the Indiana Medicaid Electronic Health Records (EHR) Incentive Program? As of January 2, 2012, Indiana Medicaid providers have received more than $25.6 million in incentive reimbursements through the EHR incentive program. The program, which began in May 2011, provides financial incentives for eligible professionals and hospitals demonstrating meaningful use of certified EHR technology. For more information and to find out whether you're eligible, visit the EHR page at indianamedicaid.com.

The second ICD-10 IHCP Provider Readiness Survey releases February 7

The International Classification of Diseases, 10th Revision (ICD-10), implements October 1, 2013. Will you be ready? Help us help you by responding to the ICD-10 IHCP Provider Readiness Surveys.

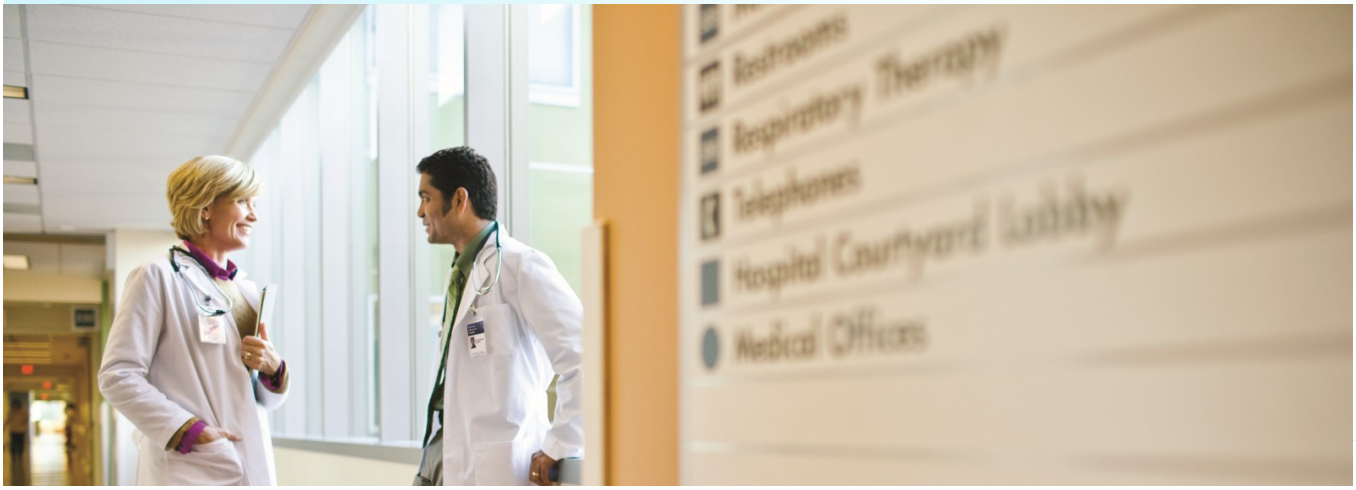
The Indiana Health Coverage Programs (IHCP) continues to prepare for ICD-10 – and help providers and vendors prepare, as well. The provider readiness surveys gather information about providers' preparations for implementing ICD-10. A link to the second provider readiness survey will be posted February 7, 2012, on indianamedicaid.com. Watch IHCP publications for more survey announcements.

Tired of having your Medicaid claims deny?

Here are the top five reasons (beginning with the most frequent) why nonpharmacy claims were denied in the month of November 2011 – and how to prevent future denials:

Top five reasons nonpharmacy claims were denied – November 2011

Explanation of Benefit (EOB)	Description	Solution
EOB 558	Coinsurance and deductible amount is missing, indicating that this is not a crossover claim.	Be sure to include coinsurance and deductible amounts on all crossover claims.
EOB 593	At least one detail submitted contains Medicare coordination of benefits (COB) data, resulting in a review of all detail COB data.	When submitting Medicare crossover claims, ensure that all Medicare COB information is on the claim for all details (CMS-1500 claims).
EOB 5001	This is a duplicate of another claim.	Review claims to see if any billed services were previously paid. The same service on the same day, by the same provider, must be billed on the same detail; otherwise, the first billed detail will pay and all others will deny as duplicates.
EOB 4021	Procedure code is not covered for the dates of service for the program billed.	Verify that the procedure code is covered for the dates of service via the Fee Schedule at indianamedicaid.com.
EOB 2510	Member is eligible for Medicare B/D.	Claim must be billed to Medicare before billing Medicaid.



HIPAA 5010 implementation is complete!

January 1, 2012, has come and gone, and Indiana Medicaid has fully implemented *Health Insurance Portability and Accountability Act* (HIPAA) ASC X12 Version 5010. The Indiana Health Coverage Programs (IHCP) is now exchanging version 5010 transactions with trading partners that are using a software package or clearinghouse that has been approved for 5010 and have submitted new Trading Partner Agreements.

The IHCP is accommodating trading partners who are continuing to complete the 5010 testing and conversion process by accepting version 4010A1 transactions during the Centers for Medicare & Medicaid Services (CMS)-approved grace period.

Trading partners not yet submitting transactions in version 5010 are expected to make every effort to comply with the 5010 standards as quickly as possible. The IHCP will continue to work with providers and their trading partners on successful testing and 5010 conversion to ensure that claims processing is not interrupted.

Trading partners wishing to be considered for the grace period for 5010 noncompliance are required to submit an email containing their request to the INXIXTradingPartner@hp.com mailbox by January 15, 2012.

The email must contain the following information:

- Enter "5010 Noncompliance" in the Subject line.
- Enter the trading partner ID used to submit batch files – also referred to as the submitter ID sent in segment ISA06 on electronic batch claim files.
- Enter the name of the trading partner's software vendor or clearinghouse.
- Submit a list of the billing provider's National Provider Identifiers (NPIs) that will be affected by the request.
- Enter the reason the trading partner was not compliant by the January 1, 2012, compliance date.
- Enter an explanation of the actions being taken to achieve version 5010 compliance.
- List the target date for conversion to version 5010.

If any of the previous information is missing from the email, the email will be returned to the sender.

Requests will be monitored by the Indiana Office of Medicaid Policy and Planning. A response email will be returned to the sender, indicating the IHCP's expectations. Questions regarding 5010 noncompliance may also be emailed to the INXIXTradingParter@hp.com mailbox.

Provider education

Sign up for the IHCP's ACA virtual room training

The Indiana Health Coverage Programs (IHCP) is offering virtual-room training to prepare for the impact of the *Affordable Care Act* (ACA) on provider enrollment. The two-hour training, scheduled for January 13 at 10 a.m. Eastern Standard Time, was created for credentialing staff and organization owners, and includes information about new provider screening requirements, application fees, "high-risk" providers, and more.

Web interChange virtual room training available now!

- January 11, 2012, 1:30 p.m. Eastern Standard Time
- January 26, 2012, 10 a.m. Eastern Standard Time

This virtual training session provides an excellent tutorial for using Web interChange. Topics covered include creating new users, assigning permissions, correcting claims online, and more.

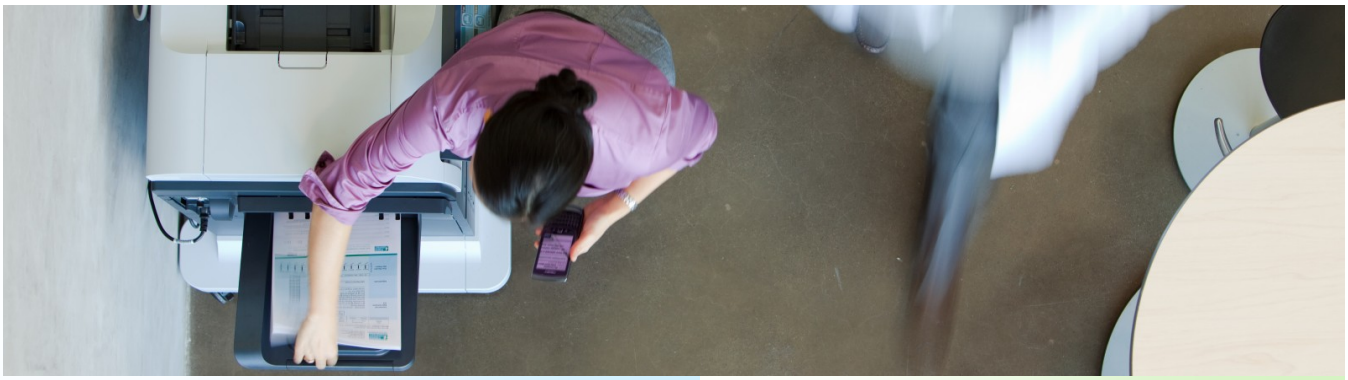
Sign up now for first-quarter IHCP workshops

The Indiana Health Coverage Programs (IHCP) is once again offering educational workshops to providers free of charge. Sessions led by HP include Provider Enrollment, IHCP Updates, Manually Priced Claims Billing, and Finance. The managed care entities (MCEs) will present updates about Indiana *Care Select,* and MDwise Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP). Additional sessions focus on quality, including Healthcare Effectiveness Data and Information Set (HEDIS) targets for 2012, and HHW/HIP behavioral health updates from MHS and Cenpatico.

Plan now to attend – for information about workshop dates, locations, and registration, visit the Provider Education page of indianaimedicaid.com.

Can't get away from the office?

With virtual room training, you can stay at the office and receive valuable information to increase your understanding of how Medicaid claims processing works and learn to streamline your Medicaid transactions. Choose your date and register early – see the Provider Education page on indianamedicaid.com to secure your place at one of these sessions. Participants are limited to 125 per session.



RECENTLY PUBLISHED TO THE IHCP WEB SITE

BULLETINS

- BT201161 – Reduction in Reimbursement under the CA-PRTF Demonstration Grant
- BT201162 – IHCP Changes Policy Regarding Incontinence, Ostomy, and Urological Supply Providers
- BT201163 – Changes to the Preferred Drug List and Over the Counter Drug Formularies
- BT201164 – Coverage and Billing Information for the 2012 Annual HCPCS Codes Update

PROVIDER MANUAL UPDATES

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

- *Chapter 4 – Provider Enrollment, Eligibility, and Responsibilities*
- *Chapter 7 – Reimbursement Methodologies*
- *Chapter 8 – Billing Instructions*
- *Chapter 10 – Claims Processing Procedures*

HIP Reimbursement 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

- IHCP to Adopt 2012 Medicare Rates for Select Clinical Laboratory Services
- Claims for Certain Procedure-Coded Drugs Submitted to MCEs Must Include NDCs
- CPT Code 88112 Linked to Revenue Codes 310, 311, and 319
- How Ready Are You for ICD-10? Tell Us in the Second ICD-10 Provider Readiness Survey, Which Releases February 7
- Extra! Extra! Web interChange Can Make Life Easier for Medicaid Billers
- CPT Code 44135 Linked to Modifiers 80, 81, and AS
- CPT Code 83516 Linked to Revenue Code 300
- Procedure Codes A9274, A5083, L3927, and L3931 Linked to Provider Specialty 250 – DME
- Claims for Pain Management Services to Be Mass Adjusted
- ACA Virtual Room Training
- Web interChange Virtual Room Training
- Electronic Claims and Remittance Advices

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