PROVIDER *news*

Doing business with Medicaid

CMS: Continue planning to implement ICD-10 in October 2013 despite possible delay

Since the February 16, 2012, announcement of its intent to possibly delay the implementation of International Classification of Diseases, Tenth Revision (ICD-10), the Centers for Medicare & Medicaid Services (CMS) has provided states with updated information. The following are key points:

- States should not alter existing plans to become compliant with ICD-10 effective October 1, 2013.

- The CMS confirms that the initial implementation date (October 1, 2013) is still under consideration, as is a one-year delay.

- The CMS confirmed that splitting the implementation of the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), code sets is not under consideration at this time.

The Indiana Health Coverage Programs (IHCP) will keep you updated about any ICD-10 implementation delay via indianamedicaid.com (see), presentations, and other publications.

;INSIDE STORIES

More ICD-10 news

The IHCP ICD-10 Compliance Project continues to move forward, and the IHCP continues to publish information, survey vendors and providers, and make presentations to our vendor and provider communities.

- **ICD-10 web pages on indianamedicaid.com**—The ICD-10 web pages on indianamedicaid.com are frequently updated, so be sure to check back often. In fact, we suggest you bookmark the site and visit regularly.

- **ICD-10 Information page**—In the ICD-10 Surveys section of the ICD-10 Information page, you will find links to the ICD-10 vendor and provider survey questions and results. The most recent surveys are from February 2012. These surveys help direct our outreach efforts, presentations, and publications to address the needs of our provider and vendor communities.

  The ICD-10 Presentations section of this page links to the monthly ICD-10 status presentations, which help ICD-10 team members and HP Provider Relations Consultants update the provider community at association meetings and workshops.

- **ICD-10 Frequently Asked Questions page**—The ICD-10 Frequently Asked Questions (FAQs) page answers questions posed by providers, vendors, and stakeholders. The following

Recommended ICD-10 resources

The ICD-10 Training page on indianamedicaid.com provides links to documents and websites geared to training and preparation for implementation (among providers' greatest concerns, according to recent IHCP ICD-10 surveys). The following list shows a sample of the variety of resources found on the ICD-10 Training page:

- ICD-10 Implementation: The Time to Prepare is Now. This series of links takes you to training from the American Health Information Management Association (AHIMA).

- CMS ICD-10 Training Segments. This link takes you to the Centers for Medicare & Medicaid Services (CMS) website for the first CMS ICD-10 training, and also contains links to the Training Workshop Schedule, Medicaid ICD-10 Implementation Assistance Handbook, and other useful resources.

- Indiana State Medical Association (ISMA). The ISMA offers ICD-10 information and training from the Education link on its website.

- Indiana Hospital Association (IHA). The IHA offers ICD-10 information and training classes, including webinars, to its membership. See the schedule and registration information for the first half of 2012.

question is an example of the kind of information you can find on the ICD-10 FAQs page:
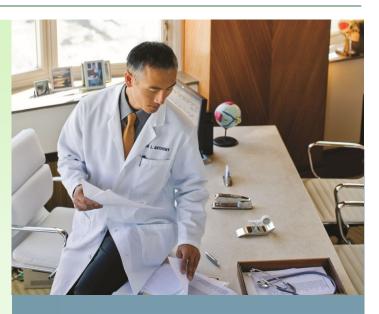
Q: Are a list of ICD-10 codes and the crosswalking information for ICD-9 to ICD-10 available?

A: The current list of ICD-10 codes is available for purchase from most online vendors. Some of the codes may be accessed online by searching for "ICD-10 codes."

Crosswalking ICD-9 to ICD-10 codes is addressed in the CMS General Equivalence Mappings (GEMs) publications available on the CMS website. A link to these publications is provided on the ICD-10 Information page.
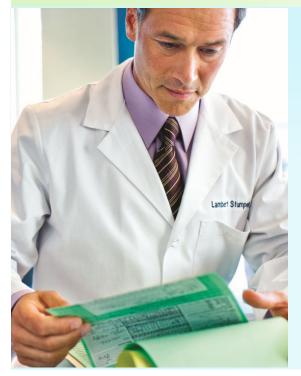
Consider subscribing to the CMS Email Updates to stay current about ICD-10.

- **ICD-10 Questions Mailbox**—HP has set up an emailbox specifically for ICD-10-related questions. If you have a question about ICD-10, submit it to INXIX.ICD10Questions@hp.com.

We want your feedback about ICD-10!

The **third** ICD-10 IHCP Provider Readiness Survey will be available on the home page of indianamedicaid.com **May 8, 2012**. Please take a few minutes to fill out the survey and let us know how your preparations to implement the International Classification of Diseases, Tenth Edition (ICD-10) are progressing. The survey will be available online through May 22, 2012.

Affordable Care Act

Revalidation of currently enrolled providers began in March

Under the *Affordable Care Act* (ACA), the Indiana Health Coverage Programs (IHCP) is required to revalidate all provider enrollments, applying ACA criteria. Providers newly enrolled on or after January 1, 2012, are being screened against these criteria at initial enrollment and will not be subject to revalidation for three to five years, depending on their provider type.

Beginning in March 2012, the IHCP began revalidating all providers whose enrollments became effective before January 1, 2012. These revalidations are scheduled in phases and will be completed by December 31, 2015. You can find a summary of enrollment criteria on the *Affordable Care Act* (ACA) Requirements page of indianamedicaid.com.

Plan now to attend second-quarter provider workshops

The Indiana Health Coverage Programs (IHCP) is gearing up to offer both face-to-face and virtual provider workshops during the second-quarter of 2012. The virtual workshops include the same sessions by HP and the managed care entities (MCEs) as the on-site sessions do. Best of all, because the training is virtual, your staff doesn't need to leave the office. Plan now to take advantage of an on-site or a virtual presentation!

HP Sessions

- Provider Enrollment
- IHCP Updates
- Introduction to the IHCP

MCE sessions

- Indiana *Care Select* Disease Management Overview
- MDwise Hoosier Healthwise and Healthy Indiana Plan (HIP), Behavioral Health, and Quality Updates
- Anthem Hoosier Healthwise and HIP Updates
- MHS and Cenpatico Second-Quarter Updates

See the Provider Education page (General Provider Services > Provider Education) of indianamedicaid.com for session descriptions, dates, locations, and registration.

Medicaid providers are making progress converting to HIPAA 5010

On March 15, 2012, the Centers for Medicare & Medicaid Services' (CMS') Office of E-Health Standards and Services (OESS) announced an extension of the enforcement discretion period for updated *Health Insurance Portability and Accountability Act* (HIPAA) Transaction Standards (ASC X12 Version 5010, NCPDP Versions D.0 and 3.0) through June 30, 2012.

Indiana Medicaid providers are making progress converting to 5010. As of March 20, 2012, 85% of trading partners submitting claims using batch claim submission had converted to HIPAA version 5010. Although the enforcement-of-penalties period has been extended, all providers and software vendors that have not yet converted to version 5010 are encouraged to work toward compliance as quickly as possible.

The HP Electronic Data Interchange (EDI) Solutions Unit continues to work closely with clearinghouses, software vendors, and providers that need assistance in submitting and receiving version 5010-compliant transactions. Any questions regarding the 5010 conversion or 5010 production issues should be submitted to INXIXTradingPartner@hp.com. You may also call the EDI Solutions help desk at (317) 488-5160 or 877-877-5182.

Top fee-for-service claim denials

The following table lists the top three fee-for-service error codes that caused claims to deny during February 2012. This table does not include adjustments and encounter claims.

Top three denials by error code for February 2012

Error code	Description	Number of claims	Percent of total
558	Coinsurance and deductible amount missing	305,978	11.92
593	Medicare denied detail	237,962	9.27
5001	Exact duplicate	212,737	8.29

Are you getting your share of the EHR reimbursements Medicaid providers have received?

Have you signed up for the Indiana Medicaid Electronic Health Records (EHR) Incentive Program? As of March 28, 2012, Indiana Medicaid providers have received more than $61 million in incentive reimbursements through the EHR incentive program, which 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.

Medication safety tips

The National Association of Boards of Pharmacy's (NABP's) consumer protection program AWARXE® helps consumers avoid medication mistakes, accidental overdoses, and children's accidental ingestion. Through the AWARXE website, the program also encourages consumers to keep the national, toll-free poison control center telephone number (800-222-1222) readily available. Calls to poison control centers are free and anonymous, and are handled by experts. For more information, visit General Medication Safety Tips at the AWARXE website (awarerx.org).

Check RID numbers before submitting claims!

The Indiana Health Coverage Program (IHCP) Claims Unit mailed return-to-provider (RTP) letters associated with 2,963 claims in February 2012. Of these claims, more than a third (34%) were returned for Missing/Invalid Recipient Member ID. Be sure to verify the recipient's identification number and include it on claims submitted!

RECENTLY PUBLISHED TO THE IHCP WEBSITE

BULLETINS

- BT201208 – Updates to the 2012 Healthcare Common Procedure Coding System

- BT201209 – Status of Fexofenadine

- BT201210 – *Affordable Care Act* Provider Revalidation Begins in March 2012

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

- Primary Diagnosis Code Required on Claims

- HCPCS Code G0365 Linked to Revenue Codes 320, 323, 329, 402, and 409

- Inpatient Claims for Medical Education Payments to Be Mass Adjusted

- IHCP-Covered Services Excluded from Hoosier Healthwise

- Resubmitting NCPDP Pharmacy Claims

- New ICD-10 Training Web Page on indianamedicaid.com

FOR MORE INFORMATION

- Contact your Provider Relations Field Consultant.

- IHCP Provider Quick Reference – This reference contains a complete list of addresses, telephone numbers, and fax numbers for the IHCP and IHCP vendors.