

PROVIDER *news*

INDIANA HEALTH COVERAGE PROGRAMS NL201312 DECEMBER 2013



Hospital Presumptive Eligibility to begin January 1

The Indiana Health Coverage Programs (IHCP) is implementing a Hospital Presumptive Eligibility (HPE) process effective January 1, 2014. HPE enables qualified acute care hospitals to enroll qualifying individuals in certain aid categories to receive temporary health coverage at point-of-service until eligibility for an IHCP program is officially determined by the Indiana Family and Social Services Administration (FSSA).

See *Indiana Health Coverage Programs (IHCP) Bulletin* [BT201357](#) for additional information.

The IHCP complies with CAQH CORE Phase III operating rules

Effective December 19, 2013, the Indiana Health Coverage Programs (IHCP) will implement updates to comply with Phase III of the federally mandated rules established by the Council on Affordable Quality Healthcare (CAQH) Committee for Operating Rules for Information Exchange (CORE). For detailed information on the purpose and benefit of CAQH CORE operating rules, see caqh.org.

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CORE web service connectivity option for 835 ERA transactions

Providers will have the ability to download the 835 Electronic Remittance Advice (ERA) via the CORE web service. The *IHCP Communications Guide* on the [IHCP Companion Guides](#) page at indianamedicaid.com contains detailed information about connectivity using the CORE web service. Trading partners interested in connecting using the CORE web service should contact HP EDI Solutions at INXIXTradingPartner@hp.com.

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Change to 835 ERA enrollment process

Effective December 19, 2013, providers will have an electronic option for requesting 835 ERA transactions. Providers will initiate the 835 ERA enrollment by making updates on the *Provider Maintenance* screen of Web interChange. A new ERA/835 tab will be available for the 835 ERA enrollment.

Through this option, providers' Web interChange administrators and users who are given provider maintenance access by the Web interChange administrators will be able to perform a new 835 ERA enrollment, change an existing 835 ERA enrollment, or cancel an existing 835 ERA enrollment. From December 19 through December 31, 2013, both electronic and paper 835 ERA enrollments will be accepted. The paper *EDI 835 Remittance Advice Request Form* will no longer be accepted after December 31, 2013.

Modifications to the current EFT enrollment process

The EFT tab of the *Provider Maintenance* page of Web interChange will be modified to comply with Phase III CAQH CORE operating rules. Providers with appropriate access will continue to be able to create, modify, and cancel existing electronic funds transfer (EFT) information associated with a provider's service location. The web screen will be updated to comply with the format and flow as required in the CORE Master Template for Electronic Enrollment EFT Data.

Providers will continue to be able to create, modify, or cancel EFTs using the paper *IHCP Provider Electronic Funds Transfer Addendum/Maintenance Form*; however, the paper form will also be updated to comply with the format and flow as required in the CORE rules.

For more information

See *Indiana Health Coverage Programs (IHCP) Bulletin* [BT201356](#) for additional information about Phase III updates.

The IHCP transitions to new CMS-1500 paper claim form

Based on recommendations of the National Uniform Claim Committee (NUCC), the Centers for Medicare & Medicaid Services (CMS) is mandating use of the revised *CMS-1500* claim form. Effective April 1, 2014, the Indiana Health Coverage Programs (IHCP) will accept only the revised version of the *CMS-1500* (02/12) paper claim form. Paper claims submitted on the current version of the *CMS-1500* (08/05) after March 31, 2014, will not be processed and will be returned to the provider. Both current and revised forms will be accepted during a transition period from January 6, 2014, through March 31, 2014. The effective dates for transition to the new form are based on date of claim submission rather than date of service.

For more information and instructions about filling out the revised *CMS-1500*, see *IHCP Bulletin* [BT201353](#).



ICD indicator required on *UB-04* paper claim form

The Indiana Health Coverage Programs (IHCP) will require the use of ICD indicators on all paper claims submitted on the Uniform Billing (*UB-04*) claim form effective January 6, 2014. Paper claims received without ICD indicators or with invalid ICD indicators after January 5, 2014, will not be processed and will be returned to the provider. The effective date for this requirement is based on the date of claim submission rather than date of service. For more information about using ICD indicators on the *UB-04* claim form, see *IHCP Bulletin* [BT201352](#).

ICD-10 questions and answers about the APR-DRG

The Indiana Health Coverage Programs (IHCP) received these questions about All-Patient Refined Diagnosis-Related Grouper (APR-DRG) and ICD-10 in the ICD-10 Questions mailbox at INXIX.ICD10Questions@hp.com. Additional ICD-10 questions and answers are available on the [ICD-10 Frequently Asked Questions \(FAQs\)](#) page at indianamedicaid.com.

Q: Will the State supply relative DRG weights, or should we use the DRG weights supplied by 3M™ – the APR-DRG vendor?

A: Myers and Stauffer, the State's rate-setting contractor, will supply the weights for the DRG.

Q: What version of ICD-10 codes does the grouper include?

A: The APR-DRG will use the most recent version of the ICD-10 codes available for testing and implementing ICD-10.

Q: What standard fields are being used in the new grouper for ICD-10?

A: The IHCP will publish the standard claim submission fields in future IHCP publications.

Q: Will the state of Indiana allow the grouper to be updated to the current version of APR-DRG that is released every October? We remained static on AP-DRG version 18 regardless of upgrades.

A: As new versions of the APR-DRG are released, the IHCP will review the revision. Any update to the APR-DRG will be covered in IHCP publications.

Q: Will the IHCP process claims by admission or discharge date as of October 1, 2013, under the APR-DRG? Also, what version of the APR-DRG will be used at implementation and when does the IHCP plan future version updates?

A: As of October 1, 2013, claims processing will remain the same as it was before that date. We will continue to use the AP-DRG version 18 for ICD-9 diagnosis codes, for dates of service (DOS) on or before September 30, 2014. However, when ICD-10 is implemented October 1, 2014 (for claims with DOS on or after October 1, 2014), the APR-DRG will use the discharge date to process inpatient claims.

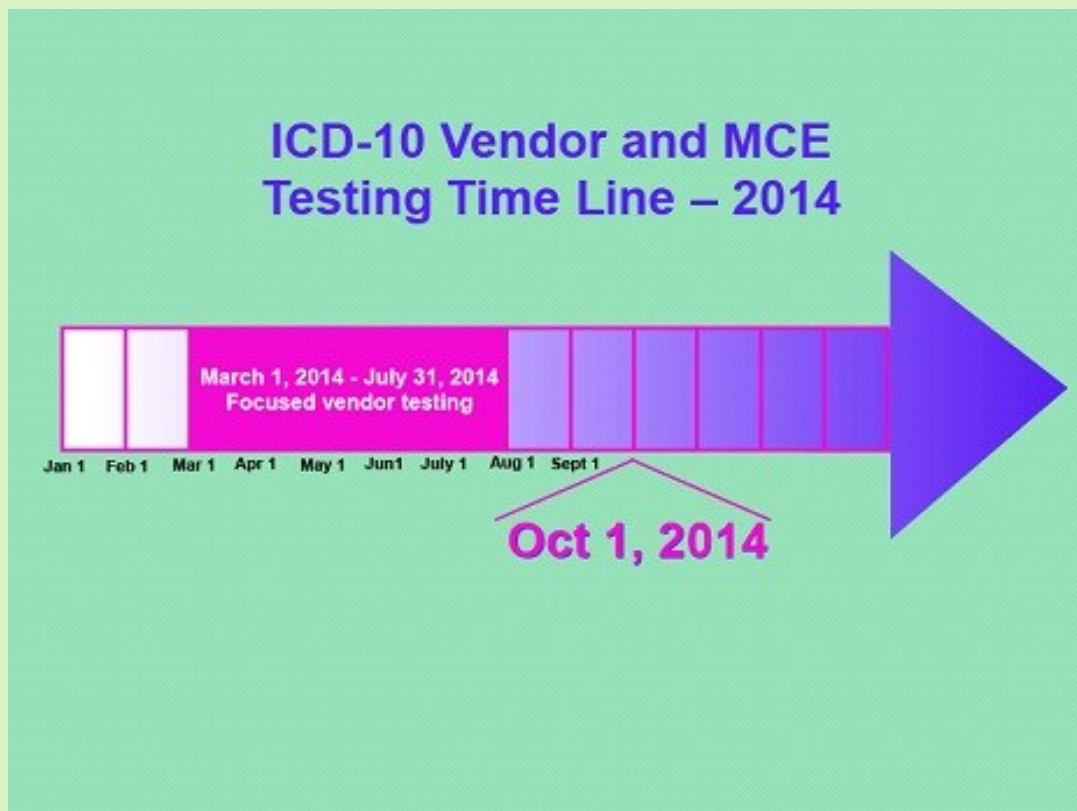
The 3M APR-DRG begins testing in first-quarter 2014 but will not go live until October 1, 2014. The IHCP will use version 30 of the grouper at that time. The AP-DRG version 18 will remain the same for ICD-9 coded claims unless there is a change in implementation of ICD-10 by CMS. If that occurs, the IHCP may consider updating the AP-DRG. Any such decision would be included in IHCP publications. As for future version updates to the APR-DRG, the IHCP will consider implementing updates as 3M releases them. At this time, revisions beyond version 30 are not being considered.

Who are ICD-10 vendors?

The IHCP encourages providers to start a dialogue with their vendors regarding ICD-10. Your vendors may include:

- **Clearinghouses** – They handle the collection and submission of large numbers of claims from various clients, such as doctors, hospitals, other service providers.
- **Software companies** – They create and maintain software that allows end users to enter and submit claims.
- **Trading Partners** – “Trading partners” is a collective term for any entity with which information is traded electronically, such as clearinghouses, payers, hospitals, and so on.
- **Extract vendors** – Extract vendors receive data files from HP for reporting, metrics, and so on.
- **Managed care entities (MCEs)** – These are the entities that contract with the State to handle managed care contracts for IHCP. MCEs submit encounter claims to HP.

Are you ready? ICD-10 Testing Time Line



Sign up for the EHR incentive program

Indiana Health Coverage Programs (IHCP) incentive payments for the Electronic Health Records (EHR) initiative amount to more than \$126 million since the program's introduction in May 2011. A total of 1,819 eligible professionals and 109 eligible hospitals have benefited from these payments. For more information about EHR, see the [EHR Incentive Program](#) page at indianamedicaid.com.

Seminar presentations available online

The PowerPoint presentations from the 2013 IHCP Annual Provider Seminar are now available online. All presentations are accessible from the [Archived Workshop Presentations](#) page at indianamedicaid.com.

Updates to provider information for 2013 taxes due to the IHCP December 14

Changes to your Indiana Health Coverage Programs (IHCP) “mail to,” “pay to,” or “home office” address or to your 2013 taxpayer identification information must be submitted to the IHCP by December 14, 2013, in preparation for the distribution of 2013 tax information:

- **Verify your provider profile information on Web interChange** – To verify the addresses and tax information on file with the IHCP, go to your provider profile on Web interChange via indianamedicaid.com.
- **Correct your address information** – If your “mail to” or “pay to” address has changed, you can update your provider profile online or by mail. Providers wanting to update their “mail to” or “pay to” addresses online via Web interChange should select **Provider Profile** and then the **Edit/View** option. Providers can also request updates by submitting an *IHCP Name and Address Maintenance Form*, available on the [Update Your Provider Profile](#) page at indianamedicaid.com. Changes to your “home office” address, which is your legal address, must be submitted by mail and require an updated W-9 be submitted along with the address update form.
- **Corrections to your taxpayer identification information** – If your taxpayer identification information, including the name, address, or identification number on the W-9 form on file with the IHCP, needs to be updated, you must submit your update by mail using the *IHCP Tax Identification Maintenance Form* available on the [Update Your Provider Profile](#) page at indianamedicaid.com. A revised W-9 form must be submitted with the form.



RECENTLY PUBLISHED TO THE IHCP WEBSITE

PROVIDER MANUAL UPDATES

No updates to provider manuals were published in November.

BULLETIN

- [BT201351](#) – FSSA announces FFY 2014 hospice rates
- [BT201352](#) – The IHCP to require ICD indicators on UB-04 paper claim forms
- [BT201353](#) – The IHCP to transition to the new version of the CMS-1500 paper claim form
- [BT201354](#) – Pharmacy updates approved by Drug Utilization Review Board
- [BT201355](#) – Reimbursement rate increases for HCBS waivers
- [BT201356](#) – The IHCP complies with CAQH CORE Phase III operating rules
- [BT201357](#) – Hospital Presumptive Eligibility to begin January 1, 2014

NEWS FROM RECENT BANNER PAGES

- [CPT codes J0586 and 43201 to be added to audit 6612](#)

- [The IHCP announces the IEP-related nursing services rate for calendar year 2014](#)
- [Updates to provider information for 2013 taxes due to the IHCP December 14](#)
- [Clarification of effective date for maximum fee pricing of CPT code 49083](#)
- [Seminar presentations available online](#)
- [Deadline extended for submitting cost reports from in-state government-owned ambulance providers](#)
- [CPT code 37210 assigned an ambulatory surgical center pricing indicator](#)
- [CPT code 33983 assigned base RVUs](#)
- [NDC code no longer required for CPT 95913](#)
- [PA requirements revised for orthodontic services](#)
- [NF Satisfaction Survey Webinars held in November](#)
- [Nursing Facility Satisfaction Survey Webinars Scheduled in November](#)
- [FFS prior authorization process and form changes were effective November 1](#)

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.
- Contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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