PROVIDER news

INDIANA HEALTH COVERAGE PROGRAMS

NL201402

FEBRUARY 2014



Revised *CMS-1500* claim form is now being accepted

Effective January 6, 2014, the Indiana Health Coverage Programs (IHCP) began accepting the revised *CMS-1500* claim form. Both current and revised *CMS-1500* claim forms will be accepted during a transition period from January 6, 2014, through March 31, 2014.

Remember that effective April 1, 2014, the 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. 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*.

Training available for LTC providers

Long-term care (LTC) providers will be able to learn about Supportive Documentation Guidelines (SDGs) and LTC Audit protocols in upcoming Virtual Room training sessions. The Provider Education page at indianamedicaid.com will provide more information, including training dates and times, when the training is finalized.

ICD indicators are now required on *UB-04* claim forms

Effective January 6, 2014, the Indiana Health Coverage Programs (IHCP) began requiring ICD indicators on all paper claims submitted on the Uniform Billing (*UB-04*) claim form. Paper claims received without ICD indicators or with invalid ICD indicators will not be processed and will be returned to the provider. 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* form, see *IHCP Bulletin BT201352*.

INSIDE STORIES

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The IHCP to begin focused ICD-10 vendor testing March 1, 2014

The Indiana Health Coverage Programs (IHCP) will begin focused ICD-10 vendor testing March 1, 2014. Vendor testing will continue through July 31, 2014. This testing is designated for claims processing and end-to-end testing, including testing with the new 3M[™] All Patient Refined-Diagnosis-Related Group, or APR-DRG (grouper), new and updated policies, and Myers and Stauffer reimbursement rate updates.

- The IHCP will use version 30 of the APR-DRG for testing. The effective date that will be used for testing with the APR-DRG will be October 1, 2013.
- Extract vendors will be included in the testing because the AP-DRG/ APR-DRG and severity of illness (SOI) fields will populate on the extracts.



- Submit a <u>Trading Partner Profile (TPP)</u> (located at indianamedicaid.com under General Provider Services > Electronic Data Interchange [EDI] Solutions) indicating the transaction types you are going to test. Indicate in the Comments section of the profile that you are requesting to test for ICD-10. Click **Submit** to send the profile to HP electronically.
- HP will respond by email with specific testing information and instructions.
- Your claim adjudication results will be available through 835 Remittance Advice transactions or web electronic Remittance Advices (ERAs), upon request.

The IHCP will test with clearinghouses and software vendors and not directly with providers. In instances where a provider submits claims directly to the IHCP, the IHCP will work with that provider's information technology (IT) or software department.

For the most up-to-date information about ICD-10 testing, see the ICD-10 testing pages at indianamedicaid.com:

- ICD-10 Testing Clearinghouses and Software Vendors
- ICD-10 Testing MCEs and Extract Vendors

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 \$154 million since the program's introduction in May 2011. A total of 1,828 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.

The green light means GO

The Indiana Health Coverage Programs (IHCP) will begin ICD-10 testing, including testing the new All Patient Refined-Diagnosis-Related Group (APR-DRG), March 1. Watch for the green light that means GO – you'll see it on the lower left of the indianamedicaid.com home page and on the ICD-10 Testing – Clearinghouses and Software Vendors page at indianamedicaid.com.

Sign up now for 2014 first-quarter IHCP provider workshops

The Indiana Health Coverage Programs (IHCP) is offering a one-day educational workshop to providers. Seven workshops will be held in March on the dates and at the locations noted in <u>Table 1</u>.

The workshop includes the following sessions:

- Research and Resolve Institutional Claim Denials (8 a.m.-9 a.m.): Participants learn how to research institutional claims on Web interChange, understand denials, and be able to determine the resolution and how to rebill the claim.
- IHCP Updates (9:10 a.m.-9:40 a.m.): This session provides important information on recent updates to the IHCP.

 Topics covered include upcoming changes to the CMS-1500 professional and UB-04 institutional claim forms, the latest

information about the ICD-10 implementation, updates on resuming the Hospital Assessment Fee (HAF), clarifications to the Family Planning Eligibility Program, and the importance of the W-9 form related to provider enrollment. This session provides valuable information for all provider types.

■ Hospital Presumptive Eligibility (9:50 a.m.-11:05 a.m.):
This session offers instruction on the completion of the
Hospital Presumptive Eligibility (HPE) qualified provider
application in Web interChange. This training is required
of any acute care hospital that wishes to participate as an
HPE qualified provider.



- Indiana Care Select Program 2014 Changes & Disease Management Overview (11:15 a.m.-noon):

 Representatives from MDwise and ADVANTAGE Health Solutions will present this session. The presentation focuses on changes to the Care Select program for 2014 and includes a general overview of the disease management programs offered by both care management organizations. Discussion topics include member eligibility, disease management, care management, and a general overview of prior authorization.
- Anthem Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP) Updates and Reminders (1:00 p.m.-1:50 p.m.):

 Join Anthem representatives as they share important updates and reminders for 2014. Some of the key topics include claims and operations, new quality initiatives, and Healthcare Effectiveness Data and Information Set (HEDIS) reminders.
- Managed Health Services (MHS) and Cenpatico Updates (2:00 p.m.-2:50 p.m.): MHS representatives present program updates for billers and a demonstration of the MHS secure portal. Cenpatico representatives present updates to prior authorization (PA) guidelines, new programs available, and other behavioral health updates.
- MDwise Hoosier Healthwise, Healthy Indiana Plan, and Care Select (3:00 p.m.-3:50 p.m.): MDwise representatives discuss when providers may dismiss patients from their practice, in-network and out-of-network claim appeal processes, PA appeal process for all delivery systems, claim inquiries, behavioral health updates, and the top claim denials.

Dates and locations

The first-quarter workshops will be held on the dates and at the locations listed in Table 1.

Table 1 – Training workshop dates and locations

Date	Location	Address
March 6, 2014	Reid Hospital Richmond, Indiana	Lingle Auditorium 1100 Reid Parkway
March 13, 2014	Eskenazi Hospital Indianapolis, Indiana	Conference Center, 1 st Floor, Room 302A&B 720 Eskenazi Avenue
March 18, 2014	Union Hospital Terre Haute, Indiana	Landsbaum Center Auditorium 1433 N. 6 ½ Street
March 19, 2014	Virtual Training	Click the following <u>link</u> to attend this virtual training session.
March 25, 2014	St. Joseph Regional Hospital Mishawaka, Indiana	Education Center-Lower Level 5215 Holy Cross Parkway
March 26, 2014	Virtual Training	Click the following <u>link</u> to attend this virtual training session.
March 27, 2014	Deaconess Hospital Evansville, Indiana	Bernard Schnacke Auditorium 600 Mary Street

Session registration

Be sure to register early, as spaces fill up quickly. To register, visit the <u>Workshop Registration</u> page at indianamedicaid.com. The registration page provides instructions, including the Workshop Registration Tool Quick Reference. If you register online, you will receive immediate confirmation. To attend a virtual session, you will need a telephone and a computer. Log-in instructions to access the virtual training are provided on the <u>Provider Education</u> page at indianamedicaid.com under "First-Quarter IHCP Workshops."

Help us help you – test ICD-10 claims before October 1

The Indiana Health Coverage Programs (IHCP) needs a critical volume of testers to help make sure that the transition to ICD-10 is as seamless and smooth as possible on October 1, 2014. Remember – if claims deny October 1, they will need to be corrected and resubmitted, which will delay reimbursement.

Watch the <u>ICD-10 Testing – Clearinghouses and Software Vendors</u> page for more ICD-testing information, and keep an eye on your inbox for future testing newsletters from the IHCP's ICD-10 testing team.



Watch for news about the IHCP's ICD-10 vendor testing mailbox

The Indiana Health Coverage Programs (IHCP) will soon have a new ICD-10 vendor testing mailbox. Unlike the IHCP's ICD-10 questions mailbox, which was designed to help answer a broad array of providers' questions about ICD-10, the new testing mailbox will be **dedicated solely to questions about ICD testing**. Watch for more information coming your way soon.

ICD-10 Q&As

Q: How do I get ready for the ICD-10 testing and billing ICD-10 claims through Web interChange?

A: The process for using Web interChange to submit your claims will continue the way it does today. No software or downloads are necessary to continue using Web interChange through the ICD-10 implementation (October 1, 2014).

Web interChange does not have a testing environment for users to test ICD-10 claim submissions. In short, providers that use only Web interChange for claims submission will not be required to test.

On October 1, 2014, when ICD-10 goes live, you will need to pay attention to the dates of service (see the ICD-10 Span-Date Logic Tables on the ICD-10 Decisions page for details) to know whether to submit diagnoses and procedures using ICD-9 or ICD-10 codes. Note that the code set used must match the ICD version indicator.

Even though some ICD-10 changes implemented September 21, 2013 (see <u>BT201341</u>), Web interChange users will not use ICD-10 for claims submission until the October 1, 2014, implementation date. Until that time, you should obtain a copy of the ICD-10-CM (diagnosis codes) and ICD-10-PCS (procedures codes), if necessary.

For more information

More Q&As can be found on the <u>ICD-10 FAQ</u> page at indianamedicaid.com. If you have questions, please submit them to the <u>ICD-10 Questions Mailbox</u>.

RECENTLY PUBLISHED TO THE IHCP WEBSITE

PROVIDER MANUAL UPDATES

The Revision History in each manual (or chapter) provides detailed information about updates.

- <u>IHCP Provider Manual</u> The following chapters of the manual have been updated:
 - Chapter 6 Prior Authorization
 - Chapter 8 Billing Instructions
 - Chapter 9 IHCP Pharmacy Services Benefit
 - Chapter 11 Paid Claim Adjustment Procedures
- <u>Hospital Presumptive Eligibility Qualified Provider</u>
 <u>Manual</u>
- Right Choices Program Policy Manual

BULLETIN

■ <u>BT201401</u> – Pharmacy updates approved by Drug
Utilization Review Board December 2013

FOR MORE INFORMATION

- Contact your <u>Provider Relations field consultant</u>.
- 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.

- <u>BT201402</u> Contracts awarded for FFS incontinence, ostomy, and urological supply vendors
- <u>BT201403</u> Rate to increase for *Care Select* PMP care conferences

NEWS FROM RECENT BANNER PAGES

- Claims processing of podiatry audit 6090 updated
- Corrected mailing address for pharmacy paper claims and adjustments
- PA requirement revised for motorized wheelchair purchases
- Transition period for revised CMS-1500 claim form is January 6-March 31, 2014
- Procedure code update for Audit 6112
- The IHCP updates chiropractor code set
- First-quarter IHCP workshops

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