

IHCP Provider Monthly News

March 2010

Indiana Health Coverage Programs

<http://www.indianamedicaid.com>



What's New Inside!

- Quick Tips to Speed Claims Processing and Payment
- Instructions for Submitting Medicare Replacement Plan Claims
- Reset Your Own Web interChange Password

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All Providers

Recent Updates to the *IHCP Provider Manual*

The following chapters of the [IHCP Provider Manual](#) have been updated:

- [Chapter 3 – Electronic Solutions](#)
- [Chapter 9 – IHCP Pharmacy Services Benefit](#)

Quick Tips to Speed Claims Processing and Payment

Would you like to shorten the turnaround time for processing and payment of Medicaid claims – and prevent rework for you and your billing staff?

Here are some tips to help move claims more quickly through the Medicaid system:

- **Tip #1:** Always forward paper medical claim submissions directly to the HP Claims Unit/traditional Medicaid. If you submit claims to the HP Written Correspondence Unit, it delays processing of your claims by 10 business days. Please submit claims directly to:

HP CMS-1500 Claims
P.O. Box 7269
Indianapolis, Indiana 46207-7269
- **Tip #2:** If you add a letter of explanation in front of your claim, the claim will automatically be forwarded to the HP Written Correspondence Unit, which, again, delays processing of your claim by 10 business days. Attach any documentation behind the claim, not in front of it.
- **Tip #3:** The fastest, easiest way to check claim status is to use Web interChange or Automated Voice Response (AVR), or to call Customer

Assistance. Submitting questions about claim status in writing slows the response time.

- **Tip #4:** Always verify members' eligibility before rendering service. Otherwise, the claim may deny or may be sent to the wrong claim processor.
- **Tip #5:** Requests for prior authorization (PA) for all drugs should go to Affiliated Computer Services (ACS). Sending requests elsewhere delays claim processing and payment. To request pharmacy PA, contact:

PA for Pro-DUR and Preferred Drug List – ACS
Clinical Call Center
1-866-879-0106
Fax: 1-866-780-2198

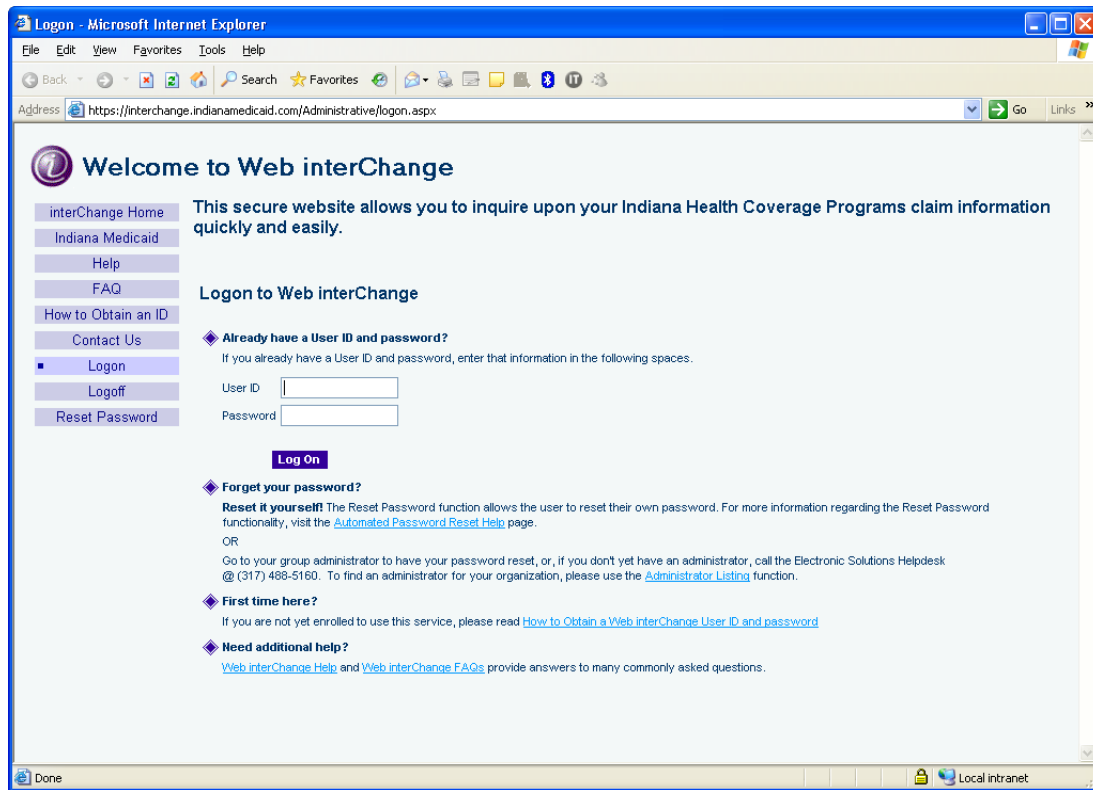
*Note: The best way to speed claim processing and payment is to submit claims electronically. If you are not already set up to submit claims via the Web, go to <https://interchange.indianamedicaid.com/Administrative/logon.aspx>, and click **How to Obtain a Web interChange User ID and Password**.*

Web interChange Users: Remember to Reset Your Own Password

If you use Web interChange, you are required to change your password every 90 days. If you forget your password, you can reset it yourself. A password reset page is provided in Web interChange for this

purpose. You can find the Reset Password button on the Web interChange logon screen.

Figure 1 – Web interChange Logon Screen



Advantages of Resetting Your Own Password

- Password reset is available 24 hours a day, seven days a week.
- Password reset is available without contacting the Web interChange help desk.

For automated password reset to be successful, the user ID:

- Must be set up with personal reset questions and answers

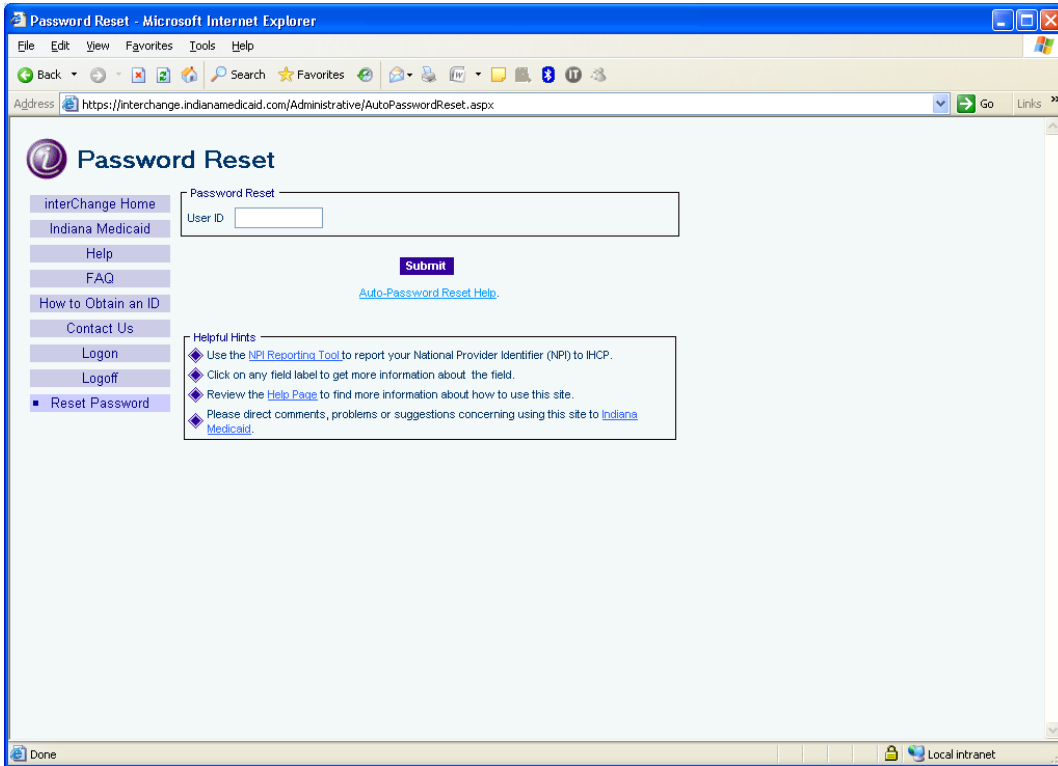
- Cannot be disabled because of too many automated password reset attempts
- Cannot have an “Inactive” status

As a security precaution, users may reset their passwords a maximum of three times per day.

Instructions for Resetting Web interChange Passwords

1. After you access the password reset page, enter the user ID of the person whose password needs to be reset.

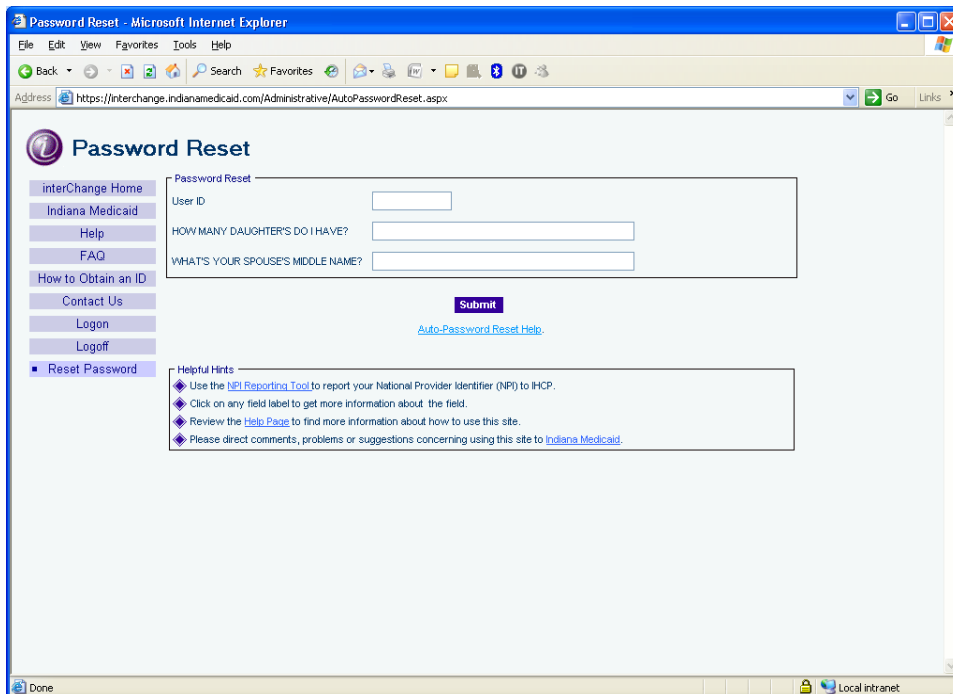
Figure 2 – Password Reset Page



2. After the user ID has been entered, click **Submit** to retrieve the user's reset questions. If successful, the user's reset questions and related answer fields will

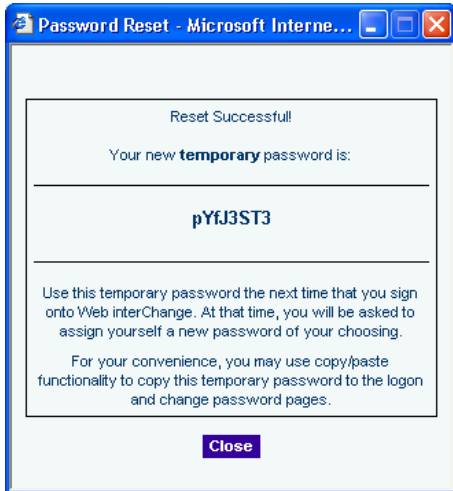
display. If unsuccessful, an appropriate error message displays on the password reset page.

Figure 3 – User's Reset Questions



3. Enter the correct answers to BOTH questions in the provided answer fields (the answers are not case sensitive).
4. Click **Submit** to reset the password. If successful, a confirmation window opens and provides a new randomly generated password.

Figure 4 – Password Reset Page



Note: To receive the temporary password window, pop-up blockers must be turned off on the user's computer.

If unsuccessful, an appropriate error message displays on the Password Reset page.

5. Once the password has been reset, log on to Web interChange using the new randomly generated password. The temporary password is case sensitive and must be entered exactly as displayed on the Password Reset page. It is suggested that the user copy the temporary

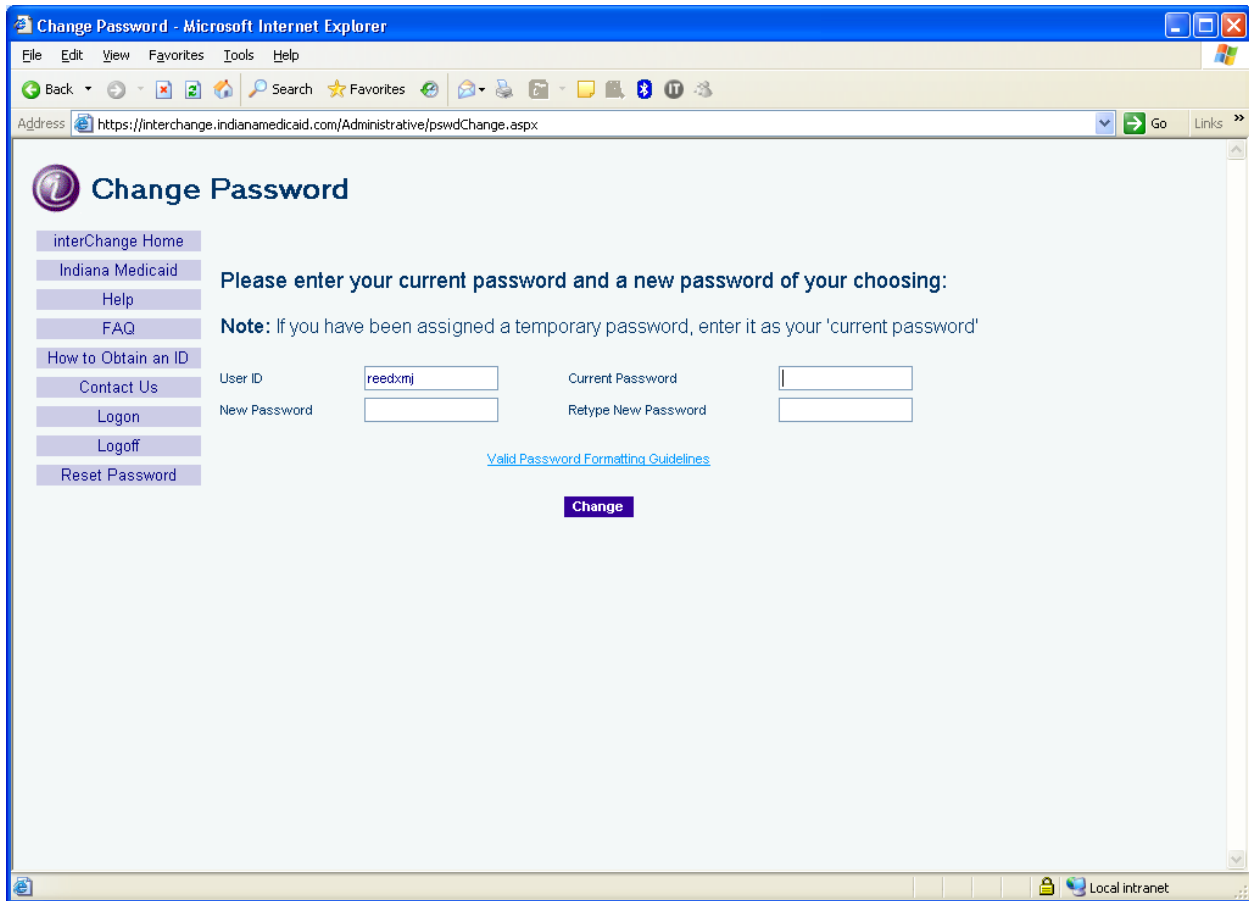
password and paste it into the password field on the logon screen to ensure accuracy.

For security reasons, users are required to immediately change their passwords. Requirements for Web interChange passwords are listed below.

Requirements for Web interChange Passwords

- 8 – 14 characters in length
 - Must contain at least three of the following items:
 - At least one number (0 – 9)
 - At least one uppercase letter (A – Z)
 - At least one lowercase letter (a – z)
 - At least one special character. Special characters are defined as the following:
! " # \$ % & ' () * + , - . / : ; < = >
? @ [\] ^ _ ` { | }
 - Are case sensitive
 - Should not contain the user ID, user name, company name, replicated sequence of characters, or any complete dictionary words
 - Cannot be the same as any of your 13 previous passwords
6. On the Change Password page, enter the temporary password into the *Current Password* field. Enter a New Password and repeat the New Password in the *Retype New Password* field.

Figure 5 – Change Password Page



Note: The password reset attempt will be unsuccessful if one or more of the reset questions are answered incorrectly. Users are allowed only three unsuccessful attempts to reset their own passwords. After three unsuccessful attempts, users are not allowed to reset their own passwords and must contact the organization's group Web interChange administrator for a password reset.

Acute Care Hospitals and CMS-1500 Billers

Instructions for Submitting Medicare Replacement Plan Claims

When you submit claims for service adjudicated by a Medicare health maintenance organization (HMO) replacement plan, please submit claims to the regular IHCP claims address. Do not send claims to the medical or institutional crossover post office box.

For CMS-1500 claims, enter the payment received from the Medicare replacement plan in field 29, not field 22. Do not enter any amounts in field 22.

For UB-04 claims, enter the payment received from the Medicare replacement plan in the Prior Payment form locators 54 A through C, as appropriate. Enter

the words "Replacement Plan" in the Payer Name form locators 50A through 50C, as appropriate.

For Replacement Plan claims, do not enter any reference to Medicare in the Payer Name form locators and do not enter A1, A2, or 06 with an amount in the Value Codes form locators 39, 40, and 41. This causes the claim to be treated as a crossover claim, which results in a denial.

Additional Tips

- With every claim form, submit a copy of the Explanation of Benefits (EOB) from the Medicare replacement plan.
- The words “Medicare Replacement Policy” must be written at the top of the claim form and on the top of the attachments (that is, EOB) submitted with the claim.
- Claims may be submitted electronically via Web interChange using the Attachments process to

mail the EOB. The words “Medicare Replacement Policy” must be written at the top of the attachment.

- These claims are processed as third-party liability (TPL) claims. Standard Medicaid prior authorization rules apply to these claims, as do timely filing limits.

Direct questions about Medicare replacement plans to Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

Provider Workshops

Regional Workshop for Dental, Home Health, and Hospice Providers

HP Provider Relations will present a regional workshop for home health/hospice providers and dental providers. The morning session covers home health/hospice education, and the afternoon session is for the dental provider community.

Date: April 7, 2010

Locations: Deaconess Hospital
Bernard Schnacke Auditorium
600 Mary Street
Evansville, Indiana 47747

Date: April 15

Location: East Chicago – Regional WS
St. Catherine’s
Professional Office Bldg
Conference Room
4321 Fir Street
East Chicago, Indiana 46312

Date: April 21, 2010

Location: Parkview Hospital Corporate Office
10501 Corporate Drive
Fort Wayne, Indiana 46845

Home Health/Hospice Providers

Home Health: 9 – 10 a.m.

Hospice: 10:10 – 11:30 a.m.

This is an excellent opportunity to become more familiar with Medicaid home health and hospice policies, procedures, and billing tools and methodology.

The agenda includes the following:

- Benefit coverage
- Prior authorization requirements
- Billing procedures
- Eligibility requirements
- Reimbursement methodology
- Hospice process
- Common denials

Dental Providers

1:00 – 3:30 p.m.

This is an excellent opportunity to become more familiar with Medicaid dental policies, procedures, and billing tools and methodology.

The agenda includes a live demonstration and discussion of all facets of the Web interChange system, including:

- Spend-down
- Managed care
- Third-party liability and qualified Medicare beneficiary eligibility
- Dental cap
- Benefit limitations

Providers may enroll in the workshop on www.indianamedicaid.com under **Provider Services > Education Opportunities > Workshop Registration**. If you have questions, please call Provider Relations at (317) 488-5072.

IHCP Offers First-quarter Medicaid Provider Workshops

The IHCP is again offering quarterly provider workshops free of charge – see Table 1 for topics, times, and descriptions. Sessions on IHCP Updates, Pharmacy Benefit Consolidation, and Medical Review Team (MRT) are scheduled for the morning; afternoon sessions are devoted to providers within the behavioral health specialty and include the IHCP Family Tree, Outpatient Behavioral Health Services, *Care Select* Services, and Medicaid Rehabilitation Option. The schedule allows for lunch; however, lunch is not provided. Registrations are processed in the order received, and registration does not guarantee a spot at the workshop – seating is limited in all locations, and only two registrants are allowed per provider number.

Workshop dates, registration deadlines, and locations are listed in Table 2. General directions to workshop

locations are available on the IHCP Web site at <http://provider.indianamedicaid.com/general-provider-services/provider-education/workshop-registration.aspx>.

Register online at <http://www.indianamedicaid.com>.

Click **Provider Services**, then **Education Opportunities**. Another registration option is the form on page 11. Fax completed registration forms to HP at (317) 488-5376. HP processes registrations chronologically based on the date of the workshop. The Provider Workshop Registration form is also available on the Forms page of the IHCP Web site.

If you have questions about a workshop, please contact a field consultant at (317) 488-5072.

Table 1 – First-Quarter Provider Workshops – Topics, Times, and Descriptions

Time	Topic	Description
8 – 9 a.m.	IHCP Updates, presented by HP	The new year brings updates to the IHCP. During this session, providers learn about a highly anticipated enhancement to the spend-down information available on the eligibility verification systems. Also covered is the Right Choices Program, which replaces the Restricted Card Program. In addition, providers will learn more about the 5 percent reimbursement reduction affecting hospital providers, the determination of new rates for manually priced services, and a change to the medical education payment applicable to managed care claims.
9:15 – 9:45 a.m.	Pharmacy Benefit Consolidation, presented by HP	Effective December 31, 2009, the pharmacy benefit has been carved out of the risk-based managed care delivery system. HP is now the processor for all pharmacy claims. Prescribers and pharmacy providers learn about the impact of this change.
10 – 10:45 a.m.	Medical Review Team, presented by HP	This session provides an overview of the billing requirements for Medical Review Team (MRT) claims. The discussion reviews how the member eligibility process works, the types of exams and services performed, and obtaining authorization for additional services. The top reasons for MRT claim denials are also discussed, along with methods of resolution.
11 – Noon	Lunch	
12:10 – 12:30 p.m.	IHCP Family Tree	The afternoon sessions are specifically designed for clinical and nonclinical staff with a mental health specialty. The IHCP Family Tree presentation provides an overview of the structure of the IHCP and a foundation for the afternoon workshop sessions. Behavioral health providers learn the main functions performed by each IHCP contractor.

Time	Topic	Description
12:30 – 2 p.m.	Transition from Inpatient Behavioral Health Services to Outpatient Services, presented by Hoosier Healthwise and <i>Care Select</i> health plans	This session focuses on actions that behavioral health providers (inpatient and outpatient) can take to ensure that patients transition from inpatient care to home, school, or workplace setting after discharge. The discussion is framed by the National Committee for Quality Assurance (NCQA) Health Plan Employer Data and Information Set (HEDIS®) measure for follow-up care within seven days of discharge from an inpatient behavioral health facility. Statewide and regional performance data is also provided. After this session, providers will understand the importance of follow-up visits and be aware of available solutions for ensuring follow-up during the seven days following discharge. The session includes pertinent clinical information and billing instructions for both inpatient and outpatient behavioral health providers.
2:15 – 3:15 p.m.	<i>Care Select</i> Services, presented by ADVANTAGE Health Solutions™ and MDwise	This session provides education for providers with patients enrolled in <i>Care Select</i> . The discussion includes a description of <i>Care Select</i> goals, behavioral health integration into <i>Care Select</i> , current clinical quality improvement projects, and care management services provided by <i>Care Select</i> .
3:30 – 4:30 p.m.	Medicaid Rehabilitation Option Transformation, presented by the Office of Medicaid Policy and Planning and the Division of Mental Health and Addiction	This session welcomes representatives from the Office of Medicaid Policy and Planning and the Division of Mental Health and Addiction. The session provides an overview of changes to MRO services that will be implemented in 2010.

Table 2 – Workshop Dates, Registration Deadlines, and Locations

Workshop Date	Registration Deadline	Location
March 4, 2010	February 26, 2010	Columbus Regional Hospital, Kroot Auditorium, 2400 E. 17th Street, Columbus, IN 47201
March 9, 2010	March 2, 2010	Bloomington Hospital, Wagmiller Auditorium, 601 W. 2nd Street, Bloomington, IN 47402
March 11, 2010	March 4, 2010	St. Catherine’s Professional Office Building, 4321 Fir Street, East Chicago, IN 46312
March 18, 2010	March 11, 2010	Unity Hospital, Unity Medical Pavilion, 1345 Unity Place, Lafayette, IN 47905
March 25, 2010	March 18, 2010	St. Mary’s Medical Center, 3700 Washington Ave., Evansville, IN 47750

INDIANA HEALTH COVERAGE PROGRAMS



PROVIDER WORKSHOP REGISTRATION

Indicate the workshop you will attend in Indiana. Print or type the information on this form and fax it to (317) 488-5376.

IHCP Updates (8 – 9 a.m.)

<input type="checkbox"/> Fort Wayne, February 16, 2010	<input type="checkbox"/> Columbus, March 4, 2010	<input type="checkbox"/> Lafayette, March 18, 2010
<input type="checkbox"/> Muncie, February 22, 2010	<input type="checkbox"/> Bloomington, March 9, 2010	<input type="checkbox"/> Evansville, March 25, 2010
<input type="checkbox"/> Indianapolis, February 25, 2010	<input type="checkbox"/> East Chicago, March 11, 2010	

Pharmacy Benefit Consolidation (9:15 – 9:45 a.m.)

<input type="checkbox"/> Fort Wayne, February 16, 2010	<input type="checkbox"/> Columbus, March 4, 2010	<input type="checkbox"/> Lafayette, March 18, 2010
<input type="checkbox"/> Muncie, February 22, 2010	<input type="checkbox"/> Bloomington, March 9, 2010	<input type="checkbox"/> Evansville, March 25, 2010
<input type="checkbox"/> Indianapolis, February 25, 2010	<input type="checkbox"/> East Chicago, March 11, 2010	

Medical Review Team (10 – 10:45 a.m.)

<input type="checkbox"/> Fort Wayne, February 16, 2010	<input type="checkbox"/> Columbus, March 4, 2010	<input type="checkbox"/> Lafayette, March 18, 2010
<input type="checkbox"/> Muncie, February 22, 2010	<input type="checkbox"/> Bloomington, March 9, 2010	<input type="checkbox"/> Evansville, March 25, 2010
<input type="checkbox"/> Indianapolis, February 25, 2010	<input type="checkbox"/> East Chicago, March 11, 2010	

IHCP Family Tree (12:10 – 12:30 p.m.)

<input type="checkbox"/> Fort Wayne, February 16, 2010	<input type="checkbox"/> Columbus, March 4, 2010	<input type="checkbox"/> Lafayette, March 18, 2010
<input type="checkbox"/> Muncie, February 22, 2010	<input type="checkbox"/> Bloomington, March 9, 2010	<input type="checkbox"/> Evansville, March 25, 2010
<input type="checkbox"/> Indianapolis, February 25, 2010	<input type="checkbox"/> East Chicago, March 11, 2010	

Transition from Inpatient Behavioral Health Services to Outpatient Services (12:30 – 2 p.m.)

<input type="checkbox"/> Fort Wayne, February 16, 2010	<input type="checkbox"/> Columbus, March 4, 2010	<input type="checkbox"/> Lafayette, March 18, 2010
<input type="checkbox"/> Muncie, February 22, 2010	<input type="checkbox"/> Bloomington, March 9, 2010	<input type="checkbox"/> Evansville, March 25, 2010
<input type="checkbox"/> Indianapolis, February 25, 2010	<input type="checkbox"/> East Chicago, March 11, 2010	

Care Select Services (2:15 – 3:15 p.m.)

<input type="checkbox"/> Fort Wayne, February 16, 2010	<input type="checkbox"/> Columbus, March 4, 2010	<input type="checkbox"/> Lafayette, March 18, 2010
<input type="checkbox"/> Muncie, February 22, 2010	<input type="checkbox"/> Bloomington, March 9, 2010	<input type="checkbox"/> Evansville, March 25, 2010
<input type="checkbox"/> Indianapolis, February 25, 2010	<input type="checkbox"/> East Chicago, March 11, 2010	

Medicaid Rehabilitation Option Transformation (3:30 – 4:30 p.m.)

<input type="checkbox"/> Fort Wayne, February 16, 2010	<input type="checkbox"/> Columbus, March 4, 2010	<input type="checkbox"/> Lafayette, March 18, 2010
<input type="checkbox"/> Muncie, February 22, 2010	<input type="checkbox"/> Bloomington, March 9, 2010	<input type="checkbox"/> Evansville, March 25, 2010
<input type="checkbox"/> Indianapolis, February 25, 2010	<input type="checkbox"/> East Chicago, March 11, 2010	

Registrant Information (One registrant per form)

Name of Registrant: _____

Provider Name: _____ Provider Number: _____

Provider Address: _____

City: _____ State: _____ ZIP: _____

Provider Telephone: _____ Provider Fax: _____

Provider E-mail Address: _____

Contact Information

Table 3 – Provider Relations Field Consultants

Territory Number	Provider Relations Consultant	Telephone	Counties Served
1	Jean Downs	(317) 488-5071	Jasper, Lake, LaPorte, Newton, Porter, Pulaski, Starke
2	Rhonda Rupel	(317) 488-5080	Allen, Dekalb, Elkhart, Fulton, Kosciusko, Lagrange, Marshall, Noble, St. Joseph, Steuben, Whitley
3	Tawanna Danzie	(317) 488-5197	Benton, Boone, Carroll, Cass, Clinton, Fountain, Hamilton, Howard, Miami, Montgomery, Tippecanoe, Tipton, Warren, White
4	Daryl Davidson	(317) 488-5388	Adams, Blackford, Delaware, Grant, Hancock, Henry, Huntington, Jay, Madison, Randolph, Wabash, Wayne, Wells
5	Bill Woodruff	(317) 488-5098	Marion – UB-04 Billing Providers and Dental Providers
	Mona Green	(317) 488-5309	Marion – CMS-1500 Billing Providers
6	Shantel Silnes	(317) 488-5123	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington
7	Virginia Hudson	(317) 488-5148	Clay, Greene, Hendricks, Johnson, Lawrence, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo
8	Ken Guth	(317) 488-5153	Crawford, Daviess, Dubois, Gibson, Knox, Martin, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick
9	Tawanna Danzie	(317) 488-5197	Out-of-State
10	Relia Manns	(317) 488-5363	Presumptive Eligibility and Notice of Pregnancy for the entire State of Indiana

Table 4 – Provider Relations Field Consultants for Bordering States

State	City	Provider Relations Consultant	Telephone
Illinois	Chicago/Watseka	Jean Downs	(317) 488-5071
Illinois	Danville	Virginia Hudson	(317) 488-5148
Kentucky	Owensboro	Ken Guth	(317) 488-5153
Kentucky	Louisville	Shantel Silnes	(317) 488-5123
Michigan	Sturgis	Rhonda Rupel	(317) 488-5080
Ohio	Cincinnati/Hamilton/Harrison/Oxford	Shantel Silnes	(317) 488-5123

Out-of-state providers not located in these states, or those with a designated out-of-state billing office supporting multiple provider sites throughout Indiana, should direct calls to (317) 488-5197.

Table 5 – For Provider Concerns

Name	Title	Telephone
Tina King	Provider Relations Supervisor	(317) 488-5154