PROVIDER *news*

Doing business with Medicaid

HIPAA 5010 implementation begins January 1, 2012

Beginning January 1, 2012, the IHCP will reject electronic transactions not submitted in HIPAA-compliant 5010 format

Effective January 1, 2012, the Indiana Health Coverage Programs (IHCP) will reject electronic transactions that are not submitted in the Health Insurance Portability and Accountability Act (HIPAA)-compliant 5010 format. If you are unable to submit claims in the 5010 format, you risk possible delay in claim payment.

Claims and Remittance Advices going live in December

HIPAA Version 5010 for claims transactions (837P, 837D, and 837I) and Remittance Advice transactions (835) implemented ahead of schedule, December 2, 2011. Other transactions will go live at year's end. If you wish to convert to version 5010 before the mandated January 1, 2012, date, take the following actions:

■ Ensure that your software vendor or clearinghouse has tested with and been approved by HP or the IHCP for version 5010. To find out whether your software vendor or clearinghouse has been approved, check the Approved Software Vendor List on indianamedicaid.com. Note: Not all approved software vendors have chosen to be published on the list posted on indianamedi-

caid.com. Contact your vendor or clearinghouse directly to be sure, or contact the HP Electronic Data Interchange (EDI) Solutions service desk at (317) 488-5160 or 1-877-877-5182.

- Submit a new Trading Partner Profile. The information on the profile will be used to update the trading partner's contact information and register the trading partner for 5010 transactions. To submit your Trading Partner Profile electronically, visit the Trading Partner Registration Procedure page of indianamedicaid.com (General Provider Services > Electronic Data Interchange (EDI) Solutions > Trading Partner Registration Procedure > Trading Partner Profile).

- Mail or email a new Trading Partner Agreement. A new agreement must be on file before production version 5010 transactions will be accepted. To download a Trading Partner Agreement, visit the Trading Partner Registration Procedure page of indianamedicaid.com (General Provider Services > Electronic Data Interchange (EDI) Solutions > Trading Partner Registration Procedure > Trading Partner Agreement). Return the signed agreement via mail to the following address, or scan and return it via email to INXIXTradingPartner@hp.com.

> **Important note**
>
> **After trading partners are converted to 5010, they will no longer be able to submit version 4010A1 transactions.**

HP Enterprise Services

Electronic Data Interchange/EDI Solutions

Trading Partner Agreement

950 North Meridian Street, Suite 1150

Indianapolis, IN 46204

Eligibility and claim status 5010 transactions will be implemented on January 1, 2012.

If you use the Omni Eligibility System, you must download enhancements.

On **December 29, 2011**, the Omni Eligibility System, used to verify IHCP eligibility, will be updated for compatibility with the HIPAA version 5010. To activate the version 5010 changes, all providers using the Omni System must download the enhancements to their Omni terminals **on or after December 29, 2011**. If you attempt the download before that date, the 5010 version of the software will not be available. Previous versions of the Omni software will not be functional after the full implementation of HIPAA 5010. See IHCP bulletin BT201156 for complete instructions for downloading enhancements to your Omni device.
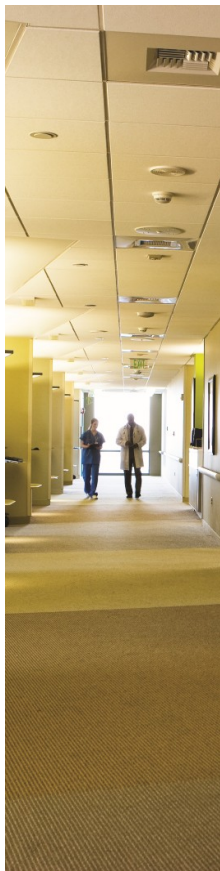
Web interChange users

The IHCP Web interChange website, used to submit claims, verify eligibility, view claim inquiry, and view remittance information, will be updated to version 5010 by January 1, 2012. Web interChange users will not need to take any action.

Contact information

If you have questions related to the HIPAA 5010 conversion, please email the HP 5010 testing team at INXIXTradingPartner@hp.com or call (317) 488-5160 or 1-877-877-5182 toll free.

Reminder: NCPDP D.O goes live January 1, 2012

The Centers for Medicare & Medicaid Services (CMS) rule that mandates the modification of Health Insurance Portability and Accountability Act (HIPAA) transaction standards by January 1, 2012, includes implementation of National Council for Prescription Drug Programs (NCPDP) version D.0. To be compliant with this rule, the Indiana Health Coverage Programs (IHCP) will accept only NCPDP version D.0 transactions beginning January 1, 2012. The updated Payer Sheet can be found in the Companion Guide: NCPDP Versions D.0 and 1.2 Transaction Payer Sheet on the IHCP Companion Guide page of indianamedicaid.com (General Provider Services > Electronic Data Interchange (EDI) Solutions).

Reminder: Provider Enrollment site to be temporarily disabled

To begin implementing the new provider enrollment requirements of the *Affordable Care Act (ACA)*, the Indiana Health Coverage Programs (IHCP) has temporarily disabled all access to the Enroll as a Provider website pages and subsequently, to the Launch Enrollment Tool. Providers will not have access to the IHCP web-based provider enrollment tool or access to any current enrollment or updating forms.
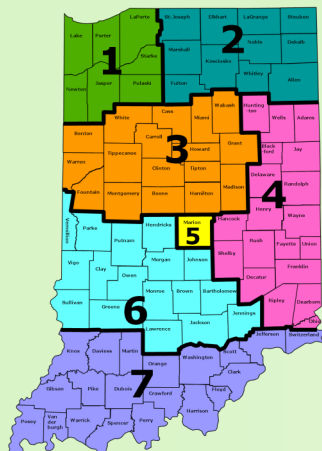
Revised provider enrollment forms and guidance will be posted to indianamedicaid.com December 21, 2011.

For more information about ACA-required provider screening and enrollment, see BT201151 and BT201155, and watch News and Announcements on the Home Page of indianamedicaid.com.

Best practices for submitting nonpharmacy claims and checking claim status

- **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 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). (Note: Previous limitations on the number of transactions that can be processed during a single AVR call have been removed.) Submitting questions about claim status in writing slows response time.

> The best way to speed claim processing and payment is to submit claims electronically. If you are not set up to submit claims via the web, go to **Web interChange** on indianamedicaid.com and click How to Obtain a Web interChange User ID and Password.

Changes in Provider Relations consultants are effective December 1

Effective December 1, 2011, please note the following changes (some temporary) in Indiana Health Coverage Programs (IHCP) Provider Relations consultants:

■ **Northeastern Indiana and Sturgis, MI** – Tawanna Danzie temporarily replaces Rhonda Rupel; telephone: (317) 488-5080.

■ **Southwestern Indiana and Owensboro and Louisville, KY** – Judy Green temporarily replaces Ken Guth; telephone: (317) 488-5153

■ **Out-of-state providers, as well as Hamilton/Oxford, OH** – Donnette Reese replaces Jenny Atkins; telephone: (317) 488-5049

■ **Marion County, CMS-1500 (claim specific)** – Pam Byrd; telephone: (317) 488-5186

■ **Marion County – UB-04 and dental (claim specific)** – Shantel Silnes; telephone: (317) 488-5309

Current Provider Relations consultants territory assignments

Territory	Consultant	Telephone	Counties Served
1	Jean Downs	(317) 488-5071	Jasper, Lake, LaPorte, Newton, Porter, Pulaski, Starke; also Chicago and Watseka, IL
2	Tawanna Danzie	(317) 488-5080	Allen, Dekalb, Elkhart, Fulton, Kosciusko, LaGrange, Marshall, Noble, St. Joseph, Steuben, Whitley; also Sturgis, Michigan
3	Relia Manns	(317) 488-5363	Benton, Boone, Carroll, Cass, Clinton, Fountain, Grant, Hamilton, Howard, Madison, Miami, Montgomery, Tippecanoe, Tipton, Wabash, Warren, White
4	Daryl Davidson	(317) 488-5388	Adams, Blackford, Dearborn, Decatur, Delaware, Fayette, Franklin, Hancock, Henry, Huntington, Jay, Ohio, Randolph, Ripley, Rush, Shelby, Union, Wayne, Wells; also Cincinnati and Harrison, OH
5	Pam Byrd	(317) 488-5186	Marion County – CMS-1500 (claim specific)
5	Shantel Silnes	(317) 488-5309	Marion County – UB-04 and dental (claim specific)
6	Virginia Hudson	(317) 488-5148	Bartholomew, Brown, Clay, Greene, Hendricks, Jackson, Jennings, Johnson, Lawrence, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo; also Danville, IL
7	Judy Green (temporary)	(317) 488-5153	Clark, Crawford, Daviess, Dubois, Floyd, Gibson, Harrison, Jefferson, Knox, Martin, Orange, Perry, Pike, Posey, Scott, Spencer, Switzerland, Vanderburgh, Warrick, Washington; also Owensboro and Louisville, KY
8	Donnette Reese	(317) 488-5049	All out-of-state providers except those in the cities listed below; also Hamilton and Oxford, OH

NOTE: The provider territories themselves are unchanged.

Update: ICD-10 claim forms, code validation

The Centers for Medicare & Medicaid Services (CMS) has mandated an October 1, 2013, implementation date for the *International Classification of Diseases, 10th Revision (ICD-10)*, with no exceptions. Here are some answers to questions providers have been asking about ICD-10:

■ **Updated claim forms** – Indiana Medicaid will notify providers when the final ICD-10 forms become available. Planning is key. Identifying what will be affected and what changes need to occur is part of the assessment you should be conducting.

■ **Validation of codes** – The code specificity validation check is not changing with ICD-10. There will be no upfront validity check for the letters "O" and "I."

More information about ICD-10

■ Final ICD-10 Code Sets and Updated Electronic Transaction Standards Rules – News release dated January 15, 2009, available on the U.S. Department of Health and Human Services (HHS) website at hhs.gov.

■ CMS ICD-10 Regional Office Training Workshop: Training segments to assist state Medicaid agencies with ICD-10 Implementation, April 2011, available from the CMS website at cms.gov.

Reminder: Changes to early refill policy and criteria

Effective December 1, 2011, the Indiana Health Coverage Programs (IHCP) revised the reimbursement and prior authorization (PA) policy and criteria regarding early refills of pharmacy prescriptions. Current policy requires at least 75% of a prescription claim's days' supply to transpire to allow subsequent prescription claims to pay or PA requests to be approved. For pharmacy claims with adjudication dates on or after December 1, 2011, revised policy requires at least 85% of a prescription claim's days' supply to transpire to allow subsequent prescription claims to pay or PA requests to be approved. For an Early Refill Prior Authorization Request Form, visit the Forms page of indianamedicaid.com. For more information, see BT201150, dated October 18, 2011.

Medicaid providers receive more than $18 million in EHR reimbursements

Have you signed up for the Indiana Medicaid Electronic Health Records (EHR) Incentive Program? As of November 29, 2011, Indiana Medicaid providers have received more than $18 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.

Q&As from October 13 Myers and Stauffer Case Mix 101 workshop available on indianamedicaid.com

A series of questions and answers from the Myers and Stauffer Case Mix 101 workshop October 13 in Indianapolis is available on the Long Term Care FAQ page of indianamedicaid.

RECENTLY PUBLISHED TO THE IHCP WEB SITE

BULLETINS

- BT201153 – The FSSA Clarifies Moratorium on Medicaid Certification of Comprehensive Care Beds

- BT201154 – CMS Announces 2012 Provider Enrollment Application Fee of $523

- BT201155 – ACA Provider Screening and Enrollment Requirements

- BT201156 – Using the Omni Eligibility System with HIPAA 5010

- BT201157 – Revised FFS Billing Requirements for Therapy Services in Outpatient Facilities

- BT201158 – The IHCP to Allow Birthing Centers, CORFs, and IDTFs to Enroll as Medicaid Providers

- BT201159 – The IHCP to Cover Placental Alpha Microglobulin-1 (PAMG-1) Test

- BT201160 – Enhancement to SmartPA™ Automated Pharmacy PA System and Changes to the Preferred Drug List

PROVIDER MANUAL UPDATES

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

- *Chapter 5* – *Third Party Liability*
- *Chapter 13* – *Utilization Review*

Qualified Provider Presumptive Eligibility 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

- Procedure Code L5968 Linked to Provider Specialty 250 – DME

- Reminder: The ICD-10 IHCP Provider Readiness Survey Begins November 8

- Outpatient Claims with Laboratory Services to Be Mass Adjusted

- Update: ACA Provider Screening and Enrollment

- 2012 HCPCS Updates Are Available

- Coverage and Reimbursement for Revenue Code 881

- CPT Code 95930 Linked to Optometrists

- CPT Code 32553 Assigned an ASC Pricing Indicator of 5

- The IHCP to Cover CPT Code 90654

- Reminder: Key Dates for Implementing New Provider Enrollment Process

- Updates to Mental Health Utilization Edits

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