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**To: All Providers**

**Subject: Package C Eligibility Verification System Update**

## Overview

The purpose of this bulletin is to inform providers of changes to the Eligibility Verification System (EVS), which includes the Automated Voice Response (AVR), OMNI, and National Electronic Claims Submission (NECS). All information outlined in this bulletin will go into effect **January 10, 2000**. To ensure that all providers are aware of changes to the EVS, we will explain the changes under the following headings later in this bulletin.

- Clarify the Voice Mail Number Listed in the Package C Program Training Schedule Bulletin
- Upgrade to the AVR System
- Upgrade to the OMNI System and Necessary Download Information
- Upgrade to the NECS Software and the Deployment of the New Version of NECS

As indicated in prior bulletins and remittance advice banner page articles, effective January 2000 the State of Indiana will implement one of the most significant health care programs since the introduction of the Indiana Medical Assistance Programs in 1965, the Hoosier Healthwise Package C- Children's Health Plan.

The implementation of this new health care package provides the Office of Medicaid Policy and Planning (OMPP) and the Office of Children's Health Insurance Program (CHIP Office) with the opportunity to take a fresh look at the current structure of the Indiana Medical Assistance Programs. The OMPP and the CHIP Office have taken this opportunity to restructure the Indiana Medical Assistance Programs to better reflect

its members. The most notable change is the name of the program. Effective January 2000 the Indiana Medical Assistance Programs will be referred to as the **Indiana Health Coverage Programs**.

This complete restructuring of the program allows for a more consistent means of communication for both the provider and member community. Providers can expect to see significant changes in member eligibility, identification, and covered benefits. With these changes it is imperative that the EVS (AVR, OMNI, and NECS) be modified to accurately communicate member eligibility and benefit information.

## **Clarification of Voice Mail Number Listed in Package C Program Training Schedule Bulletin**

The purpose of this clarification is to correct the phone number communicated to providers in the Package C Program Training Schedule bulletin, BT199929, dated November 24, 1999. The phone number on the provider registration form included with the bulletin was incorrect. To contact EDS Provider Services about the provider training sessions or registration, please call **(317) 488-5195**. This voice mail number replaces the one listed on the registration form included in bulletin, BT199929. Further information regarding the Package C Program Training Schedule can be found on the Web site, [www.indianamedicaid.com](http://www.indianamedicaid.com).

## **Upgraded AVR System**

Beginning January 10, 2000, the AVR will begin communicating the new Indiana Health Coverage Programs structure and associated benefit packages listed below:

- Traditional Medicaid Program
- 590 Program
- Hoosier Healthwise Program
  - Hoosier Healthwise Package A- Standard Plan
  - Hoosier Healthwise Package B- Pregnancy Coverage
  - Hoosier Healthwise Package C- Children's Health Plan
  - Hoosier Healthwise Package D- Hoosier Healthwise for Persons with Disabilities and Chronic Illnesses
  - Hoosier Healthwise Package E- Emergency Services

It is important to note that provider access to the AVR will not change. The change will be in the information communicated back to the

provider in regard to a member’s eligibility and related benefit package information. Providers are reminded that it is important to listen to the entire message, as there may be information regarding a member’s eligibility that may impact covered services and reimbursement.

Effective January 10, 2000, benefit limitation information will change on AVR. Benefit limitation information for eyeglasses will be available to providers to verify if individuals have received glasses in the past year if they are 18 years old and younger or in the past two years if they are 19 years old and over. Due to space constraints on the AVR, this benefit limitation information will replace benefit limitation information relating to physician office visits and chiropractor office visits. Physician and chiropractor office visits benefit limitation information will again be available on AVR in mid-2000.

Table 1.1- Automated Voice Response (AVR) Changes

Before January 10, 2000 you will hear:	On and After January 10, 2000 you will hear:
Indiana Medicaid	Indiana Health Coverage Programs
"Recipient number (RECIP-ID), recipient last name (RECIP-LAST-NAME), recipient first name (RECIP-FIRST-NAME), is eligible for <b>Medicaid</b> services from (FROM-DATE-OF-SVC) through (TO-DATE-OF-SVC)."	"Recipient number (RECIP-ID), recipient last name (RECIP-LAST-NAME), recipient first name (RECIP-FIRST-NAME), is eligible for <b>Traditional Medicaid</b> services from (FROM-DATE-OF-SVC) through (TO-DATE-OF-SVC)."
"Recipient number (RECIP-ID), recipient last name (RECIP-LAST-NAME), recipient first name (RECIP-FIRST-NAME), is eligible for <b>Medicaid</b> services from (FROM-DATE-OF-SVC) through (TO-DATE-OF-SVC)."	"Recipient number (RECIP-ID), recipient last name (RECIP-LAST-NAME), recipient first name (RECIP-FIRST-NAME), is eligible for <b>Hoosier Healthwise Package A – Standard Plan</b> services from (FROM-DATE-OF-SVC) through (TO-DATE-OF-SVC)."
"The recipient is restricted to pregnancy and urgent care benefits."	"Recipient number (RECIP-ID), recipient last name (RECIP-LAST-NAME), recipient first name (RECIP-FIRST-NAME), is eligible for <b>Hoosier Healthwise Package B – Pregnancy Coverage</b> services from (FROM-DATE-OF-SVC) through (TO-DATE-OF-SVC)."

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Table 1.1- Automated Voice Response (AVR) Changes (Continued)

Before January 10, 2000 you will hear:	<b>On and After January 10, 2000 you will hear:</b>
Not available before January 10, 2000.	"Recipient number (RECIP-ID), recipient last name (RECIP-LAST-NAME), recipient first name (RECIP-FIRST-NAME), is eligible for <b>Hoosier Healthwise Package C – Children’s Health Plan</b> services from (FROM-DATE-OF-SVC) through (TO-DATE-OF-SVC)."
"The recipient is a Managed Care recipient. The type of managed care is Hoosier Healthwise for Persons with Disabilities."	"Recipient number (RECIP-ID), recipient last name (RECIP-LAST-NAME), recipient first name (RECIP-FIRST-NAME), is eligible for <b>Hoosier Healthwise Package D – Hoosier Healthwise for Persons With Disabilities and Chronic Illnesses</b> services from (FROM-DATE-OF-SVC) through (TO-DATE-OF-SVC)."  And under the managed care portion: "The recipient is a Managed Care recipient. The type of managed care is Hoosier Healthwise for Persons with Disabilities and Chronic Illnesses."
"The recipient is restricted to valid medical emergency services only."	"Recipient number (RECIP-ID), recipient last name (RECIP-LAST-NAME), recipient first name (RECIP-FIRST-NAME), is eligible for <b>Hoosier Healthwise Package E – Emergency Services</b> from (FROM-DATE-OF-SVC) through (TO-DATE-OF-SVC)."

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Before January 10, 2000 you will hear:	On and After January 10, 2000 you will hear:
<p><b>Benefit Limit Exhausted Responses</b></p> <p><b>Transportation Services</b> “The recipient has exhausted the benefit limit for transportation services. The limit is 20 per year.”</p> <p><b>Chiropractic Services (will no longer be available after January 10, 2000)</b> “The recipient has exhausted the benefit limit for chiropractic visits. The limit is five per year.”</p> <p><b>Physician Office Visits (will no longer be available after January 10, 2000)</b> “The recipient has exhausted the benefit limit for physician office visits. The limit is 20 per year or four per month for the same provider.”</p>	<p><b>Transportation Services</b> – no changes</p> <p><b>Chiropractic Services</b> will no longer appear. <b>It has been changed to Optometry Services for 18 years of age and under.</b> “The recipient has exhausted the benefit limit for optometry services. The limit for lenses is two per year for eighteen and under.”</p> <p><b>Physician Office Visits</b> will no longer appear. <b>It has been changed to Optometry Services for over 18 years of age.</b> “The recipient has exhausted the benefit limit for optometry services. The limit for lenses is one per 2 years for over eighteen.”</p>

## Upgraded OMNI System and Necessary Download Information

Beginning January 10, 2000, the OMNI Swipe Card System will begin to display the new Indiana Health Coverage Programs structure and associated benefit packages listed below.

- Traditional Medicaid Program
- 590 Program
- Hoosier Healthwise Program
  - Hoosier Healthwise Package A- Standard Plan
  - Hoosier Healthwise Package B- Pregnancy Coverage
  - Hoosier Healthwise Package C- Children’s Health Plan
  - Hoosier Healthwise Package D- Hoosier Healthwise for Persons with Disabilities and Chronic Illnesses
  - Hoosier Healthwise Package E- Emergency Services

*Note: To activate the eligibility changes on the OMNI terminal it is necessary for all providers using the OMNI to download their terminal **on or after January 10, 2000**. Complete instructions for the download procedures will be forwarded to all providers in a separate bulletin.*

It is important to note that provider access to OMNI will not change. The change will be in the information communicated back to the provider in regard to a member's eligibility and related benefit package information. Providers are reminded that it is important to read the entire message, as there may be information regarding members eligibility that may impact covered services and reimbursement.

Effective January 10, 2000, benefit limitation information will change on OMNI. Benefit limitation information for eyeglasses will be available to providers to verify if individuals have received glasses in the past year if they are 18 years old and younger or in the past two years if they are 19 years old and over. Due to space constraints on the OMNI, this benefit limitation information will replace benefit limitation information relating to physician office visits and chiropractor office visits. Physician and chiropractor office visits benefit limitation information will again be available on OMNI in mid-2000.

Table 1.2- OMNI Changes

Before January 10, 2000 you will see:	On and After January 10, 2000 you will see:
Indiana Medicaid	Indiana Health Coverage Programs
RECIPIENT IS ELIGIBLE/NOT ELIGIBLE FROM MM/DD/CCYY TO MM/DD/CCYY FOR THE <b>MEDICAID</b> PROGRAM	RECIPIENT IS ELIGIBLE/NOT ELIGIBLE FROM MM/DD/CCYY TO MM/DD/CCYY FOR THE <b>MEDICAID</b> PROGRAM
RECIPIENT IS ELIGIBLE/NOT ELIGIBLE FROM MM/DD/CCYY TO MM/DD/CCYY FOR THE <b>MEDICAID</b> PROGRAM	RECIPIENT IS ELIGIBLE/NOT ELIGIBLE FROM MM/DD/CCYY TO MM/DD/CCYY FOR THE <b>PKG A STAND</b> PROGRAM

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## Upgraded NECS Software and the Deployment of the New Version of NECS

Beginning January 10, 2000, the NECS software will display the new Indiana Health Coverage Programs structure and associated benefit packages listed below.

- Traditional Medicaid Program
- 590 Program
- Hoosier Healthwise Program
  - Hoosier Healthwise Package A- Standard Plan
  - Hoosier Healthwise Package B- Pregnancy Coverage
  - Hoosier Healthwise Package C- Children's Health Plan
  - Hoosier Healthwise Package D- Hoosier Healthwise for Persons with Disabilities and Chronic Illnesses
  - Hoosier Healthwise Package E- Emergency Services

*Note: All NECS users will receive an upgraded version of the NECS software in December 1999. This software includes Y2K enhancements, as well as eligibility changes related to the new structure of the Indiana Health Coverage Programs. Providers must install the upgraded version of NECS **before January 1, 2000**. Y2K changes will be effective upon installation; however, eligibility changes related to the structure of the Indiana Health Coverage Programs will not be displayed until January 10, 2000.*

It is important to note that the current method for submitting a request to obtain eligibility information using the NECS will not change. The change will be in the information communicated back to the provider in regard to a member's eligibility and related benefit package information. Providers are reminded that it is important to read the entire eligibility message, as there may be information regarding a member's eligibility that may impact covered services and reimbursement.

Effective January 10, 2000, benefit limitation information will change on NECS. Benefit limitation information for eyeglasses will be available to providers to verify if individuals have received glasses in the past year if they are 18 years old and younger or in the past two years if they are 19 years old and over. Due to space constraints on the NECS, this benefit limitation information will replace benefit limitation information relating to physician office visits and chiropractor office visits. Physician and chiropractor office visits benefit limitation information will again be available on NECS in mid-2000.

Table 1.3- National Electronic Submission (NECS) Changes

Before January 10, 2000 you will see:	On and After January 10, 2000 you will see:
Indiana Medicaid	Indiana Health Coverage Programs
RECIPIENT IS ELIGIBLE/NOT ELIGIBLE FROM MM/DD/CCYY TO MM/DD/CCYY FOR THE <b>MEDICAID</b> PROGRAM	RECIPIENT IS ELIGIBLE/NOT ELIGIBLE FROM MM/DD/CCYY TO MM/DD/CCYY FOR THE <b>TRADITIONAL MEDICAID</b> PROGRAM
RECIPIENT IS ELIGIBLE/NOT ELIGIBLE FROM MM/DD/CCYY TO MM/DD/CCYY FOR THE <b>MEDICAID</b> PROGRAM	RECIPIENT IS ELIGIBLE/NOT ELIGIBLE FROM MM/DD/CCYY TO MM/DD/CCYY FOR THE <b>Pkg A STANDARD PROGRAM</b>
LIMITED PREG: N/Y	RECIPIENT IS ELIGIBLE/NOT ELIGIBLE FROM MM/DD/CCYY TO MM/DD/CCYY FOR THE <b>Pkg B PREGNANCY PROGRAM</b>
Not available before January 10, 2000.	RECIPIENT IS ELIGIBLE/NOT ELIGIBLE FROM MM/DD/CCYY TO MM/DD/CCYY FOR THE <b>Pkg C CHILDREN'S PROGRAM</b>

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