April 14, 1998

Notice of Auditing by State Board of Accounts

The Indiana State Board of Accounts is conducting an independent audit of the Indiana Family and Social Services Administration (FSSA), Office of Medicaid Policy and Planning (OMPP) for the state fiscal year which ended June 30, 1997. This audit is federally required, and is performed annually in accordance with the Federal Office of Management and Budget (OMB) Circular A-133. If you are selected as part of this audit, your assistance in providing the appropriate supporting documentation from the patient(s) medical record, will be required. If you are selected, you
will be notified in writing by the State Board of Accounts. Findings from the audit will be forwarded to OMPP for review and appropriate action.

To: All Indiana Medicaid Providers

As you are aware, it is standard procedure for EDS to automatically deny claims for which a Claim Correction Form (CCF) was generated but the CCF was not returned within 45 days of issuance. However, this automatic denial has not been occurring since October, 1997. EDS has corrected the problem with the CCF process for future claims and will begin auto denials of these claims immediately. We are alerting providers that a significant increase will occur in denial activity over the next two weeks as the claims which have been in CCF status since October, 1997 but not denied, are put through the system for auto denial. Claims being auto denied for not returning the CCF will appear on the RA with EOB 499. Please be aware of this increased activity when you are reviewing your Remittance Advices over the next two weeks.

To: All Indiana Medicaid Home Health Providers

This message is to notify providers that on March 24, 1998, EDS began systematically mass adjusting all Home Health claims previously incorrectly processed. This mass adjustment project includes those claims with dates-of-service beginning January 1, 1997 through October 1997, which were reimbursed at the 1996 established rates because of a delay in EDS receiving the updated rates for 1997. In addition, all claims which were previously recouped in the mass adjustment when the system erroneously omitted the “span date” information from the claim will be included in this project. EDS anticipates this project will be completed by the week of April 6, 1998.

To: All Indiana Medicaid certified Nursing Facilities

Effective immediately, all incoming mail sent to the Office of Medicaid Policy and Planning (OMPP) , Family and Social Service Administration (FSSA) Hearings and Appeals, and the Bureau of Aging and In-Home Services (BAIHS) must include new routing codes. The codes are as follows:

· MS07 - OMPP
· MS04 - FSSA Hearings and Appeals
· MS21 - Bureau of Aging and In-Home Services

When mailing Form 450B and all related medical information or letters directly to OMPP, the address must include MS07 directly above the OMPP address. Appeal requests mailed directly to FSSA Hearings and Appeals must include MS04 above their address. PASRR or other information mailed directly to the Bureau of Aging and In-Home Services (BAIHS) must include the code MS21.

Example address:

MS07
Office of Medicaid Policy and Planning
402 W. Washington Room W382
Indianapolis, IN 46204

Your immediate implementation of the use of these mail codes will expedite mail handling within FSSA.

To: All Indiana Medicaid Institutional Providers

Recent Remittance Advice Statements have reflected an incorrect amount for DRG claim adjustments. However, the amount paid is correct. EDS is researching the problem. Providers will be informed of any updates of this matter in a future RA statement.

To: All Indiana Medicaid Providers

The Medicaid Eligibility Verification System that providers access via the OMNI device, the Automated Voice Response system, or NECS software, is incorrectly reporting two conflicting coverage limitation messages simultaneously. The specific messages are, "Pregnancy and Emergency Services Only" and "Only Emergency Services are Covered." If you receive both of the above messages together on one verification transaction, the recipient is only entitled to emergency services and is not eligible for ambulatory prenatal care services. Providers will be advised when this is corrected.

To: All Indiana Medicaid Providers

This is a reminder that any check issued by the Indiana Medical Assistance Programs that has not been cashed within 180 days (6 months) of issuance becomes "stale-dated". Stale-dated means they are not able to be cashed. Effective immediately, all claims associated with stale-dated checks will be voided in the AIM system. Therefore, a check which is not cashed within the 6 month limit cannot be replaced, and the corresponding claims must be re-submitted for payment.