



I M P O R T A N T I N F O R M A T I O N

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To All Providers:

- The Office of Medicaid Policy and Planning (OMPP) will hold free training about processing the *Form 450B* for residents in nursing facilities. The training will cover correct completion of the *Form 450B* as well as processing and billing issues. Training sessions are being offered at two times on January 14, 2003. Sessions will be held from 8:30 a.m.-11:30 a.m. and from 1 p.m.-4 p.m. This training will be held in the Indiana Government Center South Auditorium located at 402 W. Washington Street in Indianapolis. Reservations are not required. Public parking is allowed only in garage 1 located on Washington Street. Attendees are encouraged to plan for alternate parking because this garage may be full. The OMPP encourages nursing directors, social service staff, and bookkeepers to attend. Training session attendees should bring copies of bulletins *E98-35* dated November 2, 1998, *E98-40* dated November 16, 1998, *BT199939* dated December 1, 1999, *BT200002* dated April 5, 2000, and banner page *BR199805* dated February 3, 1998. Copies of these publications are available on the Indiana Health Coverage Programs (IHCP) Web site at www.indianamedicaid.com. Call (317)-233-1958 for answers to questions about these training sessions.
- Crossover claims received on HCFA-1500 forms must now contain additional information. The combined total of the Medicare coinsurance, deductible, and psychological (Psych) reduction must be reported on the left hand side of field 22 under the heading *Code*. The Medicare paid amount (actual payment received from Medicare) must be submitted in field 22 on the right hand side under the heading *Original Ref No*. Claims, submitted on HCFA-1500 forms that do not contain this information in field 22 and that are submitted with a Medicare Remittance Notice (MRN) indicating they are crossover claims, will be returned to the provider with reason code 7 (Provider must submit Medicare information in field 22 of the HCFA-1500 claim form).
- Send any provider file updates such as, but not limited to, address changes, recertifications, group member additions or disenrollments, or changes of ownership to the following address:
**EDS – Provider Enrollment
PO Box 7263
Indianapolis, IN 46207-7263**
- Use the update form, available for download at www.indianamedicaid.com or by contacting EDS Customer Assistance. Provider file changes must be submitted on an update form. Changes are no longer accepted on letterhead or via fax. Direct questions about updates to EDS Customer Assistance at (317) 655-3240 in the Indianapolis area or 1-800-577-1278 outside the Indianapolis area.
- EDS encourages providers to use electronic funds transfer (EFT) for receipt of IHCP payments, allowing direct deposit of IHCP payments into a provider's designated bank account. EFT decreases the administrative processing required by paper checks. EFT is safe and only allows the deposit of funds into an account. EFT payments can be established on a billing provider number by submitting a completed EFT form to EDS Provider Enrollment. The form is available for download at www.indianamedicaid.com or by calling EDS Customer Assistance. For more information about establishing EFT payments contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis area or 1-800-577-1278 outside the Indianapolis area.

To All Pharmacy Providers and Prescribing Practitioners

Note: The information in this banner is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system

- On February 23, 2003, ACS State Health Care will assume pharmacy claims processing for the Indiana Health Coverage Programs (IHCP) from EDS. To assist pharmacy providers with this transition, ACS will begin testing point of sale (POS) claim submissions January 17, 2003, and continue through February 22, 2003. This article provides the information needed to submit POS pharmacy test claims to the ACS Prescription Drug Claims System (PDCS) beginning January 17, 2003.
- Testing is important when transitioning to a new claims processing system. Testing helps detect system errors before actual claims transmission begins. This POS pharmacy claims testing will allow ACS to determine if any problems or information issues exist. Additionally, testing allows providers to become comfortable with the different claim fields that are required with the PDCS, the new edits that may apply, and the new procedures that will be in place beginning February 23, 2003. Information about changes to the claim fields was provided in IHCP provider bulletin *BT200260*.
- In addition, ACS encourages providers to create their own testing scenarios. This will ensure providers obtain the best results from this testing process.
- To begin testing POS claims, the following information is required:
 - A valid IHCP provider number
 - Test BIN number – 610084
 - Test PCN – DRRXTEST

*Note: Changes to the 3C transaction set for the POS claims submission process other procedural changes was included in IHCP provider bulletin *BT200260* and in the transition guide distributed at the provider training sessions.*

- Questions about the testing should be directed in writing to Indiana.ProviderRelations@acs-inc.com or by calling the ACS POS help desk at (866) 645-8344. When calling the ACS POS help desk providers must explain their questions to a representative and the questions will be forwarded to Provider Relations. Provider Relations will respond.

To All Hoosier Healthwise MCO-enrolled Primary Medical Providers:

- Effective January 1, 2003, Hoosier Healthwise primary medical providers (PMPs) enrolled with a managed care organization (MCO) will no longer receive semi-monthly member enrollment rosters from EDS. The MCO networks currently provide, and will continue to provide, member enrollment roster information to their contracted network PMPs. The OMPP is implementing this change as a program cost control measure. This change does not affect PMPs enrolled in the PrimeStep primary care case management program. PrimeStep PMPs will continue to receive membership roster information from EDS on a semi-monthly basis.

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I M P O R T A N T P H A R M A C Y U P D A T E

DECEMBER 31, 2002

To: All Pharmacy Providers and Prescribing Practitioners

Subject: Revised Date for Processor Change

Note: The information in this document is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system

Overview

The change in the Indiana Health Coverage Programs (IHCP) pharmacy claims processor from EDS to ACS State Healthcare, previously scheduled for January 1, 2003, will now occur February 23, 2003. ACS and EDS are jointly committed to a transition that is essentially transparent to the provider community. The additional time afforded by extending the change in processor date will better allow providers to incorporate into their businesses the transition-related information they obtain through bulletins, banner page messages, and the statewide training sessions. The additional time will also provide ACS and EDS enhanced capability to test and re-test the new system. The purpose of this document is to inform providers about how the extension date of the pharmacy claim processor change affects the pharmacy claim processing requirements that were communicated in IHCP provider bulletin *BT200260*.

Provider questions about the changes or the extension date should be directed in an e-mail that includes a detailed description of the questions to: Indiana.ProviderRelations@acs-inc.com or by telephone to the ACS Point of Sale (POS) Help Desk at 1-866-645-8344.

This document addresses updates to the changes in pharmacy claim processing that were communicated in IHCP provider bulletin *BT200260* for the following areas:

- Instructions for claims submission
- Help desk numbers
- Other changes

Instructions for Claims Submission

Paper Claims Using the Indiana Family and Social Services Administration Drug Claim Form

Through February 13, 2003, providers must continue to mail pharmacy claims on the Indiana Family and Social Services Administration (IFSSA) Drug Claim Form to EDS at the following address:

**EDS Pharmacy Claims
P.O. BOX 7268
Indianapolis, IN, 46207-7268**

After February 13, 2003, providers must mail pharmacy claims on the IFSSA Drug Claim Form to ACS at the following address:

**Indiana Pharmacy Claims
C/O ACS
P.O. Box 502327
Atlanta, GA 31150**

Provider Electronic Solutions

Provider Electronic Solutions can be used to send pharmacy batch and POS claims through February 22, 2003. After February 22, 2003, *Provider Electronic Solutions* can still be used to verify eligibility, but cannot be used to submit pharmacy claims.

National Electronic Claims Submission

National Electronic Claims Submission (NECS) can be used to send pharmacy batch and POS claims through February 22, 2003. After February 22, 2003, NECS can still be used to verify eligibility, but cannot be used to submit pharmacy claims.

Point of Sale

EDS will continue to accept POS claims through midnight February 22, 2003. Effective at noon February 23, 2003, POS claims must be submitted to ACS. After midnight February 22, 2003, the pharmacy claim processing system will be down for no more than twelve hours to transfer files necessary for the pharmacy claim processor change. If a fill of an emergency prescription is required between midnight February 22, 2003, and noon February 23, 2003, providers must follow the current paper claim emergency dispensing procedures. Nonemergency prescriptions filled during the downtime will be subject to normal edits.

For a full description of the POS changes required including the revised pharmacy claim format (now effective February 23, 2003), please see IHCP provider bulletin *BT200260*.

Batch Claims

EDS will continue to accept electronic pharmacy batch claims through 5 p.m. February 22, 2003. Providers should continue to use their EDS ID for batch claims submission when submitting claims to EDS. Changes to the current NCPDP 1.0 batch format are required beginning February 23, 2003, and are referenced in IHCP provider bulletin *BT200260*.

Note: Pharmacy claims submitted using Provider Electronic Solutions and NECS will not be processed after 5 p.m. February 22, 2003.

For a full description of the required batch changes, including the revised payor sheet (now effective February 23, 2003), please refer to IHCP provider bulletin *BT200260*.

Helpdesk Numbers

Customer Service Helpdesk

Through February 22, 2003, providers should continue to contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278 for claim related questions.

Other Changes

Third Party Liability Cost Avoidance Procedures

When members are identified as having pharmacy insurance coverage, providers must bill the pharmacy insurance carrier prior to submitting the claim to the IHCP and the system will continue to return an informational edit. Beginning February 23, 2003, the National Council for Prescription Drug Program (NCPDP) reject reason of 41 – *Submit Bill to Other Processor or Primary Payor*, will return a denial edit.

For a full description of third party liability (TPL) pharmacy claim processing procedures, please refer to IHCP provider bulletins *BT200221* and *BT200260*.

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