



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 October 7, 2003, weekly provider paper remittance advice (RA) did not report the claim detail allowed amount information. This information resumed on the October 14, 2003, paper RA for CMS-1500, dental, and pharmacy claims. All other claims will resume the detail allowed amount with the October 21, 2003, paper RA.

Affected paper RAs for the weeks of October 7 and 14, 2003, were reprocessed and mailed to providers last week. For current claim detail information, providers may use the claim inquiry function available through Web interChange. Providers are reminded to bill the Indiana Health Coverage Programs (IHCP) an amount no greater than the provider's usual and customary charge to the general public for the same service, in accordance with their *Medicaid/Children's Health Insurance Program Provider Agreement*.

Please note that the claim detail paid amount will replace the detail allowed amount on future RAs and this modification will be communicated to providers in advance of the change.

- Health Insurance Portability and Accountability Act (HIPAA) compliant electronic transactions are effective October 16, 2003. The federal government has not delayed the compliance date, but will allow health plans to implement contingency plans to help ensure providers are paid in a timely manner while completing the transition to HIPAA compliant transactions. A list of all trading partners and their testing status is available on the IHCP Web site at www.indianamedicaid.com. To participate in the contingency plan, each trading partner must notify the IHCP that they understand compliance must be reached soon after October 16, 2003, and are working diligently toward compliance.

For information about the IHCP compliance contingency plan and participation, refer to the [IHCP Contingency Plan](#) link on the IHCP Web site. To participate in the contingency plan, send an e-mail to INXIXElectronicSolution@eds.com by November 3, 2003, with the information described on this Web page. The IHCP received a significant response by October 15, 2003, but a number of providers have not yet registered. Direct questions about this information to the Electronic Solutions Help Desk at (317) 488-5160 in the Indianapolis local area or 1-877-877-5182.

- All Web interChange transactions, including electronic claim submission, are subject to HIPAA requirements. Refer to the IHCP companion guides on the IHCP Web site at www.indianamedicaid.com for new or modified requirements for electronic claim submission or other electronic transactions, which also apply to Web transactions. Companion guides are located in the manuals section and the HIPAA section of the IHCP Web site.
- Effective October 16, 2003, Provider Electronic Solutions and NECS will no longer be available for eligibility verification.

Providers have the option of using Web interChange, automated voice response (AVR), or choosing an approved software vendor or clearinghouse for the 270/271 *Health Care Eligibility Benefit Inquiry and Response* transaction.

- Providers are reminded that the HIPAA-compliant OMNI upgrade must be downloaded immediately. IHCP provider bulletin *BT200303*, published January 31, 2003, provides download instructions.

Direct questions about the OMNI device download to the OMNI Help Desk at (317) 488-5051 in the Indianapolis local area or 1-800-284-3548.

- Effective September 26, 2003, the IHCP accepts paper attachments for electronic claims transactions 837D, 837I, and 837P. Effective October 2, 2003, Web interChange claims follow the same attachment requirements. The IHCP provider bulletin *BT200364*, published September 30, 2003, has complete instructions. Providers are reminded of the following:
 - *Claims Attachment Cover Sheet* is required for each set of attachments associated with a specific claim. The attachment cover sheet is available for downloading from the IHCP Web site at www.indianamedicaid.com.
 - All fields on the form must be completed. Maximum of 20 attachment control numbers (ACN) with each attachment cover sheet.
 - ACN is required on each attachment and on each page of an attachment with multiple pages.
 - ACN must be unique per document and cannot be shared between documents. ACN can contain up to 30 characters.

Send paper attachments for electronic claims to the following address:

**EDS Claims Attachments
P. O. Box 7259
Indianapolis, IN 46207**

- In an effort to support the HIPAA implementation, EDS Customer Assistance has extended hours now through October 31, 2003. Those hours are 7 a.m. to 6 p.m., Monday through Friday, and 9 a.m. to 12 p.m. on Saturday. Contact the Customer Assistance Unit by calling (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

To All Nursing Facility and Pharmacy Providers

- This is a reminder to all nursing facility and pharmacy providers that effective October 1, 2003, legend and non-legend water products are included in the nursing facility per diem rate. This change is pursuant to a final rule, *LSA # 02-207*, which was published August 1, 2003, in the Indiana Register, *26 IR 3632*.

Therefore, legend and non-legend water products are not to be billed separately to Medicaid by the nursing facility, pharmacy, or other Medicaid provider furnishing these products.

To All Prescribing Physicians:

- ACS recently added a stepped care edit for Proton Pump Inhibitors and selected antidiabetic drugs on behalf of the IHCP. The call volume has been much greater than anticipated. ACS has added additional pharmacists to assist in answering these calls. Answer speeds are improving, and we expect the answer speeds to return to normal levels within the next one to two weeks. Future program changes and their operational impact will be more closely scrutinized. We apologize for any inconvenience, and we thank you for your continued support of the IHCP.

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