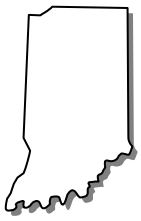

# IMPORTANT INFORMATION

BR200452 DECEMBER 28, 2004

## To All Providers:

- The Indiana Health Coverage Programs (IHCP) will upgrade system servers and databases the weekend of January 15 – 16, 2005. Usage of the IHCP Web interChange Web site will be limited during this time as well as eligibility verification through OMNI and the Automated Voice Response System (AVR). Providers should review the following table for more information concerning the system maintenance window.

| System Function | Unavailable Start Time | Unavailable End Time |
|---|---|---|
| Web interChange Claim Submission | 8 a.m. January 15, 2005 | 4 a.m. January 16, 2005 |
| Web interChange Eligibility Inquiry | 8 a.m. January 15, 2005 | 4 a.m. January 16, 2005 |
| Web interChange Claim Inquiry | 8 a.m. January 15, 2005 | 4 a.m. January 16, 2005 |
| Web interChange Check Inquiry | 8 a.m. January 15, 2005 | 4 a.m. January 16, 2005 |
| OMNI Eligibility Verification | 6 p.m. January 15, 2005 | 4 a.m. January 16, 2005 |
| Automated Voice Response (AVR) | 6 p.m. January 15, 2005 | 4 a.m. January 16, 2005 |

  Web interChange users can use OMNI or AVR from 8 a.m. January 15, 2005, to 6 p.m. January 15, 2005, for eligibility verification even though Web interChange will not be available during that time. The AVR telephone number is (317) 692-0819 in the Indianapolis local area or 1-800-738-6770.
  The completion time for the server upgrade process is an approximation. Web interChange, OMNI, and AVR may be available prior to 4 a.m. on January 16, 2005. Providers may attempt to send transactions prior to that time. Efforts are being made to reduce the period of time that Web interChange eligibility verification is unavailable. Future banner articles will contain updated information. This system maintenance will not affect providers submitting batch claims by modem dial-up. Questions about this system maintenance announcement should be addressed to the Electronic Data Interchange (EDI) Solutions Help Desk at (317) 488-5160 in the Indianapolis local area or 1-877-877-5182.
- All IHCP telephone lines will be closed for the holidays on December 24, 2004, and December 27, 2004, resuming regular business hours for December 28, 2004, through December 30, 2004. Additionally, all IHCP telephones lines will be closed for the holidays on December 31, 2004. Beginning January 3, 2005, the all IHCP telephone lines will resume regular business hours.
- Due to the addition of new Managed Care Organizations (MCOs) in 2005, the IHCP has updated the eligibility verification responses. As of January 1, 2005, the name of the MCO network appears on the eligibility response if the member is assigned to a network within the MCO for the time period of the eligibility request.
  The additional information provided in the eligibility response appears after a second label under the Managed Care section of the response. This label lists the MCO network, if available.
  Beginning January 1, 2005, OMNI terminals will display a second Managed Care Organization segment. This segment will display the MCO network information if available. To change the label verbiage to Managed Care Network, providers must perform an OMNI download. This download is not required in order to receive the MCO network information. The download will only change the name of the segment label.
  Beginning January 1, 2005, automated voice-response (AVR) and Web interChange will provide MCO network assignment information when it is available for dates of service inquiries of January 1, 2005, and after.
  Providers using other forms of eligibility verification, including the 270/271 interactive or batch transactions, must contact their vendor to ensure that the MCO network information can be provided.
  A prerelease 270/271 eligibility benefit transaction companion guide and testing procedures are available in the vendor section of the IHCP Web site under EDI Solutions at www.indianamedicaid.com.
- The Office of Medicaid Policy and Planning (OMPP) will hold a series of public meetings on the transition to mandatory risk-based managed care in southern Indiana. The details of the next scheduled public meetings on the transition to mandatory risk-based managed care is as follows:
  - Lawrence and Monroe Counties area public meeting: The meeting will be held from noon to 1 p.m. on January 6, 2005, at Bloomington Hospital's Wegmiller Auditorium, 601 West Second Street, Bloomington, IN.
  - Vanderburgh County area public meeting: The meeting will be held from noon to 1 p.m. on January 12, 2005, at Deaconess Hospital's Bernard Schnacke Auditorium, 600 Mary Street, Evansville, IN.

  The agenda will include a brief presentation from OMPP and all the Managed Care Organizations (MCO) will be available to answer questions.

## To Hospice and Nursing Facilities Providers:

- The IHCP has a change order in place for Indiana*AIM*, Indiana Medicaid's claims processing system that will expedite the adjustment of hospice claims for room and board under the IHCP hospice benefit. A change order is a request to modify Indiana*AIM* to accommodate changes to prior authorization (PA) or claims payment procedures. The purpose of this banner page is to provide an update on the status of this change order.

The nursing facility retro rate adjustment process currently adjusts nursing facility claims when a rate change occurs during the quarters beginning January 1, April 1, July 1, and October 1 of the calendar year. This process does not currently look for hospice claims billed under bill type 822, hospice revenue codes 653,654, 659, 183 and 185. The modification change order would permit Indiana*AIM* to identify hospice claims with the previously mentioned hospice revenue codes to mass claims adjust similar to the nursing facility claims. The IHCP had estimated that this change order would be completed by December 29, 2004; however, this date is not feasible due to the complexity of the system changes. Providers are asked to look for further notification about this change order in upcoming IHCP banner pages and IHCP newsletter articles.

## To Pharmacy and Prescribing Physicians:

- The Myers and Stauffer Pharmacy Help Desk telephone number has been changed to (800) 591-1183. This telephone number will ring directly to the Pharmacy Help Desk, which is operational 8 a.m. to 5 p.m. Monday through Friday. After hours callers may leave a message or submit comments by e-mail to pharmacy@mslc.com. The telephone number (800) 877-6927 may still be used for non-pharmacy related inquiries.

## To Hospital Providers:

- A hospital-specific remittance will be added to the December 14, 2004, claim payment total as indicated in a letter from Myers and Stauffer LC dated November 22, 2004, to qualifying acute care hospitals. This hospital-specific payment amount for state fiscal year ending June 30, 2004, is listed on the financial transaction page of the remittance advice (RA), and is included in the total check amount for the week. Please refer to the *Indiana State Plan Attachment 4.19-A pages 1I – 1M*, effective July 1, 2003, for more information on the Hospital Care for the Indigent (HCI) program.
  The HCI program for SFY 2004 and thereafter, has changed and now requires qualifying acute care hospitals to submit UB-92 claim forms for an approved member for approved time periods to the State HCI Unit in order to receive the additional Medicaid add-on payment. All UB-92 claim forms submitted for a HCI member must include the member's social security number in box 60 of the claim form.

## To Home Health Providers:

- Home health providers may have noticed claims denying for edit 6750 – *no more than 30 home health therapy hours within 30 days of hospital discharge*, and edit 6155 – *nursing services and home health aid services are limited to 24 units a day*. These claims may have denied inappropriately. A mass reprocess and adjustment for these claims was completed on the November 30, 2004, remittance advice (RA). Claims with date of services January 1, 2004, through October 31, 2004, were affected by this issue. If you have any questions, please contact customer assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

## To Transportation Providers:

- Prior to January 1, 2004 transportation providers were required to submit mileage when traveling over 99 miles utilizing two different procedure codes. As of January 1, 2004, transportation providers are reminded when billing mileage for transportation services in conjunction with base codes of; Advanced Life Support (ALS), Basic Life Support (BLS), Commercial Ambulatory Services (CAS), or Non-Ambulatory Services (NAS) the provider must bill for **all** mileage utilizing the appropriate A0425 mileage code. Mileage should not be fragmented. The total mileage for both the to and from trip should be submitted on one detail line utilizing the appropriate code listed below:

| Code | Description |
|---|---|
| A0425 U1 | ALS ground mileage, per statute mile |
| A0425 U2 | BLS ground mileage, per statute mile |
| A0425 U3 | CAS ground mileage, per statute mile |
| A0425 U5 | NAS ground mileage, per statute mile |

For example, a provider takes member on an ambulatory (CAS) round trip and travels a total of one hundred and twenty four miles. The table below lists the correct billing procedure.

| | Procedure | Code Units |
|---|---|---|
| Trip | T2003 | 2 |
| Mileage | A0425 | 124 |

The IHCP performed a review of claims billed utilizing this billing practice and discovered that some providers have billed their claims with multiple mileage codes for the same member, same base, and same date of service. Therefore, deducting 10 miles from each mileage code. The IHCP will systematically mass adjust these claims to correct this underpayment. This mass adjustment should begin to appear on providers remittance advice (RA) on December 28, 2004.
If the provider makes a round trip for the same member, same date of service, and same level of base code, both runs should be submitted on the same detail with two units of service to indicate a round trip. Additionally, the mileage should be billed on the same detail with the total number of miles associated for the roundtrip.
If the provider transports a member on the same date of service, but different trip levels, for example the to trip was a CAS trip, and the return trip was a NAS trip with mileage for each base. These base trips must be billed on two different claims along with the appropriate mileage for each base.
The IHCP performed a review of claims billed utilizing the above billing practice and noted that some providers have been underpaid. The IHCP issued a letter on December 3, 2004, to the affected providers with specific instructions for correcting this situation.