



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 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.

- 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 IndianaAIM, 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 IndianaAIM 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 IndianaAIM 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:

- Effective December 23, 2004, the State Maximum Allowable Cost (State MAC) rate for Levothyroxine 150 MCG tablets was updated to \$0.3541.

Please direct questions concerning the State MAC for legend drugs program to the Myers and Stauffer Pharmacy Help Desk at (317) 846-9521 or (800) 591-1183, or by e-mail at pharmacy@mslc.com.

- 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 II – IM*, 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.