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To All Indiana Health Coverage Programs Providers:

- As referenced in bulletin *BT199934, Electronic Claim Submission Telephone Number Change*, dated November 1, 1999, the Electronic Claims Submission (ECS) network has upgraded communication capabilities and changed the telephone numbers used to access the network. Providers and software vendors have been informed to change the telephone numbers used to send claims electronically. All National Electronic Claims Submission (NECS) users should now be using (317) 713-1894. All asynchronous xmodem and asynchronous UUCP providers should be using (317) 713-1895. Providers that are unsure of their method of transmission or are unsure if their telephone number has changed, should contact their software vendor.

Providers must change these telephone numbers before March 1, 2000. After that date, the previous dial-in telephone numbers will no longer be connected.

For any questions regarding the telephone number changes, please contact the Electronic Claims Help Desk at (317) 488-5160.

- Providers were notified in bulletin *BT199942, Package C Eligibility Verification System Upgrade*, dated December 3, 1999, of changes to the Eligibility Verification System (EVS) that include the Automated Voice Response (AVR), OMNI, and NECS. Specifically, providers are reminded that to activate the eligibility changes on the OMNI terminal, it is necessary to download the terminal **on or after January 10, 2000**. Additionally, all NECS users should have received version 3.00 of the NECS software. This software must be installed to receive the new eligibility indicators associated with the implementation of Package C. If you have not received version 3.00 of NECS, please contact the Electronic Claims Help Desk at (317) 488-5160. Version 3.00 of NECS is also available on the Indiana Medicaid Web site, www.indianamedicaid.com.

In bulletin *BT200008, Upgrade to OMNI Eligibility System and Necessary OMNI Terminal Downloads*, dated January 5, 2000, providers are notified of implementation dates associated with the OMNI terminal download. Specifically, this bulletin states that all previous versions of the OMNI software will not be allowed beginning February 1, 2000. EDS has extended the grace period to **March 1, 2000**, for using all previous versions of NECS. However, effective March 1, 2000, providers who have not downloaded OMNI terminals or installed version 3.00 of NECS will not be able to access the eligibility system.

- The purpose of this banner message is to notify providers of a change to the disposition of explanation of benefits (EOB) codes related to the third party liability (TPL) edits. Providers currently receive a claim correction form (CCF) when encountering these edits on electronic claims. Beginning with claims processed on or after February 1, 2000, providers will no longer receive a CCF for the following edits. Instead, the edits will be set to deny and providers will receive the following error messages:

- **EOB 2500/2501:** This recipient is covered by Medicare Part A. Therefore, claims must first be filed with Medicare.
- **EOB 2502/2503:** This recipient is covered by Medicare Part B. Therefore, claims must first be filed with Medicare.
- **EOB 2504/2505:** This recipient is covered by a private insurance company that must be billed prior to Medicaid.

This change is a result of communication from major health care associations regarding industry policies, third party carrier response times, and claim research performed by EDS revealed that more than 80 percent of CCFs for these edits were not returned.

Note: Claims processed on or after February 1, 2000, will deny with the EOB codes listed above and will not generate a CCF.

Providers should file with any noted primary carriers and submit the claim and necessary attachments to EDS at the appropriate claim processing post office box.

- Providers are **strongly encouraged** to take advantage of one of the 70 statewide training sessions in the following three months. A registration form and a complete schedule of workshop dates were in bulletin *BT199929, Hoosier Healthwise Package C Training Schedule*, dated November 24, 1999, and are also available on the Indiana Medicaid Web site, www.indianamedicaid.com.

Providers were notified in bulletin *BT199929* of a series of Indiana Health Coverage Programs (IHCP) training sessions developed by EDS, the Children's Health Insurance Program Office (CHIP Office), and the Office of Medicaid Policy and Planning (OMPP). The Hoosier Healthwise Package C training schedule began December 16, 1999, and will continue through March 21, 2000. These training sessions cover pertinent information regarding the restructuring of the IHCP and the implementation of Hoosier Healthwise Package C – CHIP.

To All Indiana Health Coverage Programs Pharmacy Providers:

- The following labelers have entered into drug rebate agreements and have joined the rebate program effective January 1, 2000:
 - Trigen Laboratories (Labeler Code 59746)
 - Adams Laboratories (Labeler Code 63824)
 - Cebert Pharmaceuticals, Inc. (Labeler Code 64019)
 - Women's Capital Corporation (Labeler Code 64836)
 - Bone Care International, Inc. (Labeler Code 64894)
 - Zyber Pharmaceuticals, Inc. (Labeler Code 65224)
- The following labelers were terminated from the rebate program effective January 1, 2000:
 - Consolidated Pharmaceutical Group, Inc. (Labeler Code 61423)
 - York-Koller, Inc. (Labeler Code 64356)
 - Schere Laboratories, Inc. (Labeler Code 00274)
 - American Pharmacal, Inc. (Labeler Code 00353)
 - York Pharmaceuticals, Inc. (Labeler Code 11441)
 - Innercare (Labeler Code 53723)