IMPORTANT INFORMATION

BR200005 FEBRUARY 1, 2000

To All Indiana Health Coverage Programs Providers:

- On January 10, 2000, the Eligibility Verification System (EVS) which encompasses Automated Voice Response (AVR), OMNI, and National Electronic Claims Submission (NECS) was updated to reflect the IHCP structure and associated benefit packages. The 590 and traditional program remains the same; however, the term *Hoosier Healthwise* no longer refers exclusively to the managed care programs.

  IHCP Provider Bulletin, BT199942, Package C Eligibility Verification System Update, dated December 3, 1999, outlined specific information about how eligibility was reflected prior to January 10, 2000, and how it is reflected after January 10, 2000. The *IHCP Provider Manual*, dated September 1999 has not been updated with the new benefit package information; however, general patient eligibility information can be found in Chapter 3 of the new manual.

  Additionally, EDS is sponsoring provider workshops in several statewide locations that cover in detail information regarding the IHCP structure and associated benefit packages, specifically focusing on the Hoosier Healthwise Package C benefit package. The Indiana Medicaid Web site, *www.indianamedicaid.com* contains all of the provider bulletins and banner pages pertaining to this matter, as well as, the complete provider workshop training schedule.

  The Hoosier Healthwise Program has been expanded and redefined in the following table:

  Table 1.1 – Benefit Package and Coverage Description

Benefit Package	Coverage
Package A – Standard Plan	Full coverage for children, low-income families, and some pregnant women.
Package B – Pregnancy Coverage Only	Pregnancy-related and urgent care services for some pregnant women. Formerly referred to as *Pregnancy and Urgent Care Only*
Package C – Children's Health Plan	Preventive, primary, and acute care services for some children under 19 years of age.
Package D – Hoosier Healthwise for People with Disabilities (HHPD) and Chronic Illnesses	Full coverage with case management services. *Note: This benefit package ended on December 31, 1999.*
Package E – Emergency Services Only	Individuals enrolled in this package are eligible for emergency services only including labor and delivery up to the time the mother is stable. Formerly referred to as *Undocumented Alien*

- 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.

To All Indiana Health Coverage Programs Pharmacy Providers:

> *Note: This information is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system.*

- On February 7, 2000, enhancements to Indiana*AIM* will be applied to the claims processing system that will deny payment of claims for over-the-counter (OTC) drugs **not included** on the Indiana Medicaid OTC Drug Formulary. The formulary, developed and implemented in conjunction with recommendations from the Indiana Medicaid Drug Utilization Review Board, contains the major therapeutic categories of OTC drugs. The OMPP **strongly urges** pharmacy providers to re-evaluate procedures to ensure that prescribed OTC drugs are included on the Indiana Medicaid OTC Drug Formulary before dispensing and billing the IHCP. A copy of the Indiana Medicaid OTC Drug Formulary is available in the new *IHCP Provider Manual*, *Chapter 9*, *Appendix D*. If you have any questions regarding the formulary status of any particular OTC drug, please contact the POS/Pro-DUR Help Desk at 1-877-877-5182.