



**I M P O R T A N T   I N F O R M A T I O N**

BR200109

FEBRUARY 27, 2001

**To All Hoosier Healthwise PrimeStep/PCCM Primary Medical Providers:**

*Note: As of December 2000, certification code letters look different. The new style has certification code information printed on the inside of one sheet that is folded and pressure-sealed with address information on the outside.*

- To improve distribution during high volume mailing periods, all quarterly certification code letters are generated earlier and should arrive three weeks before each new quarter begins. Certification code letters for the second quarter of 2001 will be mailed on March 6, 2001.

**Certification code letters are always mailed to the service location where the primary medical provider (PMP) is enrolled.** PMPs associated with a group receive certification code letters at the address on file for their PMP group service location. PMPs in individual practices receive certification code letters at the address on file for their PMP individual service location. Please direct any questions to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

**To All Indiana Health Coverage Programs Providers:**

- HCFA and UB92 crossover forms have been updated to include changes recommended by the provider community, and Version 2 is now available on the Indiana Health Coverage Programs (IHCP) Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com). These forms can be downloaded free of charge for electronic use or printing. The previous version is accepted by EDS, but providers are encouraged to use the new version as soon as possible. The mandatory date for use of these forms has been extended to July 2, 2001. These forms should only be utilized for claims that do not automatically crossover to the IHCP. Please direct questions to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

**To All Indiana Health Coverage Programs Nursing Facilities and Large and Small Intermediate Care Providers for the Mentally Retarded (ICFs/MR):**

- Long-term care claims for dates of service on or after February 1, 2001, will deny when the number of accommodation units known as revenue codes 1xx, 183, or 185 exceeds the number of *from* and *through* days covered at the header of form locator 6 on the UB-92 claim. Claims will deny with explanation of benefit (EOB) code 4219 – *Units Billed Exceed Days Covered*. Please verify and resubmit.

At the request of the Office of Medicaid Policy and Planning (OMPP), EDS has initiated edit 4219. Monthly claims monitoring indicated frequent instances of billing for a higher number of accommodation days than *from* and *through* days on long-term care claims. Prior to the activation of edit 4219, EDS adjusted claims to correctly reflect the number of units billed. Edit 4219 will enable the provider to identify claims that may reflect data entry errors; enabling the provider to analyze the quality and accuracy of claim submission to EDS.

In summary, any long-term care claim billed for dates of service on or after February 1, 2001, will deny when the number of accommodation units known as revenue codes 1xx, 183, or 185 exceeds the number of *from* and *through* days covered at the header of form locator 6 on the UB-92 claim. The remittance advice will list EOB 4219 - *Units Billed Exceed Days Covered. Please verify and re-submit.* After this denial is received, the provider should correct the number of accommodation units and *re*-submit the claim. Please direct any questions to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.



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**P R O V I D E R W O R K S H O P S**

The Office of Medicaid Policy and Planning (OMPP), the Office of Children’s Health Insurance Program (CHIP), and EDS invite all Indiana Health Coverage Programs (IHCP) providers to attend the 2001 first quarter IHCP workshops free of charge. The morning session will begin promptly at 9 a.m., and is designed for newly enrolled providers and new billing analysts. It can also be used as a refresher for all providers and billers. Directions to workshop locations will be available on the IHCP Web site by Friday, March 2, 2001.

**Table 1.1 – IHCP Workshop Locations**

<b>Workshop Date</b>	<b>Registration Deadline</b>	<b>City</b>	<b>Location</b>
March 7, 2001	March 5, 2001	Evansville	Deaconess Hospital Auditorium 600 Mary Street Evansville, Indiana
March 12, 2001	March 8, 2001	Indianapolis	Wishard Hospital - Tutor Auditorium 1001 West 10 <sup>th</sup> Street Indianapolis, Indiana
March 21, 2001	March 19, 2001	Crown Point	St. Anthony Medical Center Marian Education Center 1201 South Main Street Crown Point, Indiana
March 26, 2001	March 22, 2001	New Albany	Floyd Memorial Hospital Health Education Center, Classrooms 1-4 1850 State Street New Albany, Indiana
March 29, 2001	March 27, 2001	South Bend	Memorial Hospital-South Bend Auditorium 615 North Michigan Street South Bend, Indiana

**Table 1.2 – Session Information**

<b>Time</b>	<b>Topic</b>
9:00-11:45 a.m.	IHCP 101 Workshop <ul style="list-style-type: none"> <li>• Contractor responsibilities</li> <li>• Member eligibility</li> <li>• Qualified Medicare beneficiary (QMB)</li> <li>• Spenddown</li> <li>• Third party liability (TPL)</li> <li>• Hoosier Healthwise</li> <li>• Claim processing guidelines</li> </ul>
1:00-1:45 p.m.	Provider Electronic Solutions <ul style="list-style-type: none"> <li>• Web Demo</li> </ul>
2:00-2:45 p.m.	New Crossover Claim Forms <ul style="list-style-type: none"> <li>• Common filing errors on both UB-92 and HCFA Crossover claim forms</li> <li>• Effect of provider numbers on the automation process</li> <li>• Trading partner participation with the IHCP programs</li> </ul>
3:00-3:30 p.m.	Question and Answer Session/Meet your Provider Relations Field Consultant

**Registration: Please print or type the information below and fax to (317)-488-5376.**

Name of Registrant (s) \_\_\_\_\_  
\_\_\_\_\_

Provider Number \_\_\_\_\_

Provider Name \_\_\_\_\_

Provider Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Provider Telephone \_\_\_\_\_ Provider Fax \_\_\_\_\_

I (we) will attend:     both sessions         a.m. session only         p.m. session only

*Note: Seating for these sessions is limited to two registrants per provider number. An EDS staff member will contact your office prior to the workshop to confirm your attendance. These workshops will be offered each quarter and information about future workshops will be forthcoming. Please direct any questions regarding these workshops to EDS representatives at (317) 488-5195.*