



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 Indiana Health Coverage Programs Transportation Providers:

- The mass adjustment performed March 6, 2001, for transportation providers billing procedure codes X3033, A0150, and Y9001 will be corrected June 29, 2001. Accounts receivable established as a result of the mass adjustment will be moved to reflect this date. EDS will systematically reprocess all affected claims.

To All Indiana Health Coverage Programs Rendering Providers Enrolled On Or After May 31, 2001:

- Due to the changes for rendering billing, updates to the EDS Eligibility Verification System (EVS) are necessary to enable a rendering provider to verify eligibility without using a service location. A rendering provider only serves as part of a group, and does not bill claims. **These changes only affect rendering providers enrolled on or after May 31, 2001.** These rendering providers are enrolled without service locations. All other providers must continue to use a valid service location when verifying eligibility. The following changes were implemented May 31, 2001:

The **Automated Voice Response System (AVR)** will now allow rendering providers enrolled on or after May 31, 2001, without service locations to use a space as a location code. Providers can enter a space in the AVR system by entering ***13**.

The **OMNI** eligibility system is being updated to allow rendering providers enrolled on or after May 31, 2001, without service locations to use a space as a location code. When the OMNI terminal displays **LOCATION CD A**, users will enter the number **0**, and then press the **alpha** key twice to enter a space instead of a provider location code. To activate this update, a terminal download is necessary. An upcoming bulletin will provide instructions for a terminal download. Instructions are also available on the www.indianamedicaid.com Web site.

The **Provider Electronic Solutions** software is being upgraded to allow rendering providers enrolled on or after May 31, 2001, without service locations to check eligibility without using a service location code with the provider number. Provider Electronic Solutions users will receive a letter within the next thirty days with further information and upgrade instructions.

Please direct questions about these EVS changes to the EDS Provider Electronic Solutions Help Desk at (317) 488-5160.

To All Indiana Health Coverage Programs Providers:

- Please send any updates such as address changes, recertifications, EFT changes, or changes of ownership to the following address:

**EDS – Provider Enrollment
PO Box 7263
Indianapolis, IN 46207-7263**

Please direct questions about updates to EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278, *option 3*.

- System changes, designed to minimize incorrect billing practices, were implemented effective May 31, 2001. These changes may cause an increase in claim denials beginning in June. Providers who notice increased claim denials should

refer to bulletin *BT200115* for information about the change and for instructions on how to submit claims correctly to prevent denials.

- This is a clarification to bulletin *BT200121* dated May 21, 2001. *BT200121* contained contact information for the Hoosier Healthwise Managed Care Organizations (MCOs). The central Indiana MCO named MDwise was incorrectly listed as *IU Health Plan/MDwise*. The correct name is *MDWise*. We apologize for any inconvenience this may have caused.

To All Indiana Health Coverage Programs Long Term Care, Hospice, Durable Medical Equipment, and Transportation Providers:

- 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) long-term care, hospice, durable medical equipment (DME), and transportation providers to schedule appointments for claim research days on the dates below. All claim research appointments will be held at EDS, located at 950 North Meridian Street, Suite 1150, Indianapolis, Indiana. Each appointment will be thirty minutes in length, with a maximum of two appointments per provider number. Appointments will be scheduled every half-hour from 8:30 a.m. until 4 p.m. with a lunch break from 12 p.m. until 1 p.m. each day. Appointments will be accepted as long as openings remain. Please bring applicable documentation for each inquiry, such as a remittance advice and associated documentation, to facilitate claim research. A maximum of 20 complex claims per provider will be researched during a 30-minute appointment. Complex claims are defined as:
 - EOB denial inquiries
 - Crossover inquiries
 - Prior authorization claim denial inquiries
 - Accounts receivable (A/R) questions
 - Adjusted claim inquiries
 - Stop-pay inquiries
 - Provider enrollment issues

Please complete and fax the preliminary information below to EDS at (317) 488-5376. After this information is received, an EDS representative will call to arrange an appointment. The dates are:

| | <i># of appts</i> | <i># of appts</i> |
|-----------------------------------------------|-------------------|-------------------|
| July 10, 2001 Hospice/Long Term Care | ___ a.m. | ___ p.m. |
| July 11, 2001 Hospice/Long Term Care | ___ a.m. | ___ p.m. |
| July 12, 2001 Hospice/Long Term Care | ___ a.m. | ___ p.m. |
| July 17, 2001 Durable Medical Equipment (DME) | ___ a.m. | ___ p.m. |
| July 18, 2001 Durable Medical Equipment (DME) | ___ a.m. | ___ p.m. |
| July 25, 2001 Transportation | ___ a.m. | ___ p.m. |
| July 26, 2001 Transportation | ___ a.m. | ___ p.m. |

Provider Name: _____ Provider Number _____

Registrant Name(s): _____ Phone Number:(_____)_____

Provider Type:_____ Traveling From:_____ City / State

Please direct any questions about these appointments to an EDS representative at (317) 488-5195.