M E D I C A I D   B U L L E T I N

BT199907   FEBRUARY 23, 1999

To: All Indiana Medicaid Providers

Subject: OMNI 380 Version Change

Overview

The purpose of this bulletin is to inform all Indiana Medicaid Providers that the OMNI 380 Eligibility System has been modified to accept the new case mix methodology as of March 1, 1999. The Case Mix system of reimbursement removed the Skilled and Intermediate levels of care for recipients in nursing facilities. These designations will no longer be conveyed for the dates of service on or after October 1, 1998. Effective March 1, 1999, the valid values displayed on the OMNI for the NURSING HOME RESIDENT eligibility indicator will be:

- NURSING FACILITY for a resident who is in a nursing facility on the date of service identified and

- ICF/MR for residents who reside in an intermediate care facility for mentally retarded for the inquired date of service.

Samples of the new version OMNI printout are shown on the last page of this bulletin.

To activate the new software version it is necessary for all providers using the OMNI for eligibility verification to download their Omni terminal. This download should be performed anytime between March 1 and March 15, 1999. After March 15,1999, the original version of the OMNI software will be discontinued.

Please refer to *Indiana Medicaid Update* bulletin E98-26, *Case Mix Reimbursement*, dated August 31, 1998, and *Indiana Medicaid Update* bulletin E98-29, *Verification of Eligibility for Medicaid Recipient in Residing in Nursing Facilities*, dated August 31, 1998.

OMNI 380 Download Instructions

Please carefully read the following download instructions and complete the steps in the order listed. Once the download begins, it will take 15-20 minutes to complete. The bolded **action** words are actual functions to be performed.

Use the steps in Table 1 to perform the OMNI download.

Please perform this download after March 1, 1999, and before March 15, 1999.

Table 1 – Steps to Perform the OMNI Download

STEP	OMNI DISPLAY	ACTION
1	WELCOME TO INAIM/SELECT A TRANS	Press the **7** key.
2	MAINTENANCE	Press the **Func/Enter** key.
3	SET DATE/TIME	Press the **Func/Enter** key.
4	(Y or N)	Press the # key (No need to press the **Enter** key at this time. Proceed with step 5.)
5	PROV KEY CHANGE	Press the **Func/Enter** key.
6	(Y or N)	Press the # key (No need to press the **Enter** key at this time. Proceed with step 7.)
7	RETRY PRINTER	Press the **Func/Enter** key.
8	(Y or N)	Press the # key (No need to press the **Enter** key at this time. Proceed with step 9*).*
9	CHANGE CONFIG	Press the **Func/Enter** key.
10	(Y or N)	Press the # key (No need to press the **Enter** key at this time. Proceed with step 11.
11	INFO DISPLAY	Press the **Func/Enter** key.
12	(Y or N)	Press the # key (No need to press the **Enter** key at this time. Proceed with step 13.
13	ACTIVITY REPORT	Press the **Func/Enter** key.
14	(Y or N)	Press the **#** key (No need to press the **Enter** key at this time. Proceed with step 15
15	KEY BEEP ON/OFF	Press the **Func/Enter** key.
16	(Y or N)	Press the **#** key (No need to press the **Enter** key at this time. Proceed with step 17.
17	DOWNLOAD	Press the **Func/Enter** key.

(Continued)

Table 1 – Steps to Perform the OMNI Download (Continued)

STEP	OMNI DISPLAY	ACTION
18	`(Y or N)`	Press the ***** (**Yes** key).

19	`DIAL 18009319001`
	`or`
	`IAL 918009319001`	

20	`CONNECTED`	
21	`START DOWNLOAD`	

While **Start Download** is displayed, the telephone line connection that the OMNI is using must NOT be interrupted until one of the following messages shown in Table 2 is displayed. This will take 15-20 minutes.

Table 2 – Messages Displayed After Download Initiated

	MESSAGE	ACTION
1	`DOWNLOAD SUCCESS` (download is complete)	Press the **Clear** key twice.
2	`IS PRINTER OK`	① If you have a printer, turn it on, and press the ***/Yes** key twice. ② If you do not have a printer, then press the **#/No** key twice.
	MESSAGE	**ACTION**
1	`DOWNLOAD FAILED` (download not successful)	Call 1-800-284-3548 - OMNI help desk

If the telephone line connected to the OMNI terminal needs a 9 or some other access code to make an external call, the access code will have to be replaced in the OMNI's configuration **after the download is successful**. Table 3 outlines the steps to add the access code into the OMNI's configuration.

Table 3 – Adding the Access Code into the Configuration

STEP	OMNI DISPLAY	ACTION
1	`WELCOME TO` `INAIM/SELECT A TRANS`	Press the **7** key.
2	`MAINTENANCE`	Press the **Func/Enter** key.
3	`SET DATE/TIME`	Press the **Func/Enter** key.
4	`(Y or N)`	Press the # key (No need to press the **Enter** key at this time. Proceed with step 5.)

(Continued)

Table 3 – Adding the Access Code into the Configuration (Continued)

5	PROV KEY CHANGE	Press the **Func/Enter** key.
6	(Y or N)	Press the # key (No need to press the **Enter** key at this time. Proceed with step 7.
7	RETRY PRINTER	Press the **Func/Enter** key.
8	(Y or N)	Press the # key (No need to press the **Enter** key at this time. Proceed with step 9.
9	CHANGE CONFIG	Press the **Func/Enter** key.
10	(Y or N)	Press the ***** (**Yes** key)
11	PH=18009319001 -or- PH=9505829	Press the **8** key (**Change** key)
12	INPUT #PH	① Enter your specific access code needed to make an external call. ② Then press the ***** (**Yes** key) ③ Press the **Alpha** key.
13	9 (or other access code)	① Enter either **18009319001** or **9505829**. ② Press the **Func/Enter** key.
14		Press the **Clear** key

After the above steps have been completed, the download for OMNI is complete. The new case mix level of care reimbursement indicators will be displayed.

This download procedure will need to be completed on all OMNI terminals.

Questions

If you have any questions concerning this OMNI procedure, please call the Indiana OMNI Support Message Center at 1-800-284-3548.

```
MM/DD/YY                HH:MM
PROVIDER NUMBER:        999999999999

RID NO:                 999999999999
SSN:            999 99 9999
FIRST NAME:             XXXXXX
LAST NAME:              XXXXXX
DATE OF BIRTH: MM/DD/CCYY


RECIPIENT IS ELIGIBLE/NOT ELIGIBLE
FROM MM/DD/CCYY  TO  MM/DD/CCYY
FOR THE XXXXXX PROGRAM


INQUIRY VERIFICATION NO:   9999999999
CURRENT RECIPIENT ID:   999999999999


ELIGIBILITY INDICATORS:

MEDICARE COINSURANCE/DEDUCTIBLE ONLY
MANAGED CARE:           N/R/P/D
LOCK IN:                N/Y
SPEND DOWN:       N/Y
SPEND DOWN MET DATE:MM/DD/CCYY
MEDICARE:               PART A/B/AB
MEDICARE ID NUMBER:  9999999999
QMB:              N/O/A
OTHER PRIVATE INS:      N/Y
NURSING HOME RESIDENT:   NURSING FACILITY
PATIENT LIAB AMT:       $999,999.99
SLMB:             N/Y
ALIEN:            N/I
LIMITED PREG:     N/Y


NO LOCK-IN


NO INSURANCE


BENEFITS LIMITS REACHED?

TRANSPORTATION SERVICES:    N/Y
CHIROPRACTIC VISITS:   N/Y
OFFICE VISITS:         N/Y
```

[Revision → NURSING FACILITY]

Figure 1 — Valid Values

```
MM/DD/YY                HH:MM
PROVIDER NUMBER:        999999999999

RID NO:                 999999999999
SSN:            999 99 9999
FIRST NAME:             XXXXXX
LAST NAME:              XXXXXX
DATE OF BIRTH: MM/DD/CCYY


RECIPIENT IS ELIGIBLE/NOT ELIGIBLE
FROM MM/DD/CCYY  TO  MM/DD/CCYY
FOR THE XXXXXX PROGRAM


INQUIRY VERIFICATION NO:   9999999999
CURRENT RECIPIENT ID:   999999999999


ELIGIBILITY INDICATORS:

MEDICARE COINSURANCE/DEDUCTIBLE ONLY
MANAGED CARE:           N/R/P/D
LOCK IN:                N/Y
SPEND DOWN:       N/Y
SPEND DOWN MET DATE:MM/DD/CCYY
MEDICARE:               PART A/B/AB
MEDICARE ID NUMBER:  9999999999
QMB:              N/O/A
OTHER PRIVATE INS:      N/Y
NURSING HOME RESIDENT:   ICF/MR
PATIENT LIAB AMT:       $999,999.99
SLMB:             N/Y
ALIEN:            N/I
LIMITED PREG:     N/Y


NO LOCK-IN


NO INSURANCE


BENEFITS LIMITS REACHED?

TRANSPORTATION SERVICES:    N/Y
CHIROPRACTIC VISITS:   N/Y
OFFICE VISITS:         N/Y
```

[Revision → ICF/MR]

Figure 2 — Valid Values