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

Subject: Year 2000 Readiness Update

Overview

Indiana Medicaid update E98-44 dated December 31, 1998, and
BT199931 dated October 12, 1999, related important information
about efforts on behalf of Indiana Health Coverage Programs (IHCP)
administrative staff to ensure a trouble-free conversion to the year
2000. The previous updates stressed that which continues to be the
case: while we anticipate no problems in systems within our control,
providers should be proactive in ensuring that their systems, as well,
will function optimally. This update reiterates those facts and provides
additional important information in the following subject areas:

- Eligibility Verification Contingency Plan

- Provider Payment Contingency Plan

- Prior Authorization Contingency Plan

- Provider Testing – IHCP versus Medicare

- Prescription Refills

- NECS Modifications

- Frequently Asked Questions

We believe it critically important that both you and those involved in
the operational aspects of your business are fully cognizant of the
information in the above-referenced subject areas. Therefore, *please*
review the following text carefully, and share it with those within your
organization who are involved in your planning for conversion to the
new millennium. Our mutual efforts should ensure that the transition is
a trouble-free one.

Eligibility Verification Contingency Plan

Providers routinely verify eligibility by using the OMNI swipe card device, National Electronic Claims Submission (NECS) software, Point of Sale (POS) technology (as part of the pharmacy claim submission process), or the telephone, the latter via the Automated Voice Response System (AVR). If the provider normally uses POS, the OMNI swipe card device, or NECS software to verify eligibility, and if one of these resources is not functioning, the provider should access the AVR system. If the AVR system is not operating, the provider has the following options for verifying eligibility:

- **Contact EDS Customer Assistance at 1-800-577-1278 or 1-317-655-3240** – An EDS customer assistance representative will access the Indiana*AIM* system to verify eligibility of the recipient(s) in question. If the Indiana*AIM* system is not working, the customer assistance representative will refer to a paper report to determine the eligibility status of the recipient(s).

> *Note: If utilization of the paper report becomes necessary, please be aware that as a result of space limitations and the need to keep the report a manageable size, not all information routinely available through POS, OMNI, NECS, or AVR will be available to the provider.*

The following information will be available via the paper report:
- Whether a member is eligible for assistance effective January 1, 2000, (eligibility information for periods prior to January 1, 2000, will not be available).
- If the member is enrolled with a spenddown.

> *Note: The paper report will identify if a member has spenddown status effective January 1, 2000. Since the report is being generated prior to the end of December 1999, it will **not**, however, identify if spenddown has been met after January 1, 2000.*

If spenddown has been met for the month, the member will have a notice of spenddown eligibility issued by the local county office. The county office will issue these notices manually in the event Indiana Client Eligibility (ICES) or the Indiana*AIM* system is not functioning. Providers should ask enrolled members to present the notice of spenddown eligibility if the member claims that spenddown has already been met for the month.

- If the member is enrolled as a Qualified Medicare Beneficiary.
- If the member is restricted to pregnancy benefits only.
- If the member is restricted to select providers (i.e., recipient lock-in).
- If the member is eligible only for emergency services only.
- If the member is enrolled in Managed Care and, if so, the associated delivery system.

- **Contact the Local County Office of the Division of Family and Children** – If the provider cannot get through to EDS Customer Assistance, the provider should contact the local Division of Family and Children (DFC) office in the county in which the member resides. Telephone numbers of the county offices can be found in Section 2, Chapter 1 of the Indiana Health Coverage Programs Provider Manual.

The county office will verify eligibility either by accessing the Indiana Client Eligibility System (ICES) or, if ICES is not working, by utilizing the same paper report that EDS will use if the *AIM* system is not functioning (see above).

Provider Payment Contingency Plan

It is our intent and belief that providers will receive payments into the year 2000 in an uninterrupted manner. However, in the event of Y2K-related problems that impact on provider payments, consideration of advance payments may be given.

The following policy has been developed for provider advance payments:

- Advances will be available only if a payment disruption occurs that is attributable to a problem or problems wholly within the control of the IHCP.

- EDS must have in hand, valid claims from the provider to whom the advance is to be issued *before* a qualifying advance payment is issued. The amount of the advance cannot exceed the dollar amount of the claims in hand. Provider payment history will also be accessed in making the determination of the amount to be advanced.

- All requests for advances will be handled on a case-by-case basis, in the order in which they are received.

- Requests for advances must be directed to EDS' Client Services Unit.

Prior Authorization Contingency Plan

While it is the case that we anticipate no Y2K-related disruptions in areas within our administrative control, it is possible that outside systems (e.g., phone, FAX, mail) may experience temporary disruptions upon transition to the new year. As such, we strongly suggest that providers do the following regarding prior authorization requests being filed near the end of this calendar year:

- **If at all possible, submit your requests well in advance of the end of the year**. For example, if you are currently providing a service having an authorization that will expire at the end of the year, and you believe the service warrants continuation into the next year, consider submitting the request further in advance than you normally would. It is possible that there will be heavier than normal (even for the holiday season) mail volume at the end of the year, and submitting your requests earlier than usual will allow additional time for it to reach HCE and be processed.

- Reconsider "from-through" dates typically requested. HCE staff will be judicious in assigning, in particular, "through" dates to prior authorization requests arriving at HCE towards the end of the year, in order to minimize any impact that after-the-first-of-the-year Y2K-related disruptions may have. We suggest that, in addition to filing requests earlier than usual, you seek "from-through" dates that transcend the first month to six weeks of the new year. For example, if you would normally file a prior authorization request in mid-December for a service with an anticipated "from-through" period of January 1 through January 30, for purposes of the immediate future it would be preferable to instead file the request by the end of November, seeking "from-through" dating of January 1 through March 30. Having such authorization will ensure minimal service disruption for the recipients in the event that there are Y2K-related problems that need to be worked out at the first of the year.

- For the sake of preparedness, providers should be ready to file written prior authorization requests in the event that there are phone or FAX problems at the beginning of the new year. We anticipate that any such necessity would be brief in duration, but nonetheless it does make sense to be prepared to utilize written, mailed prior authorization requests if necessary. Therefore, please ensure that your internal administrative procedures allow for this possibility.

Unfortunately, it will not become apparent what, if any, effect the transition to the year 2000 will have on the IHCP until it actually occurs. While we have done everything feasible and reasonable to ensure that our processes and procedures are in a state of full readiness

for the transition to the new year, some aspects of the situation are simply beyond our administrative control. We realize that you, as providers, are very much in the same position. As such, it is our intent to exercise due leniency in affording retroactive consideration to prior authorization requests that may, in some fashion, be delayed or impeded by Y2K-related events*. **We ask that you not deny provision of services of an emergent nature if, for any reason, you are unable to contact HCE staff for otherwise required authorization during this period of time.*** We fully appreciate that, in spite of our mutual best efforts to preclude Y2K-related difficulties, some communication disruptions may occur that would prevent your being able to contact HCE as you normally would. Therefore, for the subject period of time we intend to afford providers reasonable leeway in promptly seeking authorization for services rendered in emergent circumstances.

Provider Testing – IHCP Versus Medicare

We have been asked why IHCP opted not to do Y2K-related provider testing to the same extent as did Medicare. The reason is that Medicare changed claim formats and therefore needed to verify formats with each of their providers. Since the IHCP has not changed formats, there was only a need to verify that each claim type that contains year 2000 dates can be processed. Had these tests produced unexpected results, then EDS would have proceeded with testing with individual providers. Since the tests produced no unexpected results, the likelihood of a Y2K processing problem is remote, and therefore it has been determined to not be necessary to burden providers with testing processes.

It is critically important that providers continue to submit claims in the same format that is currently in use. Please do not change the format. Modifying your claim submission format will result in your claims not being processed.

Prescription Refills

As stated herein and in the previous bulletins regarding Y2K, we anticipate that all IHCP computer-based systems will function appropriately at the turn of the year. We realize, however, that because of trepidation on the part of some regarding the possibility of Y2K-related problems, "stocking up" on prescribed medications toward the end of the year may present as a trend. We ask that pharmacists use their professional judgement when larger than normal dispensed quantities are requested attributable to year 2000 fears. Please bear in

mind that the IHCP is a tax-funded program and that eligibility of a beneficiary is determined on a monthly basis; as such, unreasonable hoarding of prescribed drugs is disadvantageous for the beneficiary as well as wasteful of tax funding.

NECS Upgrade

Associated with the transition to the year 2000 and advent of the Package C program, EDS has determined that it will be necessary to upgrade NECS software. NECS users will soon receive a bulletin containing more information on this matter, and later still will receive a software packet containing all relevant information and instructions.

Frequently Asked Questions Regarding Y2K

Will there be any downtime?

We do not anticipate any unscheduled downtime. The regularly scheduled downtime for the eligibility verification and POS systems is 4:00 a.m. to 5:00 a.m. This will continue to be the scheduled downtime in 2000. Additionally, the AVR and POS systems will be unavailable for one hour from 11:30 p.m. December 31, 1999, to 12:30 a.m. January 1, 2000, as we transition our systems to the new year. Any changes to this schedule will be communicated to providers.

What should I do if I can't verify eligibility using the usual methods?

1. Try the AVR system.

2. If AVR fails, call EDS Customer Assistance. They will use *AIM* or the backup report to assist in this process.

3. If the previous methods fail, call the DFC county office. They will use their system or the backup report.

Which claim transaction formats will change?

Providers need not change any claim formats. The UB92 electronic crossover claim format is the only claim format that has changed. Only AdminaStar submits UB92 electronic crossover claims and we have verified with them that these changes have been completed. The non-crossover UB92 claim and all other claim formats have not changed for Y2K.

Will the Remittance Advice change?

No. Some date fields are now displayed in two-digit format. These date fields will continue to be represented in a two-digit year format. For example a date of service of September 12, 1999, is displayed as 09/12/99. A date of service of February 1, 2000, will be displayed as 02/01/00.

What are the holiday hours for IHCP administrative offices and contractors?

The Indiana Office of Medicaid Policy and Planning (OMPP), HCE and EDS will observe holidays on December 23, 1999 (Thursday), December 24, 1999 (Friday), and December 31, 1999 (Friday). All systems will be operational even though the administrative offices will be closed during these days.

Who should I call if I have problems?

Please call the same numbers as usual to obtain assistance. EDS Customer Assistance will be available during regular hours Monday – Friday, 7:30 a.m. to 6:00 p.m., except on holidays. This number is 317-655-3240 in the local Indianapolis area or 1-800-577-1278 outside of Indianapolis.

The Electronic claim submittal (ECS) help desk will be available during regular hours, Monday – Friday, 8:00 a.m. to 5:00 p.m. except on holidays. To report problems with electronically submitting claims call 317-488-5160 during regular business hours.

To verify eligibility during non-business hours call 1-800-284-3584. Your call will be returned the next business day.

For problems concerning prior authorization, please call Health Care Excel at 317-347-4500 in the local Indianapolis area or 1-800-457-4518 outside of Indianapolis.

For updated Y2K information in the event of on-going Y2K problems please call EDS Customer Assistance or access our Web site: *www.indianamedicaid.com* and then select, **YEAR2000**.