



P R O V I D E R   B U L L E T I N

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

**Subject: Provider Electronic Solutions Software**

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## Overview

EDS is pleased to announce the development and release of Provider Electronic Solutions, an integrated software product developed by EDS for submitting batch claims electronically, verifying member eligibility, and submitting interactive pharmacy claims (point-of-sale or POS).

This bulletin contains three sections designed to give providers pertinent information about Provider Electronic Solutions:

- Facts About Provider Electronic Solutions
- Features of Provider Electronic Solutions
- Ordering Provider Electronic Solutions

## Facts About Provider Electronic Solutions

EDS has developed Provider Electronic Solutions as an improved means for Indiana Health Coverage Programs (IHCP) providers to send claims electronically and to receive member eligibility information.

Provider Electronic Solutions operates in a **Microsoft® Windows** environment and is user friendly. It is compatible with Windows 95 and above, Windows NT, and can be installed on a network. The software features point-and-click functionality and online help, just like other Windows-based applications.

Provider Electronic Solutions is designed to operate on a personal computer with the equipment requirements shown in Table 1.1.

Table 1.1 – Provider Electronic Solutions Equipment Requirements

Minimum	Recommended
486/66 personal computer	Pentium personal computer
Microsoft Windows 95	Microsoft Windows 95 or higher
16 megabyte RAM	32 megabyte RAM
30 megabyte free hard drive space	30 megabyte free hard drive space
2400 baud rate modem	9600 baud rate modem or higher
	CD-ROM drive

Provider Electronic Solutions is available in the following media types:

- Web download at [www.indianamedicaid.com](http://www.indianamedicaid.com)
- CD-ROM
- 3.5" diskettes (set of 10)

Provider Electronic Solutions is available free to all providers that want to send claims electronically to the IHCP. A shipping and handling fee of \$15.50 will be charged for CD-ROM or diskette users.

## Features of Providers Electronic Solutions

Provider Electronic Solutions provides a fast, easy way to submit the following types of claims in batch form:

- Dental
- HCFA-1500
- UB-92 inpatient
- UB-92 outpatient
- UB-92 home health
- UB-92 long term care
- Pharmacy

Providers can also send pharmacy claims through POS and verify eligibility transactions interactively.

The features of Provider Electronic Solutions promote ease of use, fast claims entry, and quick turnaround time for payment.

Table 1.2 – Features of Provider Electronic Solutions

Feature	Description
Software availability	Choice of Web download, CD ROM, or diskette (set of 10)
Installation	Installation is quick and easy. The auto-installation program walks the user through the Microsoft Windows installation process. Compatible with Windows 95, Windows 98, and Windows NT and can be installed on a network.
Modem setup	Modem setup is completed by the software when the <b>Detect</b> button is clicked. The initialization string is also detected by the software.
Keying options	Fields may be keyed as desired. It is easy to switch from header to detail fields.
Saving claims	Claims may be saved as incomplete. This gives the user the ability to save the claim until all needed data is acquired.
Software edits	All claims are sent through a series of edits to ensure accuracy of data. If an edit is shown, clicking on the edit will take the user directly back to the field that needs to be corrected. Claims can be saved as incomplete when edits are hit.
Batch claim types	Dental, HCFA-1500, pharmacy, and individual claim forms for UB-92 inpatient, outpatient, home health, and long term care
Interactive claim types and forms	Pharmacy POS, pharmacy reversals, and eligibility
Eligibility verification	Contains the most recent version of eligibility information that was outlined in bulletin <i>BT200019</i> and activated June 29, 2000. This eligibility upgrade provides benefit limitation information for 34 additional services.
Eligibility information	Eligibility verification transactions are submitted one at a time. Eligibility information can be checked for dates of service more than one year old.
Reference list files	List files of frequently used data may be created by using the <b>Lists</b> option or may be created from the data field. For example, a list of member IDs can be created using the <b>Lists</b> option or by clicking on the member ID field in any claim form. This option saves time when keying claims.
Detail reports	Detail reports can be created containing all the fields for a particular form. It allows the user to obtain a copy of the contents of a specific claim form. Reports can be printed.
Summary reports	The summary report lists only a few of the fields on the form and is designed to provide an overview or listing of a series of forms in a tabular format for easy viewing. Summary report information may be sorted by batch number, member ID, provider number, form status, and submit date.

(Continued)

Table 1.2 – Features of Provider Electronic Solutions

Feature	Description
<i>Biller Summary Report</i>	Provides verification that the claim file was received. The <i>Biller Summary Report</i> is generated immediately after claims are received. If claims are rejected at this point they will not be processed. Claims that are accepted at this point will be processed; however, acceptance of a claim does not guarantee payment of the claim. The <i>Biller Summary Report</i> aides the provider in quick turnaround time for payment. Separate dial-up session is required to pick up the <i>Biller Summary Report</i> .
Help text	Extensive online help is available by pressing the <b>F1</b> key in any field or by choosing the <b>Help</b> option on the main menu. The help text is arranged in a user manual form.
UB-92 revenue code 001	Revenue code 001 is automatically calculated by the software. The user does not need to key or calculate the 001 revenue code on UB-92 claims.
UB-92 long term care dates of service and covered days	The new <b>Edit All</b> option allows the user to edit all dates of service and covered days in one step on long term care claims.
Archive	Archiving data is the feature used to keep the size of the data small enough to be useful, while maintaining historical records of the forms entered. Archived data is saved into a compressed file and then deleted from the database. This is designed to make management of forms easier and keep the space on the hard drive used by the application to a minimum.
Software upgrades	Software upgrades can be obtained by using the <b>Get Upgrades</b> feature. This enables the user to dial into the EDS Bulletin Board system to download upgrades to the software.

### **Information For Current NECS Users**

Many IHCP providers are currently using National Electronic Claims Submission (NECS) to submit claims electronically. All current NECS users should have already received a letter regarding Provider Electronic Solutions, dated March 20, 2000, along with an *Information Request Form*. Returning the *Information Request Form* ensures that the provider will receive the new Provider Electronic Solutions software **free of charge**. NECS users who have not received the *Information Request Form* should call the Electronic Claims Submission (ECS) help desk at (317) 488-5160.

All NECS users are encouraged to convert to Provider Electronic Solutions software. EDS will continue to provide phone support for

NECS however, NECS will not be upgraded with any future claims or eligibility updates.

All providers that submit claims electronically receive the following benefits:

- Ability to submit electronic claims seven days a week, 24 hours a day
- Elimination of unnecessary paperwork
- Increase in the accuracy of data because claim files are submitted directly to EDS, eliminating denials due to keying errors
- Immediate response for rejected claims – *Biller Summary Report*
- Decreased turnaround time for payment of claims. All claims received by 4 p.m. on Wednesday appear on the provider's remittance advice the following week.

*Note: All providers sending claims electronically must submit a signed Certification Statement for Providers Submitting Claims By Means Other Than Standard Paper. If a provider is currently submitting claims electronically, this form was sent in with the provider's original electronic claims setup and it is not necessary for the provider to send an additional certification statement. This certification statement is attached to this bulletin as Appendix A.*

## Ordering Provider Electronic Solutions

*Note: Provider Electronic Solutions will be available for shipment in early August 2000. Web downloads will be available prior to the CD-ROM and diskette shipment date.*

### Web Download

To download Provider Electronic Solutions from the Indiana Medicaid Web site, log on to [www.indianamedicaid.com](http://www.indianamedicaid.com) and choose the Electronic Solutions option from the Indiana Medicaid home page. Complete instructions for downloading Provider Electronic Solutions and the process for obtaining logon information will be available on the Web site.

## **Ordering a CD-ROM or Diskettes**

To order Provider Electronic Solutions on CD-ROM or 3.5" diskettes, please fill out the attached Certification Statement (*Appendix A*) -*if you are a current electronic biller the Certification Statement is NOT required* - and Provider Electronic Solutions order form (see *Appendix B*) and return to:

### **EDS**

**Provider Electronic Solutions Order Request**  
**950 N. Meridian Street – Suite 1150**  
**Indianapolis, IN 46204-4288**

Please make checks (\$15.50 to cover shipping and handling) payable to EDS and include your IHCP provider number on the check. Please allow three weeks for the delivery of the software package.

The software package will contain the following items:

1. A Provider Electronic Solutions system set up information containing uniquely-assigned logon and password information
2. Provider Electronic Solutions software (either CD-ROM or set of diskettes)
3. Provider Electronic Solutions Product User's Guide

*Note: Demonstrations and copies of the Provider Electronic Solutions software will be available at the IHCP seminars in August, September, and October. Please see bulletin BT200016 for more information about the provider seminars.*

## **Contact Information**

For more information about Provider Electronic Solutions or electronic claim submission contact the EDS Electronic Solutions help desk at (317) 488-5160. The help desk is available from 8 a.m. to 5 p.m. Monday through Friday, excluding holidays.

Providers are reminded that provider bulletins are available on the Indiana Medicaid Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

## Appendix A

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### **Certification Statement for Providers Submitting Claims by Means Other Than Standard Paper**

This is to certify that any and all information contained on any Medicaid or Children's Health Insurance Program (CHIP) billings submitted on my behalf by electronic, telephonic, and/or mechanical means of submission shall be true, accurate, and complete. I accept total responsibility for the accuracy of all information obtained on such billings, regardless of the method of compilation, assimilation, or transmission of the information (i. e. either by myself, my staff, and/or a third party acting in my behalf, such as a service bureau). I fully recognize that any billing intermediary, or service bureau that submits billings to the Family and Social Services Administration (FSSA) or its Fiscal Agent Contractor is acting as my representative and not that of FSSA or its Fiscal Agent Contractor. I further acknowledge that any third party that submits billings on my behalf shall be deemed to be my agent for purposes of submission of Medicaid and CHIP claims.

I understand that payment and satisfaction of any claims that shall be submitted on my behalf will be from Federal and State funds, and that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and/or State law. The provider will hold harmless and indemnify FSSA from any and all claims, actions, damages, liabilities, costs and expenses, including reasonable attorneys' fees and expenses, which arise out of or are alleged to have arisen out of or as a consequence of the submission of Medicaid or CHIP billings by the provider through electronic, telephonic, and/or mechanical means of submission unless the same shall have been caused by negligent acts or omissions of FSSA.

I acknowledge that the fees and charges paid to providers for all medical services rendered or materials supplied shall be in accordance with Federal and State law and regulation with recognition of the provider's traditional right to charge for services rendered. I hereby certify that the charges submitted upon my claims shall be my usual and customary charges for my services with recognition of the provider's traditional right to charge for his services. I am aware of the restricted funding of the Indiana Health Coverage Programs, and I agree to accept as full payment for any services billed on any claims, the payment allowance determined by either the Indiana Health Coverage Programs Fiscal Agent Contractor, or the Indiana Health Coverage Programs Rate Setting Contractor.

I further certify that no supplemental charges will be billed to any Indiana Health Coverage Programs member or to the family of any member for any covered service of the Indiana Health Coverage Programs, except for copayment, patient liability payments, and any other patient payments as required by law.

I agree to keep such records as may be necessary to fully disclose the extent of services provided to individuals under the Indiana Health Coverage Programs, and to furnish such information regarding any Medicaid or CHIP payments claimed for providing such services to FSSA or its designee, upon request, for a period not less than three years from the date of service, or any such period FSSA may require. In those cases when information substitutes are allowed, I further acknowledge that I will maintain all required supporting claim documentation in my place of business and make such documentation available for review by FSSA or its Fiscal Agent Contractor. I agree to keep records independent of any paper claims, tapes, telephonic submission, or other electronic media which have been sent to its Fiscal Agent Contractor for claims payment, to document the accuracy of the service for which I have billed the Indiana Health Coverage Programs. I agree to submit such records as may be required by FSSA or the Federal Government.

I understand that FSSA or its designees are prepared to provide necessary technical assistance to assist new providers, or to correct technical problems which existing providers may experience. I realize that all communications regarding electronic, telephonic, or mechanical submission of claim shall be between the

provider in whose name the claim is submitted and FSSA or its Fiscal Agent Contractor. I further understand that this technical assistance shall consist of:

- Identification of data element requirements
- Identification of record layouts and other electronic specifications
- Identification of systematic problem areas and recommended solutions

I agree to execute a separate Certification Statement for each Indiana Health Coverage Programs provider number that has been issued to me. I also agree to notify either FSSA or its Fiscal Agent Contractor of any changes in my provider name or address. Further, I agree to comply with such minimum substantive and procedural requirements for claims submission as may be required by FSSA or its Fiscal Agent Contractor.

I recognize that any difference of opinion concerning the amount of Indiana Health Coverage Programs payment for any claim must be adjudicated as provided in *Indiana Code 4-21.5-3*. Further I understand that violation of any of the provisions of this Certification Statement shall subject me to the sanctions set out in *Indiana Code 12-15-22-1* and shall make the billing privilege established by this document subject to immediate revocation at FSSA's option.

**THE UNDERSIGNED HAVING READ THIS CERTIFICATION STATEMENT AND UNDERSTANDING IT IN ITS ENTIRETY DOES HEREBY AGREE TO ALL OF THE STIPULATIONS, CONDITIONS AND TERMS STATED HEREIN.**

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Provider Signature

Date

\_\_\_\_\_  
Indiana Health Coverage Programs Provider Number



## Appendix B

### Provider Electronic Solutions Software Order Form

*Note: Please complete and return this order form with a check for \$15.50 (shipping and handling). Please make checks payable to Electronic Data Systems (EDS) and include your Indiana Health Coverage Programs provider number on the check.*

Date \_\_\_\_\_

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

Contact Name \_\_\_\_\_

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

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

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Media Type Requested:**

CD-ROM       Diskettes (set of 10)

Please send your check, this order form and the Certification Statement (see *Appendix A*) to the following address:

**EDS**

**Provider Electronic Solutions Order  
950 N. Meridian Street – Suite 1150  
Indianapolis, IN 46204-4288**

*Please complete one Certification Statement for each billing provider number and each group provider number.*

**EDS Use Only:**

Date Assigned: \_\_\_\_\_

Logon ID: \_\_\_\_\_

Password: \_\_\_\_\_