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### To All Providers:

- Beginning 3:30 p.m. Indianapolis local time, Thursday, June 2, 2005, until approximately noon, Sunday, June 5, 2005, EDS will perform HIPAA-related system upgrades that will require system downtime. Therefore, during this timeframe, some applications will be unavailable. Table 1 provides information about the scheduled outage timeframes.

Table 1 – Outage Schedule (By Business Function)

System Function	Unavailable Times	
	Start	End (approximate)
Web interChange Claim Submission	3:30 pm, Thursday, June 2	Noon, Sunday, June 5
Web interChange Claim Inquiry	8 a.m., Saturday, June 4	Noon, Sunday, June 5
Web interChange Check Inquiry	8 a.m., Saturday, June 4	Noon, Sunday, June 5
Web interChange Eligibility Inquiry	6 p.m., Saturday, June 4	Noon, Sunday, June 5
OMNI and AVR Eligibility Inquiry	6 p.m., Saturday, June 4	Noon, Sunday, June 5

Web interChange, OMNI, and automated voice-response (AVR) may be available prior to noon Sunday, June 5, 2005. During the downtime providers can expect the following:

#### Web interChange:

- Beginning at 3:30 p.m. on Thursday, June 2, 2005, the **Claim Submission** button will not display.
- Beginning at 8 a.m. on Saturday, June 4, 2005, the **Claim Inquiry** and **Check Inquiry** buttons will not display.
- The entire Web interChange Web site will be unavailable beginning at 6 p.m., Saturday, June 4, 2005, and will return to service upon completion of the system upgrade at approximately noon, Sunday, June 5, 2005.

#### AVR and OMNI

- AVR users will receive a system unavailable message beginning at 6 p.m., Saturday, June 4, 2005. AVR will return to service upon completion of the system upgrade at approximately noon, Sunday, June 5, 2005.
- OMNI users will receive an error 42 or system unavailable message beginning at 6 p.m., Saturday, June 4, 2005. OMNI will be return to service upon completion of the system upgrade at approximately noon, Sunday, June 5, 2005.

#### Batch Claim Submission Note:

EDS will continue to accept batch claim files submitted electronically during this system downtime, however, all batch claims received after 5:30 p.m., Thursday, June 2, 2005, will be processed Monday, June 6, 2005. Therefore, the claims submitted during that time will not appear on the provider's 835 Transaction for the week of June 6, 2005.

Providers should direct their questions to the EDS Electronic Data Interchange (EDI) Solutions help desk at (317) 488-5160 in the Indianapolis local area or 1-877-877-5182.

- The Office of Medicaid Policy and Planning (OMPP) will implement Hoosier Healthwise mandatory risk-based managed care (RBMC) enrollment across all Indiana counties in 2005. This will transition current PrimeStep Hoosier Healthwise managed care members from Primary Care Case

Management (PCCM) into enrollment with a local managed care organization (MCO) in the RBMC delivery system.

Primary medical providers (PMPs) in the affected counties can choose to contract with one of the Hoosier Healthwise MCOs. PrimeStep PMPs who switch to one of the MCOs before the final transition date will retain their current Hoosier Healthwise members. Specialists, hospitals, and ancillary providers may have various MCO arrangements depending on factors such as how many of the MCO's members may be served by the provider, or how many MCOs are serving their region. The transition schedule, regional map, questions and answers, and additional detailed information on the transition can be found in Indiana Health Coverage Programs (IHCP) provider bulletin *BT200506*, which is available at [www.indianamedicaid.com](http://www.indianamedicaid.com). The OMPP will conduct a series of public meetings about the transition to mandatory RBMC for the Hoosier Healthwise Program. The meeting's agenda will include an overview of the transition process, individual MCO presentations, and the opportunity to ask questions of the MCOs. The details of an upcoming scheduled meeting on the transition to mandatory RBMC is as follows:

- Tippecanoe County Area Public Meeting: June 7, 2005, at the Kathryn Weil Center for Education, 415 N. 26th St., Ste. 400, Lafayette, Indiana. The meeting will be held from noon to 1 p.m.
- The IHCP has discovered a discrepancy in the pricing of Healthcare Common Procedure Coding System (HCPCS) code *J0587 - Botulinum toxin Type B, per 100 units*. This discrepancy has resulted in the overpayment of claims for this service. The pricing has been changed from \$462.50 per 100 units to the correct rate of \$9.25 per 100 units. On June 15, 2005, EDS will perform a mass adjustment on all affected paid claims for HCPCS code J0587 from January 1, 2002, through April 5, 2005. Providers should direct questions to customer assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278. Should you disagree with this mass adjustment, request an administrative review by writing to the following address: EDS - Administrative Review, Written Correspondence, P.O. Box 7263, Indianapolis, IN 46207-7263. You should explain why you disagree and include copies of all pertinent documentation. The administrative review process is set forth in more detail in Chapter 10, Section 6 of the *IHCP Provider Manual*.

## To All Assertive Community Treatment Community Mental Health Centers:

- Assertive Community Treatment (ACT) services claims that posted edit *4033 – the modifier used is not compatible with the procedure code billed*, and denied on remittance advices (RAs) dated February 22, 2005, through May 3, 2005, will be mass adjusted and reprocessed by EDS and begin appearing on the May 17, 2005, RA.

Also, the updated logic for procedure code H0040 HW will now identify claims that exceed the one unit per day limit. Claims that previously paid and did not limit the service to one unit per day, per member will be mass adjusted and will begin appearing on the May 24, 2005, RA.

As a reminder, ACT services must be submitted using procedure code *H0040 – ACT Services, per diem*, and modifier *HW – State mental health agency funded*, for the service code to be reimbursed at 100 percent of the Medicaid allowable amount. IHCP banner page *BR200420*, published May 18, 2004, included guidelines for using additional modifiers when the ACT team psychiatrist or health services provider in psychology (HSPP) is not in attendance at the daily team meeting to obtain reimbursement at 75 percent of the allowed rate. Previously, providers may have billed H0040 without the HW modifier; however, the system will deny these claims for all dates of service starting May 13, 2005.

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