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To All Providers:

- Effective July 1, 2005, providers should submit Pre-Admission Screening and Resident Review (PASRR) and Medical Review Team (MRT) claims to EDS using the paper CMS-1500 claim form, the electronic 837 Professional Claims and Encounter (837P) Transaction format, or the electronic Web interChange claims submission application. The State will continue to process paper PASRR and MRT claims sent to the Office of Medicaid Policy and Planning (OMPP), if they are postmarked no later than June 10, 2005. If the OMPP receives claims postmarked after June 10, 2005, the claim will be returned to the provider. These claims must be sent to EDS for processing and payment using the new claims submission method. A detailed provider bulletin outlining the new claims submission method is forthcoming.
- Effective May 23, 2005, the Restricted Card Program (RCP) has a new fax number. The new fax number is (317) 347-4550. Providers should use this new number to fax all referrals and other concerns for restricted members in Traditional Medicaid, *Medicaid Select*, and primary care case management (PCCM). Providers may direct questions about the RCP to **Health Care Excel, Attention: Restricted Card Program, P.O. Box 531700, Indianapolis, IN 46253-1700,** by telephone at (317) 347-4527 in the Indianapolis local area or 1-800-457-4515, or by fax at (317) 347-4550.
- 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*	Midnight, Saturday, June 4	4 a.m., Sunday, June 5
OMNI and AVR Eligibility Inquiry*	Midnight, Saturday, June 4	4 a.m., Sunday, June 5

**Eligibility verification via Web interChange, OMNI, and automated voice-response (AVR) will be unavailable for approximately four hours beginning midnight Saturday, June 4, 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 for approximately four hours beginning late Saturday evening.

AVR and OMNI:
- AVR users will receive a system unavailable message during the system downtime.
- OMNI users will receive an error 42 or system unavailable message during the system downtime.

Batch Claim Submission Note:

EDS will continue to accept batch claim files submitted electronically during this system downtime, however, all batch claims received after 3:30 p.m., Thursday, June 2, 2005, will be processed in the order that they were received after all upgrades have been completed (Sunday evening through Monday).

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 OMPP will implement Hoosier Healthwise mandatory risk-based managed care (RBMC) enrollment across all Indiana counties in 2005. This will transition current Prime*Step* Hoosier Healthwise managed care members from 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. Prime*Step* 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. The OMPP will conduct a series of public meetings about the transition to mandatory RBMC for the Hoosier Healthwise Program. The meeting 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 discovered a discrepancy in the pricing of Healthcare Common Procedure Coding System (HCPCS) code *J0587 - Botulinum toxin Type B, per 100 units.* This discrepancy resulted in the overpayment of claims for this service. The pricing was 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 Home Health Providers:

- Home health rates for 2005 are finalized and are effective January 1, 2005. Mass claims adjustments for the new rates will begin appearing on the June 7, 2005, RA. The new rates are shown in Table 1.

Table 1 – 2005 Home Health Rates

Service	Rate
Registered Nurse (RN) – 99600 TD	$30.82
Licensed Practical Nurse (LPN) – 99600 TE	$21.99
Home Health Aide – 99600	$15.10
Physical Therapy – G0151	$13.92 per 15 minute increments
Occupational Therapy – G0152	$13.01 per 15 minute increments
Speech Therapy – G0153	$15.15 per 15 minute increments
Overhead	$21.09

Providers should direct questions to customer assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

To All Assertive Community Treatment Community Mental Health Centers:

- EDS will mass adjust all claims paid from June 2004 through May 2005 that contained procedure code *H0040 – ACT Services, per diem*. This adjustment is necessary to meet internal processing and reporting requirements and will begin appearing after the May 31, 2005, remittance advice (RA).
- Assertive Community Treatment (ACT) services claims that posted edit *4033 – the modifier used is not compatible with the procedure code billed*, and denied on RAs dated February 22, 2005, through May 3, 2005, were mass adjusted and reprocessed by EDS and began appearing on the May 17, 2005, RA.

  Also, the updated logic for procedure code H0040 HW now identifies 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 were mass adjusted and began appearing after will begin appearing on the May 31, 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 began denying these claims for all dates of service starting May 13, 2005.