

June 9, 1998

To: All Indiana Medicaid Providers Billing Laboratory Services

In accordance with the Health Care Finance Administration's (HCFA) Medicaid Clinical Laboratory Improvement Amendments (CLIA) implementation, the Office of Medicaid Policy and Planning (OMPP) will commence to deny payments to all providers submitting claims for services not covered by a CLIA certificate and claims for services rendered outside effective dates of a CLIA certificate **beginning with claims processed on or after July 1, 1998**. Provider types subject to CLIA rules include:

- 01 - Hospitals (Type/Specialty 010-012)
- 04 - Rehabilitation Facility
- 05 - Home Health Agencies
- 06 - Hospices
- 08 - Clinic (Type/Specialty 080-085)
- 11 -- Mental Health (Type/Specialty 110-111)
- 13 - Public Health Agency
- 14 - Podiatrist
- 15 - Chiropractor
- 28 - Laboratory (Type/Specialty 280-281)
- 30 - End Stage Renal Disease Clinic
- 31 - Physicians (All Type/Specialties)

In order to ensure correct CLIA information on the IndianaAIM System provider file, EDS is requesting that each provider who bills laboratory services (any procedure for the examination of materials derived from the human body) send a copy of their CLIA certificate for each laboratory site, by fax or mail to the following address:

EDS
Attn. Provider Enrollment
P.O. Box 68420
Indiana, IN 46268-0420

Fax: (317) 488-5171

Your fax or written request must include your name and provider number. A forthcoming Provider Bulletin will furnish implementation policies and procedures in greater detail.

To: All Indiana Medicaid Providers

Group providers who wish to enroll new providers and link them to their group should contact Provider Assistance at 1 (800) 577-1278 or (317) 655-3240 locally to request an enrollment packet. **Groups must complete a separate enrollment packet each time a new provider enrolls and joins the group.** Using separate enrollment packets for each provider allows EDS to track each application through the enrollment process; thus ensuring better customer service. It also ensures the EDS Provider Enrollment staff is utilizing the most current version of the enrollment application.

To: All Indiana Medicaid Providers

It is the responsibility of a provider group to inform EDS of any participation changes in the group within 10 business days of the change. Please forward the withdrawing provider's name, provider number, date of separation and forwarding address, via fax or mail, to the following address:

EDS
P.O. Box 68420
Indianapolis, IN 46268-0420
Attn: Provider Enrollment
Fax: (317) 488-5171

It is also the responsibility of the group to inform the provider leaving the group that if they wish to have information changed on their individual provider record, they must do so in writing, to the address listed above, within 10 business days. Please note: EDS receives many faxes every day, so it is advisable to follow up any fax with a hard copy version sent via the mail.