

June 16, 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**

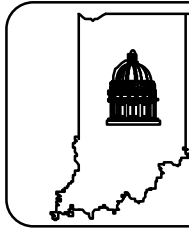
The Office of Medicaid Policy and Planning (OMPP) and EDS have recently updated the Provider Enrollment Agreement with new procedures regarding reorganization changes for providers. The new item is number 26 in the Provider Enrollment Agreement and states the following:

The provider must immediately notify IFSSA or its fiscal agent of any corporate reorganization which effectively causes the original provider name to cease to exist. With this type of reorganization, either a letter signed by an authorized representative of the newly named entity, as a result of the reorganization, will assume the original Medicaid Agreement; or completion of a new provider agreement, will be required. In addition, any change in the federal tax identification number for the newly named entity will need to be immediately reported to IFSSA or its fiscal agent.

This means the newly organized entity is responsible for contacting the EDS Provider Enrollment Unit, at the address listed above, to notify them of the reorganization. In some instances, a letter from an authorized representative of the new entity will be sufficient to assume the original Medicaid agreement. In other cases, the completion of a separate provider agreement will be required. The same procedures should be followed with respect to changes in the federal tax identification number.

**To: All Indiana Medicaid Providers**

The Map on the reverse side of this page outlines changes to assignments for the Provider Relations Consultant Team. These changes are effective from 6/1/98 through 12/31/98 and were implemented to support both current functions and to allow for focus on upcoming enhancements and staffing changes as a result of the new contract, effective 1/1/99.



**PROVIDER RELATIONS  
CONSULTANT STAFF  
Transitional Period Assignments  
Beginning 6/1/98**



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