



I M P O R T A N T I N F O R M A T I O N

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To All Providers:

- EDS and the Office of Medicaid Policy and Planning (OMPP) distributed bulletin, *BT200226* to all Indiana Health Coverage Programs (IHCP) providers. This bulletin announces the upcoming IHCP 2002 Seminar being held August 6, through 8, 2002, at the Mount Pleasant Christian Church Community Center located in Greenwood, Indiana. Immediate access to the class schedule and registration form is available at www.indianamedicaid.com Web site. EDS and the OMPP extended the deadline for registration to **July 31, 2002**. Individuals can also register in person at the Seminar on a space-available basis.
- EDS announces the addition of a question and answer session at the IHCP 2002 Seminar, scheduled for August 6, through 8, 2002. These sessions will be held each day from 4 p.m. to 5 p.m., in classroom A, and preregistration is not required. In these sessions, providers can ask questions about Medicaid Select, Disease Management/Case Management, and Pharmacy Benefit Manager.
- Effective August 15, 2002, all UB-92 crossover claims must contain additional information on the claim form, due to Family and Social Services Administration (FSSA) Emergency Rule *LSA #02-121* that changed the way all Medicaid providers are reimbursed for crossover claims. The information in the required fields on the UB-92 claim form will be used to process claims after the system changes are in place. Fields 39 through 41 of the UB-92 claim form must contain value code *A1* to reflect the Medicare deductible amount; value code *A2* to reflect the Medicare coinsurance amount; and value code *06* to reflect the blood deductible amount.

To ensure correct reimbursement, field 50A of the UB-92 claim form must now show Medicare as the payer. Additionally, field 54A must contain the Medicare paid amount (actual dollars received from Medicare). Do not include the Medicare allowed amount or contract adjustment amount in field 54A. UB-92 crossover claims submitted without this information will deny. Third party liability payments continue to be reported in field 54B.

Inpatient crossover claims (claim types *110*, *111*, and *115*) must be submitted on the UB-92 claim form and must contain all of the information necessary to establish a diagnosis-related group for pricing. Continue to submit a Medicare Remittance Notice (MRN). This change renders the *Crossover Short Form* and Provider Electronic SolutionsSM obsolete for inpatient crossover claims. Effective August 15, 2002, inpatient crossover claims submitted on the *Crossover Short Form* or Provider Electronic Solutions will deny and be returned to the provider.

The Medicare denial process will not change. Medicare denied charges should still be submitted to the applicable claims address and must include the MRN for the denied charges. These changes are being implemented to comply with the new crossover reimbursement policy announced on May 28, 2002, in banner page BR200222. Additional information about these changes will appear in a future IHCP bulletin.

- The Academy of Pediatrics, in conjunction with the Indiana Parent Information Network, Inc., and Riley Hospital for Children will hold the *Every Child Deserves a Medical Home* training October 5, 2002, in Indianapolis.

The target audience for this training session includes pediatric health professionals and their staff, other professionals, families, managed care professionals, policy-makers, community members and other advocates who care for children with special needs. Continuing medical education units and other continuing education credits are available from this training session. For more information or to register contact Linda Hankins, Community Education and Child Advocacy Department, Riley Hospital for Children at (317) 274-6939 or send an e-mail to lhankins@iupui.edu.

- The Indiana State Department of Health issued a statement that there is currently a shortage of Prevnar (90669) and it cannot distribute adequate supplies of the vaccine to providers. On July 3, 2002, EDS modified IndianaAIM to allow payment up to the Medicaid maximum fee for Prevnar (90669), until the shortage is over. This modification impacts claims with dates of service (DOS) on or after June 19, 2002. Providers can submit claim adjustments when private stock was used for DOS on or after June 19, 2002, and the provider was previously paid the \$8 administration fee. Future banner page articles will be issued with additional information about potential changes in Prevnar (90669).

As a reminder, providers who cannot obtain the diphtheria, tetanus, and pertussis (DTaP) vaccine through the Vaccines for Children program may continue to bill the IHCP their usual and customary charge for DTaP.

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