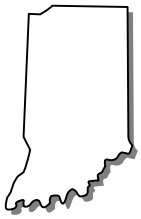

IMPORTANT INFORMATION

BR200333 AUGUST 19, 2003

To All Providers:

- The Indiana Health Coverage Program (IHCP) provider bulletin *BT200352* published August 11, 2003, titled *Telephone and Address Quick Reference,* contains an incorrect telephone number for the EDS OMNI Help Desk. The correct number is 1-800-284-3548.
- The IHCP provider bulletin *BT200355*, to be published August 22, 2003, announces upcoming Health Insurance Portability and Accountability Act (HIPAA) workshops. These workshops are offered during August, September, and October 2003. The bulletin is on the IHCP Web site at www.indianamedicaid.com and is being mailed to providers. Providers can print a copy of the registration form from the Web site and register for workshops prior to receiving the printed version. The first workshops are in Muncie, Ind., on August 25 and 26, 2003, with registration deadlines of August 21 and 22, 2003. The second workshops are in Terre Haute, Ind., on August 28 and 29, 2003, with registration deadlines of August 21 and 22, 2003. Direct any questions about these workshops to a HIPAA provider representative at (317) 488-5195.
- The IHCP provider bulletin *BT200346* published July 2, 2003, stated, "A provider can bill a member for copayments only." The use of the term "copayments" in this publication refers to Medicaid copayments, and not commercial copayments required by third party insurers. Under certain circumstances, providers are allowed to collect Medicaid copayments from members, for services such as, non-emergency services provided in an emergency department, pharmacy, and transportation. However, IHCP providers cannot bill IHCP members for any portion of a copayment imposed by a third party insurer. For additional information about Medicaid copayments, refer to Chapter 2, Section 7 of the *IHCP Provider Manual*.
- IHCP provider bulletin *BT200346* published July 2, 2003, advised providers that member fraud can be reported to the Medicaid Fraud Unit; however, member fraud should be reported to either the Indiana Division of Family and Children Public Fraud Hotline at 1-800-446-1993 or Health Care Excel Provider and Member Concern Line at (317) 347-4527 or 1-800- 457-4515. The Medicaid Fraud Control Unit addresses issues of provider fraud.
- On April 8, 2003, providers were notified in an article in banner page *BR200314* that a review of claims preprocessing history for procedure code *90999-Unlisted Dialysis Procedure in Hospital or Outpatient* determined that Medicare secondary claims for dialysis were not reimbursing according to the IHCP reimbursement standards. Specifically, Medicare requires dialysis claims to be submitted with a code of 90999. For Medicare secondary claims, this code was reimbursed by the IHCP at a rate of $435.60. If providers bill the IHCP primary for dialysis, they should use procedure code *90935-Hemodialysis Procedure with Single Physician Evaluation*. This code reimburses at a rate of $72.64. Effective March 13, 2003, procedure code 90999 has been updated to mirror the rate for procedure code 90935 that is $72.64. On May 19, 2003, EDS scheduled a systematic adjustment of all claims reimbursed at the greater rate for procedure code 90999 that were submitted over the previous 36 months. The adjustment was delayed until the week of August 11, 2003. This adjustment may result in accounts receivable, on the provider's financial statement.
- The HIPAA *Transaction and Code Set* rule is being implemented on October 16, 2003. To ensure compliance of your electronic transactions, the IHCP has begun to schedule testing of transactions with software vendors and trading partners that include, but are not limited to clearinghouses, value added networks (VAN), and so forth. For your convenience, a list of all trading partners and their testing status is available on the IHCP Web site at www.indianamedicaid.com. It is strongly advised that you check this list for the testing status of your trading partner or software vendor. If they are not listed, it is advised that you contact them to inquire if they will be tested and HIPAA compliant with the IHCP prior to the October 16, 2003, implementation date. In addition, you should work with them to identify new data elements that are required for processing. The Web interChange will have claims submission capability, claim inquiry, and eligibility available for use prior to or by October 16, 2003.

To All Medicaid Primary Care Case Management Providers:

- EDS has identified claims billed by rendering provider specialty 094 – Certified Registered Nurse Anesthetist (CRNA) that have denied inappropriately for certification code edits 342, 343, 1042, or 1043, and member's primary medical provider (PMP) missing edits 1011 and 1044 since changes to the certification code requirements took effect with dates of service beginning January 15, 2003. The necessary system modifications have been completed to allow a bypass of the certification code edits and PMP missing edit when the rendering provider specialty on the claim is 094 – CRNA. The reprocessing of these claims will be reflected on the August 19, or August 26, 2003, remittance advice.
- Although the two-digit PMP certification code is no longer required for outpatient hospital radiology, pathology, laboratory and therapy services as indicated in provider bulletin *BT200262* published December 31, 2002, the eight-digit PMP license number continues to be required for outpatient hospital claim reimbursement. The PMP license number should be provided in field 83b of the UB-92 claim form when submitting claims for such services on behalf of PrimeStep and Medicaid Select members. The PMP license number is not required for the services outlined in provider bulletin *BT200262,* unless the service is performed in an outpatient hospital setting.

To All Nursing Facility Providers:

- Pursuant to *405 IAC 1-14.6-4(a)* each provider shall submit an annual Medicaid financial report not later than the last day of the fifth calendar month after the close of the provider's reporting year. In addition to the Medicaid financial report, nursing facilities that are certified to provide Medicare-covered skilled nursing facility services are required to submit **both a written and electronic cost report (ECR) file copy of their Medicare cost report that covers their most recently completed historical reporting period.**

  Failure to submit the Medicaid, and the Medicare written and electronic cost reports within the time limits shall result in the following actions pursuant to *405 IAC 1-14.6-4(e;*

  - No rate review shall be accepted or acted upon until the delinquent reports are received.
  - When an annual financial report or a written and ECR file copy of the Medicare cost report that covers the most recently completed historical reporting period **is more than one calendar month past due,** the rate then currently being paid to the provider **shall be reduced by ten percent,** effective on the first day of the seventh month following the provider's fiscal end and shall so remain until the first day of the month after the delinquent reports are received by the office.
  - The provider **cannot** recover reimbursement lost because of the penalty.

To All Hospice Providers:

- *State Form 51098 (3-03)/OMPP 0014 Hospice Authorization Notice for Dually-Eligible Medicare/Medicaid Nursing Facility Residents* was logged into the inventory at the State Forms Distribution Center on July 30, 2003. The State Distribution Center has informed the IHCP that a written request for State forms will be processed within 24 hours of receipt Monday through Friday.

  IHCP hospice providers may not have access to the new form on August 1, 2003. In an effort to ease the transition, the IHCP will not impose any penalties for untimely submission as noted in *405 IAC 5-34-4* for dually-eligible Medicare/IHCP hospice members residing in nursing facilities for the time period starting August 1, 2003 through September 14, 2003. This grace period will provide time for hospice providers to obtain the *State Form 51098 (3-03)/OMPP 0014* from the State Distribution Center, and began following the procedures outlined in *Section 3* of the *IHCP Hospice Provider Manual*. Providers are reminded that the penalty for untimely filing will still be applied to hospice authorization requests for Medicaid-only hospice members effective August 1, 2003.

  Hospice providers that do not have *State Form 51098 (3-03)/OMPP 0014,* but wish to have no interruption in the hospice authorization process may continue to submit hospice authorizations to HCE by following the guidelines that are already in place.

  Effective September 15, 2003, HCE Prior Authorization Unit should receive State Form 51098 (3-03)/OMPP for authorizations of all dually-eligible Medicare/IHCP hospice members residing in nursing facilities. Furthermore effective September 15, 2003, HCE must receive all hospice authorizations for dually-eligible Medicare/IHCP hospice members residing in nursing facilities within 10 business days of the start of each hospice benefit period to be in compliance with *405 IAC 5-34-4.*

  The IHCP has forwarded a PDF file, of *State Form 51098 (3-03)/OMPP 0014* to the Indiana Hospice and Palliative Care Organization, Inc., and the Association for Home and Hospice Care on July 30, 2003. Both associations have distributed the form to members.