



## 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:**

- Please remit non-pharmacy refund checks to correct billing errors, to settle casualty cases, and to satisfy accounts receivable to: EDS Refunds, P.O. Box 1937, Dept. 104, Indianapolis, IN 46206-1937. All refund checks as a result of Third Party Liability (TPL) billing to insurance companies should be remitted to: EDS TPL (HMS) Checks, P.O. Box 1937, Dept. 56, Indianapolis, IN 46206-1937. To return any non-cashed IHCP check, forward to EDS Finance Department, 950 North Meridian Street, Suite 1150, Indianapolis, IN 46204-4288.
- 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 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](http://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 Nursing Facilities and ICF/MR Facilities:**

- The Office of Medicaid Policy and Planning (OMPP) will hold training sessions concerning *Form 450B* processing for nursing facilities and intermediate care facility for the mentally retarded (ICF/MR). Topics covered in the training will be, completing the *Form 450B*, OMPP processing, and pre-admission screening/pre-admission screening and resident review (PAS/PASRR) processing. Nursing directors, admission coordinators, social service staff, and bookkeepers are encouraged to attend. Those attending should bring copies of bulletins *E98-35* published November 2, 1998; *E98-40* published November 16, 1998; *BT199939* published December 1, 1999; and *BT200002* published April 5, 2000. In addition to these bulletins, attendees should bring copies of banner pages published on February 3, 1998, and January 28, 2003. Copies of these publications are available on the IHCP Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

The training sessions location will be the Indiana Government Center South Auditorium located at 402 West Washington Street in Indianapolis. Reservations are not required. Public parking is allowed only in Garage 1, located on Washington Street. Parking is limited, and attendees are encouraged to plan alternate parking in the event the garage is full. Training sessions are being offered at two times on October 7, 2003. The first session for nursing facilities will be held from 9 a.m. to 11:30 a.m. The second session for ICF/MR facilities will be held from 1 p.m. to 4 p.m. Please contact Donna Oland for nursing facility, or Monica Griffin for ICF/MR at (317) 233-3558 for questions relating only to the trainings.

## 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.

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