



All Providers

Daugherty v. Roob – Reinstatement of Benefits for Members with Spend-Down

Daugherty v. Roob is a lawsuit recently filed against the State concerning how Medicaid eligibility is determined for members with income higher than the Medicaid limit (*spend-down*). Under an agreement approved by the court, Medicaid with spend-down is being reinstated back to the date it was terminated for persons whose Medicaid eligibility terminated on or after January 1, 2006, because they did not have ongoing monthly medical expenses that were more than their spend-down.

Members who are being reinstated as described above must contact their medical providers who provided services during the time their eligibility was terminated. Providers may use all traditional means of eligibility verification to ascertain the member's eligibility for a specific date of service. Members began receiving notices about their reinstatement in late July 2006.

Once eligibility is verified, providers must file claims with Medicaid for any covered services rendered during this period. If claims were applied to spend-down and did not pay (paid zero), providers must submit an adjustment to EDS to correct the payment. If claims denied, providers should submit a new claim for payment to EDS. All claims fall well within the one-year filing limit; therefore, no other special procedures or handling is required.

When adjudicated, these claims will either be applied to meet spend-down, or if spend-down was met, the provider will receive payment. If the provider receives payment and the member also paid for the service, the provider must issue a refund to the member in accordance with the normal procedures for retroactive eligibility outlined in the *Indiana Health Coverage Programs (IHCP) Provider Manual* (Chapter 2, Section 10). Failure to comply with the refund requirement is considered a breach of the *IHCP Provider Agreement* and could result in IHCP disenrollment of the provider.

Please direct questions about the information in this bulletin to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.

Medicaid and Medicare Providers and COBA

Implementation of the Coordination of Benefits Agreement (COBA) was a major change to the processing of crossover claims. For some providers this resulted in an increase in denied claims due to billing errors. Crossovers are medical claims that are first processed by Medicare and then by Medicaid. Following these instructions may speed up reimbursements for crossover claims and decrease denied crossover claims. It is important that your Medicare provider identification number is on file with the IHCP. Verify with your software vendor that the correct information is being transmitted. The IHCP Payer ID in the COB Loop is important when electronically transmitting the claim to Medicare. Include a COB Loop for the IHCP-required information with Payer ID **70035**.

Providers are reminded that for crossover claims to pass preadjudication and pay, the following information is critical and must be submitted in the 837 transaction to the IHCP:

- Medicaid provider identification (ID) number must be included on the claim to Medicare
- Member first and last name
- Medicaid member ID (RID) number
- COB Loop with the IHCP pertinent information (use 70035 as the Payer ID for the IHCP)
- The following information, if applicable:
 - Other payer (COB) adjudication information for payers *other* than Medicaid and Medicare
 - **Rendering provider ID**
 - Referring provider ID
 - Pregnancy indicator
 - Referral number

- Attending physician state license number
- Operating physician state license number
- Other provider state license number
- Modifiers used by IHCP for processing

CMS advises providers to allow 15 business days after receipt of Medicare's payment before submitting a claim to a supplemental payer. If a paper submission is required; submit the claim along with the official Medicare Remittance Notice (MRN) or Health Information Portability and Accountability Act (HIPAA) electronic 835 Remittance Advice as outlined in the *Companion Guide: 835 Remittance Advice Transaction*.

Contact Information: Direct questions about electronic transactions processing to EDS Electronic Solutions Help Desk, (317) 488-5160 in the Indianapolis local area, or 1-877-877-5182.

All Durable Medical Equipment Services Providers

Provider Enrollment Updates for Home Medical Equipment Services Providers

To conform with *IC 25-26-21*, all home medical equipment (HME) services providers must be licensed by the Indiana State Board of Pharmacy. Effective August 1, 2006, providers must have a valid HME license on file with the IHCP and update their enrollment information with EDS to receive reimbursement for HME services.

The requirements for HME licensing are outlined in *IC 25-26-21* and *856 IAC 1-39* (currently printed in *29 Indiana Register 138*).

For more information about licensure and requirements, contact the Indiana State Board of Pharmacy at (317) 234-2067 or on the Web at <http://www.in.gov/pla/bandc/isbp/guidance.html>.

After obtaining licensure, affected providers must update their IHCP provider profiles by adding the new HME provider specialty, *251 – Home medical equipment provider*.

All current durable medical equipment (DME) providers are enrolled with provider specialty *250 – DME/medical supply dealer*.

All providers that wish to submit claims for HME services **must be enrolled with provider specialty 251**. Providers who wish to submit claims for other medical supplies not defined as HME must be enrolled with provider specialty 250. To submit claims for both HME and non-HME supplies, providers must enroll in both provider specialty 250 and 251.

To determine which codes require an HME license and enrollment in provider specialty 251, view the code sets for HME and DME providers posted on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/providerCodes/providerCodes.asp>.

To add a provider specialty, obtain a *Provider Update Form* from the IHCP Web site at http://www.indianamedicaid.com/ihcp/ProviderServices/provider_update.asp or contact the Provider Enrollment and Waiver line at 1-877-707-5750. Providers must complete the form, sign it, and mail it and all required attachments to the following address for processing:

EDS Provider Enrollment
P.O. Box 7263
Indianapolis, IN 46207-7263

To enroll in provider specialty 251, providers must submit a copy of their license issued by the Indiana State Board of Pharmacy. This copy must accompany the *Provider Update Form*.

Note: Pharmacy providers currently enrolled in the IHCP with both provider specialties 240 and 250 do not need to update their provider profiles to add provider specialty 251. The IHCP will systematically add this specialty to the provider profile for these providers because they are exempt from the licensing requirements for HME services and they are already licensed by the Indiana State Board of Pharmacy.

National Provider Identifier Information

A National Provider Identifier (NPI) Web page is now part of the IHCP Web site at <http://www.indianamedicaid.com/ihcp/ProviderServices/npi.asp>. This page contains information about the *IHCP NPI Implementation Plan*, instructions for obtaining an NPI, links to other resources on the Web, and informational documents such as the *NPI Fact Sheet*.