



## 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 Indiana Health Coverage Program Providers:**

- In order to ensure the accuracy of electronic funds transfer (EFT) information in the IndianaAIM System, EDS is announcing a new policy for establishing and updating EFT information. Effective March 1, 2001, to initiate or change EFT information, billing providers must submit a completed EFT form accompanied by an original deposit slip or voided check. Both the billing provider number and service location(s) must be included on the EFT form. EFT accounts cannot be established for rendering-only provider numbers associated with members of a group or clinic, and such requests will be denied and returned with a *Returned to Provider (RTP) Letter*. EFT accounts can be established only under the billing provider number and location for the group or clinic. EFT forms can be obtained on the Website at [www.indianamedicaid.com](http://www.indianamedicaid.com), or can be requested in writing from the following address:

**EDS Forms Request  
PO Box 7263  
Indianapolis, IN 46207-7263**

These procedures are being established to promote timely and accurate provider payments from the Indiana Health Coverage Programs (IHCP). Please direct any questions to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

- Only one provider number may be listed in box 33 on the HCFA 1500 claim form. Including more than one provider number in box 33 could cause erroneous payments as well as delays in receiving IHCP reimbursements. If any IHCP provider number other than the billing provider number is placed in box 33 of the HCFA 1500 claim form, providers might not receive the IHCP remittance advice and accompanying payment. The number entered in box 33 must be the approved billing provider number associated with the correct payment address. The group member's rendering provider number should not be entered in box 33 on the HCFA 1500, or the group member will erroneously receive the IHCP reimbursement.

Clinical Laboratory Improvement Amendment (CLIA) numbers are valid for the group's billing provider number only. In order to receive reimbursement for services subject to CLIA regulations set forth by the Health Care Financing Administration, providers must bill with the group's billing provider number in box 33 of the HCFA 1500 claim form.

For more information on correct billing procedures for the HCFA 1500 claim form, please refer to the *Indiana Health Coverage Program Provider Manual* or review bulletin *BT200009*, dated February 25, 2000. Please direct any questions to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

- If a provider receives a provider number as a member of a group practice, that number **cannot** be used with the alpha suffix **A** to bill for claims as a sole proprietor. Providers who wish to bill as a sole proprietor must enroll a new location, which will be assigned a different alpha

suffix. If claims rendered by a sole proprietor are billed using the number that a provider was given in the group, the sole proprietor claim payments are sent to the group's practice location.

- Outdated enrollment information or incorrect billing practices can cause IHCP correspondence and payments to be directed to the wrong address. To update provider enrollment information, send the original and the updated provider information, on official letterhead signed by an authorized officer, to the following address:

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

Please direct any questions to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

### **To All Hoosier Healthwise PrimeStep/PCCM Primary Medical Providers:**

- As of December 2000, certification code letters look different. The new style has the certification code information printed on the inside of one sheet that is folded and pressure-sealed with address information outside and a light blue backing. These letters have the EDS return mail logo.

In order to improve distribution during high volume mailing periods, all quarterly certification code letters will be generated earlier and should arrive three weeks before the quarter begins.

**Certification code letters are always mailed to the service location where the primary medical provider (PMP) is assigned.** PMPs associated with a group should receive certification code letters at the address on file for their PMP group service location. PMPs at individual locations should receive certification code letters at the address on file for their PMP individual service location. Please direct any questions to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

### **To All Indiana Health Coverage Program Transportation Providers with Specialties 262, 264, and 265 Regulated by The Indiana Motor Carrier Service:**

- The Indiana motor carrier service (MCS) is experiencing short delays in processing registration renewals for buses, ambulatory, and non-ambulatory for-profit common carriers. MCS has informed EDS of the delay and has granted a grace period for registration renewal for the above mentioned specialties through March 31, 2001. Since the MCS has granted a grace period, EDS will be extending Indiana Health Coverage Program (IHCP) eligibility for these providers until March 31, 2001. All other transportation providers should continue to send recertification materials according to the rules governing each transportation specialty. Please direct any questions about the delays to the MCS by sending all the facts (provider name, address, explanation of the question, relevant dates, etc.) to:

**Sandy Bowling, Supervisor Insurance and Safety  
Motor Carrier Services  
P.O. Box 6075  
Indianapolis, IN 46206**