



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 Programs Providers:

- In an effort to minimize the number of duplicate claim submissions, providers are advised to use the HCFA or UB-92 adjustment form whenever requesting additional or decreased reimbursement from the Indiana Health Coverage Programs (IHCP). Submitting corrected claims, instead of adjusting the original claim, will lead to denials for duplicate claims based on the claim header information of member name, recipient identification number, date of service and provider number. Complete instructions for requesting adjustments is located in *Chapter 11* of the *Indiana Health Coverage Programs Provider Manual*. Forms can be downloaded free of charge from the IHCP Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com), or can be requested in writing from EDS at the following address:

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

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

- Bulletin BT200046 published December 8, 2000, gave information about the Surveillance And Utilization Review department's provider review and appeal procedures. The bulletin listed the incorrect telephone number to call with questions regarding the appeal process. ***The correct phone number is 800-457-4515.*** We apologize for any inconvenience this may have caused.
- Please send any address changes, recertifications, changes of ownership, etc. to:

**EDS Provider Enrollment  
PO Box 7263  
Indianapolis, IN 46207-7263**

Please direct 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 Programs Transportation Providers:

- EDS is aware of an issue related to a mass adjustment performed March 6, 2001. Transportation providers billing procedure codes X3033, A0150, and Y9001 may be affected. Accounts receivable established as a result of the mass adjustment have been moved forward six weeks to minimize the impact to providers. EDS will systematically reprocess all affected claims, and providers will not need to reprocess any claims. Please watch future banner articles for information about the reprocess date. Please direct 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 Programs Home Health and Physician-OB/GYN Providers:

- The Office of Medicaid Policy and Planning (OMPP), the Office of Children's Health Insurance Program (CHIP), and EDS invite all Indiana Health Coverage Programs (IHCP) Home Health Providers and Physician-OB/GYN providers to schedule appointments for claim research days on the dates below. All claim research days appointments will be held at EDS, located at 950 North Meridian Street, Suite 1150, Indianapolis, Indiana. Each appointment will be thirty minutes in length, with a maximum of two appointments per provider number. Appointments will be scheduled every half-hour from 8:30 a.m. until 4 p.m. with a lunch break from 12 p.m. until 1 p.m. each day. Appointments are still being accepted as long as openings remain.

Please bring applicable documentation for each inquiry, such as a remittance advice and associated documentation, to facilitate claim research. A maximum of twenty (20) complex claims per provider will be researched during a thirty-minute appointment. Complex claims are defined as:

- EOB denial inquiries
- Crossover inquiries
- Prior authorization claim denial inquiries
- Accounts receivable (A/R) questions
- Adjusted claim inquiries
- Stop-pay inquiries
- Provider enrollment issues

Please complete and fax the preliminary information below to EDS at (317) 488-5376. After this information is received, an EDS representative will call to arrange an appointment. The dates are:

|                |                  | <u># of appts</u> | <u># of appts</u> |
|----------------|------------------|-------------------|-------------------|
| April 10, 2001 | Home Health      | ___ a.m.          | ___ p.m.          |
| April 11, 2001 | Home Health      | ___ a.m.          | ___ p.m.          |
| April 25, 2001 | Physician-OB/GYN | ___ a.m.          | ___ p.m.          |
| April 26, 2001 | Physician-OB/GYN | ___ a.m.          | ___ p.m.          |
| April 27, 2001 | Physician-OB-GYN | ___ a.m.          |                   |

Provider Name: \_\_\_\_\_ Provider Number \_\_\_\_\_

Registrant Name(s): \_\_\_\_\_ Phone Number:(\_\_\_\_\_) \_\_\_\_\_

Provider Type: \_\_\_\_\_ Traveling From: \_\_\_\_\_  
City / State

Please direct any questions about these appointments to an EDS representative at (317) 488-5195.