



## 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:

- Banner page *BR200120* dated May 15, 2001, provided information about the Maxicare or MaxiHealth insolvency. Additional information is available at the Maxicare Web site, [www.maxicare.com](http://www.maxicare.com) and on the IHCP Web site, [www.indianamedicaid.com](http://www.indianamedicaid.com). Maxicare operates under the name MaxiHealth in Hoosier Healthwise. Providers with questions about MaxiHealth should contact Indiana Insolvency, Inc. at 1-800-441-3355. Primary medical providers who wish to enroll in another Managed Care Organization (MCO) or in PrimeStep should contact the following organizations:

Contact Numbers for other Hoosier Healthwise MCOs and PrimeStep		
Harmony Health Plan of Indiana	Member Services:	1-800-608-8158
	Provider Services:	1-800-504-2766
Lifemark (PrimeStep)	Member Services:	1-800-889-9949, option 1
	Provider Services:	1-800-889-9949, option 3
Managed Health Services	Member Services:	1-800-414-5946
	Provider Services:	1-800-414-9475
MDWise	Member Services:	1-800-356-1204 or (317) 630-2831
	Provider Services:	1-800-356-1204 or (317) 630-2831

- System changes, designed to minimize incorrect billing practices, will take effect May 31, 2001. These changes may cause an increase in claim denials beginning in June. Providers who notice increased claim denials should refer to Bulletin *BT200115* for information about the change and for instructions on how to submit claims correctly to help prevent denials.
- Indiana Health Coverage Program (IHCP) providers can not bill any IHCP member any portion of a co-payment imposed by a third party insurer. Collection of co-payments would penalize the IHCP member for having a third party insurance. Providers can bill the co-payment to the IHCP program. The IHCP will pay the co-payment amount up to the Medicaid allowed amount for the service provided. If the IHCP program determines that no additional payment is due from the IHCP program, the IHCP provider should write off the balance of the co-payment.
- This is a clarification to Bulletin *BT200117* dated April 23, 2001. The bulletin contained the following paragraph: *When an existing plan of care overlaps a new prior authorization request, a new plan of care must be submitted. For example, if the plan of care covers a period from March 15 to May 15, and the new prior authorization request is from April 20 to October 20, the plan of care period overlaps into the requested prior authorization period and a new plan of care must be submitted with the prior authorization request.*

The paragraph should read as follows: *When an existing plan of care overlaps a new prior authorization request, the clinical summary portion of the prior authorization form should be updated to reflect any change in the patient's status. For example, if the plan of care covers a period from March 15 to May 15, and the new prior authorization request is from April 20 to October 20, the plan of care period overlaps into the requested prior authorization period, therefore the clinical summary portion of the prior authorization form should be*

updated to reflect any change in the patient's status. Please direct any questions to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

- The provider workshops in Crown Point, Fort Wayne, and Indianapolis are full, and only limited seating remains for the other locations. Providers are reminded that registration is not complete until an EDS representative calls to confirm the reservation.
- The Office of Medicaid Policy and Planning (OMPP), in conjunction with EDS, is currently assessing the technical and business process changes to the IHCP that will be required under the Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification final rule. This rule was published August 17, 2000, and has broad implications including coding and electronic format changes for claim submission.

In order to assess the impact of the Administrative Simplification final rule to the IHCP provider community, the IHCP is requesting provider input about HIPAA. Provider responses will supply information to develop provider educational materials. All providers are urged to complete the HIPAA awareness survey by June 15, 2001, on the Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com). The survey is also being mailed to a random sample of providers across Indiana.

Providers should continue to monitor the [www.indianamedicaid.com](http://www.indianamedicaid.com) Web site for HIPAA information as well as Web site links to additional HIPAA information sources.

## **To All Indiana Health Coverage Programs Providers Using the Dental Claim Form, HCFA-1500 Claim Form, and UB-92 Outpatient Claim Form:**

- The Indiana Health Coverage Programs (IHCP) Fee Schedule information on the IHCP Web site, [www.indianamedicaid.com](http://www.indianamedicaid.com) has been updated to allow providers to use enhanced search capabilities. Options include: **View the Entire Fee Schedule, Search by an Individual Procedure Code, Search by a Procedure Code Range, or Search by Procedure Code Description.** To print the entire or partial fee schedule, see **Printing Tips**.

EDS will update the IHCP Fee Schedule monthly, making the previous months' **paper** copies obsolete. Therefore, it is highly recommended that providers access the Web site for the most current information about procedure codes recognized by the IHCP. Providers are reminded to bill using codes that most closely describe the service provided. IHCP customer assistance representatives cannot give coding recommendations. Please direct questions to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.