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:

- Effective July 1, 2001, federal law requires all payees to provide proof of U.S. citizenship (including U.S. resident aliens). As a result, the updated W-9 form must accompany all requests for new provider enrollments and tax identification information updates, or the request will be returned for the proper form. The form is located on the Web site at www.indianamedicaid.com. Providers who do not have Web access may contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278 to request a W-9 form.

- Please send any provider file updates such as address changes, recertifications, EFT changes, or changes of ownership to the following address:

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

  Please use the update form, available for download on the Web site at www.indianamedicaid.com or by contacting EDS Customer Assistance at the phone number listed below. Provider file changes must be submitted on an update form. Changes are no longer accepted on letterhead or via fax. Please direct questions about updates to EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278, *option 3*.

- EDS encourages providers to use **Electronic Funds Transfer** (EFT) for receipt of IHCP payments. EFT allows direct deposit of IHCP payments into a provider's designated bank account. EFT decreases the administrative processing required by paper checks. EFT is safe and only allows the deposit of funds into an account. EFT payments may be established on a billing provider number by submitting a completed EFT form to the EDS Provider Enrollment Unit. The form is available for download on the www.indianamedicaid.comWeb site, or by calling EDS Customer Assistance at the number below. Please contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278 for more information about establishing EFT payments.

- Effective July 1, 2001, patients diagnosed with breast or cervical cancer through the Indiana Breast and Cervical Cancer Program of the State Department of Health are eligible for Medicaid during the course of their treatment.

  In order to be eligible for Medicaid, a woman must meet the following criteria:

  1. Under 65 years of age
  2. Not eligible for other categories of Medicaid or other insurance that covers breast or cervical cancer treatment
  3. Family income of less than 250 percent of the federal poverty level. This equates to $21,475 for a single woman or $44,125 for a woman in a family of four.
  4. Screened and determined to need treatment through the Indiana Breast and Cervical Cancer Program.

  For more information about this screening program, contact the Indiana State Department of Health at 1-800-433-0746 or visit the Web site at http://www.in.gov/isdh/programs/bccp/index.htm

  Women in this program have Hoosier Healthwise Package A coverage, but are not assigned a primary medical provider. Claims are billed to EDS and certification codes are not required. Eligibility is terminated when the treatment period has ended. ***Providers must verify eligibility before any service is rendered.***

- EDS, in cooperation with the Office of Medicaid Policy and Planning (OMPP), Health Care Excel (HCE), and several provider associations, is pleased to announce that the updated version of the *Indiana Health Coverage Programs Provider Manual* is being distributed in CD-ROM format beginning June 29, 2001. Providers who do not receive a copy by July 31, 2001, may contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.

- ***Edit 1011, Recipient's PMP is missing***, has been inactive for medical claims since October 1999. The edit was activated Friday, June 15, 2001. Claims deny for this edit when the provider billing for primary care case management (PCCM) services is not the member's primary medical provider (PMP) and the service is not eligible for self-referral. See the *Indiana Health Coverage Program Provider Manual* for information about self-referred services. All other claims for PCCM members must include PMP information.

To All Indiana Health Coverage Programs Durable Medical Equipment and Transportation 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) durable medical equipment (DME) and transportation providers to schedule appointments for claim research days on the dates below. All claim research 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 will be 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 20 complex claims per provider will be researched during a 30-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 direct any questions about these appointments to an EDS representative at (317) 488-5195. 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:

	# of appts	***# of appts***
July 17, 2001 Durable Medical Equipment (DME)	___ a.m.	___ p.m.
July 18, 2001 Durable Medical Equipment (DME)	___ a.m.	___ p.m.
July 25, 2001 Transportation	___ a.m.	___ p.m.
July 26, 2001 Transportation	___ a.m.	___ p.m.

Provider Name: _____ Provider Number: _____

Registrant Name(s): _____ Phone Number: (_____)_____

Provider Type: _____ Traveling From: _____
City / State