



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:

- The crossover claim form introduced earlier this year for medical/physician, outpatient/home health, and inpatient/long-term care will not be mandated. However, effective September 2001, providers who submit crossover claims on the new form will **not** be required to attach the Medicare Explanation of Benefits.

Please note that providers who continue to submit crossover claims on the HCFA-1500 or UB-92 claim form **must** attach the appropriate Medicare Explanation of Benefits.

- Effective September 1, 2001, prior authorization (PA) will be required for reimbursement of any brand name drug with an established federal upper limit (FUL) or state upper limit (SUL). Exceptions include: Coumadin®, Dilantin®, Lanoxin®, Premarin®, Provera®, Synthroid®, and Tegretol®.

Generic substitution exemption criteria include the following:

- Allergic reaction to ingredients (excipients) in the generic products. If multiple generics are available, a history of trials of generics from multiple companies must exist.
- A therapeutic failure to the generic product. A history of documented previous purchases will be reviewed to determine dosing and compliance issues.

Note: Patient requests for brand name drugs will not be approved.

A bulletin will be published outlining policy and procedures prior to the scheduled implementation date. All prescriptions for Indiana Health Coverage Programs (IHCP) members, except those enrolled in the risk-based managed care (RBMC) delivery system, will be subject to this policy.

- 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.com Web 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.