



I M P O R T A N T I N F O R M A T I O N

B R 2 0 0 1 3 0

J U L Y 2 4 , 2 0 0 1

To All Indiana Health Coverage Programs Providers:

- This article is to update all IHCP providers of continued efforts, by EDS, to increase the number of trading partners from whom the IHCP receives Medicare crossover claims. EDS currently receives electronic crossover claim data from the following:

BCBS of Alabama – Part B	AdminaStar – Part A/C, B, and DMERC
Wisconsin – Part A/C	Wisconsin Physician Services – Part B
Omaha – Part A/C	BCBS of South Carolina – Part B
BCBS of Florida – Part B	Railroad Benefits for South Carolina – Part B

EDS has received the first electronic crossover claim transmission from Riverbend of Tennessee. Providers using this Medicare intermediary should allow six weeks for claims to be received and adjudicated by EDS before submitting paper crossover claims.

EDS is also working with BCBS of Georgia to complete the paperwork and testing necessary to initiate the electronic claim transmissions. Providers submitting Medicare crossover claims to the IHCP who do not find their intermediary listed above should contact EDS with the company name and contact person of their intermediary so EDS can discuss this option with them. Questions about the above information can be directed to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

- The following is a reprint of an article that ran April 17 and May 1, 2001 about claim adjustment procedures. Please note that additional directions have been added for the submission of refund adjustments.*

In an effort to minimize the number of duplicate claim submissions, providers are advised to use the HCFA-1500 or UB-92 adjustment form when requesting additional or decreased reimbursement from the Indiana Health Coverage Programs (IHCP). Submitting corrected claims, instead of adjusting the original claim, leads to denials for duplicate claims based on the claim header information such as member name, recipient identification number, date of service, and provider number. When sending a request for a refund adjustment (an adjustment with a refund check attached), please check the appropriate box in Block 10 for UB-92, Block 9 for HCFA-1500/Dental, or Block 3 for Pharmacy adjustments. Indicate the check number, and attach a photocopy of the check, along with all supporting documentation, remittance advices, and Medicare and/or commercial insurance Explanation of Benefits.

On receipt of refund adjustments, the check is deposited and the adjustment form is sent with a copy of the check to an adjustment analyst for processing. Without the appropriate refund information on the adjustment form, the analyst cannot accurately complete the request. A photocopy of the check also helps insure accuracy. 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 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.

- 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.

- 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 July 1, 2001, federal law requires all payees to provide proof of United States (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.
- 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.



I M P O R T A N T I N F O R M A T I O N

P R O V I D E R W O R K S H O P S

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) providers to attend the 2001 third quarter IHCP workshops free of charge. The morning session will begin promptly at 9 a.m. and the afternoon session will begin at 1:00 p.m. **These sessions are designed for newly enrolled providers and new billing analysts.** Directions to workshop locations will be available on the IHCP Web site by Friday July 27, 2001.

Table 1.1 – IHCP Workshop Locations

Workshop Date	Registration Deadline	City	Location
August 8, 2001	August 3, 2001	Bloomington	Bloomington Hospital Wegmiller Auditorium 601 West 2 nd Street Bloomington, Indiana
August 9, 2001	August 3, 2001	South Bend	Memorial Hospital South Bend Auditorium 615 North Michigan Street South Bend, Indiana
August 16, 2001	August 10, 2001	Muncie	Ball Memorial Hospital Conference Room OMP-1 2401 University Avenue Muncie, Indiana
August 21, 2001	August 15, 2001	Jeffersonville	Clark Memorial Hospital Conference Center 1220 Missouri Avenue Jeffersonville, Indiana
August 22, 2001	August 15, 2001	Lafayette	Kathryn Weil Center for Education Medical Arts Building 415 North 26 th Street, Suite 400 Lafayette, Indiana

Table 1.2 – Session Information

Time	Topic
9:00-11:45 a.m. or 1:00-3:45 p.m.	IHCP 101 Workshop <ul style="list-style-type: none"> • 590 Program • Traditional Medicaid Program • Hoosier Healthwise Benefit Packages • Eligibility Verification Systems (EVS) • Third party liability (TPL) • Claim processing guidelines

Registration: Please print or type the information below and fax to (317)-488-5376.

These sessions are designed for newly enrolled providers and new billing analysts.

Name of Registrant (s) _____

Registration Point of Contact:

Provider Number _____

Provider Name _____

Provider Address _____

City _____ State _____ ZIP _____

Provider Telephone _____ Provider Fax _____

I (we) will attend: a.m. session p.m. session

*Note: Seating for these sessions is limited to two registrants per provider number. An EDS staff member will contact your office prior to the workshop to confirm your attendance. **Workshop registrations will be accepted until the workshop deadline or until capacity is reached. Receipt of your fax does NOT guarantee registration. If you do not receive a phone call from an EDS staff member your attendance is NOT confirmed.** These workshops will be offered each quarter and information about future workshops will be forthcoming. Please direct any questions about these workshops to EDS representatives at (317) 488-5195.*