



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, 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. Screened through the Indiana Breast and Cervical Cancer Program (BCCP) and determined to need treatment.
 2. Under 65 years of age
 3. Not eligible for other categories of Medicaid or other insurance that covers breast or cervical cancer treatment
 4. Family income of less than 250 percent of the federal poverty level (will be reduced to 200 percent of the federal poverty level effective September 29, 2001).

Information about this screening program is available on the Web site at

<http://www.in.gov/isdh/programs/bccp/index.htm>. Providers who do not have Web access may contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.

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.***

- The Office of Medicaid Policy and Planning, the Office of Children's Health Insurance Program, and EDS would like to announce the upcoming Indiana Health Coverage Programs (IHCP) seminars, held in Indianapolis September 18, 2001, through September 21, 2001. The bulletin and registration form will be mailed soon. Providers are encouraged to watch for this bulletin and return the registration form as soon as possible. EDS will charge a refundable registration fee of \$25 per registrant. We hope to see everyone at the seminars!!
- The letter sent with the recent release of the *Indiana Health Coverage Programs Provider Manual* stated that updates in this release reflect program policy and coverage information published in IHCP bulletins and banner page articles dated March 1, 1999, to June 1, 2000. Bulletins and banner pages published after **June 1, 2000**, must be referenced in addition to the updated *Indiana Health Coverage Programs Provider Manual* to ensure the most current policies and procedures are followed. The June 1, 2000, date is correct since the manual was updated to that date. The following are highlights of this update:
 - Chapters 1, 2, 3, 6, 7, 8, 9, 10, 13, and 14 were updated.
 - Chapter 3 was updated with Electronic Verification Systems (EVS) information from March 1, 1999 through August 10, 2000.
 - Chapter 9 was updated with the most current drug efficacy study implementation (DESI) and federal upper limit (FUL) listings.
 - All chapters contain current telephone numbers, addresses, and contact information.
 - Appendix A, contains updates to Indiana Administrative Code (IAC) information as of June 11, 2001. Updates after June 11, 2001, are available at the www.state.in.us/legislative/iac/title405.html Web site.

All *Indiana Health Coverage Programs Provider Manuals* will be mailed by July 31, 2001. Any provider who has not received a manual by August 6, 2001, should contact EDS Customer Assistance 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 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. Instructions for requesting adjustments are located in *Chapter 11* of the *Indiana Health Coverage Programs Provider Manual*. Forms can be downloaded free of charge from the 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.

- This article is to update all 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.

- 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.



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 are available on the IHCP Web site.

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.*