



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 Community Care Residential Facilities for the Developmentally Disabled and Private Intermediate Care Facilities for the Mentally Retarded:

- Monthly tax assessments were not established to recoup from September payments. As a result, EDS has established two account receivables as of October 5, 2001. *This reflects the current month's assessment as well as the assessment not established for September.* Both of these receivables will be collected beginning with the remittance advice dated October 9, 2001. These receivables are identified with a reason code of 8405.

If the recoupment for this one-month period creates a financial hardship, the provider should contact the EDS accounts receivable help line at (317) 488-5004, so that a payment schedule can be set up.

To All Indiana Health Coverage Programs Certified Nursing Facilities:

- This is a reminder to all Indiana Health Coverage Programs (IHCP) certified nursing facilities that final rule *405 IAC 1-18-2*, which specifies the IHCP reimbursement methodology for Medicare crossover claims, will become effective for claims with dates of services on or after October 1, 2001. Pursuant to *405 IAC 1-18-2 (a-d)*, IHCP reimbursement for Medicare crossover claims for dates of service beginning October 1, 2001, will be as follows:
 - If the Medicare payment amount for a claim equals or exceeds the IHCP allowed amount, IHCP reimburses zero.
 - If the IHCP allowable amount for a claim exceeds the Medicare payment amount, IHCP reimburses the lesser of the following:
 - The IHCP allowable amount minus the Medicare payment amount; or
 - The Medicare coinsurance and deductible, if any, for the claim.

Claims for dates of service prior to October 1, 2001, have no change in the reimbursement methodology. Crossover claims filed by providers other than nursing facilities receive IHCP reimbursement equal to the Medicare coinsurance and deductible, if any, for the claim. Questions about this information should be addressed to the EDS Long Term Care Unit at (317) 488-5099.

- This is a reminder to all nursing facilities that the amendment to *405 IAC 5-31-8* eliminating the payment of bed hold days for IHCP certified and enrolled nursing facilities with less than 90 percent occupancy is effective for dates of service on or after October 1, 2001.

As stated in *405 IAC 5-31-8 (f)* "In no instance will Medicaid reimburse a nursing facility for reserving beds for Medicaid recipients when the nursing facility has an occupancy rate of less than ninety percent (90%). For purposes of this rule, the occupancy rate shall be determined by dividing the total number of residents in licensed beds, excluding residential beds, in the nursing facility taken from the midnight census as of the day that a Medicaid recipient takes a leave of absence, by the total number of licensed nursing facility beds, excluding residential beds."

This change to the bed hold reimbursement policy does not alter the 450B process and requirements detailed in *BT200002 – Use of Forms 450B and OMPP 450B SA/DE*, dated April 5, 2000. As before, nursing facilities are not required to submit Form 450B or 450B SA/DE unless an IHCP member has exceeded the allowed 15 day time hospitalization or the 30 day therapeutic leave day limit, regardless of whether a facility receives IHCP reimbursement for the leave days.

Further clarification to the billing process for **bed hold** claims with dates of service on and after October 1, 2001, will be sent to nursing facility providers in an upcoming bulletin. Questions about this information may be addressed to the EDS Long Term Care Unit at (317) 488-5099.

To All Indiana Health Coverage Programs Providers:

- EDS has received calls and letters from providers who received duplicate update letters. We wish to thank providers who brought this to our attention, and assure them it is currently being addressed. Please disregard duplicate copies of update letters. Your continued support of the IHCP is appreciated.
- On April 24, 2001, Centers for Medicare and Medicaid Services (CMS) announced new codes for casting supplies. The new codes, Q4001 through Q4051, have been activated retroactive to July 1, 2001. Effective for dates of service on or after November 18, 2001, the codes currently being used to report casting supplies, A4580, A4590, L2102, L2122, and L2124, will be inactivated. Providers should not rebill claims, which were submitted with the old codes and **paid** prior to November 18, 2001. Claims for services rendered on or after November 18, 2001, must be submitted with the new codes.

To All Indiana Health Coverage Programs Physicians, Mental Health, and Waiver Providers:

- EDS invites IHCP physicians, mental health, and waiver providers to claim research days. Appointments will be held at EDS, located at 950 North Meridian Street, Suite 1150, Indianapolis, Indiana. Each appointment will last thirty minutes, 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 noon to 1 p.m. 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 each thirty-minute appointment. Complex claims are defined as:
 - Prior authorization claim denial inquiries
 - Accounts receivable (A/R) questions
 - Adjusted claim inquiries
 - Provider enrollment issues
 - Crossover inquiries
 - EOB denial inquiries
 - Stop-pay inquiries

Please complete and fax the information below to EDS at (317) 488-5376. After this information is received, an EDS representative will call within 48 hours to arrange an appointment. The dates are:

	# of appts	# of appts
October 24, 2001 Physician	___ a.m.	___ p.m.
October 25, 2001 Physician	___ a.m.	___ p.m.
November 13, 2001 Waiver	___ a.m.	___ p.m.
November 14, 2001 Waiver	___ a.m.	___ p.m.
November 20, 2001 Mental Health	___ a.m.	___ p.m.
November 21, 2001 Mental Health	___ a.m.	___ p.m.
December 4, 2001 Physician	___ a.m.	___ p.m.
December 5, 2001 Physician	___ a.m.	___ p.m.
December 6, 2001 Physician	___ a.m.	___ p.m.
November 21, 2001 Mental Health	___ a.m.	___ p.m.

Provider Name: _____ Provider Number: _____
Registrant Name(s): _____ Phone Number: (_____) _____
Provider Type: _____ Traveling From: _____
City /State

Please direct any questions about appointments to an EDS representative at (317) 488-5195.

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EDS

P. O. Box 7263

Indianapolis, IN 46207-7263

For more information visit www.indianamedicaid.com



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 fourth 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 October 17th, 2001. The Evansville and Merrillville workshops will start at 9 a.m. local time for each of those cities.

Table 1.1 – IHCP Workshop Locations

Workshop Date	Registration Deadline	City	Location
November 7, 2001	November 1, 2001	Evansville	Deaconess Hospital Bernard E. Schnacke Auditorium 600 Mary Street Evansville, Indiana
November 29, 2001	November 23, 2001	Indianapolis	Wishard Memorial Hospital Meyer Auditorium 1001 W. 10 th Street Indianapolis, Indiana
December 11, 2001	December 5, 2001	Merrillville	Methodist Southlake Hospital Education Center 8701 Broadway Merrillville, Indiana
December 13, 2001	December 7, 2001	Ft. Wayne	Lutheran Hospital-Kachmann Auditorium 7950 W. Jefferson Fort Wayne, Indiana
December 17, 2001	December 11, 2001	Columbus	Columbus Regional Hospital Kroot Auditorium 2400 East 17 th Street Columbus, Indiana

Table 1.2 – Session Information

Time	Topic
9 a.m.-11:45 a.m. or 1 p.m.-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 _____

Workshop Location _____ Workshop Date _____

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 due to seating capacity.** Please direct any questions about these workshops to an EDS representative at (317) 488-5195.*