



## 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 Hospital Care for the Indigent Providers:

- EDS has been instructed by the Office of Medicaid Policy and Planning (OMPP) to add a hospital-specific remittance to the October 29, 2001, claim payment total. Myers and Stauffer, LC sent a letter to qualifying acute care hospitals dated August 17, September 19, or September 20, 2001, explaining the additional remittance. This hospital-specific payment amount for State fiscal year ending June 2001 is listed on the *Financial Transactions* page of the remittance advice, and is included in the total check amount for the week. This payment is not claim specific for either Medicaid or hospital care for the indigent (HCI) claim activity. It is a general payment from Medicaid to reward hospitals for participation in the HCI program. Hospital providers currently in the HCI program are encouraged to continue participation in the same manner.

This Medicaid HCI add-on payment is the result of legislation enacted in 1993, by *Indiana Code IC 12-15-15-8*. In 1998, *Indiana Code IC 12-15-15-9*, repealed *IC 12-15-15-8*, and modified the payment methodology. The Centers for Medicare and Medicaid Services (CMS) has approved this state plan amendment. If there are any questions concerning this payment, please contact Michael Rusbasan or Jared Duzan at (317) 846-9521 or 1-800-877-6927.

## To All Indiana Health Coverage Programs Transportation Providers:

- Reminder: The mass adjustments performed March 6, 2001, for transportation providers billing procedures codes X3033, A0150, and Y9001 are being reprocessed. The recoupment date on accounts receivable established as result of the mass adjustment will be changed to October 30, 2001. EDS will systematically reprocess all affected claims, and providers will not need to resubmit any claims. This will be on the October 30, 2001, remittance advice. Please direct questions to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

## To All Indiana Health Coverage Programs Prescribing and Pharmacy Providers:

- The Indiana Drug Utilization Review (DUR) Board has made a recommendation to the Office of Medicaid Policy and Planning (OMPP) to move forward with implementation of a prior authorization (PA) program for drugs. Health Care Excel (HCE), in coordination with EDS and the OMPP, is developing PA programs for Stadol®, Ultram®, peptic ulcer disease drugs, non-steroidal anti-inflammatory drugs (NSAIDS), and growth hormones. Providers can access program criteria approved by the Board through the *What's New - Noteworthy Clinical Information* link on the DUR Board page of the Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com). The link to the DUR Board Web page is located on the IHCP home page, under the *Provider Services* drop-down menu. Future IHCP publications will outline program operating guidelines and additional criteria as it is developed.

## To All Indiana Health Coverage Programs Providers:

- Please send any provider file updates such as, but not limited to, address changes, recertifications, group member additions or disenrollments, 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](http://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, allowing 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 can 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 Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com) or by calling EDS Customer Assistance. Please contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278 for more information about establishing EFT payments.

## 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 30 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
  - 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
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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