



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 Providers:

- Note the new **fax** number for EDS Third Party Liability (TPL):
(317) 488-5217
- The Indiana Health Coverage Programs (IHCP) is planning now for the changes required by the federal *Health Insurance Portability and Accountability Act (HIPAA)*. Major changes in processing electronic transactions and paper claims that must be made by October 2002 are included. Changes to better protect patient privacy must be in place by April 2003. Please see the *HIPAA* section of the IHCP Web site, www.indianamedicaid.com for more information. Address questions not covered on the Web site in writing to the following address:
EDS HIPAA Correspondence
P.O. Box 7263
Indianapolis, IN 46207-7263
- The Indiana HIPAA Workgroup, a volunteer organization of Indiana health care providers, payers, and consultants, is currently conducting a Web-based survey regarding HIPAA readiness across the State. The survey, entitled Strategic Indiana Implementation Process Readiness Survey, will be open for your responses through December 2001. The Workgroup is working with these organizations to develop a State-wide HIPAA electronic data interchange (EDI) testing schedule and your HIPAA readiness information is important to them in helping to develop this schedule.
Make every effort to complete the survey, so that your information can be shared in the workgroup's future testing plans. The survey is located on the Indiana HIPAA Workgroup Web site www.indianahipaa.org. Information on this workgroup, their mission, and activities can also be found on this Web site.
- The sterilization consent form is no longer required when a patient will be rendered sterile secondary to surgery, rendered to treat a disease process, or as the result of injury when prior acknowledgment was not possible. Submit documentation with the claim to demonstrate the purpose of surgery was not related to a voluntary sterilization but was medically necessary. The documentation must include the nature of the emergency for which the informed consent was not applicable.
- EDS encourages providers to use electronic funds transfer (EFT) for 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 *deposit* of funds into an account. Establish an EFT for the billing provider number by submitting a completed EFT form to the EDS Provider Enrollment Unit. The form is available for download from the Web site at www.indianamedicaid.com or by calling EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278 for more information about establishing EFT payments.
- Please send any provider file updates such as, but not limited to, address changes, recertifications, group member additions, disenrollments, or changes of ownership to the following address:
EDS – Provider Enrollment
PO Box 7263
Indianapolis, IN 46207-7263
The update forms are available for download from the Web site at www.indianamedicaid.com or by contacting EDS Customer Assistance. 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*.

To All Dental Providers:

- The IHCP accepts all versions of American Dental Association (ADA) claim forms. However, when claims are submitted using the 2000 ADA claim form, only one procedure code is allowed per line. Six is the maximum number of detail lines or procedures allowed on the 2000 ADA claim form. If more than six detail lines are included on one form, it is returned for *exceeding the allowed number of procedure codes per detail line*. Each claim form must also have a total dollar amount calculated.

The standard 1994 ADA claim form allows fifteen detail lines. Only one procedure code is allowed per detail line. If more than fifteen detail lines are billed, an additional form must be used. Each claim form must also have a total dollar amount calculated.

The 1994 ADA claim form, containing fifteen detail lines is located on the Web site at www.indianamedicaid.com. Providers can download and print this form, free of charge, for filing claims. If there are any questions, contact the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

To All Prescribing Practitioners and Pharmacy Providers:

NOTE: The information in this banner is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system

- This notifies providers that pharmacy claims processed with the calculated Medicaid allowable of AWP minus 13 percent, plus \$3 dispensing fee will be adjusted and begin appearing on the remittance advice dated December 4, 2001. The adjustment will reflect the calculated Medicaid allowable rate of AWP minus 10 percent, plus \$4 dispensing fee. The adjustment was originally scheduled for the week of November 27, 2001, but was delayed one week.

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