



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 2002 *Health Care Financing Administration's Common Procedure Coding System (HCPCS)* and *Current Procedural Terminology (CPT)* code updates will be loaded for Crossover Claims only on January 1, 2002. Providers should continue billing 2001 codes until April 1, 2002. The IHCP will deny claims submitted with 2002 codes for dates of service prior to April 1, 2002. Questions can be directed to the Health Care Excel Medical Policy department at (317) 347-4500.

All Waiver Providers

- As part of the requirements for the Home and Community Based Services Waiver for Persons with Disabilities (DD Waiver), the Office of Medicaid Policy and Planning (OMPP) has established a review process for the Medicaid Home and Community Based Services Waiver Programs. EDS will be performing Waiver provider reviews on a schedule approved by the OMPP. This process will initially include DD Waiver providers, and expand to additional waiver providers as approved by the OMPP. Providers will be notified prior to the commencement of the review. Providers will be reviewed at a minimum of every 15 months.

The EDS review teams will be responsible for the following:

- Examine the member's current approval plan of care and related case manager and provider documentation
- Verify the delivery of services billed to the Indiana Health Coverage Programs (IHCP)
- Meet with a sample of members in the home setting to insure services are meeting the needs of the member, and to review the member's eligibility for waiver services
- Review provider staff training plan and staff training hours
- Review provider qualifications and qualifications of field staff

Once the review is complete an exit conference will be held to discuss the review findings. The exit conference provides an opportunity to share information and provide education. Further development of the review process will be based in part on the information gathered during these reviews.

We appreciate your cooperation and patience during this time of development as Indiana seeks to work with the individuals and providers to improve the Medicaid Home and Community Based Services Waiver Programs.

- EDS noticed certain waiver claims were paid at a lower rate than the approved rate on file. New rates with an effective date of October 1, 2001, were not received or keyed into the system until October 23, 2001. The delay may have caused claims with dates of service October 1, 2001, and after to be paid at the old rate. Mass adjustments will be made for claims paid at the incorrect rates for the following procedure codes with dates of service October 1, 2001, and forward:
 - X3064 –Residential Based Habilitation
 - Z5022 – Supported Living Services
 - Z5724 – Day Habilitation – Structured Day Program Individual
 - Z5725 – Day Habilitation – Structured Day Program Group
 - X3008 – Attendant Care/Personal Assistance

Please **do not** submit manual adjustments at this time. Mass adjusted claims are assigned region code 56 as the first two numbers in the internal control number (ICN). The adjustments will begin posting on Remittance Advice Statements dated December 11, 2001.

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 began 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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