



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 Medicaid Prescribers 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

- Provider bulletin *BT200148*, dated November 28, 2001, announced the implementation of the Indiana Rational Drug Program. A form titled “*Indiana Rational Drug Program COX-2 Inhibitor (COX-1 Sparing) and Brand Name NSAID Authorization Form*” was included with this bulletin. The form incorrectly requested a *DEA Number*. This block on the form is to be used for your *Provider Number*. Corrected forms will be available on the Indiana Health Coverage Programs (IHCP) Web site at www.indianamedicaid.com.

To All Providers:

- **This policy is mandatory only for providers enrolled in the Indiana Health Coverage Programs (IHCP) at the time the service was rendered.** Providers rendering services to members during a period of retroactive eligibility are bound by the following requirements:
 - The provider must refund in full to the member any payments for covered services rendered on or after the eligibility effective date, just as the traditional IHCP retroactive eligibility policy.
 - The provider bills the IHCP for the covered service.

For example, an IHCP provider renders an IHCP covered service to a patient on a private-pay basis on June 1, 1997. On October 1, 1997, the patient is enrolled in the IHCP retroactively to May 1, 1997. The patient informs the provider and furnishes a member identification card. When the member informs the provider of the retroactive eligibility, the provider needs to verify program eligibility using one of the Electronic Verifications Systems (EVS). When member eligibility is verified, the provider must adhere to the policy stated above and refund the full amount paid by the member for the services rendered on June 1, 1997. The provider must bill the IHCP within one year of the date the member was retroactively enrolled. Providers must return money paid by the IHCP member as soon as possible according to normal office policy.

For complete details concerning retroactive eligibility, reference Chapter 8 of the *IHCP Provider Manual*

- 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 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, 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.

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