



PROVIDER BULLETIN

BT200212

MARCH 11, 2002

To: All Providers

Subject: BULLETIN REVISION - Day V. Humphreys – Members With Retroactive Eligibility

Overview

This is an update to the bulletin originally dated February 6, 2002 regarding the Day v. Humphreys class action lawsuit. Specific information regarding filing limits has been added under the Provider Reimbursement heading.

Day v. Humphreys is a class action lawsuit that challenged the Indiana Family and Social Services Administration's (IFSSA's) practice of denying Indiana Health Coverage Programs (IHCP) disability benefits to individuals solely because the individuals' disability might improve with treatment. The plaintiff class members won this lawsuit. Therefore, the state of Indiana is no longer allowed to deny IHCP disability benefits to a person just because the person's disability might improve with treatment. Additionally, the IFSSA must grant retroactive eligibility to qualifying members. Class members who qualify for retroactive eligibility may have received services that would have been covered by Medicaid during this retroactive period. The member may have paid the provider for the service, or the provider may be seeking reimbursement from the member.

This bulletin outlines the process providers must follow when a member is granted retroactive eligibility and requests a refund for services previously paid by the member. In addition, it sets forth the procedure for the provider to submit a claim for reimbursement either when a refund has been made, or to obtain reimbursement for unpaid, but covered, services.

Member Reimbursement

IHCP eligibility for class members will be made retroactive when applicable. Class members will receive a Hoosier Health Card identical to those issued to members today. The card will not designate the member as part of the class action lawsuit.

Providers may use all traditional means of eligibility verification, such as OMNI, AVR, and Provider Electronic Solutions, to ascertain the member's eligibility for a specific date. Members will also receive a letter confirming their eligibility and membership in the Day class.

Members deemed eligible for the IHCP will contact their medical providers with proof of payment and proof of IHCP eligibility to obtain a full refund of any IHCP-covered services performed during the retroactive time period. If services were not covered by IHCP, no refund is required. According to the *IHCP Provider Agreement* and *Chapter 2, Section 9* of the *IHCP Provider Manual*, payment for covered services made by a member during a period of retroactive eligibility must be immediately refunded in full to the member. Failure to comply with this requirement is considered a breach of the *IHCP Provider Agreement* and could result in IHCP disenrollment.

Reimbursement to Providers

After refunding a member's payment, a provider may bill the IHCP for covered services. All prior authorizations and filing time limits will be waived for such claims submitted to EDS by August 11, 2003.

Please submit all claims for reimbursement to the following address:

EDS
P.O. Box 7259
Indianapolis, IN 46207-7259

Claims submitted to post office boxes or street addresses other than the one listed above may be denied for filing limit or prior authorization.

EDS must receive all claims for services provided during a period now covered by retroactive eligibility as a result of this lawsuit no later than August 11, 2003. Claims received after this date will be returned to the provider without further consideration.

Additional Information

Questions about the information in this bulletin should be addressed to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

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