

February 17, 1998

To: All Indiana Medicaid Dental Providers

On page 7 of the Indiana Medicaid Update Bulletin dated January 16, 1998, the correct phone number for Maxihealth member services in the central region is 1-800-401-6294. The number listed in the Bulletin is the number for Managed Health Services, central region.

To: All Indiana Medicaid Hospitals Potentially Eligible for Disproportionate Share

OMPP has instructed Myers & Stauffer to mail the Disproportionate Share Hospital (DSH) survey for State Fiscal Years of 1997 and 1998. The cover letter and survey were mailed on or before February 6, 1998. The survey is designed to collect the information necessary to administer the Indiana Medicaid Disproportionate Share program.

This survey will be used to determine DSH eligibility and payment for State Fiscal Years 1997 and 1998. This survey is mandatory and must be completed by each facility in its entirety. Please complete and return the survey to Myers & Stauffer no later than March 9, 1998. If extenuating circumstances will prevent you from meeting this filing deadline or you have not received a survey, please contact Kay Spear or Christine Nicklin, Myers & Stauffer, immediately at (317) 846-9521 or 1-800-877-6927, or Bill Washienko, OMPP, at (317) 233-1553.

To: All Indiana Medicaid Providers

Claims with codes 96105 and 96111 were mass adjusted and reflected in remittance advice notices on 1/20/98 and 1/27/98. These claims were incorrectly subjected to the site-of-service differential and were underpaid when billed prior to 6/26/97 using "outpatient" as the place of service. Since the reference file was corrected 6/26/97, claims with these codes should be correctly paid with the rate of \$46.45 for each code.

To: All Indiana Medicaid Providers using the HCFA 1500

As has been acknowledged previously, EDS is experiencing a problem with Edit 0509 - Net Charge Out of Balance. This edit is generating CCF's when the Resolutions Analyst adds the spenddown amount shown on the 8A to the claim, recalculating the net charges when this update is made, thereby generating a CCF showing the net charge out of balance even though it is correct. EDS is actively pursuing a correction to this issue and will notify providers when it is corrected. In the interim, providers may include the amount of spenddown to be deducted in Box 29 of the HCFA 1500 and adjust the net amount due accordingly. If this is done, EDS personnel will not have to update the claim with spenddown information and the CCF will not be generated. EDS IS OFFERING THIS AS AN INTERIM SOLUTION TO PROVIDERS TO EASE THE PROBLEMS CAUSED BY THIS EDIT. WHEN THE EDIT IS CORRECTED, PROVIDERS WILL BE NOTIFIED AND WILL NO LONGER NEED TO INCLUDE SPENDDOWN IN BOX 29.

To: All Indiana Medicaid Pharmacy Providers

This is to notify all pharmacy providers of a situation that occurred on some pharmacy claims with dates of service January 19, 20 and 21, 1998. Pharmacy claims submitted with NDC 99999-9999-11 denied inappropriately for edit 4213, (This NDC/HRI/UPC code submitted has been re-used for a different product. Please validate NDC/HRI/UPC code.) **These claims can be resubmitted for payment.** Please note that only those claims with NDC 99999-9999-11 denied inappropriately. If claims with other NDCs denied for edit 4213, these are true denials and those claims should not be resubmitted with the same NDC. If there are further questions, Please contact the POS/ProDUR Help Desk at (317) 488-5069.

The following labelers have entered into drug rebate agreements and are joining the rebate program effective 4/1/98:

Unigen Pharmaceuticals, Inc. (Labeler Code 62305); Radford Therapeutics (Labeler Code 63252); American Pharmaceutical Partners (Labeler Code 63323); DEQUUS Pharmaceuticals, Inc. (Labeler Code 60809) and Endo Pharmaceuticals, Inc. (Labeler Code 63481).

The following labelers are being voluntarily terminated from the rebate program effective 4/1/98:

Hall Laboratories (Labeler Code 00417); Perry Medical Products (Labeler Code 11763); Bradley Pharmaceuticals, Inc. (Labeler Code 49729); The Biopractic Group II, Inc. (Labeler Code 57895); and Glasgow Pharmaceutical Corp. (Labeler Code 60809).

To: All Indiana Medicaid Physicians

Joy Newby & Associates, Inc. will be offering Medicaid Workshops in the following locations:

Indianapolis	April 15, 1998	Columbus	May 6, 1998	Bloomington	May 7, 1998
Merrillville	May 14, 1998	Evansville	May 21, 1998		

These programs are full day workshops, beginning at 9 AM and ending at 5 PM. Each will cover important information to assist in billing physician services to the Indiana Medicaid Program, and include troubleshooting frequent denials dealing with restrictive eligibility categories, program policies, adjustments, inquiries, and various other issues. Additionally, information regarding new contractors and turnover will be discussed.

Please contact Joy Newby & Associates, Inc., at (317) 577-3066 to request additional information or obtain registration forms.

To: All Indiana Medicaid certified Nursing Facilities and Intermediate Care Facilities (large and small) (Reprint from 1/13/98 and 1/20/98)

Effective January 9, 1998, the IndianaAIM system will utilize the patient status code from the UB92 claim form STAT code box to close out the recipient level of care segment for selected discharge status codes. This code must indicate the status of the resident as of the ending service date of the period covered on the LTC claim. IndianaAIM will close out the recipient level of care segment for a recipient whose claim has one of the following Patient Status Codes: 01, 02, 05, 06, 07, 08 or 20. It is imperative that the NF or ICF/MR provider submit the correct patient status code. *Caution: If you are filing a claim for a resident of either hospital or therapeutic bedhold, DO NOT use a discharge status code on the claim form. The discharge status code will close the Recipient Level of Care segment and all future claims will deny for edit 2008, "Recipient ineligible for level of care billed".* For any questions, please contact the EDS Long Term Care Review unit at (317) 488-5099.

Since January 9, 1998, the EDS Long Term Care unit has experienced a high volume of phone calls related to the autoclosure of the Level of Care screens. In particular, the calls are related to recent processing of retro-rate adjustment. If you know you have paid claims with an incorrect status code, please initiate an adjustment of those claims to reflect the correct status code. This will insure the correct information is reflected in IndianaAIM and alleviate any future denial of claims during retro-rate adjustments.

EDS can not adjust denied claims. If you have experienced recent denial of claims due to an incorrectly billed discharge status code, please contact the EDS Long Term Care unit at (317) 488-5099 and an analyst will review your particular denials. If the claims indicate an incorrect discharge status code was billed, EDS can manually remove the Level of Care stop date. The provider will need to rebill denied claims after the Level of Care changes have been made to receive reimbursement.

To: All Indiana Medicaid Providers

EDS placed a change into production for claims appearing on the February 10, 1998 which should have corrected the problem we have been experiencing with electronic Medicare Part B Crossovers in which the Psych Fee Adjustment was not included in the Medicaid payment. After reviewing the claims appearing on the 2/10/98 and the 2/17/98 Remittance Advice Statements it was determined that we were including the Psych Fee Adjustment, but had over calculated the amount due. EDS has corrected this for claims appearing on the 2/24/98 Remittance Advice Statement, and will adjust the claims from the 2/10/98 and the 2/17/98 RA's. A banner page article will be issued when that adjustment is processed.