

March 10, 1998

To: All Indiana Medicaid Dental Providers:

On page 4 of Medicaid Update Bulletin E98-03, dated 1/16/98, the correct phone number for AVR is 1-800-738-6770 and the correct phone number for MaxiHealth member services in the central region is 1-800-401-6294. The numbers printed in the bulletin are incorrect. The reprocessing of denied claims as outlined in Bulletin E 98-03 dated 1/16/98 has been completed and the affected claims will appear on this week's Remittance Advice Statement. Dental claims with a control number beginning with 80 are those claims which were systematically reprocessed by EDS.

To All Indiana Medicaid Pharmacy Providers:

This is to inform all Pharmacy Providers of a mass adjustment that will be taking place to correct pharmacy claims that randomly paid inappropriately. NDC 00083-0027-30 is a NDC that has been reused by the drug manufacturer Novartis. The NDC was previously used for Progestamate 10mg tablets. The manufacturer of this product reused this NDC for Tegretol 200mg tablets. With the same NDC on file for two different drugs, pharmacy claims would randomly pay at the correct price for Tegretol 200mg and randomly pay inappropriately for Progestamate 10mg. EDS implemented edit 4213 in January, 1998 to resolve this problem. Claims have been identified that paid at the Progestamate 10mg pricing with dates of service 1/1/97 to 1/23/98 and are being adjusted systematically to pay at the higher Tegretol 200mg pricing. Providers will see this adjustment on their weekly RAs.

An Important Reminder To All Indiana Medicaid Providers:

No person or persons shall, on the grounds of race, color, national origin, handicap*, age, sex or religion, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program, service or benefit advocated, authorized or provided by this Office.

* Note: Section 504 of the Rehabilitation Act of 1973 protects individuals with AIDS and individuals with asymptomatic HIV infection as "qualified handicapped persons."

To: All ICF/MR and Psychiatric Hospital Providers:

This is to advise you that the Balanced Budget Act of 1997 (BBA) has eliminated the requirement for periodic inspections of care for each Medicaid beneficiary receiving services in an intermediate care facility for the mentally retarded (ICF/MR) or in a psychiatric hospital. The states' responsibility for assuring appropriateness of reimbursement and compliance with other program requirements has not been eliminated. As a result of this change, the OMPP has immediately discontinued all ICF/MR facility and psychiatric hospital audits scheduled by the EDS inspection of care teams. OMPP is now working with the Health Care Financing Administration (HCFA) to reevaluate and redirect the audit function in the ICFs/MR. OMPP will notify ICF/MR providers promptly once the new audit function is defined and ready to be implemented. If you have any questions, please contact the EDS Long Term Care Unit at (317) 488-5099.

To: All Indiana Medicaid Providers

Some recent Remittance Advice Statements have reflected an incorrect DRG. However, the amount paid was correct. EDS is researching the problem and will generate new Remittance Advice Statements once the correction is made. Watch future banner pages for more information.

To: All Indiana Medicaid Pharmacy Providers:

The following labelers have entered into drug rebate agreements and are joining the rebate program effective January 1, 1998: Warner Chilcott Laboratories (Labeler Code 00430); and Faulding Laboratories (Labeler Code 63857).

The following labelers have entered into drug rebate agreements and are joining the rebate program effective April 1, 1998: Peachtree Pharmaceuticals (Labeler Code 62793); and Chain Drug Marketing Association, Inc. (Labeler Code 63868).

The following labeler has entered into a drug rebate agreement and is joining the rebate program effective July 1, 1998: GM Pharmaceuticals, Inc. (Labeler Code 58809).

The following labeler is being terminated from the drug rebate program effective April 1, 1998: Huckaby Pharmaceutical, Inc. (Labeler Code 58407).

To: All Indiana Medicaid Pharmacy Providers:

This is to inform all Pharmacy Providers of a mass adjustment in process to correct pharmacy claims that randomly paid inappropriately. NDC 00083-0027-30 is an NDC that has been reused by the drug manufacturer Novartis. The NDC was previously used for Progestamate 10mg tablets. The manufacturer of this product reused this NDC for Tegretol 200mg tablets. With the same NDC on file for two different drugs, pharmacy claims would randomly pay at the correct price for Tegretol 200mg and randomly pay inappropriately for Progestamate 10mg. EDS implemented edit 4213 in January 1998 to resolve this problem. Claims have been identified that paid at the Progestamate 10mg pricing with dates of service 1/1/97 to 1/23/98 and are being adjusted systematically to pay at the higher Tegretol 200mg pricing. Providers will see this adjustment on their weekly Remittance Advice Statements.

To: All Medicaid Providers of Long Term Care (Nursing Facilities, Community Residential Facilities for the Developmental Disabled, ICF/MRs)

Effective 3/1/98, the Personal Needs Allowance (PNA) as reflected in 405 IAC 2-3-17 and 2-3-21 has been changed. The PNA has been increased from \$30 to \$35 for all Medicaid recipients residing in long term care facilities. As you are aware, the PNA is the amount of money which the recipient is allowed to keep in order to buy personal items. All recipients affected by this change have been notified in writing of the decrease in their personal liability amount. The liability amount can be verified by utilizing any of the following eligibility verification methods described in the Indiana Medical Assistance Provider Manual pages 2-4-1 through 2-6-7:

- * Automated Voice Response
- * National Electronic Claim Submission (NECS) Dial-up
- * OMNI Swipe Card Device

It is important to remember that the decrease in a patient's personal liability amount does not constitute any changes in the billing practices already employed by your facility. The IndianaAIM system will automatically deduct each patient's new liability amount at the time the claim is being processed based on the liability amount information provided by the county offices.

If you have any questions relative to this change, please contact EDS Provider Assistance at 1-800-577-1278 or (317) 655-3240.