

June 23, 1998

To All Indiana Medicaid Pharmacy Providers:

This is to remind all pharmacy providers of the correct billing practices for Over-the-Counter (OTC) Drugs. Bulletins E96-28, E96-42 and E98-13 explicitly state the coverage of OTC drugs for the Indiana Medicaid Program. ONLY those items listed in these bulletins should be billed to the program. If there is a question as to whether or not an OTC drug is covered by the formulary, contact EDS Provider Assistance at 1-800-577-1278 or locally at 317-655-3240 or the POS/ProDUR Help Desk at 317-488-5069.

Pharmacists are strongly urged not to dispense OTC drug items for which they are unsure of coverage status. Failure to do so may result in claim denial or future recoupments.

To: All Indiana Medicaid Providers:

Group providers who wish to enroll new providers and link them to their group should contact Provider Assistance at 1 (800) 577-1278 or (317) 655-3240 locally to request an enrollment packet. Groups must complete a separate enrollment packet each time a new provider enrolls and joins the group. Using separate enrollment packets for each provider allows EDS to track each application through the enrollment process; thus ensuring better customer service. It also ensures the EDS Provider Enrollment staff is utilizing the most current version of the enrollment application.

To: All Indiana Medicaid Providers:

The Office of Medicaid Policy and Planning (OMPP) and EDS have recently updated the Provider Enrollment Agreement with new procedures regarding reorganization changes for providers. The new item is number 26 in the Provider Enrollment Agreement and states the following:

The provider must immediately notify IFSSA or its fiscal agent of any corporate reorganization which effectively causes the original provider name to cease to exist. With this type of reorganization, either a letter signed by an authorized representative of the newly named entity, as a result of the reorganization, will assume the original Medicaid agreement; or completion of the new provider agreement will be required. In addition, any change in the federal tax identification number for the newly named entity will need to be immediately reported to IFSSA or its fiscal agent.

This means the newly organized entity is responsible for contacting the EDS Provider Enrollment Unit, at the address listed above, to notify them of the reorganization. In some instances, a letter from an authorized representative of the new entity will be sufficient to assume the original Medicaid agreement. In other cases, the completion of a separate provider agreement will be required. The same procedures should be followed with respect to changes in the federal tax identification number.

To All Indiana Medicaid Pharmacy Providers:

The following labelers have entered into drug rebate agreements and are joining the rebate program effective July 1, 1998:

Remedy Makers (Labeler Code 10191), Zila Pharmaceuticals, Inc. (Labeler Code 51284), Nabi (Labeler Code 59730), Sangstat Medical Corporation (Labeler Code 62053), EMT-Rx (Labeler Code 64054), Medical Resources, Inc. (Labeler Code 64065 and National Vitamin Company (Labeler Code 79854).

The following labeler will be reinstated in the drug rebate program effective July 1, 1998:

Huckaby Pharmacal, Inc. (Labeler Code 58407).

The following labelers are being terminated effective July 1, 1998:

Quality Formulations, Inc. (Labeler Code 12225), A.W. Curtis Laboratories (Labeler Code 23698), Consolidated Pharmaceutical Group (Labeler Code 61423), Genesis Products, Inc. (Labeler Code 62346).

The following labelers are being voluntarily terminated effective July 1, 1998:

Moore Medical Corporation (Labeler Code 00839), Mason Distributors, Inc (Labeler Code 11845) and InSource-Williams, Inc. (Labeler Code 49137).

To: All Indiana Medicaid Providers:

Effective July 1, 1998, Indiana Medicaid reimbursement for any vaccine (1) available through the Vaccines For Children (VFC) program, and (2) administered to a Medicaid recipient age 18 years or under, will be limited to the lesser of \$8.00 or the submitted charge. Until claims edits are in place to limit payment for administration of VFC-available vaccines to children ages 18 years and under, Medicaid providers will be subject to post-payment audit and recoupment of amounts charged and paid in excess of the \$8.00 maximum allowable for this service.

To: All Indiana Medicaid Providers:

The 1998 HCPCS bulletin (E98-15) is in the process of being mailed to all providers. If you have a copy of the current Medicaid Max Fee Schedule, you can combine this with the 1998 HCPCS bulletin (E98-15) to have an all inclusive max fee schedule. If you do not have a Medicaid Fee Schedule, please contact EDS Provider Assistance at 1-800-577-1278. The cost of the fee schedule is \$43.00. Please be aware that the Max Fee Schedule does **not** include the 1998 HCPCS information. However, as of the date of this banner page article, providers requesting a copy of the Max Fee Schedule will also receive a copy of the 1998 HCPCS bulletin (E98-15).