



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 Providers:

- Effective August 21, 2002, the preferred drug list (PDL) for nonsedating antihistamines will be implemented for Indiana Health Coverage Programs (IHCP). All nonpreferred products will reject with edit *3017-NDC Not on Preferred Drug List*, and will require prior authorization. The physician must call ACS State Healthcare at 1-866-879-0106 to request an override.

The second phase of the PDL will begin September 17, 2002, and will include proton pump inhibitors and ACE inhibitors. The generic drug lisinopril was not included in the IHCP bulletin *BT200243, Preferred Drug List – New Additions, Follow-up Information*, dated August 14, 2002, but is a preferred ACE inhibitor. Direct all requests for nonpreferred agents to ACS State Healthcare at the above telephone number.

- IHCP bulletin *BT200243, Preferred Drug List – New Additions, Follow-up Information*, dated August 14, 2002, incorrectly listed the effective date for new PDL additions as September 25, 2002. The correct effective date is September 17, 2002.
- IHCP bulletin *BT200245, Crossover Claims Updates*, dated August 13, 2002, was mailed to providers. The bulletin states that paper and electronic UB-92 claims, as well as Medicare Part B claims with dates of service on or after July 1, 2002, would be held until the new pricing logic was implemented. However, all crossover claims received after 4 p.m. on August 14, 2002, will be held. The only exception is that Medicare Part A claims submitted via Provider Electronic SolutionsSM will deny with edit *0580 – Inpatient crossover claims must be billed on a UB-92 claim form or sent directly from Medicare*.

It was incorrectly noted in *BT200245* that rule *LSA # 02-121* is the emergency rule for crossover claims submission. However, it is actually the permanent rule. The emergency rule effective July 1, 2002, is *LSA # 02-197*. Additionally, the emergency rule expires September 26, 2002. At that time, the Family and Social Services Administration will adopt a new emergency rule with a different *LSA* number that will be in effect for an additional three months.

- IHCP bulletin *BT200245, Crossover Claims Updates*, dated August 13, 2002, informs providers of submission changes for Medicare Part A, Part B, and Part C crossover claims. For more information, bulletin *BT200245* is posted on the IHCP Web site at www.indianamedicaid.com.

To All Waiver Providers:

- The Office of Medicaid Policy and Planning (OMPP) established a review process for the IHCP Home and Community Based Services (HCBS) Waiver Programs. EDS performs waiver provider reviews on a schedule approved by the OMPP. This process initially included providers of services to the developmentally disabled only. Effective September 1, 2002, the review process will expand to additional waiver providers or waiver services as approved by the OMPP. Providers will be notified prior to the commencement of the review.

The EDS review team is responsible for the following items:

- Examining the member's current approved plan of care, and related documentation of the case manager and provider.
- Verifying the delivery of services billed to the IHCP.
- Meeting with a sample of members in the home to ensure services meet the needs of the member, and to review the member's eligibility for waiver services.
- Reviewing provider staff training plan and staff training hours.
- Reviewing provider qualifications and the qualifications of the field staff.

When the review is complete, an exit conference is held to discuss the review findings. The exit conference provides an opportunity to share information and provide education. Further development of the review process will be based in part on the information gathered during these reviews.

EDS appreciates provider cooperation and patience during this time of development as Indiana seeks to improve the IHCP HCBS Waiver Programs.

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