



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 of Hospital Care for the Indigent:

- The Office of Medicaid Policy and Planning (OMPP) has instructed EDS to add a hospital-specific remittance to the November 25, 2002, claim payment total. Myers and Stauffer LC sent a letter dated October 28, 2002, to qualifying acute care hospitals explaining the additional remittance. This hospital-specific payment amount for State fiscal year ending June 30, 2002, is listed on the Financial Transaction page of the remittance advice, and is included in the total check amount for the week. This payment is not claim specific for either the Indiana Health Coverage Programs (IHCP) or hospital care for the indigent (HCI) claim activity. Refer to the IHCP bulletin, *BT199930*, for more information about the HCI program. Direct questions about this payment to Myers and Stauffer LC at (317) 846-9521 in the Indianapolis local area or 1-800-877-6927.

To All Pharmacy Providers and Prescribing Practitioners:

Note: The information referenced below is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system.

- The IHCP bulletin, *BT200260*, dated November 18, 2002, incorrectly states, "...the Provider Training Meetings will be held at various locations throughout Indiana during the week of December 9, 2003." The correct date is **December 9, 2002**. Refer to IHCP bulletin, *BT200259*, for the session schedules and locations. *BT200260*, also states, "The appropriate completed forms and necessary supporting documentation must be mailed to the following address beginning December 18, 2003." The correct date for mailing completed forms and necessary documentation is **December 18, 2002**.

To Pharmacy Providers and Nursing Facilities:

Note: The information referenced below is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system.

- In accordance with federal regulations, certain pharmacy services for Medicare members in skilled nursing facilities (SNF) are reimbursed under the Medicare nursing facility per diem. Per *42 CFR Part 409.25*, Medicare pays for drugs and biologicals as post-hospital SNF care assuming it represents a cost to the facility and is furnished to an inpatient for use in the facility. Therefore, the IHCP should not be billed for the pharmacy services provided to dually eligible SNF residents during a Medicare post-hospitalization period. Drug products dispensed for these residents should be billed to the nursing facility only. During a recent review and audit of pharmacy claims, the OMPP determined some pharmacies have received payments for drug products dispensed to residents of nursing facilities that are eligible for both Medicare and Medicaid benefits when the resident was in a Medicare period of skilled care following hospitalization.

A mass adjustment will occur December 27, 2002, for providers that received inappropriate reimbursement for drug products in these situations and will appear on the December 31, 2002, RA. Refer questions about this mass adjustment to Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

To All Providers:

- The EDS Health Insurance Portability and Accountability Act (HIPAA) business unit has established an electronic mailbox now available for inquiries about HIPAA topics. EDS will respond to inquiries sent to the electronic mailbox at inxihpaainquies@eds.com, and will post frequently asked questions of general interest on the Indiana Health Coverage Programs (IHCP) Web site HIPAA FAQ page located at www.indianamedicaid.com. EDS recommends providers frequently monitor the IHCP Web site for HIPAA updates and additional information. For example, a provider who filed for the transaction and code sets extension can verify if it is a covered entity by following the link from the Resources section of the HIPAA Web page to the Centers for Medicare and Medicaid Services (CMS) Covered Entity Decision Tools Web site. The provider can use the flowcharts on that Web site to determine coverage.
- EDS identified claims paid as duplicate for edit 5008 – *This is a duplicate of another claim*. This affects claim types A, B, and C. These claims will be adjusted on January 6, 2003, and appear on the January 14, 2003, RA.

To All Hoosier Healthwise MCO-enrolled Primary Medical Providers:

- Effective January 1, 2003, Hoosier Healthwise primary medical providers (PMPs) enrolled with a managed care organization (MCO) will no longer receive semi-monthly member enrollment rosters from EDS. The MCO networks currently provide, and will continue to provide, member enrollment roster information to their contracted network PMPs. The OMPP is implementing this change as a program cost control measure. This change does not affect PMPs enrolled in the PrimeStep primary care case management program. PrimeStep PMPs will continue to receive membership roster information from EDS on a semi-monthly basis.

To All Home Health Providers:

- This supplements IHCP bulletin, *BT200117, Prior Authorization Requests for Home Health*, dated April 27, 2001, which states "...when hours on a particular prior authorization period are not used, they cannot be used as cumulative hours in the current authorization period, nor are they allowed to be carried over to the next prior authorization period." Due to exceptional situations such as nursing staff

shortage, some home health agencies are missing shifts. This may cause a need for increased services on a particular day in exchange for a day that was missed. The OMPP and the Surveillance and Utilization Review (SUR) Department determined that specific documentation is needed for providers to avoid being cited for overpayment in exceptional situations. The documentation must include nurse's notes or daily progress notes explaining the exception situation, such as, the nursing staff missed prior shifts due to a nursing shortage. SUR will verify that services were not billed on the day the visit was missed. Additionally, the documentation must explain how the necessary service was rendered during the period of time that nursing or home health staff was not present and what services were rendered during the extra units of care beyond the time typically spent with the member. As with all services, a current treatment plan must be in place indicating the level and frequency of services necessary for the member. Refer questions about appropriate documentation to the SUR Department at (317) 347-4500. Questions about prior authorization should be directed to the PA Department at (317) 347-4511 in the Indianapolis local area or 1-800-457-4518.

To All Pharmacy Providers:

Note: The information referenced below is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system.

- This notifies of changes to the Medicaid Drug Federal Upper Limit (FUL) to be implemented December 1, 2002.

Deletions		
Generic Name	Dosage	
Albuterol Sulfate	EQ 2 mg Base, Tablet, Oral, 100 EQ 4 mg Base, Tablet, Oral, 100	
Amantadine Hydrochloride	100 mg Capsule, Oral, 100	
Baclofen	10 mg, Tablet, Oral, 100 20 mg, Tablet, Oral, 100	
Hydroxyzine Pamoate	100 mg HCL, Capsule, Oral, 100	
Sulfamethoxazole; Trimethoprim	200 mg/5 ml; 40 mg/5 ml, suspension, Oral 480 ml	
Additions		
Generic Name	Dosage	FUL Price
Buspirone Hydrochloride	5 mg, Tablet, Oral, 100	\$0.2964
	10 mg, Tablet, Oral, 100	\$0.3942
	15 mg, Tablet, Oral, 100	\$0.4470
Fluoxetine Hydrochloride	10 mg, Capsule, Oral, 100	\$0.5850
	20 mg, Capsule, Oral, 100	\$0.6000
	40 mg, Capsule, Oral, 30	\$4.0125
	20 mg/5 ml, Solution, Oral, 120 ml	\$0.7500
	10 mg, Tablet, Oral, 30	\$0.6000
Lovastatin	10 mg, Tablet, Oral, 60	\$0.7487
	20 mg, Tablet, Oral, 60	\$1.2488
	40 mg, Tablet, Oral, 60	\$2.3738
Oxaprozin	600 mg, Tablet, Oral, 100	\$0.6758
Price Increases		
Generic Name	Dosage	FUL Price
Atenolol	25 mg, Tablet, Oral, 100	\$0.1595
	50 mg, Tablet, Oral, 100	\$0.0885
	100 mg, Tablet, Oral, 100	\$0.1650
Benztropine Mesylate	0.5 mg, Tablet, Oral, 100	\$0.1227
	1 mg, Tablet, Oral, 100	\$0.1502
	2 mg, Tablet, Oral, 100	\$0.1930
Doxycycline Hyclate	EQ 50 mg Base, Capsule, Oral, 50	\$0.0915
	EQ 100 mg, Base, Capsule, Oral, 50	\$0.1287
Etodolac	400 mg, Tablet, Oral, 100	\$0.3600
Metronodazole	500 mg, Tablet, Oral, 100	\$0.2184
Nystatin	100,000 Units/ml, Suspension, Oral, 60 ml	\$0.1757
Selenium Sulfide	2.5%, Lotion/Shampoo, Topical, 120 ml	\$0.0790
Theophylline	100 mg, Tablet, Extended Release, Oral, 100	\$0.1184
Thioridazine Hydrochloride	50 mg, Tablet, Oral, 100	\$0.3885

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