



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:

- The Office of Medicaid Policy and Planning (OMPP) will hold free training about processing the *Form 450B* for residents in nursing facilities. The training will cover correct completion of the *Form 450B* as well as processing and billing issues. Training sessions are being offered at two times on January 14, 2003. Sessions will be held from 8:30 a.m.-11:30 a.m. and from 1 p.m.-4 p.m. This training will be held in the Indiana Government Center South Auditorium located at 402 W. Washington Street in Indianapolis. Reservations are not required. Public parking is allowed only in garage 1 located on Washington Street. Attendees are encouraged to plan for alternate parking because this garage may be full. The OMPP encourages nursing directors, social service staff, and bookkeepers to attend. Training session attendees should bring copies of bulletins *E98-35* dated November 2, 1998, *E98-40* dated November 16, 1998, *BT199939* dated December 1, 1999, *BT200002* dated April 5, 2000, and banner page *BR199805* dated February 3, 1998. Copies of these publications are available on the Indiana Health Coverage Programs (IHCP) Web site at www.indianamedicaid.com. Call (317)-233-1958 for answers to questions about these training sessions.
- Crossover claims received on HCFA-1500 forms must now contain additional information. The combined total of the Medicare coinsurance, deductible, and psychological (Psych) reduction must be reported on the left hand side of field 22 under the heading *Code*. The Medicare paid amount (actual payment received from Medicare) must be submitted in field 22 on the right hand side under the heading *Original Ref No*. Claims, submitted on HCFA-1500 forms that do not contain this information in field 22 and that are submitted with a Medicare Remittance Notice (MRN) indicating they are crossover claims, will be returned to the provider with reason code 7 (Provider must submit Medicare information in field 22 of the HCFA-1500 claim form).
- The *Care Coordination Outcome Report* was updated in April 2002 and is currently available on the Forms section of the IHCP Web site at www.indianamedicaid.com. Care coordinators should destroy any old copies of the form that have small boxes and begin using the form provided on the Web site no later than January 15, 2003. If care coordinators do not have access to the Web site, they can contact Customer Assistance at (317) 655-3240 or 1-800-577-1278 to request a copy of the form. Postpartum care coordination claims with a date of service of January 15, 2003, submitted without the new form attached will be returned. Please see the *Forms* section of the Web site for current versions of all forms.

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 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.

- Implementation of prior authorization for Severity Level 1 drug-drug Pro-DUR alert identified in BT200221 dated May 15, 2002, and was described as follows:

A Severity Level 1 drug-drug interaction occurs when a patient has been prescribed two or more drugs that are contraindicated for simultaneous use and may result in serious harm or death for the patient. Effective January 15, 2003 claims that post Severity Level 1 drug-drug interaction at POS will be denied. Pharmacists will not be permitted to override the alert unless prior authorization is obtained. PA will not be granted unless an extenuating circumstance exists to substantiate the need to dispense products that are contraindicated for simultaneous use, or where one of the drugs has actually been discontinued (false-positive). The dispensing pharmacist can obtain PA when a false-positive Severity Level 1 drug-drug interaction exists. The prescriber must obtain PA when an extenuating circumstance exists to clinically substantiate the need to dispense products that are contraindicated for simultaneous use.

In instances where PA cannot be immediately obtained, 42 U.S.C. § 1396r-8 provides for dispensing of a 72-hour supply of a covered prescription drug in an emergency situation. Pharmacists who dispense a 72-hour supply of a covered prescription drug will be reimbursed by IHCP if, subsequent to dispensing in an emergency situation, indication is made on the claim that the supply was for an emergency need.

The applicable point of sale (POS) edit code is 0573 Drug-Drug. Refer questions about this policy to the HCE Prior Authorization Department at (317) 347-4511 or 1-800-457-4518.

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I M P O R T A N T P H A R M A C Y U P D A T E

DECEMBER 24, 2002

To: All Pharmacy Providers and Prescribing Practitioners

Subject: Revised Date for Processor Change

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

Overview

The change in the Indiana Health Coverage Programs (IHCP) pharmacy claims processor from EDS to ACS State Healthcare, previously scheduled for January 1, 2003, will now occur February 23, 2003. ACS and EDS are jointly committed to a transition that is essentially transparent to the provider community. The additional time afforded by extending the change in processor date will better allow providers to incorporate into their businesses the transition-related information they obtain through bulletins, banner page messages, and the statewide training sessions. The additional time will also provide ACS and EDS enhanced capability to test and re-test the new system. The purpose of this document is to inform providers about how the extension date of the pharmacy claim processor change affects the pharmacy claim processing requirements that were communicated in IHCP provider bulletin *BT200260*.

Provider questions about the changes or the extension date should be directed in an e-mail that includes a detailed description of the questions to: Indiana.ProviderRelations@acs-inc.com or by telephone to the ACS Point of Sale (POS) Help Desk at 1-866-645-8344.

This document addresses updates to the changes in pharmacy claim processing that were communicated in IHCP provider bulletin *BT200260* for the following areas:

- Instructions for claims submission
- Help desk numbers
- Other changes

Instructions for Claims Submission

Paper Claims Using the Indiana Family and Social Services Administration Drug Claim Form

Through February 13, 2003, providers must continue to mail pharmacy claims on the Indiana Family and Social Services Administration (IFSSA) Drug Claim Form to EDS at the following address:

**EDS Pharmacy Claims
P.O. BOX 7268
Indianapolis, IN, 46207-7268**

After February 13, 2003, providers must mail pharmacy claims on the IFSSA Drug Claim Form to ACS at the following address:

**Indiana Pharmacy Claims
C/O ACS
P.O. Box 502327
Atlanta, GA 31150**

Provider Electronic Solutions

Provider Electronic Solutions can be used to send pharmacy batch and POS claims through February 22, 2003. After February 22, 2003, *Provider Electronic Solutions* can still be used to verify eligibility, but cannot be used to submit pharmacy claims.

National Electronic Claims Submission

National Electronic Claims Submission (NECS) can be used to send pharmacy batch and POS claims through February 22, 2003. After February 22, 2003, NECS can still be used to verify eligibility, but cannot be used to submit pharmacy claims.

Point of Sale

EDS will continue to accept POS claims through midnight February 22, 2003. Effective at noon February 23, 2003, POS claims must be submitted to ACS. After midnight February 22, 2003, the pharmacy claim processing system will be down for no more than twelve hours to transfer files necessary for the pharmacy claim processor change. If a fill of an emergency prescription is required between midnight February 22, 2003, and noon February 23, 2003, providers must follow the current paper claim emergency dispensing procedures. Nonemergency prescriptions filled during the downtime will be subject to normal edits.

For a full description of the POS changes required including the revised pharmacy claim format (now effective February 23, 2003), please see IHCP provider bulletin *BT200260*.

Batch Claims

EDS will continue to accept electronic pharmacy batch claims through 5 p.m. February 22, 2003. Providers should continue to use their EDS ID for batch claims submission when submitting claims to EDS. Changes to the current NCPDP 1.0 batch format are required beginning February 23, 2003, and are referenced in IHCP provider bulletin *BT200260*.

Note: Pharmacy claims submitted using Provider Electronic Solutions and NECS will not be processed after 5 p.m. February 22, 2003.

For a full description of the required batch changes, including the revised payor sheet (now effective February 23, 2003), please refer to IHCP provider bulletin *BT200260*.

Helpdesk Numbers

Customer Service Helpdesk

Through February 22, 2003, providers should continue to contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278 for claim related questions.

Other Changes

Third Party Liability Cost Avoidance Procedures

When members are identified as having pharmacy insurance coverage, providers must bill the pharmacy insurance carrier prior to submitting the claim to the IHCP and the system will continue to return an informational edit. Beginning February 23, 2003, the National Council for Prescription Drug Program (NCPDP) reject reason of 41 – *Submit Bill to Other Processor or Primary Payor*, will return a denial edit.

For a full description of third party liability (TPL) pharmacy claim processing procedures, please refer to IHCP provider bulletins *BT200221* and *BT200260*.

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