



All Providers

System Maintenance Announcement

EDS will perform system maintenance on Sunday, April 9, 2006, from 7 p.m. until 11:59 p.m., Eastern Daylight Time (EDT). The following systems will be unavailable during that time:

- Automated Voice Response (AVR)
- Batch electronic claim submission
- Omni eligibility system
- Point of Service (POS) pharmacy claim submission
- Web interChange

Make sure the appropriate business offices and software vendors are notified of this scheduled downtime.

Questions about this system maintenance announcement should be addressed to the EDS EDI Solutions Help Desk at (317) 488-5160, Indianapolis local area, or 1-877-877-5182.

The 835 Electronic Remittance Transaction

Beginning April 1, 2006, the 835 Electronic Remittance transaction will return a unique control number for each transaction, regardless of payment. Prior to April 1, 2006, the TRN02, Check/EFT Trace Number contained the text, **NO PAYMENT**, and a date and time stamp that was specific to the minute. If a trading partner had multiple claims with \$0 payment reported on the 835, the TRN02 values would be identical. Per the *835 – Health Care Claim Payment/Advice Transaction, Version 4010 Implementation Guide and the 4010A1 Addenda* TRN02 field description, “This number must be unique within the sender/receiver relationship.”

To correct this issue, the Indiana Health Coverage Programs (IHCP) will send the Transaction Set Control Number also found in the ST02 segment instead of a time stamp in TRN02. The IHCP creates a unique control number for each transaction sent to a trading partner, so duplicate TRN02 values should no longer be created. The full TRN02 value for a \$0 payment 835 will be, NO PAYMENT-YYYYMMDDXXXXXXXXXX, where YYYYMMDD is the date the transaction is created and XXXXXXXXXXXX is the Transaction Set Control Number.

Direct questions about this article to the Electronic Solutions Help Desk at (317) 488-5160, in the Indianapolis local area, or 1-877-877-5182, or by e-mail at INXIXElectronicSolution@eds.com.

2006 January Quarterly HCPCS Codes Update

The Centers for Medicare & Medicaid Services (CMS) released the 2006 January Quarterly Healthcare Common Procedure Coding System (HCPCS) codes update. The update includes HCPCS C codes used for services paid by the Medicare Outpatient Prospective Payment System, and HCPCS G codes used to report Medicare-approved demonstration project services. These codes are not used by the IHCP and are noncovered in IndianaAIM.

IHCP E-Mail Notifications Program

On January 17, 2006, EDS and the IHCP launched the IHCP E-Mail Notifications program. This program automatically issues e-mails to subscribers when IHCP publications and announcements are posted to the IHCP Web site.

This service is **free** and available to both providers and non-providers. It is possible to have multiple subscriptions to provide notifications at office, home, or to other e-mail addresses for associates and staff. To subscribe to the service, visit the IHCP Web site at <http://www.indianamedicaid.com>.

On the *IHCP E-mail Notifications* page, click the **Open New Account** button, complete the profile information, and select the publications for e-mail notifications. You will receive a Subscription Request e-mail with instructions and a

link to activate your subscription. You must follow the link in the e-mail to activate your registration. Once your subscription is activated you will receive a Welcome! e-mail to verify the activation. You may subscribe or unsubscribe at any time. Each notification e-mail contains a link for updating your subscription profile or unsubscribing to the service.

Publications are posted to the Web site on Tuesdays and Thursdays of each week. For a period of time *both* e-mail notifications and paper copies of the publications will be provided.

Pharmacies and Prescribing Providers

State Maximum Allowable Cost Rate Update

Effective April 28, 2006, the drug groups shown in Table 1 will be added to the State Maximum Allowable Cost (State MAC) for legend drugs rate list.

Table 1 – Additions to State Maximum Allowable Cost for Legend Drugs Rate List, Effective April 28, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
AMPICILLIN-SULBACTAM 3 GM VL	1.50504	POLYETHYLENE GLYCOL 3350 POWDER	0.07060
ANAGRELIDE HCL 0.5 MG CAPSULE	0.37520	PROMETHAZINE 50 MG TABLET	0.63040
D5-1/2NS/KCL 10 MEQ/L IV SOL	0.00377	QUINAPRIL/HCTZ 20/12.5 TABLET	1.01950

Effective March 14, 2006, State MAC rates for the drugs shown in Table 2 will be increased.

Table 2 – Increases to State Maximum Allowable Cost for Legend Drugs Rates, Effective March 14, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
AMOXICILLIN 500 MG CAPSULE	0.05694	IBUPROFEN 800 MG TABLET	0.04907
HYDROCODONE/APAP SOLUTION	0.03072		

Effective March 31, 2006, State MAC rates for drugs shown in Table 3 will be decreased.

Table 3 – Decreases to State Maximum Allowable Cost for Legend Drugs Rates, Effective March 31, 2006

Drug Name	State MAC Rate
METOPROLOL 50 MG TABLET	0.03672

Effective April 28, 2006, State MAC rates for the drugs shown in Table 4 will be decreased.

Table 4 – Decreases to State Maximum Allowable Cost for Legend Drugs Rates, Effective April 28, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
AMANTADINE 100 MG CAPSULE	0.28926	IPRATROPIUM BR 0.02% SOLN	0.05748
BRIMONIDINE 0.2% EYE DROP	3.02340	PERMETHRIN 5% CREAM	0.14450
CIPROFLOXACIN HCL 750 MG TAB	0.19353	PROCHLORPERAZINE 25 MG SUPP	1.17650
CYPROHEPTADINE 4 MG TABLET	0.13632	RANITIDINE 150 MG TABLET	0.04265
DIGOXIN 125 MCG TABLET	0.10488	SULFAMETHOXAZOLE/TMP DS TAB	0.08468
ECONAZOLE NITRATE 1% CREAM	0.33440	SULINDAC 200 MG TABLET	0.23447
GABAPENTIN 300 MG CAPSULE	0.34480	TRAMADOL HCL-ACETAMINOPHEN TAB	0.57873
GABAPENTIN 600 MG TABLET	0.96261	TRIAMCINOLONE 0.1% CREAM	0.04195
GABAPENTIN 800 MG TABLET	1.14227	TRIAMTERENE/HCTZ 37.5/25 CP	0.05411

(Continued)

Table 4 – Decreases to State Maximum Allowable Cost for Legend Drugs Rates, Effective April 28, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
HYDROCHLOROTHIAZIDE 25 MG TB	0.02316	VERAPAMIL 120 MG TABLET	0.07650
HYDROCODONE/APAP 10/500 TAB	0.15317	VERAPAMIL 120 MG TABLET SA	0.47612
OMEPRAZOLE 20 MG CAPSULE DR	0.97695		

Direct any questions regarding the State MAC for legend drugs to the Myers and Stauffer Pharmacy Unit at (317) 816-4136, Indianapolis local area, or (800) 591-1183, or e-mail at pharmacy@mslc.com.

Accessing Program Information for Medicaid Drug Rebate and Federal Upper Limits

Providers may now verify a manufacturer's participation in the CMS federal Medicaid Drug Rebate Program by visiting <http://www.indianapbm.com/>, and selecting **Drug Rebate Labelers** from the *Pharmacy Services* menu. In addition, providers can access CMS Web site for the latest rates and information for the Federal Upper Limits (FUL) Program by selecting **Federal Upper Limits (FUL) Program (FMAC)** from the *Pharmacy Services* menu, or by visiting <http://www.cms.hhs.gov/FederalUpperLimits/>. E-mail your questions to PDL@fssa.state.in.us.

Medicare Prescription Drug Coverage – Medicare Part D

Effective January 1, 2006, the Centers for Medicare and Medicaid Services (CMS) implemented the new Medicare prescription drug coverage, also known as Medicare Part D. This coverage is a new benefit to help Medicare members pay for prescription drugs.

The IHCP Web site includes a section titled *Medicare Prescription Drug Coverage*. Providers should visit this section periodically at <http://www.indianamedicaid.com/ihcp/ProviderServices/MedicareD.asp> for the latest information.

For more information about the Medicare prescription drug benefit, visit the CMS Web site at <http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/>.