



## All Providers

### Indiana Health Coverage Programs Web Site Update

The following items have been posted to the Indiana Health Coverage Programs (IHCP) Web site. Subscribers to the IHCP E-mail Notifications program were advised of these updates by e-mail on April 12, 2006.

A link to the CMS *Part D Formulary Information for Physicians* has been added to the *Links for Medicare Prescription Drug Coverage* page at [http://www.indianamedicaid.com/ihcp/ProviderServices/medicareD\\_links.asp](http://www.indianamedicaid.com/ihcp/ProviderServices/medicareD_links.asp).

The following documents are now available on the *Documents for Medicare Prescription Drug Coverage* page at [http://www.indianamedicaid.com/ihcp/ProviderServices/MedicareD\\_Documents.asp](http://www.indianamedicaid.com/ihcp/ProviderServices/MedicareD_Documents.asp):

- Home Infusion Coordination Decision Tree
- Payment of Home Infusion Therapy for Medicare Beneficiaries
- CMS Letter to SMD Regarding Roles of Medicaid vs. Medicare When Providing Home Infusion Therapy
- CMS Letter Concerning Billing Clarification for Home Infusion Therapy

### Hints for IHCP Electronic Claims Processing

The purpose of this article is to help providers submit claims to the Indiana Health Coverage Programs (IHCP) to ensure more effective and efficient adjudication. Providers may electronically submit claims using the 837 HIPAA-compliant claim submission or Web interChange.

#### 837 Transactions

Providers may electronically submit claims using an approved software vendor, clearinghouse, billing service. The provider must submit a completed Trading Partner Agreement to the IHCP. This agreement is available for download at [http://www.indianamedicaid.com/ihcp/TradingPartner/pdf/tp\\_agreement.pdf](http://www.indianamedicaid.com/ihcp/TradingPartner/pdf/tp_agreement.pdf).

For more information about electronic submission of claims, see the IHCP Provider Manual, Chapter 3 available on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/manuals.htm>, or contact the Electronic Solutions Help Desk at (317) 488-5160 in the Indianapolis local area, or 1-877-877-5182, or by e-mail at [INXIXTradingPartner@eds.com](mailto:INXIXTradingPartner@eds.com).

#### Web InterChange

Web interChange is a Web-based application for electronic claims submission where providers can inquire about claims status and payment information, verify member eligibility, view provider profile information, and submit and view prior authorizations. The application is **free** to all IHCP providers who have Internet connectivity.

To apply for a user ID and password, complete the application found at <https://interchange.indianamedicaid.com> by clicking on **How To Obtain an ID**. Print, complete, and mail the application to the following address:

**EDS Indiana Title XIX  
Electronic Solutions Helpdesk  
950 North Meridian Street, Suite 1150  
Indianapolis, IN 46204-4288**

Keep a copy for your records. You will be notified via e-mail when your application is approved.

For more information about Web interChange, see the *IHCP Provider Manual*, Chapter 3, Section 3.

Direct questions about Web interChange to the Electronic Solutions Helpdesk at (317) 488-5160 in the Indianapolis local area, or 1-877-877-5182, or by e-mail at [INXIXElectronicSolution@eds.com](mailto:INXIXElectronicSolution@eds.com).

### **Attachments for Electronic Claims Submission**

If a claim is submitted electronically and requires an attachment, all attachments must be submitted on paper and the provider must complete a *Claims Attachment Coversheet* available on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/forms.asp> under the heading of *Claim Forms (Non-Pharmacy)*. This form is available as an Adobe® Acrobat or Microsoft Word file. The form contains detailed instructions for completion.

A *Claims Attachment Coversheet* must be completed for each claim submitted. When sending supporting documentation for an electronic claim submission, the provider must write a unique attachment control number (ACN) at the top of each page of the attachment. The ACN is unique; therefore, it may be used only once.

If an electronic claim requires an attachment, it will suspend for processing until the attachment arrives, or deny after 45 days if the attachment is not received. Updated the attached with the denial statement.

If a claim is resubmitted to the IHCP, the provider must use a different ACN when resubmitting the attachment.

### **Help Stop Medicaid Fraud and Abuse**

One of the most important tools the State has in its program to enforce appropriate use of Medicaid services is the Restricted Card Lock-in Program. This program relies on provider awareness and reporting of member habits. When you refer members who exhibit behaviors associated with inappropriate Medicaid use, you can help prevent or correct system abuse.

To report members who engage in the following behaviors, contact Health Care Excel (HCE), the State's Surveillance and Utilization Review (SUR) contractor, at (317) 347-4527, Indianapolis local area, or at 1-800-457-4515.

- Drug-seeking behavior
- Frequent, inappropriate utilization of the emergency room
- Duplication of services by multiple providers or practices, of the same specialty
- Frequent changes of primary care physicians

In addition to reports from physicians, pharmacies, and emergency room practices, HCE accepts referrals from county caseworkers, law enforcement officials, other privately concerned individuals, and anonymous sources. All individuals are encouraged to report potential member fraud or abuse to HCE.

The Restricted Card Lock-in Program is not a sanction, a punitive action, nor does it limit or reduce any covered Medicaid benefits. When the State confirms a member has used Medicaid inappropriately, that member will be restricted to receive non-emergency services through one primary care physician (PCP), one pharmacy, and one hospital. These requirements promote continuity of medical care and medication management. If the member requires treatment from a provider other than the PCP, the PCP must submit a written referral to HCE.

HCE is responsible for utilization reviews of Medicaid members who are enrolled in Traditional Medicaid, primary care case management (PCCM), and *Medicaid Select*. Members in risk-based managed care (RBMC) are monitored by managed care organizations (MCOs) that should be contacted about suspected misutilization by RBMC members.

### **Help Monitor Behavior**

The Restricted Card Program (RCP) also monitors member compliance with the program guidelines. RCP members who are not compliant will remain in the program until they demonstrate that they have followed utilization standards as approved by their PCP.

Compliance is most often evaluated by reviewing claims for denials resulting from utilization of unauthorized providers. If a member requests to pay cash for services, the State requests that the provider submit the claim for rejection and contact HCE to report the member for non-compliance.

To report suspected abuse contact the HCE Provider and Member Concerns Line (Fraud and Abuse) by calling (317) 347-4527, Indianapolis local area, or 1-800-457-4515.

### **Enrollment and Eligibility Issues**

If you suspect an Indiana Health Coverage Programs (IHCP) member of eligibility fraud, contact the Division of Family Resources (DFR) or Department of Child Services (DCS) in the county where the member resides. A listing of county offices and telephone numbers is located at <http://www.in.gov/fssa/children/dfc/directory/index.html>.

In addition, the Family Social Services Agency (FSSA) Bureau of Investigations pursues allegations of fraud committed by recipients of Medicaid and other FSSA programs, including Food Stamps, Temporary Aid for Needy Families (TANF), the Child Care and Development Fund (CCDF) voucher program, and First Steps. The FSSA Hotline can be reached by calling 1-800-466-1993.

### Additional Information

Additional information regarding identification of restricted members, carved-out services, self-referral services, provider termination, emergency services, and guidelines for billing are located in the *IHCP Provider Manual*, Chapter 13, pages 17-22 available at the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Manuals/Provider/chapter13.pdf>. In addition, the HCE SUR department accepts referrals regarding potential inappropriate utilization by IHCP providers. The *IHCP Provider Manual*, Chapter 13, contains information regarding the provider review process.

### 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/ihcp/mailing\\_list/default.asp](http://www.indianamedicaid.com/ihcp/mailing_list/default.asp).

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 Updates

Effective June 1, 2006, the drug groups in Table 1 will be added to the State Maximum Allowable Cost (State MAC) for legend drugs rate list. The State MAC rates for Fentanyl patches will apply to generic products only.

Table 1 – Additions to the State MAC Legend Drug Rate List, Effective June 1, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
FENTANYL 100 MCG/HR PATCH	31.35660	FENTANYL 50 MCG/HR PATCH	14.63580
FENTANYL 25 MCG/HR PATCH	8.15820	FENTANYL 75 MCG/HR PATCH	22.85400

Effective June 1, 2006, the State MAC rates for the drugs in Table 2 will be decreased.

Table 2 – State MAC Legend Drug Rate Decreases, Effective June 1, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
MUPIROCIN 2% OINTMENT	0.82255	NABUMETONE 750 MG TABLET	0.48256
ALBUTEROL 0.83 MG/ML SOLUTION	0.04059	LEVOTHYROXINE 137 MCG TABLET	0.39315
WARFARIN SODIUM 1MG TABLET	0.18681	MORPHINE SULF ER 15 MG TABLET	0.39177
AMANTADINE 100 MG CAPSULE	0.26901	ALLOPURINOL 300 MG TABLET	0.09237
PREDNISOLONE AC 1% EYE DROP	0.94080	FLUVOXAMINE MAL 100 MG TAB	0.45723
ERYTHROMYCIN 2% SOLUTION	0.03645	WARFARIN SODIUM 4 MG TABLET	0.17022

(Continued)

Table 2 – State MAC Legend Drug Rate Decreases, Effective June 1, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
PREDNISONE 5 MG TABLET	0.02187	BUPROPION SR 100 MG TABLET	0.87453
SULFASALAZINE 500 MG TABLET	0.10281	PROMETHAZINE W/DM SYRUP	0.01530
CLOTRIMAZOLE 10 MG TROCHE	1.11767	LOVASTATIN 20 MG TABLET	0.36525
LOVASTATIN 40 MG TABLET	0.67277	CLARITHROMYCIN 250 MG TABLET	1.42512

Effective May 1, 2006, the State MAC rates for the drugs in Table 3 are **terminated**.

Table 3 – State MAC Legend Drug Rate List Terminations, Effective May 1, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
HYDROCODONE/APAP ELIXIR	0.02603	METRONIDAZOLE ER 750 MG TAB	5.43153
LINDANE 1% SHAMPOO	1.67970		

Direct questions regarding the State MAC for legend drugs to the Myers and Stauffer Pharmacy Unit at (317) 816-4136 in the Indianapolis local area, or 1-800-591-1183, or e-mail at [pharmacy@mslc.com](mailto:pharmacy@mslc.com).

### Albuterol Inhalers, PDL Status

In response to reports of sporadic supply problems associated with albuterol-metered dose inhalers, effective Monday, April 3, 2006, the Office of Medicaid Policy and Planning (OMPP) made the following changes to the Indiana Medicaid Preferred Drug List (PDL):

- Proventil HFA inhaler moved from non-preferred to preferred.
- Ventolin HFA inhaler moved from non-preferred to preferred.
- Xopenex HFA inhaler moved from non-preferred to preferred.

Existing quantity limits that currently apply to albuterol inhalers also apply to these products.

For current information related to the albuterol inhaler shortage, refer to the *Drug Shortages* page of the U.S. Food and Drug Administration Web site at <http://www.fda.gov/cder/drug/shortages/default.htm>.

**Contact Information:** Direct prior authorization (PA) requests and questions about the PDL to the ACS Clinical Call Center at 1-866-879-0106.

Direct questions about this bulletin to EDS Customer Assistance at (317) 655-3240, in the Indianapolis local area, or at 1-800-577-1278. Option 1 is for pharmacy.

### 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/>.

If you need additional copies of this banner, please download them from the IHCP Web site at [http://www.indianamedicaid.com/ihcp/Publications/banner\\_results.asp](http://www.indianamedicaid.com/ihcp/Publications/banner_results.asp). To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at [http://www.indianamedicaid.com/ihcp/mailling\\_list/default.asp](http://www.indianamedicaid.com/ihcp/mailling_list/default.asp).