

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201322

JUNE 4, 2013



Coordination of Benefits update implemented for pharmacy claims

The Indiana Health Coverage Programs (IHCP) has reviewed and revised the policy for *Other Coverage Codes* on pharmacy claims and will now accept a value of “1” when the member has no other coverage. The pharmacy must perform due diligence in attempting to obtain third-party liability (TPL) information and direct the member to contact the HP TPL Unit at 1-800-457-4510 if TPL information needs correcting or updating. However, when other coverage cannot be discovered by the pharmacist, the use of the “Other Coverage Code=1” is permitted.

Listed below are the valid values for *Other Coverage Codes* from the National Council for Prescription Drug Programs (NCPDP):

- Ø = Not specified by patient
- 1 = No other coverage
- 2 = Other coverage exists – payment collected
- 3 = Other coverage billed
- 4 = Other coverage exists – payment not collected

Questions regarding pharmacy claims should be directed to the Catamaran Clinical/Technical Help Desk at 1-855-577-6317.

IHCP makes a change to provider enrollment application requirements

In an effort to simplify the completion of a provider enrollment application, the Indiana Health Coverage Programs (IHCP) no longer requires signatures for individuals listed as owners, subcontractors, or managers on *Schedule C – Disclosure Information* pages, including subsections C.1, C.2, and C.3. Eliminating the signature requirement, however, does not change how the information on Schedule C is used within the enrollment application review process.

Schedule C is used to collect information required by State and federal regulations. Submission of information on Schedule C, even without signatures, indicates consent from the applying provider for the Office of Medicaid Policy and Planning (OMPP) and its contractors to disclose this information, including Social Security numbers, for verifying eligibility to participate in the Indiana Medicaid program. Social Security numbers are also used after enrollment, to determine eligibility for continued participation. Refusal to provide a Social Security number will result in rejection of an enrollment application.

Elimination of the signature requirement for Schedule C is effective immediately, even if signature references are present on the most current version of the provider enrollment packet. Revised provider enrollment packets, eliminating the signature fields on Schedule C, will be posted soon to the [Provider Enrollment](#) pages at indianamedicaid.com. *Note that signatures in other sections of the provider enrollment packets continue to be required and are not affected by this change.*

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com. To receive email notices of future IHCP publications, [subscribe](#) to IHCP E-mail Notifications.

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.