



## 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 Indiana Health Coverage Programs Inpatient Hospital Providers:**

- A systematic mass adjustment will be performed to reprocess all paid inpatient claims that were grouped to Psychiatric Diagnosis Related Groups (DRG) Codes 424 through 432. The mass adjustment will only affect UB-92 inpatient claims that contain details with revenue codes 180 through 189, which are revenue codes for leave days.

The reason for the mass adjustment is to correct the overpayment of inpatient psychiatric claims with payment dates of January 6, 1996, through December 21, 1999. The overpayment occurred when leave days erroneously paid at 100 percent of the regular inpatient psychiatric per diem rate rather than 50 percent of that rate. The adjustments will begin posting on remittance advice statements dated February 29, 2000.

**To All Indiana Health Coverage Programs Pharmacy Providers:**

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

- On February 7, 2000, enhancements to IndianaAIM will be applied to the claims processing system that will deny payment of claims for over-the-counter (OTC) drugs not included on the *Indiana Medicaid OTC Drug Formulary*. The formulary, developed and implemented in conjunction with recommendations from the Indiana Medicaid Drug Utilization Review Board, contains the major therapeutic categories of OTC drugs. The Office of Medicaid Policy and Planning (OMPP) strongly urges pharmacy providers to re-evaluate procedures to ensure that prescribed OTC drugs are included on the *Indiana Medicaid OTC Drug Formulary* before dispensing and billing the Indiana Health Coverage Programs (IHCP). A copy of the *Indiana Medicaid OTC Drug Formulary* is available in the new *IHCP Provider Manual, Chapter 9, Appendix D*. If you have any questions regarding the formulary status of any particular OTC drug, please contact the POS/Pro-DUR Help Desk at 1-877-877-5182.

**To All Indiana Health Coverage Programs Providers:**

- On January 10, 2000, the Eligibility Verification System (EVS) which encompasses Automated Voice Response (AVR), OMNI, and National Electronic Claims Submission (NECS) was updated to reflect the IHCP structure and associated benefit packages. The 590 and traditional program remains the same; however, the term *Hoosier Healthwise* no longer refers exclusively to the managed care programs.

*IHCP Provider Bulletin, BT199942, Package C Eligibility Verification System Update*, dated December 3, 1999, outlined specific information about how eligibility was reflected prior to January 10, 2000, and how it is reflected after January 10, 2000. The *IHCP*

*Provider Manual*, dated September 1999 has not been updated with the new benefit package information; however, general patient eligibility information can be found in Chapter 3 of the new manual.

Additionally, EDS is sponsoring provider workshops in several statewide locations that cover in detail information regarding the IHCP structure and associated benefit packages, specifically focusing on the Hoosier Healthwise Package C benefit package. The Indiana Medicaid Web site, [www.indianamedicaid.com](http://www.indianamedicaid.com) contains all of the provider bulletins and banner pages pertaining to this matter, as well as, the complete provider workshop training schedule.

The Hoosier Healthwise Program has been expanded and redefined in the following table:

Table 1.1 – Benefit Package and Coverage Description

Benefit Package	Coverage
Package A – Standard Plan	Full coverage for children, low-income families, and some pregnant women.
Package B – Pregnancy Coverage Only	Pregnancy-related and urgent care services for some pregnant women. Formerly referred to as Pregnancy and Urgent Care Only
Package C – Children’s Health Plan	Preventive, primary, and acute care services for some children under 19 years of age.
Package D – Hoosier Healthwise for People with Disabilities (HHPD) and Chronic Illnesses	Full coverage with case management services. Note: This benefit package ended on December 31, 1999.
Package E – Emergency Services Only	Individuals enrolled in this package are eligible for emergency services only including labor and delivery up to the time the mother is stable. Formerly referred to as Undocumented Alien