



I M P O R T A N T I N F O R M A T I O N

B R 2 0 0 0 2 4

J U N E 1 3 , 2 0 0 0

To All Indiana Health Coverage Programs Providers:

- The Office of Medicaid Policy and Planning (OMPP), the Office of Children's Health Insurance Program (CHIP), and EDS invite all Indiana Health Coverage Programs (IHCP) providers to attend the IHCP seminars. EDS, the OMPP, and provider associations have worked together to determine the most critical education and billing issues and the most frequently asked questions from the provider community. Seminar sessions have been developed from these issues. The seminar sessions will be offered at various times during each of the three-day seminars. Throughout the seminars, providers will be able to obtain information about the new Windows-based electronic billing software package, Provider Electronic Solutions. Representatives from Managed Health Services (MHS), Lifemark Corporation, Health Care Excel (HCE), various provider associations, EDS provider consultants, and other EDS staff will also be in attendance. HCFA-1500 billers are encouraged to attend the rendering and billing sessions offered at the seminars in anticipation of future claims payment changes.

The Year 2000 IHCP Seminars will be held in Indianapolis, Jeffersonville, and South Bend, Indiana. The dates and locations of the seminars are listed below:

| Indiana Health Coverage Programs Seminars | | | |
|---|-----------------------|----------------|---------------------------|
| Date | Registration Deadline | City | Location |
| August 22 – 24, 2000 | August 8, 2000 | Indianapolis | Indiana Convention Center |
| September 13 – 15, 2000 | August 31, 2000 | Jeffersonville | Ramada Inn |
| October 10 – 12, 2000 | September 26, 2000 | South Bend | Century Center |

Specific information regarding registration is contained in the May 1, 2000, *Indiana Health Coverage Programs Bulletin*, BT200016. This information is also available on the Medicaid Web site, www.indianamedicaid.com along with additional information that includes the *Indiana Health Coverage Programs Provider Manual* and the fee schedule

- EDS, in response to feedback from the provider associations, has added new messages to the Financial Transactions Page of the weekly Remittance Advice (RA). In order to clarify non-claim specific payouts and refunds, the RA will now read, NON-CLAIM SPECIFIC PAYOUTS TO PROVIDERS and NON-CLAIM SPECIFIC REFUNDS FROM PROVIDERS. The RA did not previously indicate that payouts listed were being generated to providers or that refunds listed were generated from providers.

Additionally, EDS has added a new refund disposition reason code. When EDS receives a refund from a provider that cannot be applied because the claim has already been adjusted, the refund is returned to the provider. The following reason code and message will now appear under non-claim specific payouts when an amount is returned, 8226 – CHECK RECEIVED BY EDS FOR CLAIM ADJUSTMENT ON PREVIOUSLY ADJUSTED CLAIM. AMOUNT OF REFUND BEING RETURNED TO PROVIDER.

To All Indiana Health Coverage Programs About Hospice Benefits:

- This message is to clarify hospice benefits and the services defined as covered under the IHCP hospice per diem. According to 405 IAC 5-34-8, services covered within the IHCP hospice per diem reimbursement rates include the following:
 - Nursing care provided by or under the supervision of a registered nurse
 - Medical social services provided by a social worker who has at least a bachelor's degree and is working under the supervision of a physician
 - Physician services provided by the medical director or a physician member of the interdisciplinary team that may be characterized as follows:

- General supervisory services, participation in the establishment of the plan of care, supervision of the plan of care, periodic review, and establishment of governing policies, for example, services covered by hospice per diem revenue codes 651, 652, 653, 654, and 655
- Direct care patient services covered by fee-for-service revenue code 657
- Counseling services provided to the member and the member's family or other person caring for the member
- Short-term inpatient care provided in a hospice inpatient unit, participating hospital, or nursing home subject to the limitations outlined in *405 IAC 1-16-3*
- Medical appliances and supplies, including palliative drugs related to the palliation or management of the member's terminal illness
- Home health services furnished by qualified aides
- Homemaker services that assist in providing a safe and healthy environment
- Physical, occupational therapy, and speech-language pathology services provided for purposes of symptom control
- Inpatient respite care, subject to the limitations in *405 IAC 1-16-2*
- Room and board for dually eligible Medicare/Medicaid hospice recipients who reside in long term care facilities, as set out in *405 IAC 1-16-4*
- Room and board for Medicaid-only hospice recipients who reside in long term care facilities as covered by hospice per diem revenue codes 653 and 654
- Any other item or service specified in the member's plan of care, if the item or service is a covered service under the Medicare program

Initial hospice audit findings have resulted in recoupment activity for pharmacy services. The OMPP would like all pharmacy providers to make special note of the sixth bullet point which outlines pharmacy services covered under the hospice per diem reimbursement rate, and payable by the hospice provider. Should you have any questions, please contact the EDS Long Term Care Unit, at (317) 488-5098.

To All Indiana Health Coverage Programs Pharmacy Providers:

- This is to notify all pharmacy providers of a delay in the implementation of the June 1, 2000 federal upper limit (FUL) prices published in the *IHCP Provider Manual*. The State will not implement the new FUL prices pending receipt of a revision of the latest FUL list. Pharmacy providers will be notified about the release date of the revision to the new FUL prices with a banner page later this summer.
- The following labelers have entered into drug rebate agreements and have joined the rebate program effective July 1, 2000:
 - BD Becton Dickson. (Labeler Code 08290)
 - Neil Laboratories, Inc. (Labeler Code 60242)
 - Women First Healthcare, Inc. (Labeler Code 64248)
 - Santen Incorporated (Labeler Code 65086)
 - Odyssey Pharmaceutical, Inc. (Labeler Code 65473)
- The following labelers are being terminated effective July 1, 2000:
 - ProMetic Pharma USA, Inc. (Labeler Code 62174)
 - Bioglan Pharma, Inc. (Labeler Code 62436)
- The following labelers are being voluntarily terminated effective July 1, 2000:
 - IPR Pharmaceuticals, Inc. (Labeler Code 54921)
 - Bristol-Meyers Squibb Company (Labeler Code 57783)
 - Women's Capital Corporation (Labeler Code 64836)
- The following labeler is being voluntarily terminated effective October 1, 2000:
 - Medalist (Labeler Code 37937)