



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 Program Providers:

- On October 9, 2000, the Automated Voice Response (AVR) system was enhanced to provide additional information about member eligibility. The AVR will now speak special characters contained in Indiana Health Coverage Programs (IHCP) member names, such as apostrophes, commas, periods, spaces, and hyphens. The IHCP refers to individuals eligible for program benefits as, *member*; therefore, the AVR was modified to speak *member* in place of *recipient*. Providers must pay special attention to how AVR speaks and how OMNI, NECS, and Provider Electronic Solutions print member names. Claims must be submitted with all the apostrophes, commas, periods, spaces, and hyphens that are spoken or printed by AVR, OMNI, NECS and Provider Electronic Solutions. Complete information on how to use AVR is contained in the *IHCP Provider Manual, Chapter 3*. If there are any questions, please contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.

To All Indiana Health Coverage Program Hospice and Pharmacy Providers:

- At the direction of the Office of Medicaid Policy and Planning (OMPP), the EDS Long Term Care Unit started a hospice agency review process in January 2000. The EDS hospice reviews have identified that some pharmacies enrolled in the IHCP are billing the IHCP separately for medications already included in the hospice provider's IHCP or Medicare per diem payment(s). These medications have been identified by the hospice providers during the hospice agency review process. It is important to note that the OMPP has contacted other State Medicaid agencies, and has determined that overpayments to pharmacies is a concern shared by their State Medicaid agencies. The OMPP is also aware that overpayments of this nature concern the Health Care Financing Administration (HCFA) and the Office of Inspector General (OIG).

Hospice providers and non-hospice providers, such as pharmacies, are notified about program compliance and recoupment issues through *individual summary of findings letters*. The *summary of findings letters* are sent out 30 business days after each hospice audit is completed. If an overpayment is identified, the letter states that EDS will establish an accounts receivable and deduct the overpayment amount from future IHCP payments.

The Medicare and Medicaid programs require hospice providers to work with non-hospice providers regarding coordination and billing issues. In fact, hospice providers are required to instruct contracted providers, such as pharmacies, to bill the hospice directly for medications dispensed to treat the hospice patient's terminal illness. Furthermore, hospice providers are also responsible for educating hospice patients

about the hospice care philosophy. Hospices are further responsible for informing hospice patients about the non-hospice providers with which the hospice has contractual arrangements for the provision of hospice core services. These non-hospice providers are equivalent to *in-network providers* under traditional insurance programs.

Pharmacy providers have indicated that the recoupment process is frustrating for them since Point of Sale (POS) and Automated Voice Response (AVR) do not specify that an IHCP member is enrolled in the hospice program. The OMPP and EDS are currently evaluating system modifications that would allow this information to be provided by the system. While the OMPP understands the frustrations encountered by IHCP pharmacy providers, all duplicate payments must be recouped. In an effort to minimize duplicate payments, the OMPP has made specific recommendations in the *IHCP Hospice Provider Manual* to help hospice providers evaluate their procedures. An upcoming banner page message will be issued to address all providers. Pharmacy providers with any questions or concerns may contact EDS at (317) 488-5098.

To All Indiana Health Coverage Program Pharmacy Providers:

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

- The following labelers have entered into drug rebate agreements and have joined the rebate program effective January 1, 2001:
 - MGP Apothecon (Labeler Code 64681)
 - Propst Pharmaceuticals, LLC (Labeler Code 65581)
 - Sankyo Pharma, Inc. (Labeler Code 65597)
 - Salix Pharmaceuticals, Inc. (Labeler Code 65649)
 - Reliant Pharmaceuticals, LLC (Labeler Code 65726)
- The following labeler is being terminated effective October 1, 2000:
 - Pharm-Tech, Inc. (Labeler Code 63789)
- The following labelers are being voluntarily terminated effective January 1, 2001:
 - G.D. Searle & Co. (Labeler Code 00014)
 - Bioline Laboratories Inc. (Labeler Code 00719)
 - Knoll Pharmaceutical Company (Labeler Code 00822)
 - Baxter Healthcare Corporation (Labeler Code 47679)
 - Best Generics, Inc. (Labeler Code 54274)
 - Carpenter Pharmaceutical Co., Inc. (Labeler Code 55726)
 - Neurex Corporation (Labeler Code 62860)
 - E.M.T. Rx (Labeler Code 64054)
- The following labeler is being retroactively terminated from the drug rebate program as of January 1, 1998. An oversight was made by HCFA, and this labeler has remained active even though it had been obsolete since 1996:
 - Bausch and Lomb (Labeler Code 00303)