



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 Medicaid Pharmacy Providers:

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

- The following changes are being made to the Medicaid Drug Federal Upper Limits (FUL). The following products have been deleted from the Medicaid FUL effective May 2, 2001.

Cephalexin

EQ 125mg Base/5ml, Powder for Reconstitution, Oral, 200
 EQ 250mg Base/5ml, Powder for Reconstitution, Oral, 100
 EQ 250mg Base/5ml, Powder for Reconstitution, Oral, 200

Haloperidol

10mg, Tablet, Oral, 100

Penicillin V Potassium

EQ 250mg Base, Tablet, Oral, 100

Procainamide Hydrochloride

500mg, Tablet, Extended Release, Oral, 100

Trimethoprim

100mg, Tablet, Oral, 100

- The following products have changes to their FUL rate that will be effective May 2, 2001.

<u>Generic Name</u>	<u>FUL Rate</u>
Acetaminophen; Codeine Phosphate 300mg; 30mg, Tablet, Oral, 100	\$0.1465
300mg; 60mg, Tablet, Oral, 100	\$0.2364
Brompheniramine Maleate; Dextromethorphan Hydrobromide; Psuedoephedrine HCL 2mg/5 ml; 10mg/5 ml; 30mg/5 ml, Syrup, Oral, 480 ml	\$0.0205
Carbidopa; Levodopa 10mg; 100mg, Tablet, Oral, 100	\$0.3645
25mg; 100mg, Tablet, Oral, 100	\$0.3915
25mg; 250mg, Tablet, Oral, 100	\$0.4657
Gramicidin; Neomycin Sulfate; Polymixin B Sulfate 0.025 mg/ml; Eq 1.75 mg Base/ml; 10,000 Units/ml Soln/Drops, Ophthalmic 10 ml	\$1.8525
Isoniazid 300mg, Tablet, Oral, 100	\$0.0672
Metoclopramide Hydrochloride EQ 10mg Base, Tablet, Oral, 100	\$0.0435
Nystatin 500,000 Units, Tablet, Oral, 100	\$0.4717

To All Indiana Health Coverage Programs Providers:

- Bulletin BT200046 published December 8, 2000, gave information about the Surveillance And Utilization Review department's provider review and appeal procedures. The bulletin listed the incorrect telephone number to call with questions regarding the appeal process. **The correct phone number is 800-457-4515.** We apologize for any inconvenience this may have caused.

- In an effort to minimize the number of duplicate claim submissions, providers are advised to use the HCFA or UB-92 adjustment form whenever requesting additional or decreased reimbursement from the Indiana Health Coverage Programs (IHCP). Submitting corrected claims, instead of adjusting the original claim, will lead to denials for duplicate claims based on the claim header information of member name, recipient identification number, date of service and provider number. Complete instructions for requesting adjustments is located in *Chapter 11* of the *Indiana Health Coverage Programs Provider Manual*. Forms can be downloaded free of charge from the IHCP Web site at www.indianamedicaid.com, or can be requested in writing from EDS at the following address:

**EDS Forms Request
PO Box 7263
Indianapolis, IN 46207**

Please direct questions to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

To All Indiana Health Coverage Programs Physician-OB/GYN 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) Physician-OB/GYN providers to schedule appointments for claim research days on the dates below. All claim research days appointments will be held at EDS, located at 950 North Meridian Street, Suite 1150, Indianapolis, Indiana. Each appointment will be thirty minutes in length, with a maximum of two appointments per provider number. Appointments will be scheduled every half-hour from 8:30 a.m. until 4 p.m. with a lunch break from 12 p.m. until 1 p.m. each day. Appointments are still being accepted as long as openings remain.

Please bring applicable documentation for each inquiry, such as a remittance advice and associated documentation, including recipient identification numbers to facilitate claim research. A maximum of twenty (20) complex claims per provider will be researched during a thirty-minute appointment. Complex claims are defined as:

- ? EOB denial inquiries
- ? Crossover inquiries
- ? Prior authorization claim denial inquiries
- ? Accounts receivable (A/R) questions
- ? Adjusted claim inquiries
- ? Stop-pay inquiries
- ? Provider enrollment issues

Please complete and fax the preliminary information below to EDS at (317) 488-5376. After this information is received, an EDS representative will call to arrange an appointment. The dates are:

		<u># of appts</u>	<u># of appts</u>
April 25, 2001	Physician-OB/GYN	___ a.m.	___ p.m.
April 26, 2001	Physician-OB/GYN	___ a.m.	___ p.m.
April 27, 2001	Physician-OB-GYN	___ a.m.	

Provider Name: _____ Provider Number _____

Registrant Name(s): _____ Phone Number:(_____) _____

Provider Type: _____ Traveling From: _____
City / State

Please direct any questions about these appointments to an EDS representative at (317) 488-5195.