



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 Providers:

- *Edit 1011, Recipient's PMP is missing*, has been inactive for medical claims since October, 1999. The edit was activated Friday, June 15, 2001. Claims deny for this edit when the provider billing for primary care case management (PCCM) services is not the member's primary medical provider (PMP) and the service is not eligible for self-referral. See the *Indiana Health Coverage Program Provider Manual* for information about self-referred services. Claims for PCCM members must include PMP information.
- Please send provider updates such as address changes, recertifications, EFT changes, or changes of ownership to the following address:
EDS – Provider Enrollment
PO Box 7263
Indianapolis, IN 46207-7263

Please use the appropriate update form, available for download on the Web site at www.indianamedicaid.com. Provider file changes must be submitted on an update form. Changes are no longer accepted on letterhead or via fax. Please direct questions about updates to EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278, *option 3*.

- The Office of Medicaid Policy and Planning (OMPP), in conjunction with EDS, is currently assessing the technical and business process changes to the IHCP that will be required under the Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification final rule. This rule was published August 17, 2000, and has broad implications including coding and electronic format changes for claim submission.

In order to assess the impact to the IHCP provider community, the IHCP is requesting provider input about HIPAA. Information from provider responses will be used to develop provider educational materials. All providers are urged to complete the HIPAA awareness survey by July 1, 2001, on the Web site at www.indianamedicaid.com.

Providers should continue to monitor the www.indianamedicaid.com Web site for HIPAA information as well as Web site links to additional HIPAA information sources.

To All Indiana Medicaid Pharmacy Providers:

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

- This is to notify all pharmacy providers of changes to the Medicaid Drug Federal Upper Limit (FUL). The following products will be deleted from the Medicaid FUL July 2, 2001, retroactive for services rendered on or after June 13, 2001:

<u>Generic Name</u>	
Haloperidol	0.5mg, Tablet, Oral, 100
	1 mg, Tablet, Oral, 100
	2 mg, Tablet, Oral, 100
	5 mg, Tablet, Oral, 100
Prednisolone Sodium Phosphate	EQ 0.9% Phosphate, Solution/Drops, Ophthalmic, 5ml
Theophylline	450 mg, Tablet, Extended Release, Oral, 100

The following products will have Medicaid FUL rate changes July 2, 2001, retroactive for services rendered on or after June 13, 2001:

<u>Generic Name</u>	<u>New Rate</u>
Acetaminophen; Codeine Phosphate	
300 mg; 15 mg, Tablet, Oral, 100	\$0.1124
300 mg; 30 mg, Tablet, Oral, 100	\$0.2137
300 mg; 60 mg, Tablet, Oral, 100	\$0.2812
Acetaminophen; Hydrocodone Bitartrate	
500 mg; 7.5 mg, Tablet, Oral, 100	\$0.2340

Amitriptyline Hydrochloride	50 mg, Tablet, Oral, 100	\$0.0666
Diflunisal	500 mg, Tablet, Oral, 60	\$0.5135
Dipyridamole	75 mg, Tablet, Oral, 100	\$0.1359
Gramacidin; Neomycin Sulfate; Polymixin B Sulfate	0.025 mg/ml; EQ 1.75 mg base/ml; 10,000 units/ml, Solution/Drops, Ophthalmic, 10 ml	\$2.2185
Metoclopramide	10 mg, Tablet, Oral, 100	\$0.1095
Prazosin Hydrochloride	EQ 1mg Base, Capsule, Oral, 100	\$0.1335
	EQ 2 mg Base, Capsule, Oral, 100	\$0.2692
	EQ 5 mg Base, Capsule, Oral, 100	\$0.4328
Theophylline	200 mg, Tablet, Extended Release, Oral, 100	\$0.1284
	300 mg, Tablet, Extended Release, Oral, 100	\$0.1313
Verapamil Hydrochloride	240 mg, Tablet, Extended Release, Oral, 100	\$0.3593

To All Indiana Health Coverage Programs Long Term Care, Hospice, Durable Medical Equipment, and Transportation 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) long-term care, hospice, durable medical equipment (DME), and transportation providers to schedule appointments for claim research days on the dates below. All claim research 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 will be accepted as long as openings remain. Please bring applicable documentation for each inquiry, such as a remittance advice and associated documentation, to facilitate claim research. A maximum of 20 complex claims per provider will be researched during a 30-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 direct any questions about these appointments to an EDS representative at (317) 488-5195. 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:

	<i># of appts</i>	<i># of appts</i>
July 10, 2001 Hospice/Long Term Care	___ a.m.	___ p.m.
July 11, 2001 Hospice/Long Term Care	___ a.m.	___ p.m.
July 12, 2001 Hospice/Long Term Care	___ a.m.	___ p.m.
July 17, 2001 Durable Medical Equipment (DME)	___ a.m.	___ p.m.
July 18, 2001 Durable Medical Equipment (DME)	___ a.m.	___ p.m.
July 25, 2001 Transportation	___ a.m.	___ p.m.
July 26, 2001 Transportation	___ a.m.	___ p.m.

Provider Name: _____ Provider Number: _____

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

Provider Type: _____ Traveling From: _____
City / State