

Provider Monthly Newsletter

NL200607

July 2006

Table of Contents

Provider News	2
New Bulletins on the IHCP Web Site.....	2
Non-Provider Mailings.....	2
HCPCS Codes Update, Effective July 1, 2006.....	2
July 2006, Quarterly HCPCS Codes Update.....	2
Home Health and Hospice Providers: Change of Address.....	2
Nursing Facility Providers: Change of Address.....	3
Deficit Reduction Act of 2005: HCPCS NDC Requirement and Associated Implementation Deadline.....	3
Reprocessed Medical Review Team Claims.....	3
Reporting Personal Injury Claims.....	3
TPL Credit Balance Project.....	3
Procedure Code 90658 Adjustment Notice.....	4
Web interChange Audit Reports.....	4
Web interChange Password Guidelines Update.....	4
National Provider Identifier (NPI)	5
NPI Reporting Tool.....	5
National Provider Identifier Web Page.....	6
Pharmacy Services	6
Consumer Fraud Alert.....	6
Pharmacy Adjustments Tips.....	6
Pharmacy Claims Adjustment.....	7
State MAC Legend Drug Rate Updates.....	7
Provider Workshops	7
2006 Third Quarter Medicaid Provider Workshops.....	7
Contact Information	9
Provider Field Consultants.....	9
Field Consultants for Bordering States, Effective May 1, 2006.....	10
Provider Relations Leader.....	10
Attachment 1: IHCP Quick Reference, Effective March 10, 2006	11
Attachment 2: Provider Workshop Registration	12
Attachment 3: State MAC Rate Updates	13
Attachment 4: HCPCS Codes Updates	15
Attachment 5: Provider TPL Referral Form	16

Abbreviations in this Newsletter

AAA	Area Agency on Aging	MDS	minimum data set
ACS	Affiliated Computer Services	MHS	Managed Health Service
AVR	Automated Voice Response	MRT	medical review team
AWP	average wholesale price	NDC	National Drug Code
CCF	Claim Correction Form	NPI	National Provider Identifier
CMS	Centers for Medicare & Medicaid Services	NPPEs	National Plan and Provider Enumeration System
CPAP	continuous positive airway pressure	OMPP	Office of Medicaid Policy and Planning
DME	durable medical equipment	OTC	over the counter
DUR	Drug Utilization Review	PA	prior authorization
EDS	Electronic Data Systems	PBM	pharmacy benefits manager
HCE	Health Care Excel	PCCM	primary care case management
HCPCS	Healthcare Common Procedure Coding System	PDL	Preferred Drug List
HIPAA	Health Insurance Portability and Accountability Act	PMP	primary medical provider
HME	home medical equipment	POS	point of sale or place of sale
HMS	Health Management Services	ProDUR	Prospective Drug Utilization Review
ICN	internal control number	RID	member identification number
IHCP	Indiana Health Coverage Programs	RUG	resource utilization group
LOC	level of care	SSN	Social Security number
LTC	long term care	SUR	Surveillance and Utilization Review
MAC	maximum allowable cost	TENS	transcutaneous electrical nerve stimulation
MCO	managed care organization	TIN	tax identification number
		TPL	third party liability

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Monthly News

Indiana Health Coverage Programs

Provider News

New Bulletins on the IHCP Web Site

The following is a list of bulletins published to the IHCP Web site in June:

- [BT200614](#) – PDL Update from ACS

A complete list of bulletins is available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/bulletin_results.asp.

As new bulletins are posted to the IHCP Web site, IHCP E-mail Notifications are sent to subscribers. The *April Provider Monthly Newsletter (NL200604)* provides more information about this service. To subscribe, visit the IHCP Web site at http://www.indianamedicaid.com/ihcp/mailling_list/default.asp.

Non-Provider Mailings

Effective August 1, 2006, paper copies of banners, bulletins, and newsletters will no longer be mailed to **non-providers**. This information can always be downloaded from the IHCP Web site at <http://www.indianamedicaid.com>

We encourage non-providers to subscribe to the IHCP E-mail Notification program that offers timely notices of banner, bulletin, and newsletter postings to the IHCP Web site. To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at http://www.indianamedicaid.com/ihcp/mailling_list/default.asp.

HCPCS Codes Update, Effective July 1, 2006

Research shows that there is insufficient evidence supporting the effect of coronary computed tomographic angiography on health outcomes. Effective for dates of service on or after July 1, 2006, the IHCP no longer covers computed tomographic angiography.

Also effective for dates of service on or after July 1, 2006, the IHCP requires PA for kyphoplasty, procedure codes 22523, 22524, and 22525. Providers are required to submit documentation supporting the medical necessity of the procedure.

The April 2006 quarterly HCPCS code changes may be accessed at <https://www.cms.hhs.gov/HCPCSReleaseCodeSets>.

July 2006, Quarterly HCPCS Codes Update

The purpose of this publication is to notify providers of the July 2006, Quarterly HCPCS Update. This

publication notifies providers the deleted codes and their replacements, revised codes, and new codes. Coverage determinations for the new HCPCS codes will be published in a future provider banner page article.

New HCPCS Codes

The new July 2006, Quarterly HCPCS codes may be referenced on the CMS Web site at <http://www.cms.hhs.gov/HCPCSReleaseCodeSets>.

Changed HCPCS Codes

The changed July 2006, Quarterly HCPCS codes are added to the IndianaAIM claims processing system effective July 1, 2006. The changes do not affect claims adjudication and these codes are not covered by the IHCP. The changed July 2006, Quarterly HCPCS codes are identified in Table 7.9 by code, description, and coverage.

Deleted HCPCS Codes

The deleted July 2006, Quarterly HCPCS codes are identified in Table 7.8 by code, description, and replacement code. The deleted codes are effective June 30, 2006.

Refer to Attachment 4 to view Tables 7.8 and 7.9.

Contact Information

Providers should direct questions about this article to Customer Assistance at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.

Home Health and Hospice Providers: Change of Address

Effective May 22, 2006, Michelle Stein-Ordonez has moved to the Division of Aging with the Nursing Facility LOC Unit staff. She continues to work on the Medicaid hospice and home health programs. The following is the contact information for Michelle Stein-Ordonez:

Michelle Stein-Ordonez
MS21
FSSA Division of Aging
402 W. Washington St., Room W454
Indianapolis, Indiana 46204
(317)233-1956
Michelle.Stein-Ordonez@fssa.in.gov

The *IHCP Hospice Provider Manual* (March 2004) specifies that hospice providers may contact Ed Neil at the OMPP with questions about Form 450B. Ed Neil remains in the OMPP; however, he no longer answers

the Nursing Facility LOC Unit telephone calls. Hospice providers should contact EDS Customer Assistance with questions about current nursing facility LOC for a hospice member. If EDS Customer Assistance cannot resolve an issue, the hospice may contact Michelle Stein-Ordonez for direction.

Contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.

Nursing Facility Providers: Change of Address

On May 22, 2006, the Nursing Facility LOC Unit moved to the following address:

**MS21
FSSA Division of Aging
402 W. Washington Street, Room W454
Indianapolis, Indiana 46204**

Ed Neil remains in the OMPP; however, he no longer answers the Nursing Facility LOC Unit telephone calls. All Nursing Facility LOC staff members have voice mail. In a May 11, 2006, e-mail, the Area AAAs were notified to contact Nancy Hopkins with any questions about Form 450B. E-mails to Nancy Hopkins should include case-specific information, such as the AAA contact's name and telephone number, client name and RID, and brief scenario of the problem the AAA is encountering.

The names and telephone numbers of the Nursing Facility LOC Unit staff are as follows:

Karen Filler
(317) 232-4651
Karen.Filler@fssa.in.gov

Mary Gordon
(317) 232-4355
Mary.Gordon@fssa.in.gov

Bhinder Hare
(317) 232-2036
Bhinder.Hare@fssa.in.gov

Nancy Hopkins
(317) 232-4359
Nancy.Hopkins@fssa.in.gov

Deficit Reduction Act of 2005: HCPCS NDC Requirement and Associated Implementation Deadline

Effective January 1, 2007, the CMS is requiring all Medicaid providers who submit HCPCS coded claims for drugs to Indiana Medicaid via the paper *CMS-1500*, or electronic 837 transaction to also submit the NDC. The NDC is required in addition to the HCPCS code

that corresponds to the drug being billed. Claims submitted without the required information will deny. The details of this change and related claim submission requirements are forthcoming in future provider communications. The IHCP is providing advanced notification to providers to allow sufficient time for business process changes and any related software changes necessary to support this program requirement.

Reprocessed Medical Review Team Claims

On May 25, 2006, EDS reprocessed MRT claims processed and denied between July 1, 2005, and May 23, 2006. These claims denied for various reasons. An ICN beginning with 8006146 identifies the reprocessed claims on the provider's remittance advice.

Reporting Personal Injury Claims

Providers should notify the EDS TPL Casualty Department if a request for medical records is received from an IHCP member's attorney about a personal injury claim, or if information is available about a personal injury claim being pursued by an IHCP member. When notifying the TPL Casualty Department, include the IHCP member's name, member identification number, date of injury, insurance carrier information, and attorney name, phone number, and address, if available.

The TPL Casualty Department prepared a form for use when submitting this information; however, use of this form is not required. The *Provider TPL Referral* form (Attachment 5) is also available on the *Forms* page of the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/forms.asp> under *Third Party Liability (TPL) Forms*.

Send this form to the TPL Casualty Department by e-mail at <mailto:INXIXTPLCasualty@eds.com>, by facsimile at (317) 488-5217, or by U.S. Mail to the following address:

**EDS TPL Casualty Department
P.O. Box 7262
Indianapolis, IN 46207-7262**

The EDS TPL Casualty Department may be contacted by telephone at (317) 488-5046 in the Indianapolis local area or toll-free at 1-800-457-4510.

TPL Credit Balance Project

HMS is partnering with EDS to collect credit balances owed to the IHCP. Quarterly, HMS mails letters and credit balance worksheets to select providers notifying them that the date for refunding credit balances is 60 days from the date of the letter. Providers must reply promptly to these notices. Providers may have credit

balances subtracted from future Medicaid payments because adjustments are processed each week. Although only selected providers receive a letter and credit balance worksheet each quarter, all providers may use this credit balance process to return overpayments.

For questions about the credit balance collection process or requests for copies of the credit balance worksheet and instructions, contact HMS Provider Relations at 1-877-264-4854 (toll free). The credit balance worksheet and instructions can be downloaded from the Forms page of the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/forms.asp>.

Procedure Code 90658 Adjustment Notice

The IHCP discovered a discrepancy in the pricing of the flu vaccine code 90658 – *Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use* for claims billed from January 2, 2006, through March 28, 2006. This discrepancy resulted in the overpayment of claims for this service. The pricing has been changed from \$26.38 per 0.5 ml to the correct rate of \$13.19 per 0.5 ml.

Beginning on July 20, 2006, the IHCP will adjust all affected claims for code 90658, paid from January 3, 2006, through March 28, 2006.

Contact Information

Direct questions about this article to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.

Providers who disagree with an adjustment may request an administrative review by writing to the following address:

**EDS Administrative Review
Written Correspondence
P.O. Box 7263
Indianapolis, IN 46207-7263**

In the request, the provider must explain the reason for disagreement and include copies of all pertinent documentation. The administrative review process is set forth in more detail in the *IHCP Provider Manual, Chapter 10, Section 6* available on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/manuals.htm>.

Web interChange Audit Reports

To protect the integrity and privacy of the information received by Web interChange users, HIPAA security requires that the IHCP audit the user activity and privileges on the interChange Web site.

Effective June 28, 2006 the IHCP is adding functionality to Web interChange to help identify the activity that has taken place on the site so it can determine if the activity is appropriate.

The IHCP is implementing the *Administrative Group Report* for Web interChange administrators and the *Group Owner E-mail* for group owners to allow the auditing of the activity of Web interChange users.

Web Administrative Group Report

The *Administrative Group Report* is a tool provided to all Web interChange administrators to allow them to monitor all users with access to the organization's data, the type of access given to each user, and the functions they can perform. This report currently exists and a group's administrator can view the organization's report by clicking on the **View Group Report** button on the Web interChange *Group Administration* page. It is each administrator's obligation to review his or her report regularly.

Effective June 28, 2006, if an administrator has not reviewed the group report for 90 days, a reminder displays each time the administrator signs-on to Web interChange. A button appears on the *Group Report* screen and administrators may click the button to verify that they have reviewed the report.

If a group has more than one administrator, each administrator is prompted to review the report. If a person is the administrator for multiple organizations, that administrator must review the group report for each organization.

Group Owner E-mail

Effective June 28, 2006, the registered *owner* e-mail address for each organization accessing Web interChange will receive an e-mail every 90 days. The e-mail contains a list of the active administrators associated with the owner's organization. This allows the owner to verify that the list is complete and that the appropriate person is the administrator for Web interChange.

Direct questions about Web interChange to the EDS Electronic Solutions Help Desk at (317) 488-5160, in the Indianapolis area, or 1-877-877-5182. Select option 2.

Web interChange Password Guidelines Update

Effective June 28, 2006, to comply with the *Information Security Policies and Minimum Compliance Policies* document published by the Indiana Office of Technology, the IHCP is changing the password guidelines for Web InterChange.

Beginning June 28, 2006, all new Web interChange passwords must comply with the following guidelines:

- The password length requirement is a minimum of eight characters and a maximum of 14 characters.
- The new password must not be the same as the past 13 passwords. Users who attempt to change their passwords to a value that is equal to one of their previous 13, will receive an error message indicating they must choose another password.

Web interChange users are required to change passwords every 90 days. Passwords must comply to the new guidelines the first time they are prompted to change their password after June 28, 2006. If the user does not want to wait for the prompt to change the password, the passwords may be changed at any time by selecting the **Change Password** button on the *Welcome to Web interChange* page.

The following guidelines are in place, and will not change:

- Passwords must contain at least three of the following items:
 - At least one number (0 – 9)
 - At least one lower case letter
 - At least one upper case letter

- At least one special character, defined as: !”# \$% & ‘ () * + , - . / : ; < = > ? @ [\] ^ _ ` { | }
- Passwords are case sensitive
- Passwords cannot contain the User ID , user name, company name, replicated sequence of characters, or any complete dictionary words
- Invalid password attempts are restricted to three. If after three attempts the user does not enter the correct password, the user’s ID becomes disabled and the user must reset the password. Web interChange administrators may reset their own passwords using the *Auto-Password Reset*. Otherwise, all other users must request a password reset from their administrators. Providers who do not have a designated administrator must call the EDS Electronic Solutions Help Desk at (317) 488-5160 in the Indianapolis area, or at 1-877-877-5182. Select option 2.

For basic security, users are reminded of the following:

- Do not share passwords or login IDs
- Do not post or display the ID and password where others may have access

Direct questions about Web interChange to the EDS Electronic Solutions Help Desk at (317) 488-5160 in the Indianapolis area, or 1-877-877-5182. Select option 3.

National Provider Identifier (NPI)

NPI Reporting Tool

The IHCP will mail notification letters to request that providers begin reporting their NPI to the IHCP when the Web-based NPI Reporting Tool is implemented. The notification letter provides instructions about how providers report their NPI to the IHCP.

Enrolled health care providers must report their NPI to the IHCP by the May 23, 2007, compliance date, to be paid for services. Any health care provider that does not report its NPI to the IHCP may not be paid for services after May 23, 2007.

All health care providers (for example, physicians, suppliers, hospitals, and others) are eligible for an NPI. Health care providers are individuals or organizations that render health care services. All health care providers that are HIPAA-covered entities, whether they are individuals or organizations, must obtain an NPI to identify themselves in HIPAA standard transactions.

Atypical providers are not required to obtain and use an NPI in standard transactions. An atypical provider is any entity that does not meet the definition of a health care provider as defined in *45 CFR 160.103*. Atypical providers include billing services, value-added

networks, repricers, health care clearinghouses, non-emergency transportation service providers, and other entities that do not provide health care services.

The *NPI Fact Sheet* containing information about the NPI is available on the *NPI* page of the IHCP Web site at http://www.indianamedicaid.com/ihcp/ProviderServices/pdf/TR370_npi_facts.pdf.

Obtaining a National Provider Identifier

To obtain an NPI, visit the NPPES Web site at <https://nppes.cms.hhs.gov/NPPES>, or call 1-800-465-3203 (toll free) or 1-800-692-2326 (TTY). Providers may apply electronically for their NPI from this Web site or by downloading and completing a paper form (available on this Web site) and submitting it to NPPES at the address indicated on the form.

Reporting Your NPI to IHCP

When the NPI Reporting Tool is implemented, it will be available from <http://www.indianamedicaid.com> by clicking on the **Report your NPI to the IHCP** link located in the NPI section of the IHCP Web site home page.

When accessing the NPI Reporting Tool, have the following information available:

- The reporting provider's TIN or SSN.
- The NPI notification letter that includes the password needed to access the NPI Reporting Tool.
- Taxonomy codes associated with each legacy provider identifier (current IHCP or First Steps provider number) being reported.
- Contact name, telephone number, and e-mail address.
- The NPI of all rendering providers affiliated with the group, if applicable.

After logging into the NPI Reporting Tool, you must do the following:

- Enter a contact name, telephone number, and e-mail address, if applicable. The tool displays all active Medicaid legacy provider identifiers affiliated with your TIN.
- Enter an NPI for each legacy provider identifier (current IHCP or First Steps provider number) and service location that you want to continue using in a HIPAA standard transaction after the May 23, 2007, compliance date.
- Select the appropriate taxonomy code for your specialty.

Reporting a Rendering Provider's NPI to IHCP

If you are a group provider, you must obtain the NPIs of your rendering providers and report them along with your NPI for each service location. All active rendering providers affiliated with the billing provider at a particular service location are displayed in the tool. To report an NPI for a rendering provider, you must take the following steps:

- Enter the NPI for the rendering provider

- Select the appropriate taxonomy for the rendering provider specialty

If the NPI Reporting Tool identifies a rendering provider that is no longer in your group, contact the EDS Provider Enrollment and Waiver line at 1-877-707-5150 to unlink the rendering provider from your group.

Contact Information

Assistance is available for the NPI Reporting Tool by calling the EDS Provider Enrollment and Waiver line at 1-877-707-5750. To manually report your NPI, a paper application will soon be available from the IHCP Web site at <http://www.indianamedicaid.com>, or by calling the EDS Provider Enrollment and Waiver line. The paper application must be completed, signed, dated, and mailed to:

**EDS Provider Enrollment
P.O. Box 7263
Indianapolis, IN 46207-7263**

Remember: Providers must report the NPI for each legacy provider identifier (current IHCP or First Steps provider number) and service location to the IHCP by May 23, 2007, to continue using electronic submission of standard transactions after the compliance date.

National Provider Identifier Web Page

The IHCP Web site features an NPI Web page at <http://www.indianamedicaid.com/ihcp/ProviderServices/npi.asp>. This page contains information about the *IHCP NPI Implementation Plan*, instructions for obtaining an NPI, links to other resources on the Web, and informational documents like the *NPI Fact Sheet*.

Pharmacy Services

Consumer Fraud Alert

The CMS issued a consumer alert June 16, 2006, regarding the "\$299 Ring"--a scheme to defraud seniors and people with disabilities. Under this scheme, callers contact Medicare beneficiaries promising a new prescription drug card for a flat fee of \$299, and request beneficiary bank account numbers that are then used to electronically withdraw the money. CMS has learned that a new variation on the scheme requests higher dollar amounts and promises a new Medicare card, instead of a prescription drug plan. Callers are using the names of fictitious companies, such as **Pharma Corp., National Medical Office, Medicare National Office** and **National Medicare**.

Those who think they are victims of this scheme are encouraged to call 1-877-7SAFERX (1-877-772-3379) the Medicare Rx Fraud Waste and Abuse Hotline, or their local law enforcement agency.

For more information, please refer to the CMS Web site at <http://www.cms.hhs.gov/States>.

Pharmacy Adjustments Tips

As a result of the receipt of an increased number of incomplete pharmacy paid claim adjustment forms, EDS is reminding pharmacy providers of the following adjustment tips:

- Submit the void or replacement request on the *Indiana Family and Social Services Administration Pharmacy Paid Claim Adjustment Request* form

with the appropriate ICN, RID, and date of service with non-check or check-related pharmacy void/replacement requests.

- Include *specific* information such as the number of units being adjusted, the amount being sent back per unit, and the TPL payment amounts. Supplying specific information expedites the void or replacement request.

Adherence to these suggestions allows for more efficient processing of pharmacy adjustments and results in fewer adjustment requests being returned to providers for additional information.

The *Indiana Family and Social Services Administration Pharmacy Paid Claim Adjustment Request* form is available in the *Pharmacy Forms* section of the *Forms* page on the IHCP Web site at <http://www.indianamedicaid.com>.

Pharmacy Claims Adjustment

After a post-payment review of claims, EDS, the IHCP pharmacy claims processor, discovered an overpayment affecting pharmacy claims submitted between

October 1, 2005, and February 9, 2006, for OTC insulin. These claims reimbursed at AWP minus 13.5 percent or the provider's actual billed amount, whichever was less. The claims should have reimbursed at AWP minus 16 percent or the provider's actual billed amount, whichever was less. Providers do not need to take action. The affected claims will be systematically adjusted beginning on July 20, 2006.

Providers should direct questions about this adjustment to the EDS Pharmacy Services Help Desk at (317) 655-3240, in the Indianapolis local area, or 1-800-577-1278. Press option 1 for pharmacy.

State MAC Legend Drug Rate Updates

Attachment 3 of this newsletter contains the updates to the State MAC rates and rate lists with effective dates for the changes.

Direct questions about the State MAC for legend drugs to the Myers and Stauffer Pharmacy Unit at (317) 816-4136 in the Indianapolis local area, or 1-800-591-1183, or by e-mail at pharmacy@mslc.com.

Provider Workshops

2006 Third Quarter Medicaid Provider Workshops

The IHCP offers workshops free of charge. Sessions are offered at several locations in Indiana. Table 7.1 lists the time, session topic, and description. The schedule allows for a lunch period from noon until 1 p.m.; however, lunch is not provided. **Seating is limited in all locations. Registrations are processed in the order received and registration does not guarantee a spot at the workshop.** Confirmation letters are sent upon receipt of registrations. If a confirmation letter is not received, the workshop seating capacity has been reached.

All workshops begin promptly at 8 a.m., local time. General directions to workshop locations are available on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/ProviderServices/workshops.asp>. Consult a map or

other location tool for specific directions to the exact location.

Seating for the workshops is limited to two registrants per provider number.

A copy of the *Provider Workshop Registration* form is included as Attachment 2 of this newsletter. Print or type the information requested on the registration form. List one registrant per form. Fax completed registration forms to EDS at (317) 488-5376. EDS processes registrations chronologically based on the date of the workshop.

Direct questions about the workshop to a field consultant at (317) 488-5072.

For comfort, business casual attire is recommended. Consider bringing a sweater or jacket due to possible room temperature variations.

Table 7.1 – 2006 Third Quarter Workshop Session Times, Topics, and Descriptions

Time	Topic	Description
8 a.m. – 9 a.m.	National Provider Identifier (NPI) Presented by EDS representatives	This session provides an overview of the requirements for NPI. The focus is on how to obtain a NPI, updating your provider enrollment file, and billing requirements. An EDS field consultant will lead this session

(Continued)

Table 7.1 – 2006 Third Quarter Workshop Session Times, Topics, and Descriptions

Time	Topic	Description
9 a.m. – 9:45 a.m.	NPI and Roundtable Presented by CareSource representatives	This session is designed for CareSource to present information about NPI and conduct a roundtable question and answer session with providers.
9:45 a.m. – 10 a.m.	Break	
10 a.m. – 10:45 a.m.	NPI and Roundtable Presented by Molina Healthcare, Inc. representatives	This session is designed for Molina Healthcare to present information about NPI and conduct a roundtable question and answer session with providers.
10:45 a.m. – 11:30 a.m.	NPI and Roundtable Presented by MHS representatives	This session is designed for Managed Health Service to present information about NPI and conduct a roundtable question and answer session with providers.
11:30 a.m. – 12 p.m.	NPI and Roundtable Presented by MDwise representatives	This session is designed for MDwise to present information about NPI and conduct a roundtable question and answer session with providers.
12 p.m. – 1 p.m.	Lunch Break	Lunch is not provided
1 p.m. – 1:45 p.m.	NPI and Roundtable Presented by Harmony Health Plan representatives	This session is designed for Harmony Health Plan to present information about NPI and conduct a roundtable question and answer session with providers.
1:45 p.m. – 2 p.m.	Break	
2 p.m. – 4 p.m.	Long Term Care Presented by EDS representatives	This session focuses on the MDS Case Mix Audit providing a general overview of the process and a discussion of each RUG category. The session includes a review of the Supported Documentation Guidelines with an emphasis on the type of documentation EDS LTC Review Teams require to support resident care as conveyed by each facility's MDS transmissions. The presenter is a member of the EDS LTC Review Team. The schedule allows for time for questions both during and after the session.

Table 7.2 lists the workshop dates, registration deadlines, and Indiana locations for each workshop.

Table 7.2 – 2006 Third Quarter Workshop Dates, Registration Deadlines, and Locations

Workshop Date	Registration Deadline	Location
Tuesday, July 25, 2006	Tuesday, July 18, 2006	St. Catherine's Hospital Birthing Center 4321 Fir St. East Chicago, IN 46312
Tuesday, August 1, 2006	Tuesday, July 25, 2006	Columbus Regional Hospital Kroot Auditorium 2400 East 17th St. Columbus, IN 47201
Tuesday, August 1, 2006	Tuesday, July 25, 2006	Lutheran Hospital Kachmann Auditorium 7950 W. Jefferson Blvd. Fort Wayne, IN 46807
Thursday, August 3, 2006	Thursday, July 27, 2006	Reid Hospital Wallace Auditorium 1401 Chester Blvd. Richmond, IN 47374

(Continued)

Table 7.2 – 2006 Third Quarter Workshop Dates, Registration Deadlines, and Locations

Workshop Date	Registration Deadline	Location
Tuesday, August 8, 2006	Tuesday, August 1, 2006	Union Hospital Landsbaum Center 1433 N. 6 ½ St. Terre Haute, IN 47801
Thursday, August 10, 2006	Thursday, August 3, 2006	St. Joseph Regional Medical Center Educational Center 801 E. LaSalle Ave. South Bend, IN 46617
Tuesday, August 15, 2006	Tuesday, August 8, 2006	Wishard Hospital Myers Auditorium 1001 W. 10th St. Indianapolis, IN 46202
Tuesday, August 29, 2006	Tuesday, August 22, 2006	St. Mary's Medical Center St. Mary Manor Auditorium 3700 Washington Ave. Evansville, IN 47714

Contact Information

A map of provider representative territories and updated information about the provider field consultants are available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/ProviderServices/pr_list_frameset.htm. The *Indiana Health Coverage Programs Quick Reference* is available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/Misc_PDF/Quick_Reference.pdf. These Web documents are updated whenever changes occur.

Provider Field Consultants

Territory Number	Provider Consultant	Telephone	Counties Served
1	Jean Downs	(317) 488-5071	Jasper, Lake, LaPorte, Newton, Porter, Pulaski, Starke
2	Susan Bresson	(317) 488-5080	Allen, Dekalb, Elkhart, Fulton, Kosciusko, Lagrange, Marshall, Noble, St. Joseph, Steuben, Whitley
3	Keith Coleman	(317) 488-5197	Benton, Boone, Carroll, Cass, Clinton, Fountain, Hamilton, Howard, Miami, Montgomery, Tippecanoe, Tipton, Warren, White
4	Daryl Davidson	(317) 488-5388	Adams, Blackford, Delaware, Grant, Hancock, Henry, Huntington, Jay, Madison, Randolph, Wabash, Wayne, Wells
5	Natalie Snow	(317) 488-5356	Marion
6	Tina King	(317) 488-5123	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington
7	Lori Bishop	(317) 488-5148	Clay, Greene, Johnson, Hendricks, Lawrence, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo
8	Jenny Atkins (temp)	(317) 488-5153	Crawford, Daviess, Dubois, Gibson, Knox, Martin, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick
9	Tina King (temp)	(317) 488-5123	Out-of-State

Field Consultants for Bordering States, Effective May 1, 2006

State	City	Representative	Telephone
Illinois	Chicago/Watseka	Jean Downs	(317) 488-5071
	Danville	Lori Bishop	(317) 488-5148
Kentucky	Owensboro	Jenny Atkins (Temp)	(317) 488-5153
	Louisville	Tina King	(317) 488-5123
Michigan	Sturgis	Susan Bresson	(317) 488-5080
Ohio	Cincinnati, Hamilton, Harrison, Oxford	Tina King	(317) 488-5123

Out-of-state providers not located in these states, or those with a designated out-of-state billing office supporting multiple provider sites throughout Indiana should direct calls to (317) 488-5197.

Provider Relations Leader

Title	Name	Telephone
Provider Relations Supervisor	Phyllis Salyers	(317) 488-5154

If you need additional copies of this newsletter, please download them from the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/newsletters.asp>. To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at http://www.indianamedicaid.com/ihcp/mailling_list/default.asp.

Indiana Health Coverage Programs Quick Reference, Effective March 10, 2006

Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization				
AVR System (including eligibility verification) (317) 692-0819 1-800-738-6770	EDS Administrative Review Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Customer Assistance (317) 655-3240 1-800-577-1278 Opt 1 = Pharmacy, Opt 2 = First Steps	EDS Electronic Solutions Help Desk (317) 488-5160 or 1-877-877-5182 INXIXElectronicSolution@eds.com	
EDS Forms Requests P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Member Hotline (317) 713-9627 1-800-457-4584 Opt 1 = First Steps, Opt 2 = Pharmacy	EDS Provider Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Provider Enrollment/Waiver P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	
EDS Third Party Liability (TPL) (317) 488-5046 1-800-457-4510 Fax (317) 488-5217	HCE Medical Policy Department P.O. Box 53380 Indianapolis, IN 46253-0380 (317) 347-4500	HCE Prior Authorization Department P.O. Box 531520 Indianapolis, IN 46253-1520 (317) 347-4511 or 1-800-457-4518	HCE SUR Department P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 1-800-457-4515	
HCE Provider and Member Concern Line (Fraud and Abuse) (317) 347-4527 or 1-800-457-4515		IHCP Web Site http://www.indianamedicaid.com		
Pharmacy Benefit Manager				
ACS Drug Rebate ACS State Healthcare ACS – Indiana Drug Rebate P. O. Box 2011332 Dallas, TX 75320-1332	EDS Pharmacy Services Help Desk for POS claims processing 317-655-3240 1-800-577-1278 or INXIXPharmacy@EDS.com	EDS Pharmacy Claims P.O. Box 7268 Indianapolis, IN 46207-7268	Indiana DUR Board INXIXDURQuestions@acs-inc.com	
EDS Pharmacy Claims Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265	Indiana Administrative Review/ Pharmacy Claims EDS Pharmacy Claims Admin. Review P.O. Box 7263 Indianapolis, IN 46207-7263	PA For Pro-DUR and Preferred Drug List – ACS Clinical Call Center 1-866-879-0106 Fax: 1-866-780-2198	To make refunds to IHCP for Pharmacy Claims send check to: EDS Pharmacy Refunds P.O. Box 2303, Dept 130 Indianapolis, IN 46206-2303	
Hoosier Healthwise (Managed Care Organizations and PCCM) and Medicaid Select				
CareSource Claims http://www.caresource-indiana.com 1-866-930-0017 Member Services 1-800-488-0134 PA 1-866-930-0017 Provider Services 1-866-930-0017	Harmony Health Plan http://www.harmonyhmi.com Claims 1-800-504-2766 Member Services 1-800-608-8158 TTY: 1-877-650-0952 PA/Medical Management 1-800-504-2766 Provider Services 1-800-504-2766 Pharmacy 1-800-608-8158	Managed Health Services (MHS) http://www.managedhealthservices.com Claims 1-800-414-9475 Member Services 1-800-414-5946 PA/Medical Management 1-800-464-0991 Provider Services 1-800-414-9475 Nursewise 1-800-414-5946 ScripSolutions (PBM) 1-800-555-8513	MDwise http://www.mdwise.org Claims 1-800-356-1204 or (317) 630-2831 Member Services 1-800-356-1204 or (317) 630-2831 PA/Medical Management 1-800-356-1204 or (317) 630-2831 Provider Services 1-800-356-1204 or (317) 630-2831 Pharmacy (317) 630-2831 or 1-800-356-1204	
Molina Healthcare http://www.molinahealthcare.com Claims 1-800-642-4509 Member Services 1-800-642-4509 PA 1-800-642-4509 Provider Services 1-800-642-4509	Prime Step (PCCM) http://www.healthcareforhoosiers.com Claims - EDS Customer Assistance 1-800-577-1278 or (317) 655-3240 Member Services 1-800-889-9949, Option 1 PA HCE: 1-800-457-4518 or (317) 347-4511 Provider Services for PMPs 1-800-889-9949, Option 3 Pharmacy – see Pharmacy Benefit Manager section above	Medicaid Select http://www.medicaidselect.com Claims - EDS Customer Assistance 1-800-577-1278 or (317) 655-3240 Member Services 1-877-633-7353, Option 1 PA HCE: 1-800-457-4518 (317) 347-4511 Provider Services for PMPs 1-877-633-7353, Option 3 Pharmacy – see Pharmacy Benefit Manager section above		
Claim Filing				
EDS 590 Program Claims P.O. Box 7270 Indianapolis, IN 46207-7270	EDS Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265	EDS CCFs P.O. Box 7266 Indianapolis, IN 46207-7266	EDS Dental Claims P.O. Box 7268 Indianapolis, IN 46207-7268	EDS CMS-1500 Claims P.O. Box 7269 Indianapolis, IN 46207-7269
EDS Claim Attachments P.O. Box 7259 Indianapolis, IN 46207-7259	EDS Waiver Programs Claims P.O. Box 7269 Indianapolis, IN 46207-7269	EDS Medical Crossover Claims P.O. Box 7267 Indianapolis, IN 46207-7267	EDS Institutional Crossover/UB-92 Inpatient Hospital, Home Health, Outpatient, and Nursing Home Claims P.O. Box 7271 Indianapolis, IN 46207-7271	
Check Submission (Non-Pharmacy)				
To make refunds to IHCP: EDS Refunds P.O. Box 2303, Dept. 130 Indianapolis, IN 46206-2303		To Return Uncashed IHCP Checks: EDS Finance Department 950 N. Meridian St., Suite 1150 Indianapolis, IN 46204-4288		

INDIANA HEALTH COVERAGE PROGRAMS



P R O V I D E R W O R K S H O P R E G I S T R A T I O N

Indicate the workshop you will be attending in Indiana. **Print** or **type** the information on this form and fax it to (317) 488-5376.

National Provider Identifier Presented by EDS		
<input type="checkbox"/> Tuesday, July 25, 2006 East Chicago, IN	<input type="checkbox"/> Tuesday, August 1, 2006 Columbus, IN	<input type="checkbox"/> Tuesday, August 1, 2006 Fort Wayne, IN
<input type="checkbox"/> Thursday, August 3, 2006 Richmond, IN	<input type="checkbox"/> Tuesday, August 8, 2006 Terre Haute, IN	<input type="checkbox"/> Thursday, August 10, 2006 South Bend, IN
<input type="checkbox"/> Tuesday, August 15, 2006 Indianapolis, IN	<input type="checkbox"/> Tuesday, August 29, 2006 Evansville, IN	

MCO Presentations: National Provider Identifier (NPI) and Roundtable (Select date and presentations)	
Tuesday, July 25, 2006 (East Chicago, IN) <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.	Tuesday, August 1, 2006 (Columbus, IN) <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.
Tuesday, August 1, 2006 (Fort Wayne, IN) <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.	Thursday, August 3, 2006 (Richmond, IN) <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.
Tuesday, August 8, 2006 (Terre Haute, IN) <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.	Thursday, August 10, 2006 (South Bend, IN) <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.
Tuesday, August 15, 2006 (Indianapolis, IN) <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.	Tuesday, August 29, 2006 (Evansville, IN) <input type="checkbox"/> MDwise <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> Managed Health Services <input type="checkbox"/> CareSource <input type="checkbox"/> Molina Healthcare, Inc.

Long Term Care (LTC). Presented by EDS		
<input type="checkbox"/> Tuesday, July 25, 2006 East Chicago, IN	<input type="checkbox"/> Tuesday, August 1, 2006 Columbus, IN	<input type="checkbox"/> Tuesday, August 1, 2006 Fort Wayne, IN
<input type="checkbox"/> Thursday, August 3, 2006 Richmond, IN	<input type="checkbox"/> Tuesday, August 8, 2006 Terre Haute, IN	<input type="checkbox"/> Thursday, August 10, 2006 South Bend, IN
<input type="checkbox"/> Tuesday, August 15, 2006 Indianapolis, IN	<input type="checkbox"/> Tuesday, August 29, 2006 Evansville, IN	

Registrant Information (One registrant per form)	
Name of Registrant:	_____
Provider Name:	_____ Provider Number: _____
Provider Address:	_____
City:	_____ State: _____ ZIP: _____
Provider Telephone:	_____ Provider Fax: _____
Provider E-mail Address:	_____

State MAC Rate Updates

Effective for Dates of Service On or After June 27, 2006

Table 7.3 – **Increases** to the State MAC Legend Drug Rate,
Effective for Dates of Service On or After June 27, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
CLINDAMYCIN PH 1% GEL	0.50075		

Table 7.4 – **Terminated** from the State MAC Legend Drug Rate List,
Effective for Dates of Service On or After June 27, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
A/B OTIC EAR DROPS	0.15384	NATALCARE THREE TABLET	0.21961
ALBURX (HUMAN) 25% VIAL	1.12777	NATATAB RX TABLET	0.20160
ALBUTEROL 5 MG/ML SOLUTION	0.13935	OXYCODONE 20 MG/ML SOLUTION	0.81054
AMINOSYN 10% IV SOLUTION	0.02662	P-EPHED/HYDROCOD BIT/CP LIQ	0.06030
APAP-BUTALBITAL 325/50 TAB	0.26453	PHENOBARBITAL 15 MG TABLET	0.01452
APAP-ISOMETHEP-DICHLPH CAP	0.08470	PHENOBARBITAL 30 MG TABLET	0.01602
ATROPINE 1% EYE DROPS	0.26455	PILOCARPINE 2% EYE DROPS	0.54928
BENZONATATE 200 MG CAPSULE	0.61930	PILOCARPINE 4% EYE DROPS	0.52091
BENZOYL PEROXIDE 10% GEL	0.24144	POTASSIUM CL 10 MEQ TABLET SA	0.19940
BENZOYL PEROXIDE 5% GEL	0.23656	PROMETHAZINE 50 MG SUPPOS	3.18300
BETAXOLOL HCL 0.5% EYE DROP	3.28740	PSE BROM DM SYRUP	0.05710
CLARITHROMYCIN 125MG/ML SUSP	0.38724	QUININE SULFATE 260 MG TAB	0.24370
CLARITHROMYCIN 250MG/ML SUSP	0.71524	SODIUM ACETATE 2 MEQ/ML VIAL	0.06659
DESMOPRESSIN AC 4 MCG/ML AMP	16.02300	SODIUM CHLORIDE 4 MEQ/ML VL	0.01130
ETOPOSIDE 50 MG CAPSULE	42.97980	TRAZODONE 300 MG TABLET	2.98564
FLUOXETINE 20 MG TABLET	0.67620	TRI-VENT DPC SYRUP	0.04655
HYDRALAZINE 20 MG/ML VIAL	10.50000	TRI-VENT HC SYRUP	0.05293
MICONAZOLE 3 200 MG VAG SUPP	9.51066		

Effective for Dates of Service On or After June 30, 2006

Table 7.5 – **Decreases** to the State MAC Legend Drug Rate,
Effective for Dates of Service On or After June 30, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
ALLOPURINOL 100 MG TABLET	0.05367	METHYLPHENIDATE 5 MG TABLET	0.09843
AMANTADINE 100 MG CAPSULE	0.24807	MORPHINE SULF 30 MG TAB SA	0.59193

(Continued)

**Table 7.5 – Decreases to the State MAC Legend Drug Rate,
Effective for Dates of Service On or After June 30, 2006**

Drug Name	State MAC Rate	Drug Name	State MAC Rate
BENZAEPRIIL HCL 20 MG TABLET	0.09666	MORPHINE SULF ER 15 MG TABLET	0.30378
CICLOPIROX 0.77% CREAM	0.66993	OXYCODONE/APAP 5/325 TAB	0.05633
CYANACOBALAMIN 1,000 MCG/ML	0.36936	PROCHLORPERAZINE 10 MG TAB	0.07245
HYDROCHLOROTHIAZIDE 25 MG TB	0.01995	SILVER SULFADIAZINE 1% CREAM	0.08165
KETOCONAZOLE 2% CREAM	0.44325	SOTALOL HCL 80 MG TABLET	0.14751
METFORMIN HCL ER 500 MG TAB	0.07771		

Effective for Dates of Service On or After July 28, 2006

**Table 7.6 – Added to the State MAC Legend Drug Rate List,
Effective for Dates of Service On or After July 28, 2006**

Drug Name	State MAC Rate	Drug Name	State MAC Rate
BROMOCRIPTINE 5 MG CAPSULE	4.05480	MOMETASONE FUROATE 0.1% SOLN	0.88280
MILRINONE 0.2 MG/ML IN D5W	0.24826		

**Table 7.7 – Decreases to the State MAC Legend Drug Rate,
Effective for Dates of Service On or After July 28, 2006**

Drug Name	State MAC Rate	Drug Name	State MAC Rate
BACLOFEN 10 MG TABLET	0.11678	METHYLPHENIDATE 20 MG TAB SA	0.37269
CYANACOBALAMIN 1,000 MCG/ML	0.18816	METHYLPHENIDATE 5 MG TABLET	0.09087
ETH ESTRADIOL/NORGESTIIMATE 35/35/35/18	0.81123	MORPHINE SULF ER 15 MG TABLET	0.28005
HYDROCORTISONE 2.5% LOTION	0.30697	SOTALOL HCL 80 MG TABLET	0.13407
LABETALOL HCL 200 MG TABLET	0.16725	WARFARIN SODIUM 5 MG TABLET	0.16770
LIDOCAINE HCL 2% JELLY	0.34220		

Direct questions about the State MAC for legend drugs to the Myers and Stauffer Pharmacy Unit at (317) 816-4136 in the Indianapolis local area, or 1-800-591-1183, or email at pharmacy@mslc.com.

HCPCS Codes Updates

Effective for Dates of Service Through June 30, 2006

Table 7.8 – Deleted July 2006, Quarterly HCPCS Codes,
Effective for Dates of Service Through June 30, 2006

Procedure Code	Description	Replacement Code
S0116	Bevacizumab, 100 mg	J9035
S0198	Injection, pegaptanib sodium, 0.3 mg	J2503
S8075	Computer analysis of full-field digital mammogram and further physician review for interpretation, mammography (list separately in addition to code for primary procedure)	Non-covered, no replacement code is necessary
S9022	Digital subtraction angiography (use in addition to CPT code for the procedure for further identification)	Non-covered, no replacement code is necessary

Effective for Dates of Service On or After July 1, 2006

Table 7.9 – Changed July 2006, Quarterly HCPCS Codes,
Effective for Dates of Service On or After July 1, 2006

Procedure Code	Description	Coverage
Q1003	New technology intraocular lens category 3 (reduced spherical aberration)	Non-covered
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	Non-covered

Direct questions about these codes to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.

Indiana Health Coverage Programs



PROVIDER TPL REFERRAL FORM

Providers: Please complete if you have received a request for medical records from an IHCP member's attorney relating to a personal injury claim or if you have information about a personal injury claim being pursued by an IHCP member.

1. Name of IHCP Member: _____
2. Member Number: _____
3. Date of Birth: _____
4. Social Security Number: _____
5. Member's Home Address: _____
6. Member's Telephone Number: _____
7. Date of Accident or Injury: _____
8. Brief Description of Accident and Injuries:

9. Member's Attorney Name, Address, and Phone Number:

10. Insurance Information (Name of liability insurance carrier, policy number, claim number, adjuster's name, address, and phone number)

Please send this information to the TPL Casualty Department by e-mail at INXLXCasualty@eds.com, by facsimile at (317) 488-5217, by telephone at (317) 488-5046 in the Indianapolis local area or 1-800-457-4510, or by U.S. mail to the following address:

**EDS TPL Casualty Department
P.O. Box 7262
Indianapolis, IN 46207-7762**

*Form Number: TPL0006
Revision Date: March 2005*