Indiana Health Coverage Programs

Monthly News

Provider Monthly Newsletter

NL200612   **December 2006**

Table of Contents

Abbreviations in this Newsletter

ADA	American Dental Association	MHQAC	Mental Health Quality Advisory Committee
AVR	Automated Voice Response		
CFR	Code of Federal Regulations	MHS	Managed Health Service
CHIP	Children's Health Insurance Program	MRO	Medicaid Rehabilitation Option
CMS	Centers for Medicare & Medicaid Services	MRT	Medical Review Team
		NPI	National Provider Identifier
CPT	Current Procedural Terminology	NPPES	National Plan and Provider Enumeration System
DFR	Division of Family Resources		
DUR	Drug Utilization Review	NUBC	National Uniform Billing Committee
EDI	electronic data interchange	NUCC	National Uniform Claim Committee
EDS	Electronic Data Systems	OMPP	Office of Medicaid Policy and Planning
EVS	eligibility verification system	OTC	over-the-counter
FFS	fee-for-service	PA	prior authorization
HCE	Health Care Excel	PBM	pharmacy benefits management
HCPCS	Healthcare Common Procedure Coding System	PMP	primary medical provider
		POS	point of sale or place of sale
HIPAA	Health Insurance Portability and Accountability Act	ProDUR	Prospective Drug Utilization Review
		PRTF	Psychiatric Residential Treatment Facility
HMS	Health Management Services		
IAC	Indiana Administrative Code	RA	Remittance Advice
ICD	International Classification of Diseases	RBMC	risk-based managed care
ICES	Indiana Client Eligibility System	RBRVS	Resource-Based Relative Value Scale
IHCP	Indiana Health Coverage Programs	RCP	Restricted Card Program
LC	Limited Corporation	SSN	Social Security number
LOC	level of care	SUR	Surveillance and Utilization Review
LPI	legacy provider identifier	TIN	tax identification number
MAC	maximum allowable cost	TPL	third party liability
MCO	managed care organization		

Provider News

New Bulletins on the IHCP Web Site

The following bulletins were posted to the IHCP Web site in November:

BT200624 – Overview and Implementation of the Pharmacy Concurrent Audit Program

BT200625 – Designated Out-of-State Cities

BT200626 – MHQAC Notice of HEA 1325

BT200627 – Changes to the PDL

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 complete information about this service. To subscribe, visit the IHCP Web site at http://www.indianamedicaid.com/ihcp/mailing_list/default.asp.

Claims Coding Updates

Effective for dates of service on or after December 1, 2006, CPT® code *89220 – Sputum, obtaining specimen, aerosol induced technique* may be billed with revenue code *309 – Lab/Other*. Pricing for 89220 has been changed from manual pricing to the Maximum Fee RBRVS reimbursement rate of $10.65.

> *Providers submitting a claim past the one-year filing limit must re-submit the claim with a copy of the banner or this article.*

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

Proton Treatment Billing

The purpose of this article is to inform providers that the IHCP has determined that it is appropriate for providers to use the CPT codes listed in Table 12.1 to report the technical component only of the CPT codes noted in Table 12.1 for reporting proton treatment delivery. Therefore, effective for dates of service on or after December 1, 2006, the IHCP does not reimburse providers services reported using the CPT codes listed in Table 12.1 and billed with modifier *26 – Professional component*, or *TC – Technical component*. Providers are advised to bill CPT codes 77520, 77522, and 77525 for the technical component only. Additionally, providers are advised to report the professional services using the appropriate CPT procedure code.

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

Table 12.1 – CPT Codes Reporting Proton Treatment Delivery

CPT Code	Description
77520	Proton treatment; simple, without compensation
77522	Proton treatment; simple, with compensation
77525	Proton treatment delivery; complex

®*Current Procedural Terminology (CPT®) is copyright 2004 American Medical Association. All rights reserved.*

Dental Providers

Dental Claims: Rendering Provider Number Required

This article updates information that was published in IHCP banner page *BR200527* on July 5, 2005, and addressed billing guidelines for dental billing and rendering providers.

The billing guidelines are required for HIPAA compliance and will be implemented again beginning on January 1, 2007. The billing guidelines are as follows:

Per IHCP provider bulletin *BT200511*, published June 1, 2005, all dental group providers must use their rendering provider numbers. To expedite claims, providers should follow these guidelines when submitting claims:

- *Group provider using a paper claim* – Enter the group number and location code(s) in Field 44A on the ADA Dental claim form. Enter the individual rendering number(s) in the *Administrative* column adjacent to each detail.

- *Group provider using Web interChange* – Enter the group number and location code in the provider numbers field. Enter the individual rendering number in the rendering provider field.
- *Individual billing provider using a paper claim* – Enter the individual billing number and location code in Field 44A on the ADA Dental claim form. Enter the individual billing number in the *Administrative* column adjacent to each detail.
- *Individual billing provider using Web interChange* – Enter the individual billing number and location code in the provider number field. Enter their individual billing number in the rendering provider field.

Dental providers will receive denials for the following situations:

- *231 – Rendering provider number is missing – The entire nine-digit number must be used and must be in Field 24K. Please provide and resubmit.*
- *232 – Rendering provider number is invalid – The entire nine-digit number must be used and must be in Field 24K. Please verify and resubmit.*

> *Note: For edits 231 and 232, Field 24K refers to CMS-1500 claim forms. For dental claims, the rendering must be in the* Adm *Field.*

- *1004 – Rendering provider not enrolled in the program billed for the dates of service. Please verify provider number and resubmit.*
- *1008 – The rendering provider must be an individual provider. Please verify provider number and resubmit.*
- *1010 – Rendering provider is not an eligible member of billing group or the billing provider is equal to the rendering provider. Please verify provider number and resubmit.*
- *7509 – Rendering provider on prepayment review.*

Providers who have Administrator access in Web interChange can view their provider profiles to access a list of the rendering providers linked to the group. Providers can contact the Provider Enrollment Helpline at 1-877-707-5750 to discuss any updates that need to be made to the provider group information.

Hospice Providers

Changes to Indiana*AIM* for PA Reviewers

The purpose of this article is to inform hospice providers that effective December 1, 2006, the required changes to Indiana*AIM* have been made to permit PA reviewers at HCE, the Medicaid PA contractor, to enter a hospice LOC for dually-eligible Medicare and Medicaid members residing in nursing facilities with an open-ended segment. This significantly streamlines paperwork submission by hospice providers. The following paragraphs are to remind hospice providers of the required forms that they still need to submit for dually-eligible Medicare and Medicaid hospice members and the procedures for Medicaid-only members.

On August 1, 2003, hospice rules specified that hospice providers at the time of hospice election are required to submit a one-page Hospice Authorization Notification for Dually-Eligible Medicare/Medicaid Hospice Members Residing in Nursing Facilities to HCE. Hospice providers must still notify the IHCP when the dually-eligible Medicare and Medicaid member

residing in a nursing facility revokes hospice, is discharged from hospice by the provider, changed hospice providers or has a change of status. If the member re-enrolls in hospice, then the one-page form must be resubmitted.

The system change also includes an autoclosure for the dually-eligible Medicare and Medicaid hospice member's date of death. The date of death is imported into Indiana*AIM* from the local DFR database known as ICES. If there is a discrepancy between the date of death in Indiana*AIM* and as noted by the hospice provider, the hospice provider must correct it at the local DFR by providing the caseworker with a copy of the death certificate. Neither EDS nor HCE has the ability to change the date of death in Indiana*AIM*.

Hospice providers must still submit hospice authorization paperwork for each hospice benefit period for all Medicaid-only members. Failure to do so results in denial of claims under error code *2024 – This member does not have hospice level of care*.

Managed Care Providers

2007 Behavioral Health Claim Processing Changes

To coordinate comprehensive medical and behavioral health services for Hoosier Healthwise members, the MCOs will assume risk for most behavioral health services, including outpatient and free-standing psychiatric facility services, effective January 1, 2007.

Providers must submit all behavioral health claims for members enrolled in Hoosier Healthwise RBMC with dates of service on or after January 1, 2007, directly to the member's MCO for claim processing. The only exceptions are claims for MRO and PRTF services. Providers should contact the respective MCO for questions about claim submission and authorization guidelines.

Providers should continue to submit claims for dates of service prior to January 1, 2007, and MRO and PRTF

claims to EDS. EDS continues to process MRO and PRTF claims as fee-for-service claims.

Additional information about Hoosier Healthwise and covered benefits for behavioral health are provided in the *RFS-6-68 Attachment D: Scope of Work*, which is posted on the IHCP Web site at http://www.indianamedicaid.com/ihcp/HoosierHealthwise/content/MCOContractProcurement.asp.

Managed Care Web Pages Updated

The managed care pages of the IHCP Web site are updated to include contact information for Anthem. The managed care pages can be accessed by clicking on **Managed Care** in the menu bar and selecting a topic. See Attachment 3 in this newsletter for the updated *Hoosier Healthwise Managed Care Organizations Contact Information*.

Pharmacy Services

Changes to the Over-the-Counter Drug Formulary

This article is to notify all pharmacy providers, prescribing physicians, and health care workers of changes and updates to the IHCP OTC Drug Formulary. The pharmacy OTC formulary and rates are available at http://www.mslcindy.com. These rates are effective on January 19, 2007.

State MAC Legend Drug Updates

Tables 12.2 - 12.5 (Attachment 2 of this newsletter) contain the updates to the State MAC rates and list the 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.

Medicare Part D – Prescription Niacin Products

Effective January 1, 2007, CMS will consider all prescription niacin products as covered drugs under the Medicare Part D benefit. Therefore, effective January 1, 2007, Indiana Medicaid will **not** cover these products for Medicare Part D eligible members.

National Provider Identifier

First Step Providers To Be Notified when To Report NPI to IHCP

Please do not report your NPI to the IHCP until further notice. EDS is in the process of making modifications to ensure an easier and more accurate NPI reporting process. You will be notified when you can resume the NPI reporting process.

This applies to First Steps providers only.

National Provider Identifier Web Page

The IHCP Web site features an NPI Web page located 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 NPI resources on the Web, informational documents like the *NPI Fact Sheet*, and access and instructions for using the NPI Reporting Tool.

NPI Reporting Tool

The IHCP has implemented the Web-based NPI Reporting Tool and now requests that providers begin reporting their NPI to the IHCP. 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 May 1, 2007, 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 paper and electronic transactions.

Atypical providers are not required to obtain and use an NPI in paper and electronic 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 an NPI

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 NPI to the IHCP

The NPI Reporting Tool is implemented and is 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 IHCP legacy provider identifier 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 IHCP LPIs affiliated with your TIN.
- Enter an NPI for each IHCP LPI and service location that you want to continue using in paper and electronic transactions after the May 23, 2007, compliance date.
- Select the appropriate taxonomy code for your specialty.

Reporting a Rendering Provider's NPI to the 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 who is no longer in your group, contact the EDS Provider Enrollment and Waiver line at 1-877-707-5750 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 is 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 by May 1, 2007, to:

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

Remember: Providers must report the NPI for each IHCP LPI and service location to the IHCP by May 1, 2007, to continue using paper and electronic submission of transactions after the compliance date.

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 Relations Field Consultants

Territory Number	Provider Relations Consultant	Telephone	Counties Served
1	Jean Downs	(317) 488-5071	Jasper, Lake, LaPorte, Newton, Porter, Pulaski, Starke
2	Rhonda Rupel	(317) 488-5080	Allen, Dekalb, Elkhart, Fulton, Kosciusko, Lagrange, Marshall, Noble, St. Joseph, Steuben, Whitley
3	Tawanna Danzie	(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	Pat Duncan (temp)	(317) 488-5098	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	Virginia Hudson	(317) 488-5148	Clay, Greene, Johnson, Hendricks, Lawrence, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo
8	Ken Guth	(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

Provider Relations Field Consultants for Bordering States

State	City	Provider Relations Consultant	Telephone
Illinois	Chicago/Watseka	Jean Downs	(317) 488-5071
	Danville	Virginia Hudson	(317) 488-5148
Kentucky	Owensboro	Ken Guth	(317) 488-5153
	Louisville	Tina King	(317) 488-5123
Michigan	Sturgis	Rhonda Rupel	(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.

For Provider Concerns

Name	Title	Telephone
Tina King	Provider Relations Supervisor	(317) 488-5154

Indiana Health Coverage Programs Quick Reference

Assistance, Enrollment, Eligibility, Help Desks, Prior Authorization, and Rate Setting			
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 and 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 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	Myers and Stauffer, LC http://www.mslcindy.com/ 9265 Counselors Row, Suite 200 Indianapolis IN 46240	(317) 846–9521 1-800-877–6927 Fax (317) 571–8481 MDS Help Desk: (317) 816–4122
Pharmacy Benefit Manager			
ACS Drug Rebate ACS State Healthcare ACS – Indiana Drug Rebate P. O. Box 2011332 Dallas, TX 75320-1332	EDS Pharmacy Services Helpdesk 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 *Medicaid Select*			
Anthem http://www.anthem.com 1-888-232-9613 Claims Pharmacy 1-888-232-9613 In development Member Services 1-888-232-9613 PA 1-888-232-9613 Provider Services 1-800-618-3141 Transportation 1-888-232-9613	CareSource http://www.caresource-indiana.com Claims 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 (317) 423-3000 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 Nursewise 1-800-414-9475 1-800-414-5946 Member Services 1-800-414-5946 PA/Medical Management 1-800-464-0991 Provider Services 1-800-414-9475 ScripSolutions (PBM) 1-800-555-8513
MDwise http://www.mdwise.org Claims (317) 630-2831 or 1-800-356-1204 Member Services (317) 630-2831 or 1-800-356-1204 PA/Medical Management (317) 630-2831 or 1-800-356-1204 Provider Services (317) 630-2831 or 1-800-356-1204 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	*Medicaid Select* http://www.medicaidselect.com Claims - EDS Customer Assistance (317) 655-3240 or 1-800-577-1278 Member Services 1-877-633-7353, Option 1 PA HCE: (317) 347-4511 or 1-800-457-4518 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

State MAC Legend Drug Updates

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

Table 12.2 – **Decreases** to the State MAC Legend Drug Rates
Effective for Dates of Service On or After December 1, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
AMPHETAMINE SALTS 20 MG TABLET	0.28659	LISINOPRIL-HCTZ 20/12.5 MG TABLET	0.11991
CLONAZEPAM 0.5 MG TABLET	0.02192	POLYETHYLENE GLYCOL 3350 POWDER	0.04120
DESOXIMETASONE 0.25% CREAM	0.50515		

Table 12.3 – **Additions** to the State MAC for Legend Drugs,
Effective for Dates of Service On or After December 1, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
CABERGOLINE 0.5 MG TABLET	27.61920	NICOTINE 21 MG/24 HR PATCH	5.53670

Effective for Dates of Service On or After December 12, 2006

Table 12.4 – **Increases** to the State MAC for Legend Drug Rates,
Effective for Dates of Service On or After December 12, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
ERYTHROMYCIN 2% PLEDGETS	0.84210	TRIAMCINOLONE 0.025% CREAM	0.03424

Effective for Dates of Service On or After January 12, 2007

Table 12.5 – **Additions** to the State MAC Legend Drugs
Effective for Dates of Service On or After January 12, 2007

Drug Name	State MAC Rate	Drug Name	State MAC Rate
AZITHROMICIN 200MG/5 ML SUSPENSION	1.27520	SERTRALINE HCL 25 MG TABLET	2.16840
PRAVASTATIN SODIUM 20 MG TABLET	2.30100	SERTRALINE HCL 50 MG TABLET	2.27293
PRAVASTATIN SODIUM 40 MG TABLET	3.43640	SERTRALINE HCL 100 MG TABLET	2.17696
SERTRALINE 20 MG/ML ORAL CONCENTRATE	0.79667		

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.

Hoosier Healthwise Managed Care Organizations Contact Information

MDwise / PerformRx

Pharmacy Help Desk
1-800-558-1655

To Process Claim:
RxBIN: **600428**
RxPCN: **03210000**
Hoosier Healthwise Card #
Date of Birth
Prescriber DEA #

PDL and PA forms found at:
http://www.mdwise.org
(Clinical PAs should be submitted by the prescriber)

HARMONY HEALTH PLAN / Walgreens Health Initiatives

Pharmacy Help Desk
1-877-647-7473

To Process Claim:
RxBIN: **603286**
RxPCN: **01410000**
RxGroup: **476257**
Hoosier Healthwise Card #
Date of Birth
Prescriber DEA #

PDL and PA forms found at:
http://www.harmonyhmi.com
(Clinical PAs should be submitted by the prescriber)

MHS / scrip solutions

Pharmacy Help Desk
1-800-213-5640

To Process Claim:
RxBIN: **900020**
RxPCN: **CLAIMWT**
RxGroup: **MHSINN**
            MHSINC
            MHSINS
            MHSINTS
Hoosier Healthwise Card #
Date of Birth
Prescriber DEA #

PDL and PA forms
or Rx questions:
1-800-944-9661

MOLINA HEALTHCARE / RxAmerica

Pharmacy Help Desk
1-800-642-4509
Fax: (219) 736-9140

To Process Claim:
RxBIN: **610473**
RxPCN: **Not required**
RxGroup: **Not required**
Hoosier Healthwise Card #
Date of Birth
Prescriber DEA #

PDL and PA forms found at:
http://www.molinahealthcare.com
(Clinical PAs should be submitted by the prescriber)

CareSource / EXPRESS SCRIPTS

ESI Pharmacy Help Desk
1-800-417-8164
CareSource Pharmacy
PA and Help Desk
1-800-488-0134
PA Fax: 1-866-930-0019

To Process Claim:
RxBIN: **003858**
RxPCN: **A4**
RxGroup: **C4SA**
Hoosier Healthwise Card #
Date of Birth
Prescriber DEA #

PDL found at:
http://www.care-source.com

Anthem

Pharmacy Help Desk
1-866-629-1608
TTY: 1-800-905-9821
Fax: 1-805-384-3456

To Process Claim:
RxBIN: **610053**
RxPCN:
RxGroup:
Hoosier Healthwise Card #
Date of Birth
Prescriber DEA #

PDL and PA forms found at:
In Development
(Clinical PAs should be submitted by the prescriber)