



B A N N E R P A G E

B R 2 0 1 0 0 2

J A N U A R Y 1 2 , 2 0 1 0

All Providers

Sterilization Consent Form Expiration Date

The current sterilization consent form on the Indiana Health Coverage Programs (IHCP) Web site shows an expiration date of November 30, 2009. However, HP will continue to accept this version of the form for claims adjudication until the Centers for Medicare & Medicaid Services (CMS) updates the form.

You may find the form at:

<http://provider.indianamedicaid.com/media/25278/sterilizationconsentform.pdf>.

Inpatient Hospital Providers

Present on Admission Indicator for Newborns

Per provider bulletin [BT200928](#), dated August 25, 2009, the Present on Admission (POA) indicator is not required for exempt diagnosis codes. Hospitals that are not exempt from the Hospital Acquired Condition reporting may have experienced denials when diagnosis codes V30 through V39 were billed on claims with dates of service between October 1, 2009, through December 6, 2009. These claims were systematically reprocessed and appeared on the December 22, 2009, Remittance Advice. Reminder: The POA indicator of "1" should only be used with an exempt diagnosis code.

Prescribing Providers and Pharmacy Providers

Important Reminders Regarding Indiana Medicaid Pharmacy Benefit Consolidation

As advised in IHCP provider bulletin, [BT200948](#), the Office of Medicaid Policy and Planning (OMPP) has assumed responsibility for the administration of the Hoosier Healthwise (HHW) managed care organizations (MCOs) and Healthy Indiana Plan (HIP) pharmacy benefits for claims with dates of service of December 31, 2009, or later. This change includes processing all outpatient pharmacy claims and managing pharmaceutical services for drugs and some drug-related medical supplies and medical devices (identified in Table 1 in [BT200948](#)) provided by enrolled IHCP pharmacy or durable medical equipment providers as fee-for-service (FFS).

As a result of this change, HP Enterprise Services now processes HHW pharmacy claims and HIP pharmacy claims. Please submit outpatient pharmacy claims to BIN 610467 and submit drug-related medical supplies and medical devices to the Indiana Medicaid FFS Medical Benefit.

Copay Information

For Hoosier Healthwise members who don't pay a monthly premium (Package A and B members):

Effective January 1, 2010, members have to pay \$3 for each medication. There are times when a member will not have a copay, such as:

- Services for members under the age of 18
- Services related to a pregnancy
- Services related to family planning (birth control and preventive supplies)
- Services while in an emergency room

- Services while in a hospital

Note: Pharmacies must enter a pregnancy indicator of 2 to ensure that the member is not charged a copay.

For Hoosier Healthwise members who pay a monthly premium (Package C members):

- Effective January 1, 2010, members have to pay \$3 for each generic medication and \$10 for each brand medication.

For HIP members:

- As in the past, HIP members do not have a copay for medications.

HIP Pharmacy Claim Submission

If you submit a HIP pharmacy claim to Anthem or MDwise, you may receive a message that the member is not covered. For denied HIP pharmacy claims with a date of service on or after December 31, 2009, that receive a point of service (POS) reject message of NCPDP 07 – *cardholder not found*, please submit pharmacy claims to Indiana Medicaid BIN 610467/PCN INCAIDPROD. Please call the Automated Voice Response (AVR) system at (317) 692-0819 or toll-free at 1-800-738-6770 to obtain the appropriate recipient ID number. Be advised that the recipient ID number is on the back of the Anthem card.

Medical Claim Submission

As a result of drugs being reimbursed on an FFS basis, some drug-related medical supplies and medical devices are also reimbursed on an FFS basis. Table 1 in [BT200948](#) lists drug-related medical supplies and medical devices that are paid for by the FFS medical benefit for all HHW and HIP health plan members for claims with dates of service on or after December 31, 2009. These claims should be billed on the CMS-1500 claim form or an 837P transaction. Services must be provided by an IHCP-enrolled pharmacy or durable medical equipment (DME) provider. Only the drug-related medical supplies and medical devices listed in Table 1 in [BT200948](#) are reimbursable by the FFS medical benefit. Claims submitted to the FFS, HHW, or HIP health plans as pharmacy claims with dates of service on or after December 31, 2009, will be denied.

Contact Information

If you require assistance processing pharmacy claims, please contact HP (formerly EDS) at (317) 655-3240 or 1-800-577-1278.

For pharmacy prior authorization requests, please contact Affiliated Computer Services (ACS) at 1-866-879-0106.

Revised Implementation Date for Pharmacy Benefit Consolidation

As advised in previous IHCP Provider Bulletins, the Office of Medicaid Policy and Planning (OMPP) had planned to assume responsibility for the administration of the Hoosier Healthwise (HHW) managed care organizations (MCOs) and Healthy Indiana Plan (HIP) pharmacy benefits for claims with dates of service of January 1, 2010, or later. The implementation date was revised to include claims with dates of service beginning December 31, 2009.

A member notice was mailed December 1, 2009. For a copy of the letter, please refer to [Pharmacy Benefit Consolidation Member Notices](#). A revised version of the member notice was posted at the link referenced above after December 22, 2009.

Due to the revised implementation date, copays will be waived for HHW Packages A, B, and C members for pharmacy claims with dates of service of December 31, 2009, only.

Please refer to IHCP bulletin [BT200948](#), dated December 22, 2009, for additional information.

Provider Workshops

Regional Workshops for Dental, Home Health, and Hospice Providers

Provider Relations will present regional workshops for home health, hospice, and dental providers. Providers may choose any of the following dates to attend. The morning session covers home health and hospice education, and the afternoon session is for the dental provider community.

Date: January 20, 2010
Location: Indiana University School of Dentistry
1121 W. Michigan St.
Room DS 114
Indianapolis, IN 46202

Date: January 28, 2010
Location: Bloomington Hospital Auditorium
601 West 2nd Street
Bloomington, IN 47403

Date: February 2, 2010
Location: Union Hospital
Landsbaum Center
1433 6 ½ Street
Terre Haute, IN 47804

Home Health/Hospice Providers

Home Health: 9 – 10 a.m.

Hospice: 10:10 – 11:30 a.m.

This is an excellent opportunity to become more familiar with Medicaid home health and hospice policies, procedures, and billing tools and methodology.

The agenda includes the following:

- Benefit coverage
- Prior authorization requirements
- Billing procedures
- Eligibility requirements
- Reimbursement methodology
- Hospice process
- Common denials

Dental Providers

1:00 – 3:30 p.m.

This is an excellent opportunity to become more familiar with Medicaid dental policies, procedures, and billing tools and methodology.

The agenda includes a live demonstration and discussion of all facets of Web interChange, including:

- Spend-down
- Managed care
- Third-party liability and qualified Medicare beneficiary eligibility
- Dental cap
- Benefit limitations

Providers may enroll in the workshop on www.indianamedicaid.com under **Provider Services > Education Opportunities > Workshop Registration**. If you have questions, please call Provider Relations at (317) 488-5072.

Contact Information

If you have questions about the articles published in this banner page, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278, unless otherwise noted.

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