



P R O V I D E R B U L L E T I N

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To: All Providers**Subject: Telephone and Address Quick Reference****Overview**

This bulletin provides a quick reference of important telephone numbers and addresses for the Indiana Health Coverage Programs (IHCP). These addresses and telephone numbers are effective August 11, 2003.

Key to Acronyms

Table 1 lists acronyms and descriptions used in this bulletin.

Table 1 – Acronyms

Acronym	Description
ACS	Affiliated Computer Services, Incorporated
AVR	Automated voice-response system
CCF	Claim correction form
HCE	Health Care Excel, Incorporated
HMS	Health Management Services
MHS	Managed Health Systems
OMNI	An electronic swipe card device (not an acronym)
PA	Prior authorization
PBM	Pharmacy Benefits Manager
POS	Point of sale
ProDUR	Prospective Drug Utilization Review
SUR	Surveillance and Utilization Review
TPL	Third Party Liability

Additional Information

Refer questions about this information to the Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278. This quick reference is also available on the IHCP Web site at www.indianamedicaid.com.

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Table 2 – Indiana Health Coverage Programs Quick Reference Effective August 11, 2003

Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization		Pharmacy Benefits Manager		
EDS Customer Assistance (317) 655-3240 1-800-577-1278	EDS Forms Requests P.O. Box 7263 Indianapolis, IN 46207-7263	Indiana Drug Utilization Review Board INXIXDURQuestions@acs-inc.com		
EDS Member Hotline (317) 713-9627 1-800-457-4584	Indiana Health Coverage Programs Web Site www.indianamedicaid.com	ACS PBM Call Center for Pharmacy Services/POS/ProDUR 1-866-645-8344 Indiana.ProviderRelations@acs-inc.com		
EDS OMNI Help Desk 1-800-284-3584	HCE Prior Authorization Department P.O. Box 531520 Indianapolis, IN 46253-1520 (317) 347-4511 1-800-457-4518	ACS Preferred Drug List Clinical Call Center 1-866-879-0106		
EDS Provider Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263		PA For ProDUR and Indiana Rational Drug Program - HCE (317)347-4511 or 1-800-457-4518 Fax (317) 347-3593		
AVR System (317) 692-0819 1-800-738-6770	HCE Medical Policy Department P.O. Box 53380 Indianapolis, IN 46253-0380 (317) 347-4500	Indiana Pharmacy Claims/ Adjustments c/o ACS P. O. Box 502327 Atlanta, GA 31150		
EDS Electronic Solutions Help Desk (317) 488-5160 electronic.solutions@indyix.eds.com	HCE Provider and Member Concern Line (Fraud and Abuse) (317) 347-4527 1-800-457-4515	Indiana Administrative Review/ Pharmacy Claims c/o ACS P.O. Box 502327 Atlanta, GA 31150		
EDS Provider Enrollment P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	HCE SUR Department P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 1-800-457-4515	Drug Rebate ACS State Healthcare ACS – Indiana Drug Rebate P. O. Box 2011332 Dallas, TX 75320-1332		
EDS Third Party Liability (TPL) (317) 488-5046 1-800-457-4510 Fax (317) 488-5217	EDS Administrative Review Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	To make refunds to IHCP for pharmacy claims send check to: ACS State Healthcare – Indiana P.O. Box 201376 Dallas, TX 75320-1376		
IHCP Managed Care Organizations, Hoosier Healthwise, and Medicaid Select				
Harmony Health Plan www.harmonyhmi.com Claims 1-800-504-2766 Member Services 1-800-608-8158; TTY: 1-877-650-0952 Prior Authorization/Medical Management 1-800-504-2766 Provider Services 1-800-504-2766	MDwise www.medwise.org Claims 1-800-356-1204 or (317) 630-2831 Member Services 1-800-356-1204 or (317) 630-2831 Prior Authorization/Medical Management 1-800-356-1204 or (317) 630-2831 Provider Services 1-800-356-1204 or (317) 630-2831	Managed Health Services (MHS) www.managedhealthservices.com Claims 1-800-414-9475 Member Services 1-800-414-5946 Prior Authorization/Medical Management 1-800-464-0991 Provider Services 1-800-414-9475 Nursewise 1-800-414-5946	PrimeStep (Hoosier Healthwise) www.healthcareforhoosiers.com Claims Automated voice response 1-800-738-6770 or (317) 692-0819 EDS Customer Assistance 1-800-577-1278 or (317) 655-3240 Member Services 1-800-889-9949, Option 1 Prior Authorization HCE: 1-800-457-4518 or (317) 347-4511 Provider Services 1-800-889-9949, Option 3	PrimeStep (Medicaid Select) www.medicaidselect.com Claims Automated voice response: 1-800-738-6770 or (317) 692-0819 EDS Customer Assistance 1-800-577-1278 or (317) 655-3240 Member Services 1-877-633-7353 Prior Authorization HCE: 1-800-457-4518 or (317) 347-4511 Provider Services 1-877-633-7353
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 Waiver Programs 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 1937, Dept. 104 Indianapolis, IN 46206-1937	To Return Uncashed IHCP Checks: EDS Finance Department 950 N. Meridian St., Suite 1150 Indianapolis, IN 46204-4288		EDS TPL (HMS) Checks P.O. Box 1937, Dept. 56 Indianapolis, IN 46206-1937	