



## P R O V I D E R   B U L L E T I N

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**To:        All Providers****Subject:   Indiana Care Select – (Medicaid Care Management for Aged, Blind, Disabled) and Prior Authorization Changes****Overview**

To improve the quality of care and health outcomes for its Indiana Health Coverage Programs (IHCP) members, the Indiana Family and Social Services Administration (IFSSA), announces a new program, Care Select, which will ultimately replace the Medicaid Select Program through a phased-in plan.

The Indiana Care Select Program is designed to improve the member's health status, enhance quality of life, improve client safety, client autonomy and adherence to treatment plans, and control fiscal growth. Through this program, the State will focus on the following objectives:

- Development of treatment regimens for chronic illnesses will conform to evidence-based guidelines.
- Primary care providers will be able to incorporate knowledge of functional assessments, behavioral changes, self-care strategies, and methods of addressing emotional or social distress into overall patient care.
- Care will be less fragmented and more holistic (for example, care will address the physical and behavioral care needs as well as consider both medical and social needs), and communication will increase across settings and providers.
- Members will have greater involvement in their care management.

To accomplish these objectives, IFSSA has contracted with two Care Management Organizations (CMOs), MDwise, Inc. and ADVANTAGE Health Solutions, to manage the care of eligible members and ultimately improve the quality of care and health outcomes for the members.

Additionally, beginning November 1, 2007, Prior Authorization (PA) will be transitioning from Health Care Excel (HCE) to the two CMOs. This will be further discussed in the PA section of this bulletin. This change impacts all providers requesting PA.

**Meet the New Care Management Organizations*****ADVANTAGE Health Solutions***

ADVANTAGE Health Solutions (ADVANTAGE) is a local health plan owned by four Catholic health care systems; Ancilla Systems, St. Vincent Health, Sisters of St. Francis of Perpetual Adoration, and Saint Joseph Regional Medical Center. ADVANTAGE has been providing healthcare benefits and solutions to employers since May 2000. To learn more about ADVANTAGE, please visit their Web site at <http://www.advantageplan.com/>.

## **MDwise, Inc.**

MDwise, Inc. is a not-for-profit managed care health plan created through a joint venture of Clarian Health Partners and the Health and Hospital Corp. of Marion County (Wishard Memorial Hospital). Since 1994, MDwise has been serving Hoosier Healthwise members as one of the State's MCOs. To learn more about MDwise, please visit their Web site at [www.mdwise.org](http://www.mdwise.org).

Through an agreement with the State, the CMOs will be responsible for providing to their members the following services:

- Care management of physical and behavioral health
- Coordination of transportation needs
- Care Coordination
- Utilization Management
- Prior Authorization
- Pharmacy utilization monitoring
- Enrollment and file maintenance of Primary Medical Providers (PMPs)
- Provider network development, credentialing, and provider education
- Disease Management
- Member call center and member education
- Grievances and appeals
- Utilization and concurrent reviews
- Restricted Card Program Administration
- All items listed in RFS 7-62 Attachment D: Statement of Work

To view the CMO contact information and additional information about the CMOs roles – *RFS 7-62 Attachment D: Statement of Work* can be found at [www.indianamedicaid.com](http://www.indianamedicaid.com) in the Managed Care section – *Care Select* home page.

## **Member Eligibility**

The following IHCP members will be covered by the Care Select Program:

- Aged
- Blind
- Physically and mentally disabled
- Members receiving adoption assistance
- Members in the Waiver Program
- M. E. D. Works participants

Like other IHCP programs, eligibility and coverage are based on the member's aid category. The following IHCP members will not be covered by the Care Select Program:

- Members on Spend-down
- Members dually eligible for Medicare and Medicaid

- Individuals with Qualified Medicare Beneficiaries (QMB) or Special Low Income Medicare Beneficiaries (SLMB) only (not in combination with another aid category)
- Persons in nursing homes, intermediate care facilities for the mentally retarded (ICF/MRs), and State-operated facilities
- Members in the Hospice Program
- Undocumented aliens
- AID to Recipient in County Homes (ARCH) Members
- Members enrolled in the 590 Program
- Members enrolled in the Breast and Cervical Cancer Treatment Services Program

## Waiver Program

The Indiana Care Select Program will include members enrolled in the Waiver Program. Waiver services rendered to waiver members will continue to require approval by their Waiver Case Manager and members must follow the Waiver Plan of Care. These services will not require a referral from their Indiana Care Select PMP. Claims submitted for non-Waiver services rendered by non-Waiver providers will require a referral from their Indiana Care Select PMP, unless the service rendered is a self-referral service for the Indiana Care Select Program.

Waiver providers and Waiver Case Managers will continue to work closely together to identify and authorize waiver services for the Indiana Care Select Member. The prior authorization process that is currently in place for the Waiver program will be used. However, it is the expectation of the State that strong communications between the Waiver Case Manager and the Indiana Care Select PMP will exist in order to ensure uninterrupted care.

## EVS

Once the member has been assigned to an Indiana Care Select PMP and CMO, the Eligibility Verification Systems (EVS) will identify the following information:

- The Member is eligible for the Indiana Care Select Program
- The member's Care Select PMP will be identified and the corresponding PMP contact phone number
- The CMO the member is assigned to and the corresponding CMO contact information

Providers must contact the member's CMO regarding prior authorization and restricted card.

## Implementation Schedule

The Care Select Program will be phased in by geographic regions as described in Table 1. For additional information regarding the counties included in the geographic regions, please see Appendix A – CMO Implementation Schedule Map.

Table 1 – Implementation Table

Area	Implementation Date
Central	November 1, 2007
Northwest, North Central, Northeast, and East Central	March 1, 2008
Southwest, Southeast, and West Central	June 1, 2008

All provider locations in Out-of-State cities will be implemented along with the Indiana State region that borders the applicable Out-of-State city.

The first phase to be implemented on November 1, 2007, Central Region, will include the following tasks:

- The CMOs will enroll their contracted PMPs into their health plans.
  - All Medicaid enrolled providers are encouraged to contact ADVANTAGE Health Solutions and/or MDwise now to obtain a Care Select addendum to sign prior to October 15, 2007.

Table 2 – CMO Provider Enrollment Contact Information

Plan	Telephone Number
ADVANTAGE Health Solutions	1-866-504-6708
MDwise, Inc.	1-866-440-2449

- If a provider is not already a Medicaid provider, they can contact EDS Provider Enrollment by calling 1-877-707-5750 to request a provider enrollment package or download the forms from [http://www.indianamedicaid.com/ihcp/ProviderServices/enrollment\\_provider.asp](http://www.indianamedicaid.com/ihcp/ProviderServices/enrollment_provider.asp).
  - The MedicaidSelect (MS) service location will be end-dated the day prior to the area's Implementation date shown in Table 1. For example, the Central Region MS PMP's service location will be end-dated October 31, 2007.
- Assign Care Select members to PMP through the following steps:
    - Members enrolled in Medicaid Select, whose PMP is enrolled in Care Select, will keep his or her PMP and be systematically converted to Care Select.
    - For members that do not have an existing Care Select PMP relationship, the enrollment broker will contact the member and assist with the selection of a PMP.
    - All remaining members in the Central Region, who have not selected a PMP, will be systematically auto-assigned to a PMP as of December 1, 2007.
    - All members, regardless of region, who are dually eligible for Medicare and Medicaid, will be converted from Medicaid Select to Fee-For-Service.

## Enrollment Broker

MAXIMUS Administrative Services, Inc. (MAXIMUS) has recently been selected as the State's enrollment broker effective November 1, 2007, for Care Select.

The enrollment broker will contact members who are eligible for the Care Select Program. The enrollment broker provides choice counseling to eligible members to assist them with choosing a PMP that best meets their needs. It is an unbiased source for member counseling and education about the Care Select Program. MAXIMUS will facilitate initial member enrollment in the program, plus perform member-initiated PMP changes. CMOs also provide education to their members after enrollment in the CMO. The enrollment broker can be reached at 1-866-963-7383. MAXIMUS will begin choice counseling on November 1. Prior to November 1, AmeriChoice will answer general Care Select questions. Both companies will be using the same number. The telephone number will be moved to MAXIMUS on November 1.

AmeriChoice will be transitioning the other programs, including Hoosier Healthwise and MedicaidSelect, to MAXIMUS on January 1, 2008. They will continue to answer the helplines

associated with these programs till this time. Further information will be forthcoming in future publications.

## Primary Medical Provider

Physicians from the following specialties are eligible to enroll as PMPs and will receive auto assignments:

- Family Practitioner
- General Practitioner
- General Internal Medicine
- General Pediatrics
- OB/GYN

In addition, for the Care Select program, all other physician specialties may enroll as PMPs. However, specialist PMPs will not receive members through the auto-assignments process. Specialist PMPs will receive members only if the member actively chooses that physician as a PMP. Other PMP information about Care Select is as follows:

In order for the PMP to be a Care Select PMP, the CMOs will complete the following tasks:

- Credential the PMP according to credentialing guidelines approved by the State
- Obtain signed Care Select addendum
- Obtain demographic, scope of practice, and panel size information from the PMP
- Electronically enroll the PMP in IndianaAIM via the secure Web InterChange

*Note: Physicians must be enrolled as a Medicaid provider to be eligible to participate in the Care Select Program.*

CMOs will also maintain and update their contracted PMPs demographic, scope of practice, and panel size information. PMPs are required to notify their affiliated CMOs of any changes to their PMP information.

PMPs will receive a \$15 administrative fee per member per month. PMPs have flexibility to determine their panel size. Care Select and Hoosier Healthwise panels are maintained separately.

PMPs have the option to enroll in one CMO or both.

When members become eligible for Care Select, they may continue to see their current doctor only if their doctor becomes a Care Select PMP, or their doctor receives a referral from the member's new Care Select PMP.

Members will be able to access services at the same hospitals and fill their prescriptions at the same pharmacies as they do now. They will also have the same IHCP member ID number and will use the same Hoosier Health card.

Prior Authorization (PA) will be administered by the CMO to which the member is assigned on the date of the request. Refer to the *Prior Authorization* section of this bulletin for detailed information regarding Prior Authorization.

PMPs enrolled in both Medicaid Select and Care Select will be issued one certification code per quarter to be used for both programs.

When a referral to another healthcare professional is necessary, PMPs are required to authorize the referral by phone or in writing. PMPs will also provide the specialist their provider ID number and the

two-digit certification code that allows the specialist to bill and receive reimbursement. For Medicaid Select and Care Select, the certification code is the same, each quarter, for both. PMPs will continue to receive a letter each quarter that informs the provider of their new certification code.

## Self Referral Services

Some services will be self referral and will not require PMP authorization, including podiatry, chiropractic, mental health, dental, vision, family planning, HIV/AIDS targeted case management, immunizations, diabetes self-management, and pharmacy.

The following ancillary services are allowed as self referral and do not require Care Select PMP referral. Note, a complete list of provider types and specialties, including descriptions and enrollment criteria is listed in Chapter 4 of the IHCP Provider Manual.

- Emergency Services as indicated by the primary diagnosis code on the claim
- Lab - Provider Specialties 280 and 281
- Radiology – Provider Specialties 290 and 291
- Anesthesia – Provider Specialty 311
- Transportation – Provider Specialties 260 through 266
- Durable Medical Equipment (DME) and Home Medical Equipment (HME) providers
- Home health services – provider specialty 050

The following outpatient therapy services:

- Physical – provider specialty 170
- Occupational – provider specialty 171
- Respiratory – provider specialty 172
- Speech – provider specialty 173

The following Provider Type and IHCP Programs are also considered self referral services:

- School Corporations
- First Steps
- Medical Review Team (MRT)
- Pre-Admission Screening/Resident Review (PASRR)

*Note Although the two-digit PMP certification code is not required for the non-emergency outpatient hospital services, the eight-digit PMP license number is required for claim reimbursement. These services include outpatient non-emergency ER visits, as well as radiology, pathology, and laboratory, when performed in an outpatient hospital setting. The PMP license number should be provided on the UB-04 claim form when submitting claims for such services on behalf of Indiana Care Select Providers. Details regarding completion of the UB-04 claim form can be found in Chapter 8 of the IHCP Provider Manual.*

## Covered Services

Covered services for members will not change under the Care Select Program. A listing of the covered benefits – *RFS 7-62 Attachment E: Care Select Program Description and Covered Benefits* is available at [www.indianamedicaid.com](http://www.indianamedicaid.com) in the Managed Care section – *Care Select* home page.

There is one additional covered service available to Care Select PMPs. The CMO will coordinate with the Care Select PMPs to perform care coordination conferences to review a member's progress and care management plan. The PMPs are eligible to be reimbursed for their time at these case conferences.

Reimbursement for the Care Select Care Coordination Conference service requires that the service be performed by the PMP assigned to the member or a nurse practitioner in the same group as the Care Select PMP. If a provider other than the member's Care Select PMP or nurse practitioner in the same group as the Care Select PMP bills for the service, the claim will deny for Explanation of Benefit code, 1050 – *The recipient is enrolled in the Care Select Program. Care Management service must be billed by the member's assigned Care Select PMP or nurse practitioner in the same group as the Care Select PMP.*

Each Care Select PMP is limited to two one-hour care coordination conferences per 12 rolling month period, for each Care Select member.

Services must be billed using HCPCS 99211 SC – "Office or other outpatient visit for the evaluation and management of an established patient. Care Select PMPs are reimbursed \$40 for each encounter.

The Care Select PMP may allow a Nurse Practitioner in the same group to perform the Care Select Care Coordination Conference service. The Nurse Practitioner must use their unique rendering provider number that is associated with the Care Select PMPs group number, or if the Nurse Practitioner is not enrolled in the IHCP with their provider number, the SA modifier must be appended to the service.

For example, the Nurse Practitioner in the same group as the Care Select PMP performs the Care Select Care Coordination Conference service. The claim is billed with the Care Select PMPs provider number as the rendering provider and the service is billed as 99211 SC SA.

Claims billed by a Nurse Practitioner that is enrolled with their own IHCP Provider number, that is not associated with the Care Select PMPs group billing number will be denied for edit 1050 – *Care Select Care Coordination Service must be billed by a Care Select PMP or a Nurse Practitioner in the same group as the Care Select PMP.*

Claims for Care Select Care Coordination Conference services that exceed the program limitation will be denied with Explanation of Benefit code, 6925 – *Care Select Care Coordination service is limited to 2 units of service per member, per rolling 12 months.*

## Prior Authorization

Each CMO will be responsible for processing medical service PA requests and updates for members assigned to their organization at the time of the request. Additionally, ADVANTAGE will be responsible for processing PA requests and updates for all Traditional Medicaid FFS members. ACS will continue to serve as the pharmacy PA contractor. For pharmacy PA information, contact ACS Clinical Call Center at 1-866-879-0106.

In an effort to provide the level of service to which providers are accustomed, each CMO will continue to use the same PA and Medical Necessity forms that are currently used. Providers will notice one slight modification to the PA form. The address for submitting a PA request or update has been removed. However, a link is available on the form for providers to access the organizations performing PA to ensure that the PA request or update is mailed to the correct address.



### Contact Information:

ADVANTAGE Health Plan-FFS  
P.O. Box 40789  
Indianapolis, Indiana 46240  
1-800-269-5720

MDwise-CMO  
P.O. Box 44214  
Indianapolis, Indiana 46244-0214  
1-866-440-2449

ADVANTAGE Health Plan-CMO  
P.O. Box 80068  
Indianapolis, Indiana 46280  
1-800-282-8148

ACS  
1-866-879-0106  
Fax: 1-866-780-2198

### Prior Authorization Form

Additionally, some fields have been modified and new fields added to the *Prior Review and Authorization Request* form, *Prior Review and Authorization Dental Request* form, and the *Prior Authorization-System Update Request* form. These forms can be located on the IHCP Web site at [www.indianamedicaid.com/ihcp/Publications/forms.asp](http://www.indianamedicaid.com/ihcp/Publications/forms.asp). The modifications to the forms include a change to the member information section allowing a provider to select the program to which the member is assigned, based on the information provided in the eligibility verification of the member. A new field has been added to the forms, in the requesting provider field, to indicate the MAIL TO provider ID and service location. If you are the requesting provider, but do not have a service location associated with your requesting provider ID, complete these fields in conjunction with the requesting provider information to ensure that the system generates a provider mailing address for the PA decision letter. Failure to complete this field when a requesting provider does not have a service location will prevent the production of a PA decision letter to the provider. By indicating a provider ID and service location in the requesting and mailing provider ID and service location fields, the mailing provider ID information will be selected as the mailing address for the PA decision letter.

EDS has established a new link in the contents Web site of [www.indianamedicaid.com](http://www.indianamedicaid.com) for providers to easily access the organizations that are performing PA and their contact information such as contact phone numbers, mailing address, and so forth. It is important for providers to know that this information will always be retrieved from real-time data available in the IndianaAIM claims processing system. Therefore, this information may be more current than information available in the IHCP Quick Reference Guide.

### PA Number Format

Providers will notice a slight change in the format of the PA number for new PA requests. The PA number will be modified to be alpha-numeric to identify the organization that processed the PA request. Modifications have been made to all Eligibility Verification Systems (EVS) to accommodate the alpha-numeric PA number, as well as Web interChange.

### Web interChange

The following provider types can submit PA requests via Web interChange:

- Chiropractor



- Dentist
- Doctor of Medicine
- Doctor of Osteopathy
- Home Health Agency (authorized agent)
- Hospice
- Hospitals (authorized agent)
- Optometrist
- Podiatrist
- Psychologist endorsed as Health Service Provider in Psychology (HSPP)
- Transportation Providers (authorized agent)

Additional information regarding submission of prior authorization requests via Web interChange can be found on the IHCP Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

### **PA Process**

The review of PAs will remain consistent across the CMO and FFS organizations performing PA determinations to serve as a utilization management measure allowing payment only for those treatments and/or services that are medically necessary, appropriate, and cost-effective.

The Care Select Program will emulate the PA requirements that have been established for the Traditional Medicaid FFS population.

Because there will be multiple vendors performing PA, providers must verify member eligibility to determine to which organization to send the request. The EVS available to the provider community will provide specific information regarding the member's assignment to a PMP and the CMO to which they are assigned. PA requests must be submitted to the CMO to which the member is assigned on the date of the request. PA updates that are submitted for review must also be submitted to the appropriate CMO. For example, if the member is assigned to MDwise at the time the PA was originally submitted, but has since moved from Care Select to Traditional Medicaid, fee for service, then the PA update should be submitted to ADVANTAGE Health Plan-FFS for review. This protocol should be followed regardless of which program the member belongs to.

### **Rejected PA Requests**

In the event that a provider submits a paper or faxed PA request to the incorrect organization, the provider will receive a PA decision letter informing them of the rejected status of the PA request. However, for PA requests that are submitted via Web interChange, the request will systematically determine which CMO/FFS vendor needs to receive the information for the PA to be processed appropriately. For PA requests submitted via the 278 transaction PA Request and Response submitted to the incorrect CMO, the PA request will be rejected regardless of the certification type with reason code 78, Subscriber/Insured not in Group/Plan identified and a PA decision form will not be generated. When providers receive notification that the submitted PA request has been rejected, a new PA or PA update request must be submitted to the member's correct CMO or FFS organization.

### **Suspension for PA Requests of Additional Information**

For the PA reviewer to determine if a service or procedure is medically reasonable and necessary, the PA vendor may request more information from the member and/or provider. The IHCP must receive this information within 30 days or it must deny the PA. If the PA vendor determines medical necessity, the dates authorized are those on the originally suspended PA request. In the event that a PA is in suspense and the member is re-assigned between the Care Select Program and/or the Traditional

Medicaid FFS program, the supplemental documentation that has been submitted for review will be forwarded to the appropriate PA vendor for review and approval.

### **Outstanding Prior Authorizations**

If a member changes programs between Traditional Medicaid (FFS), Care Select, and Hoosier Healthwise, or between Hoosier Healthwise or Care Select plans, all existing PAs are honored for 30 days. This requirement will only be applicable if the member is re-assigned programs between Hoosier Healthwise and Care Select or the Traditional Medicaid FFS program. Prior Authorizations that are approved by either of the two Care Select vendors or the FFS vendor will be available in the IndianaAIM system for claims processing by EDS. The PAs may be for a specific procedure, such as surgery, or for ongoing procedures authorized for a specified duration, such as physical therapy or home healthcare. The IHCP honors the PA for 30 days or for the remainder of the PA dates of service, whichever comes first. Requiring a duplicate authorization from the new plan places an additional burden on the provider and can result in delayed or inappropriately denied treatments or services to the member.

### **Hearing and Appeal and Administrative Review**

Hearing and Appeals, as well as Administrative Reviews, will be completed by the PA vendor who denied the request. (In the event that the Hearing and Appeal or Administrative Review is submitted to the incorrect CMO or FFS organization, the request will be returned to the provider for submission to the appropriate organization for review.) If the member has been assigned to a different program since the request for PA was denied, providers can either appeal to the PA vendor that denied the request or submit a new PA request for review to the current CMO/FFS PA vendor for review. The policies and procedures regarding Hearing and Appeal or the Administrative Review process will remain the same as they are currently published. This information is distributed to the provider and member upon the generation of the PA decision letter or PA update. Further information regarding the Hearing and Appeal and the Administrative Review process can be found in the IHCP provider manual, Chapter 6, Prior Authorization.

### **Restricted Card Program (RCP)**

Member utilization review identifies members who use Indiana Health Coverage Programs (IHCP) services more extensively than their peers. The Restricted Card Program (RCP) is designed to monitor member utilization and, when appropriate, implement restrictions for those members who would benefit from increased care coordination.

Members in the Restricted Card Program will transition to the CMOs beginning with the Central Region phase-in on November 1, 2007. Because the next CMO phase-in will not occur until March 1, 2008, the remainder of the regions will transition over by January 1, 2008. These RCP members will be assigned to ADVANTAGE as the Care Select Traditional Medicaid vendor.

Because there will be multiple vendors performing RCP, providers must verify member eligibility to determine to which CMO the member belongs. The Eligibility Verification Systems (EVS) that are available to the provider community will provide specific information regarding the member's CMO and PMP assignment. Please refer to the Prior Authorization section of this bulletin for contact information.

You should continue the same process you use today for RCP care and referrals. Further information will be forthcoming in future publications. Information regarding the RCP can be found in the IHCP provider manual, Chapter 13, Member Utilization Review Process.

## **Claims Processing**

EDS will process claims for Care Select members. However, the CMO to which the member is assigned is responsible for reviewing claims that suspend for medical policy audits directly related to the Care Select programs. ADVANTAGE FFS is responsible for reviewing claims that suspend for medical policy related audits for services rendered to members in FFS.

Care Select claims submitted with missing or invalid certification codes that require PMP referral will be subject to the following Care Select Edits and will systematically deny:

1047 - The Certification Code is Missing- Care Select. Please verify and resubmit.

1048 - The Certification Code is Invalid- Care Select. Please verify and resubmit.

1049 - The recipient is enrolled in the Care Select Program. Claim must have recipient's primary medical provider information. Please provide information and resubmit.

## **Further Information**

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

Please refer to the Quick Reference Card included in this bulletin for additional contact information.



**Attachment 1: Indiana Health Coverage Programs Quick Reference**

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 <a href="mailto:INXIXElectronicSolution@eds.com">INXIXElectronicSolution@eds.com</a>	
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 Omni Help Desk (317) 488-5051 1-800-284-3548	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 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 until 10/31/2007 P.O. Box 531520 Indianapolis, IN 46253-1520 (317) 347-4511 or 1-800-457-4518	
HCE Provider and Member Concern Line (Fraud and Abuse) (317) 347-4527 1-800-457-4515	HCE SUR Department P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 or 1-800-457-4515	IHCP Web Site <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>	Advantage Health Solutions Prior Authorization – Effective 11/1/2007 P.O. Box 80068 Indianapolis, IN 46280 1-800-269-5720	
Pharmacy Services Contact Information				
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 <a href="mailto:INXIXPharmacy@EDS.com">INXIXPharmacy@EDS.com</a>	EDS Pharmacy Claims P.O. Box 7268 Indianapolis, IN 46207-7268	EDS Pharmacy Claims Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265	
Indiana DUR Board <a href="mailto:INXIXDURQuestions@acs-inc.com">INXIXDURQuestions@acs-inc.com</a>  <a href="mailto:PDL@fssa.state.in.us">PDL@fssa.state.in.us</a>	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 – Risk Based Managed Care (MCOs), Care Select (CMOs) and Medicaid Select				
Managed Care Helplines	Medicaid Select	Managed Care Organizations (MCOs)		
AmeriChoice - Hoosier Healthwise <a href="http://www.healthcareforhoosiers.com">http://www.healthcareforhoosiers.com</a> 1-800-889-9949, Option 3 for Providers EDS - Hoosier Healthwise Package C Premium Collection Services Package C Payment Line 1-866-404-7113 Package C Payment Mailing Address Hoosier Healthwise P.O. Box 3127 Indianapolis, IN 46206-3127	<a href="http://www.medicaidselect.com">http://www.medicaidselect.com</a> 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	Anthem <a href="http://www.anthem.com">http://www.anthem.com</a> Claims 1-888-232-9613 Member Services 1-866-408-6131 1-888-232-9613 (Prospective Member) TTY: 1-866-408-7188 Fax: 1-866-408-7087 PA 1-866-408-7187 Fax: 1-866-406-2803 Provider Services 1-866-408-6132 1-800-618-3141 (Prospective Provider) Fax: 1-866-408-7087 Transportation 1-800-508-7230 TTY: 1-866-910-1603 Fax: (317) 291-9446 Pharmacy 1-866-629-1608 TTY: 1-800-905-9821 PA Fax: 1-866-408-7103 Harmony Health Plan <a href="http://www.harmonyhmi.com">http://www.harmonyhmi.com</a> Claims and Provider Services (317) 423-3000 or 1-800-504-2766	Managed Health Services (MHS) <a href="http://www.managedhealthservices.com">http://www.managedhealthservices.com</a> Claims, Member Services, PA/Medical Management, Provider Services, and Nursewise 1-877-MHS-4U4U or 1-877-647-4848 Pharmacy - US Script (PBM) 1-800-460-8988 Pharmacy PA 1-866-399-0928 Fax: 1-866-399-0929  MDwise <a href="http://www.mdwise.org">http://www.mdwise.org</a> Claims, Member Services PA/Medical Management, Provider Services, and Pharmacy (317) 630-2831 or 1-800-356-1204  CareSource <a href="http://www.caresource-indiana.com">http://www.caresource-indiana.com</a> Claims and Provider Services 1-866-930-0017  Molina Healthcare <a href="http://www.molinahealthcare.com">http://www.molinahealthcare.com</a> Claims and Provider Services 1-800-642-4509	
Care Management Organizations (CMOs)				
Advantage Health Solutions <a href="http://www.advantageplan.com/">http://www.advantageplan.com/</a> Member Services 1-800-784-3981 Provider Services 1-866-504-6708 PA 1-800-282-8148	MDwise <a href="http://www.mdwise.org">http://www.mdwise.org</a> Member Services and Provider Services 1-866-440-2449 Member Services Fax: 1-877-822-7188 PA 1-866-440-2449			
Claims - Customer Assistance (317) 655-3240 or 1-800-577-1278	Maximus 1-866-963-7383	Pharmacy See Pharmacy Benefit Manager section		
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)			Rate Setting	
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	Myers and Stauffer, LC <a href="http://www.msclindy.com">http://www.msclindy.com</a> 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



### Implementation Schedule



<u>Effective Date</u>	<u>Region</u>
November 1, 2007	Central
March 1, 2008	East Central North Central Northeast Northwest
June 1, 2008	West Central Southeast Southwest

Note: All Provider locations that reside in the Out-of-State Cities will be implemented along with the Indiana State region that borders the applicable Out-of-State city.

1	2	3	4	5	6	7	8	9
Northwest Region	North Central Region	Northeast Region	West Central Region	Central Region	East Central Region	Southwest Region	Southeast Region	Out-of-State Cities*
Jasper	Elkhart	Adams	Benton	Boone	Blackford	Brown	Bartholomew	Louisville, Ky.
Lake	Fulton	Allen	Carroll	Hamilton	Cass	Daviess	Clark	Owensboro, Ky.
LaPorte	Marshall	Dekalb	Clay	Hancock	Delaware	Dubois	Crawford	Cincinnati, Ohio
Newton	Pulaski	Huntington	Clinton	Hendricks	Fayette	Gibson	Dearborn	Harrison, Ohio
Porter	Starke	Kosouisko	Fountain	Johnson	Grant	Greene	Decatur	Hamilton, Ohio
	St. Joseph	Lagrange	Montgomery	Madison	Henry	Knox	Floyd	Oxford, Ohio
		Miami	Parke	Marion	Howard	Lawrence	Franklin	Sturgis, Mich.
		Noble	Sullivan	Morgan	Jay	Martin	Harrison	Watsela, Ill.
		Steuben	Tippecanoe	Putnam	Randolph	Monroe	Jackson	Danville, Ill.
		Wabash	Vermillion	Rush	Tipton	Posey	Jefferson	
		Wells	Vigo	Shelby	Union	Orange	Jennings	
		Whitley	Warren		Wayne	Owen	Ohio	
			White			Perry	Ripley	
						Pike	Soot	
						Spencer	Switzerland	
						Vanderburgh	Washington	
						Warrick		

\*These cities are defined as IFSSA out-of-state designated areas. PMPs in these areas may be auto-assigned to members from contiguous Indiana counties.