



**P R O V I D E R   B U L L E T I N**

BT 200133

AUGUST 27, 2001

**To: All Indiana Health Coverage Programs Providers**

**Subject: Telephone and Address Quick Reference**

**Overview**

A list of important telephone numbers and addresses for the Indiana Health Coverage Programs (IHCP) are included for quick reference in Table 1.2. These addresses and telephone numbers are effective as of August 15, 2001.

**Key to Acronyms**

Descriptions of the acronyms used in this bulletin are included in Table 1.1.

Table 1.1 – Acronyms

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

**Additional Information**

If there are questions about this bulletin, contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278. The quick reference is also available on the Indiana Health Coverage Programs Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

Table 1.2 – Indiana Health Coverage Programs Quick Reference Effective August 15, 2001

Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization			
<b>AVR System</b> (317) 692-0819 1-800-738-6770	<b>EDS Customer Assistance</b> (317) 655-3240 1-800-577-1278	<b>EDS Electronic Solutions Help Desk</b> (317) 488-5160 <a href="mailto:electronic.solutions@indyix.eds.com">electronic.solutions@indyix.eds.com</a>	<b>EDS Forms Requests</b> P.O. Box 7263 Indianapolis, IN 46207-7263
<b>EDS Member Hotline</b> (317) 713-9627 1-800-457-4584	<b>EDS OMNI Help Desk</b> 1-800-284-3548	<b>EDS Pharmacy Services/POS/ProDUR</b> 1-877-877-5182	<b>EDS Provider Enrollment</b> P.O. Box 7263 Indianapolis, IN 46207-7263 (317) 655-3240, Option 3 1-800-577-1278, Option 3
<b>EDS Provider Written Correspondence</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>EDS Third Party Liability (TPL)</b> (317) 488-5046 1-800-457-4510	<b>HCE Medical Policy Department</b> P.O. Box 53380 Indianapolis, IN 46253-0380 (317) 347-4500	<b>HCE Prior Authorization Department</b> P.O. Box 531520 Indianapolis, IN 46253-1520 (317) 347-4511 1-800-457-4518
<b>HCE Provider and Member Concern Line (Fraud and Abuse)</b> (317) 347-4527 1-800-216-5938	<b>HCE SUR Department</b> P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 1-800-457-4515	<b>Indiana Drug Utilization Review Board</b> P.O. Box 7264 Indianapolis, IN 46207-7264 <a href="http://www.indianamedicaid.com">www.indianamedicaid.com</a>	<b>Indiana Health Coverage Programs Web Site</b> <a href="http://www.indianamedicaid.com">www.indianamedicaid.com</a>
Hoosier Healthwise			
<b>Harmony Health Plan (northern region of Indiana)</b> <b>Claims</b> 1-800-504-2766 <b>Member Services</b> 1-800-608-8158; TTY: 1-877-650-0952 <b>Prior Authorization</b> 1-800-504-2766 <b>Provider Services</b> 1-800-504-2766	<b>MDwise (central region of Indiana)</b> <b>Claims</b> 1-800-356-1204 or (317) 630-2831 <b>Member Services</b> 1-800-356-1204 or (317) 630-2831 <b>Prior Authorization/Medical Management</b> 1-800-356-1204 or (317) 630-2831 <b>Provider Services</b> 1-800-356-1204 or (317) 630-2831	<b>Managed Health Services (MHS) (statewide)</b> <b>Claims*</b> 1-800-414-9475 <b>Member Services</b> 1-800-414-5946 <b>Prior Authorization/Medical Management</b> 1-800-464-0991 <b>Provider Services*</b> 1-800-414-9475  * For dates of services prior to January 1, 2001, for MaxiHealth Northern and Southern region members, provider services, and claims: 1-800-414-9475  *For dates of service prior to January 1, 2001, for CIMCO members, provider services, and claims: 1-800-356-1204 or (317) 630-2831	<b>MaxiHealth (statewide)</b>  **MaxiHealth ceased business operations May 31, 2001. <b>Claims</b> For dates of service prior to January 1, 2001, for MaxiHealth Northern and Southern region members, provider services, and claims: 1-800-414-9475  ** Service between January 1, 2001, and May 31, 2001, should be billed to Indiana Insolvency, Inc., at 1-800-441-3355
			<b>PrimeStep (state wide)</b> <b>Claims</b> Automated Voice Response: 1-800-738-6770 or (317) 692-0819 <b>EDS Customer Assistance:</b> 1-800-577-1278 or (317) 655-3240 <b>Member Services</b> 1-800-889-9949, Option 1 <b>Prior Authorization</b> HCE: 1-800-457-4518 or (317) 347-4511 <b>Provider Services</b> 1-800-889-9949, Option 3
Claim Filing			
<b>EDS Adjustments</b> P.O. Box 7265 Indianapolis, IN 46207-7265	<b>EDS CCFs</b> P.O. Box 7266 Indianapolis, IN 46207-7266	<b>EDS Compound Prescription/Dental/Pharmacy Claims</b> P.O. Box 7268 Indianapolis, IN 46207-7268	<b>EDS 590 Program Claims</b> P.O. Box 7270 Indianapolis, IN 46207-7270
<b>EDS HCFA-1500 Claims</b> P.O. Box 7269 Indianapolis, IN 46207-7269	<b>EDS Institutional Crossover/ UB -92 Inpatient Hospital, Home Health, Outpatient, and Nursing Home Claims</b> P.O. Box 7271 Indianapolis, IN 46207-7271	<b>EDS Medical Crossover Claims</b> P.O. Box 7267 Indianapolis, IN 46207-7267	<b>EDS Waiver Programs Claims</b> P.O. Box 7269 Indianapolis, IN 46207-7269
Checks Only*			
<b>EDS Drug Rebate</b> P.O. Box 1937, Dept. 91 Indianapolis, IN 46206-1937	<b>EDS Refunds</b> P.O. Box 1937, Dept. 104 Indianapolis, IN 46206-1937	<b>EDS Returning IHCP Checks Finance Department</b> 950 N. Meridian St., Suite 1150 Indianapolis, IN 46204-4288	<b>EDS TPL (HMS) Checks</b> P.O. Box 1937, Dept. 56 Indianapolis, IN 46206-1937

Note: The addresses in this section are for checks only.