

Monthly News

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Frequently Used Acronyms

| | |
|-------|---|
| CMS | Centers for Medicare and Medicaid Services |
| IFSSA | Indiana Family and Social Services Administration |
| IHCP | Indiana Health Coverage Programs |
| HCPSC | Healthcare Common Procedure Coding System |
| HIPAA | Health Insurance Portability and Accountability Act |
| MCO | Managed Care Organization |
| OMPP | Office of Medicaid Policy and Planning |

Provider News

Provider Workshops for Medicaid and Waiver Programs

The OMPP, Children’s Health Insurance Program, and EDS are offering IHCP workshops, free of charge, during the 2004 first quarter. Sessions are offered at several locations in Indiana. Table 1 lists the time, name, and description of each session. Each day allows for a lunch period from 11:30 a.m. to 1 p.m.; however, lunch is not provided.

Note: The waiver audit review session is held only in the following locations: St. Joseph Regional Hospital, South Bend; and Clark Memorial Hospital, Jeffersonville.

Table 1 – Workshop Session Descriptions

| Workshop Schedule for Day One | | |
|--|--|--|
| Time | Session | Description |
| 8:30 a.m. to 11:30 a.m. | Medicaid 101 | This session is an overview of the IHCP, eligibility verification methods, restricted card, managed care programs, and more. This session is recommended for new IHCP billers or those needing a refresher course. |
| 1 p.m. to 2:30 p.m. | Medicaid and Managed Care Roundtable | This session gives providers the opportunity to ask questions about the IHCP. Where applicable, representatives from the MCOs will be present. Representatives from AmeriChoice and EDS field consultants will be present. |
| 2:45 p.m. to 4 p.m. | Web interChange | This session provides information about using the new claim submission tool – Web interChange. It includes a review of general claim structure and information specific to each claim type – UB-92, CMS-1500, and ADA 1999/2000 version. |
| Workshop Schedule for Day Two | | |
| Time | Session | Description |
| 8:30 a.m. to 11:30 a.m. | Waiver Billing and New Local Codes for Waiver | This session is a review of waiver codes and services. This session is specifically designed for providers billing waiver services. |
| 1 p.m. to 3 p.m. for February 26 and March 10 only | Waiver Audit Review <i>This session is only offered in South Bend and Jeffersonville.</i> | This session, conducted by the EDS waiver review team, gives providers an overview of the waiver review process to help Home and Community-Based Services waiver providers achieve IHCP compliance with documentation and billing standards currently applicable to aged and disabled, and developmentally disabled waivers. |
| 3:15 p.m. to 4:30 p.m. On March 12 this session begins at 11:30 a.m. | Waiver Roundtable | This session allows waiver providers to ask questions and discuss issues about waiver claim submission. The EDS waiver field consultant will moderate this session. This session is specifically designed for waiver providers. |

Table 2 lists remaining workshop dates and the locations.

Table 2 – Workshop Dates and Locations

| 2004 Workshop Date | Registration Deadline | Location |
|---|-----------------------|--|
| February 26 Day two schedule only | February 23 | Clark Memorial Hospital, Jeffersonville Conference Center – Lower level 1220 Missouri Avenue |
| March 9 and 10 | March 5 | St. Joseph Hospital, South Bend Education Center 801 East LaSalle Ave. |
| March 11 and 12 | March 5 | St. Catherine’s Hospital, East Chicago Birthing Center 4321 Fir Street |

All workshops begin promptly at 8:30 a.m. local time and end by 4:30 p.m. General directions to workshop locations are available on the IHCP Web site at www.indianamedicaid.com. To access directions on the Web site, click **Provider Services/Education Opportunities/Provider Workshops**. Consult a map or other location tool for specific directions to the exact location.

Seating for the workshops is limited to two registrants per provider number. Workshops are presented free of charge to providers. Fax completed registration forms to EDS at (317) 488-5376. EDS processes registrations chronologically based on the date of the workshop. A letter or fax confirming registration will be sent before the workshop. Direct questions about the workshop to a field consultant at (317) 488-5072.

For comfort, business casual attire is recommended. Consider bringing a sweater due to the possible room temperature variations.

The *Provider Workshop Registration* form can be found on page 10 of this newsletter. Please print or type the information requested on the registration form. One registrant per form should be listed.

Mailing Address Changes for Non-pharmacy and TPL Refunds

Effective February 1, 2004, addresses for non-pharmacy refunds and TPL refunds will change. Please remit non-pharmacy refund checks to correct billing errors, and to satisfy accounts receivable to the following address:

**EDS Refunds
P. O. Box 2303
Dept. 130
Indianapolis, IN 46206-2303**

All refund checks as a result of TPL billing to insurance companies should be remitted to the following address:

**EDS TPL (HMS) Checks
P. O. Box 2303
Dept. 132
Indianapolis, IN 46206-2303**

The following address to return any non-cashed IHCP checks remains unchanged:

**EDS Finance Department
950 N. Meridian Street
Suite 1150
Indianapolis, IN 46204-4288**

New Processing Method for Non-pharmacy Paper Claims

The January provider newsletter announced a new processing method for non-pharmacy paper claims. The new process scans claims to create an electronic image. This process decreases the time for paper claims to process, and leaves a smaller margin for error.

To take advantage of the improvements the new system offers, providers are encouraged to implement the following best practices for medical claim submission:

- Use red claim forms, instead of the black-lined forms. Red forms allow processing without human intervention.

Note: The software cannot read handwriting. All information should be typed or hand-printed in block letters.

- Ensure information is in the appropriate boxes on the form, and aligned correctly in those boxes.
- Place the **billing provider number and location code** in the first area of box 33, labeled PIN#.

- Do not enter commas or dashes. Diagnosis pointers on the detail lines should read 1234.
- Do not write or type any information, other than the appropriate address, on the claim form above the red line box.
- Do not put stray marks or Xs on the claim form.
- Minimize or eliminate information hand printed on medical claim forms. When hand printed information is necessary, please print using block letters and numbers within the boxes provided on the form.
- Submit attachments on regular 8½ X 11 paper.
- Do not paper clip or staple claim forms to additional documentation.
- Add data within the boxes on the form. Data outside the boxes can cause errors and delay processing.

Providers implementing these guidelines will have claims processed in an accurate and timely manner.

Prenatal Risk Assessment

The IHCP has reviewed the policies and reimbursement information for high-risk pregnancies. The high-risk pregnancy section of the *IHCP Provider Manual*, Chapter 8, pages 8-196 through 8-199, will be updated to reflect current practice, policy coverage, and reimbursement information.

The IHCP recognizes that the care of pregnant women in the medical high-risk category requires greater physician management; and, therefore, reimburses an additional \$10 per prenatal visit. The *Prenatal Risk Assessment* form, located in Chapter 8, page 8-121, of the *IHCP Provider Manual*, has been updated. The updated *Prenatal Risk Assessment* form identifies the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnosis codes that correspond to the prenatal office visit procedure codes 59425 and 59426 and generate the additional \$10 per prenatal visit reimbursement. Each trimester should be billed on a separate claim form. The additional reimbursement is available if the provider identifies and documents the specific medical high-risk factors in the medical record and indicates the high-risk diagnosis when submitting claims. This information must be easily identifiable on the medical record. In the event of an audit, the documentation requirement will be met if a completed *Prenatal Risk Assessment* form is in the patient's record.

The IHCP maximum of 14 antepartum care visits applies to pregnancies identified as high risk due to psychosocial factors. Pregnant women with identified psychosocial factors that could affect the pregnancy may require care coordination, but do not qualify for additional antepartum visits or higher reimbursement. The ICD-9-CM diagnosis codes V15.82, V23.7, V60.0 through V62.9, 305.1, 648.33, 995.80, and 995.81 are typically used to indicate a high-risk pregnancy for psychosocial reasons.

The updated *Prenatal Risk Assessment* form is available on the IHCP Web site at www.indianamedicaid.com in the **Publications** section under **Forms** and will be incorporated in the next publication of the *IHCP Provider Manual*. A copy of the updated form is included in this newsletter on page 9. In addition, the *Prenatal Risk Assessment* form should be used to determine high-risk pregnancies, which are eligible for prenatal care coordination.

| |
|--|
| <p><i>Note:</i> A copy of the Prenatal Risk Assessment form should be kept in the patient's medical record for audit purposes.</p> |
|--|

Provider Enrollment Frequently Asked Questions

- Q. How do we stop receiving mail for a provider who no longer works for us?
- A. When a practice receives mail for a rendering provider no longer with the group, a staff member needs to complete and submit a *Group Member Update Form*, available on the IHCP Web site at www.indianamedicaid.com, click **Provider Services**. This will remove the rendering provider from the group. Please ensure the form contains the appropriate authorized signature(s) and the effective date the provider left the group. To prevent this from happening in the future, please send update forms whenever a rendering provider leaves the group.
- Q. I want to enroll in Medicaid but I don't agree with everything in the provider agreement. Can I cross out or amend the items I don't like and send the altered provider agreement in with my application?
- A. No. A provider cannot alter the provider agreement. Altered provider agreements are returned to the provider and delay enrollment. For participation in the IHCP, all providers must have a signed, unaltered provider agreement on file.

Provider Enrollment Quality File Maintenance

To ensure the provider enrollment file is up-to-date, remember to submit forms when provider enrollment information changes. Following are samples of the appropriate form to submit along with the supporting documentation necessary to make changes to the enrollment file.

- If a billing provider (sole practitioner, facility, or group) needs to change the *Pay To* address, submit a billing provider update form with original signature(s) from the person authorized to make changes to the financial information on a provider enrollment file. This form is available on the IHCP Web site at www.indianamedicaid.com. Billing agents should submit proof of authorization to make changes to the *Pay To* information.
- If billing providers (sole practitioner, facility, or group), need to change the service location address, submit a billing provider update form with original signatures from the person authorized to make changes to the provider enrollment file. This form is available on the IHCP Web site at www.indianamedicaid.com. If a waiver provider needs to change information, the provider must contact the certifying body at the State. The Provider Enrollment Unit does not change the service location address for waiver providers without approval from the State certifying office. In addition, providers sanctioned by the Indiana State Department of Health (ISDH), such as a long-term care facility, group home, or hospital, must have a certification and transmittal form sent directly from the ISDH to the Provider Enrollment Unit before a change to the service location can be made.

Hoosier Healthwise Mandatory MCO Transition

The OMPP is continuing its transition to mandatory MCOs in select Indiana counties. Johnson and Morgan will be transitioned in March 2004. In July 2004, Delaware, Grant, Howard, and Madison will become mandatory MCO counties. Table 3 lists the transition dates, by county, from Primary Care Case Management (PCCM) to an MCO.

- Mandatory MCO enrollment does not apply to *Medicaid Select* members. These members continue PCCM coverage.
- Mandatory MCO enrollment does not apply to IHCP members who have spend-down, or have a level of care designation for nursing home, waiver, or hospice. These members continue the traditional fee-for-service IHCP coverage.

Table 3 – List of Counties for Mandatory MCO Transition and Key Dates

| County | PMP Signed Contracts Sent to MCOs | Final Transition Date |
|----------|-----------------------------------|-----------------------|
| Johnson | January 1, 2004 | March 1, 2004 |
| Morgan | January 1, 2004 | March 1, 2004 |
| Delaware | May 1, 2004 | July 1, 2004 |
| Grant | May 1, 2004 | July 1, 2004 |
| Howard | May 1, 2004 | July 1, 2004 |
| Madison | May 1, 2004 | July 1, 2004 |

Mandatory MCO Enrollment Information for PMPs

PMPs rendering services to members in the affected counties should review the following items to determine the impact of these upcoming changes:

- PMPs in the affected counties can choose to contract with one of the Hoosier Healthwise MCOs or disenroll as a Hoosier Healthwise PMP. Members who remain eligible for IHCP and who meet the PMP’s scope of practice criteria will remain with their PMP through the transition if the *PrimeStep* PMP contracts with an MCO before the final transition date. To ensure enrollment with an MCO will be effective by the transition date, PMPs must have their signed contracts submitted to the MCO at least 60 days before the transition date. PMPs can also choose to remain as an IHCP provider limited to non-Hoosier Healthwise managed care members or provide services upon referral.
- MCOs can provide additional services to members complementing services provided by the PMPs. Some examples of additional services are 24-hour nurse telephone services, enhanced transportation arrangements, and case management services. Contact the MCOs to discuss what benefits are available.

Table 4 lists active managed care organizations in Indiana, active regions in the State, and telephone numbers.

Table 4 – Managed Care Organizations

| Organization and Web site | Contract Region | Provider Service Phone Number |
|---|-------------------|----------------------------------|
| Harmony Health Plan www.harmonyhmi.com | North and Central | 1-800-504-2766 |
| Managed Health Services (MHS) www.managedhealthservices.com | Statewide | 1-800-414-9475 |
| MDwise www.mdwise.org | Statewide | 1-800-356-1204 or (317) 630-2831 |

Additional information, including MCO network summaries, is available on the IHCP Web site at

www.indianamedicaid.com. Direct questions about the information in this article to the appropriate MCO listed in Table 4 or to the Hoosier Healthwise help line at 1-800-889-9949, option 3 (provider services).

Mandatory MCO Transition Meetings

The OMPP will have meetings to provide information and answer questions about the mandatory MCO transition for Delaware, Grant, Howard, and Madison county providers at the following locations:

| Tuesday, February 24, 2004 | |
|----------------------------|---------------------------|
| 9 a.m. | Time to be determined |
| Ball Memorial Hospital | Howard Community Hospital |
| Auditorium | Room to be determined |
| 2401 W. University Avenue | 3503 S. Reed Road |
| Muncie, IN | Kokomo, IN |

To register for either of these sessions, call the Hoosier Healthwise help line at 1-800-889-9949, option 3 (provider services), by Friday, February 20.

Customer Assistance Unit Help Line

The Customer Assistance Unit assists providers with inquiries about IHCP claims processing, policy, and covered services. The Customer Assistance Unit is available Monday through Friday from 8 a.m. to noon and 1 p.m. to 5 p.m. at (317) 655-3240 in the Indianapolis local area or 1-800-457-4584.

To help improve service levels, please have the following information available when inquiring on claim status:

- Provider number
- Member identification number
- Dates of service
- Total amount of the claim

Customer Assistance encourages providers to use the other resources located on the IHCP Web site at www.indianamedicaid.com, such as the fee schedule, providing a complete list of billing codes along with coverage information; reimbursement information; and prior authorization requirements. A paper copy of the fee schedule can be purchased for \$43 by contacting Written Correspondence at the following address:

**EDS Written Correspondence
P.O. Box 7263
Indianapolis, IN 46207-7263**

Eligibility Verification Options

To get the most current eligibility information for IHCP members, providers are encouraged to use one of the following methods:

- Automated Voice Response (AVR) allows providers to verify member eligibility by calling (317) 692-0819 in the Indianapolis local area or 1-800-738-6770. Additional information about the AVR is located in Chapter 3 of the *IHCP Provider Manual*.
- Web interChange allows providers to verify member eligibility and TPL information on the Internet. Web interChange can be found on the IHCP Web site at: www.indianamedicaid.com under the Claims Inquiry section, click **Web interChange**.
- The OMNI terminal allows providers to verify eligibility by using a swipe card or by manually entering member information. Detailed information about the use of the OMNI is found in the *IHCP Provider Manual*, Chapter 3.

Verification of Dual-Eligible Members

When the Eligibility Verification System (EVS) shows a member is a qualified Medicare beneficiary (QMB) only or a specified low income Medicare beneficiary (SLMB) only, the provider should contact Medicare to confirm medical coverage. Failure to confirm medical coverage with Medicare could result in a claim denial because the Medicare benefits may have been discontinued or recently denied.

The IHCP pays the Medicare premiums for SLMB only or QMB only members, but does not provide medical coverage. The co-insurance and deductible is covered for members with Medicare entitlement. Claims for members without Medicare and Medicaid coverage will deny.

Some members with QMB could also have IHCP medical benefits and are noted on the EVS as SLMB Plus or QMB Plus. The IHCP pays these Medicare premiums and maintains the role of secondary insurance payer or payer of last resort. IHCP members with SLMB Plus or QMB Plus qualify for another category within the Medicaid program including disabled, blind, or aged.

Durable Medical Equipment, Home Health, Hospitals, Medical Clinics, and Physicians

Physiatrist Review of the Motorized/Power Wheelchair Medical Clearance Form

Note: The information referenced in this article is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system.

The IHCP has recently received several inquiries seeking clarification of the policy concerning physiatrist review of the medical clearance documentation for motorized/power wheelchairs and programmable electronic parts. The policy stated in the IHCP provider bulletin, *BT200335*, is:

- The IHCP will require that the documentation of medical necessity, submitted with the PA requests for motorized/power wheelchairs, K0010 through K0014, and for programmable electronic system upgrades (billed under K0108), be provided by a Physical Medicine and Rehabilitation Practitioner (physiatrist) to be considered for approval.

The intent of this policy is to have a physiatrist review the medical necessity documentation and sign the medical clearance form if they find that a motorized/power wheelchair or programmable electronic parts is medically necessary. Many durable medical equipment (DME) providers have interpreted this policy as meaning that each member needing a motorized/power wheelchair or programmable electronic parts must be seen by a

physiatrist prior to consideration of prior authorization (PA) request.

The IHCP would like to clarify that the policy does not require that the member initially be seen by the physiatrist, only that a physiatrist review the documentation supporting the request for a motorized/power wheelchair or programmable electronic parts and confirm that the service is medically necessary. The member's physician may prescribe a motorized/power wheelchair or programmable electronic parts. However, the medical necessity must be reviewed and the medical clearance form must be approved and signed by a physiatrist prior to the form being submitted to the Health Care Excel (HCE) PA department. A member is only required to see the physiatrist, if the physiatrist requests to see the member after a review of the documentation. Additionally, the policy does not require that the physiatrist be located within a certain distance of the physician or the member. If a physiatrist requests to see a member after reviewing the documentation, the member would then be required to travel to the nearest physiatrist.

Direct questions about the information in this article to the HCE PA Department at (317) 347-4511 in the Indianapolis local area or 1-800-457-4518.

Pharmacy Services

New Procedures for Pharmacy Prior Authorization

Effective at midnight, February 16, 2004, HCE will no longer be responsible for handling PAs for the IHCP **pharmacy** benefit. All PAs for drugs and Drug Utilization Review (DUR) edits will be handled by the ACS clinical call center at 1-866-879-0106.

A series of prompts will direct calls to the appropriate PA specialist. Providers needing PA for Prospective (Pro)-DUR and other edits currently handled by HCE will be directed to a PA pharmacy technician. This type of PA is needed to authorize payment for early refill, high dose, therapeutic duplication, severity level one drug-to-drug interactions, drugs restricted to a 34-day supply and brand name medically necessary. Providers needing PA for preferred drug list (PDL) prescriptions will be directed to an ACS PDL pharmacist.

ACS will continue to accept faxed requests for all PAs currently handled by HCE. Beginning February 14, providers can fax requests to 1-866-780-2198. This reminds providers that faxes are **not** currently accepted for PDL authorizations, with the exception of requests for proton pump inhibitors, which can be faxed to the number listed above.

The hours of the PA desk will be extended to 8 a.m. to 8 p.m., Monday through Friday. The PA desk will remain closed on weekends and federal holidays. The emergency supply feature, as outlined in Chapter 9 of the *IHCP Provider Manual*, should still be used when the PA desk is unavailable.

For questions about this process, please contact the ACS PA desk by calling 1-866-879-0106, or check the IHCP Web site at www.indianamedicaid.com.

*Note: This change only effects **drug** PAs. HCE will continue to PA non-drug services, such as DME, nutritionals, and so on. Providers requesting PA for non-drug services should continue to contact HCE at (317) 347-4511 in the Indianapolis local area or 1-800-457-4518.*

Indiana Health Coverage Programs

P R E N A T A L R I S K A S S E S S M E N T F O R M

| | | |
|----------------------------------|---|------------|
| Patient Name | RID Number | LMP |
| Provider Name | Medicaid Provider ID Number | EDD |
| Provider Telephone Number | Plan (check one) <input type="checkbox"/> FFS <input type="checkbox"/> PCCM <input type="checkbox"/> MCO Name _____ | |

At Risk of Preterm Birth or Poor Pregnancy Outcome

Medical Factors (Please check all that apply)

| | |
|---|--|
| <input type="checkbox"/> 1. Anemias, Acquired and Hereditary (282.0 – 282.9, 285.2, 285.9, 648.20) <input type="checkbox"/> 2. Current Drug or Alcohol Abuse (304.00 – 304.93, 648.33) <input type="checkbox"/> 3. Current Malignancy or Leukemia (140.0 – 239.9) <input type="checkbox"/> 4. Diabetes (648.00, 648.03, 648.83) <input type="checkbox"/> 5. Excessive Vomiting in Pregnancy (643.00 – 643.93) <input type="checkbox"/> 6. History of a Previous Pregnancy Resulting in a Congenital Anomaly or Complication to Infant (V19.5, V21.30, V21.35, 286.0, 317 – 318) <input type="checkbox"/> 7. Infections Affecting Pregnancy (V08, V01.6, 090 – 099, 041.02, 042.0, 079.53, 795.71, 616.10, 647.33, 647.53, 655.33) <input type="checkbox"/> 8. Hypertension and Related Disorders in Current or Previous Pregnancy (642.0 – 642.3, 642.9, 642.51, 642.61, 642.7) <input type="checkbox"/> 9. Maternal Diseases or History Affecting Pregnancy (345.0 – 345.91, 523.0 – 523.9, 646.13, 646.7, 646.8, 648.1, 648.53, 648.63, 656.23, V23.82, V23.84, V42.0 – V42.90) | <input type="checkbox"/> 10. Multiple Gestation/Grand Multipara (V23.3, 651.00 – 651.90, 659.40, 659.3) <input type="checkbox"/> 11. Other (for medical high risk – pregnancy) (examples V23.8, V23.81, V23.82, V23.83, V23.84, 23.89, V23.1, V23.4 and V23.9) <input type="checkbox"/> 12. Other Specified Complications of Pregnancy (646.8) <input type="checkbox"/> 13. Pregnancy with History of Abortion (V23.2, 646.3) <input type="checkbox"/> 14. Preterm Complications, History of or with Current Pregnancy (640.0 – 640.9, 641.0 – 641.9, 649.50, 658.10 – 658.12, 671.3, 760.5) <input type="checkbox"/> 15. Preterm Labor in Current Pregnancy or Previous Pregnancy (644.0, 644.1, 644.2, 654.50, 654.53, V13.21) <input type="checkbox"/> 16. Potential Structural Complications of Pregnancy or Delivery, (654.00 – 654.20, 654.5, 654.6, 657.00, 658.00, V67.00) <input type="checkbox"/> 17. Primigravida, less than 17 years or more than 35 years, (V23.81, V23.83, 659.50, 659.43, 659.60, 659.63) <input type="checkbox"/> 18. Renal Complications and Infections (580.0 – 593.9, 639.3, 646.2, 646.6) <input type="checkbox"/> 19. Respiratory Disease, History of or Acquired (480.0 – 487.0, 491.0 – 491.9, 493.0 – 493.92, V46.1) <input type="checkbox"/> 20. Smoking, more than 10 cigarettes per day (V15.82, 305.1, 648.33) |
|---|--|

Psychosocial Factors That May Affect Current Pregnancy Outcome

Please check all that apply

| | |
|---|---|
| <input type="checkbox"/> 21. Acute Reaction to Stress (308.0 – 308.9) <input type="checkbox"/> 22. Domestic Violence (995.80, 995.81) <input type="checkbox"/> 23. High Risk Sexual Behavior (V69.2) <input type="checkbox"/> 24. Lack of Housing Resources (V60.0 – V60.4, V60.8, V60.9) <input type="checkbox"/> 25. Late Initial Visit, after 14 weeks of pregnancy (V23.7) <input type="checkbox"/> 26. Lead Exposure (V15.86) | <input type="checkbox"/> 27. Missed Prenatal Appointments, consecutive (V23.7) <input type="checkbox"/> 28. Other and Unspecified Disorders of Eating (307.50 – 307.59, V69.1) <input type="checkbox"/> 29. Other Personal History Presenting Hazards to Health (V15.01 – V15.09) <input type="checkbox"/> 30. Other Psychosocial Circumstances (V62.0 – V62.9) <input type="checkbox"/> 31. Prenatal Care Non-compliance, most recent pregnancy (V23.7) <input type="checkbox"/> 32. Unwanted Pregnancy (V61.7) |
|---|---|

**Other Risk Factors Affecting Medical or Psychosocial Condition Not Described in Any Above Listing
(Include ICD-9 Diagnosis Codes)**

| | |
|---------------------------|-------------|
| Provider Signature | Date |
|---------------------------|-------------|

Indiana Health Coverage Programs



P R O V I D E R W O R K S H O P R E G I S T R A T I O N

Please **print** or **type** the information below and fax to (317) 488-5376.

Medicaid 101

Please indicate the workshop you will be attending in Indiana:

- | | | |
|---|--|---|
| <input type="checkbox"/> Noblesville, January 22, 2004 | <input type="checkbox"/> Richmond, January 26, 2004 | <input type="checkbox"/> Jeffersonville, February 4, 2004 |
| <input type="checkbox"/> Terre Haute, February 11, 2004 | <input type="checkbox"/> Evansville, February 12, 2004 | <input type="checkbox"/> Fort Wayne, February 17, 2004 |
| <input type="checkbox"/> South Bend, March 9, 2004 | <input type="checkbox"/> East Chicago, March 11, 2004 | |

Medicaid Roundtable

Please indicate the workshop you will be attending in Indiana:

- | | | |
|---|--|---|
| <input type="checkbox"/> Noblesville, January 22, 2004 | <input type="checkbox"/> Richmond, January 26, 2004 | <input type="checkbox"/> Jeffersonville, February 4, 2004 |
| <input type="checkbox"/> Terre Haute, February 11, 2004 | <input type="checkbox"/> Evansville, February 12, 2004 | <input type="checkbox"/> Fort Wayne, February 17, 2004 |
| <input type="checkbox"/> South Bend, March 9, 2004 | <input type="checkbox"/> East Chicago, March 11, 2004 | |

Web InterChange

Please indicate the workshop you will be attending in Indiana:

- | | | |
|---|--|---|
| <input type="checkbox"/> Noblesville, January 22, 2004 | <input type="checkbox"/> Richmond, January 26, 2004 | <input type="checkbox"/> Jeffersonville, February 4, 2004 |
| <input type="checkbox"/> Terre Haute, February 11, 2004 | <input type="checkbox"/> Evansville, February 12, 2004 | <input type="checkbox"/> Fort Wayne, February 17, 2004 |
| <input type="checkbox"/> South Bend, March 9, 2004 | <input type="checkbox"/> East Chicago, March 11, 2004 | |

Waiver Audit Review

Please indicate the workshop you will be attending in Indiana:

- | | | |
|--|--|---|
| <input type="checkbox"/> Noblesville, January 23, 2004 | <input type="checkbox"/> Jeffersonville, February 26, 2004 | <input type="checkbox"/> South Bend, March 10, 2004 |
|--|--|---|

Waiver Billing and Waiver Local Codes

Please indicate the workshop you will be attending in Indiana:

- | | | |
|--|--|--|
| <input type="checkbox"/> Noblesville, January 23, 2004 | <input type="checkbox"/> Richmond, January 27, 2004 | <input type="checkbox"/> Terre Haute, February 12, 2004 |
| <input type="checkbox"/> Evansville, February 13, 2004 | <input type="checkbox"/> Fort Wayne, February 18, 2004 | <input type="checkbox"/> Jeffersonville, February 26, 2004 |
| <input type="checkbox"/> South Bend, March 10, 2004 | <input type="checkbox"/> East Chicago, March 12, 2004 | |

Waiver Roundtable

Please indicate the workshop you will be attending in Indiana:

- | | | |
|---|--|--|
| <input type="checkbox"/> Noblesville, January, 23, 2004 | <input type="checkbox"/> Richmond, January 27, 2004 | <input type="checkbox"/> Terre Haute, February 12, 2004 |
| <input type="checkbox"/> Evansville, February 13, 2004 | <input type="checkbox"/> Fort Wayne, February 18, 2004 | <input type="checkbox"/> Jeffersonville, February 26, 2004 |
| <input type="checkbox"/> South Bend, March 10, 2004 | <input type="checkbox"/> East Chicago, March 12, 2004 | |

Registrant Information

Name of Registrant: _____

Provider Number: _____

Provider Name: _____

Provider Address: _____

City: _____ State: _____ ZIP: _____

Provider Telephone: _____ Provider Fax: _____

Provider E-Mail Address: _____

IHCP Provider Field Consultants

| Territory Number | Provider Representative | Telephone | Counties Served |
|------------------|-------------------------|----------------|---|
| 1 | Randy Miller | (317) 488-5388 | Jasper, Lake, LaPorte, Newton, Porter, Pulaski, and Starke |
| 2 | Virginia Hudson | (317) 488-5071 | Allen, Dekalb, Elkhart, Fulton, Huntington, Kosciusko, Lagrange, Marshall, Miami, Noble, St. Joseph, Steuben, Wabash, and Whitley |
| 3 | Chris Kern | (317) 488-5326 | Benton, Boone, Carroll, Cass, Clinton, Fountain, Hamilton, Hendricks, Howard, Montgomery, Parke, Putnam, Tippecanoe, Tipton, Vermillion, Warren, and White |
| 4 | Debbie Williams | (317) 488-5080 | Adams, Blackford, Delaware, Grant, Hancock, Henry, Jay, Madison, Randolph, Wayne, and Wells |
| 5 | Relia Manns | (317) 488-5187 | 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, and Washington |
| 7 | Phyllis Salyers | (317) 488-5148 | Clay, Greene, Johnson, Lawrence, Monroe, Morgan, Orange, Owen, Sullivan, and Vigo |
| 8 | Pam Martin | (317) 488-5153 | Crawford, Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, and Warrick |
| 9 | Mark Wheatley | (317) 488-5021 | Out-of-State |

Field Representatives for Bordering States

| State | City | Representative | Telephone |
|----------|-------------------------------------|-----------------|----------------|
| Illinois | Chicago/ Watseka | Randy Miller | (317) 488-5388 |
| | Danville | Chris Kern | (317) 488-5326 |
| Kentucky | Louisville/Owensboro | Pam Martin | (317) 488-5153 |
| Michigan | Sturgis | Virginia Hudson | (317) 488-5071 |
| 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) 488-5139.

Statewide Special Program Field Representatives

| Special Program | Representative | Telephone |
|-----------------|----------------------|----------------|
| 590 | Charlene Schweikhart | (317) 488-5182 |
| Dental | Pat Duncan | (317) 488-5101 |
| Waiver | Mona Green | (317) 488-5152 |

Client Services Department Leaders

| Title | Name | Telephone |
|------------|---------------|----------------|
| Director | Darryl Wells | (317) 488-5013 |
| Supervisor | Connie Pitner | (317) 488-5154 |

Note: For map showing the provider representative territories or for more updated information about the provider field representatives, visit the IHCP Web site at www.indianamedicaid.com.

Indiana Health Coverage Programs Quick Reference Effective February 1, 2004

| 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 1-800-284-3548 | 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 1-877-877-5182 INXIXElectronicSolution@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/Waiver 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.mdwise.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 | 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, Option 1 Prior Authorization HCE: 1-800-457-4518 or (317) 347-4511 Provider Services 1-877-633-7353, Option 3 |
| 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 |
| 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 | | EDS TPL (HMS) Checks P.O. Box 2303, Dept. 132 Indianapolis, IN 46206-2303 | |