

# Monthly News

## Table of Contents

### Provider News

2004 Second Quarter Workshops for Medicaid and Hospice Providers .....	2
Hoosier Healthwise Mandatory MCO Transition .....	3
Third Party Liability Information Accepted on Electronic Mail .....	4
Provider Enrollment Recertification Letters .....	4
Indiana HIPAA Implementation Status .....	4
New Sterilization Procedure .....	5
<b>Pharmacy Services</b>	
Dispensing of Medication in an Emergency Situation .....	6
<b>Transportation Services</b>	
Revised Billing Requirements for Taxi Services.....	6
<b>Waiver Services</b>	
Home and Community-Based Services Waiver Program Information.....	7
<b>IHCP Provider Field Consultants .....</b>	<b>8</b>
<b>IHCP Telephone and Address Quick Reference.....</b>	<b>9</b>
<b>IHCP Provider Workshop Registration Form.....</b>	<b>10</b>

## Frequently Used Acronyms

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

*CDT-3/2000 and CDT-4 (including procedure codes, definitions (descriptions) and other data) is copyrighted by the American Dental Association. © 1999 American Dental Association. All rights reserved. Applicable Federal Acquisition Regulation System/Department of Defense Acquisition Regulation System (FARS/DFARS) Apply.*

*CPT codes, descriptions and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.*

## Provider News

### 2004 Second Quarter Workshops for Medicaid and Hospice Providers

The OMPP, Children's Health Insurance Program (CHIP), and EDS offer IHCP 2004 second quarter workshops free of charge. Sessions are offered at several locations in Indiana. Table 1 lists the time, name, and description of each session. The schedule allows for a lunch period from noon until 1 p.m.; however, lunch is not provided.

Table 1 – Workshop Session Times, Name, and Description

Time	Session	Description
8:30 a.m. to 10:45 a.m.	Medicaid 201	This session conveys all the information providers need to know about third party liability (TPL), the Medicare-Medicaid interaction, and the IHCP managed care programs including <i>Medicaid Select</i> . The session provides information about all aspects of TPL from health maintenance organization (HMO) copayments to blanket denials. There is a strong focus on Medicare and Medicaid related claims, and a review of the common claim denials associated with the IHCP managed care programs. This course is designed for insurance clerks who have experience in IHCP claim submission procedures, payment posting and claim resolution.
11 a.m. to noon	Medicaid and Managed Care Roundtable	This session allows providers the opportunity to ask questions about the IHCP. Representatives from AmeriChoice and EDS field consultants will be present at all roundtable discussions; and, where applicable, representatives from the MCOs will be present.
Noon to 1 p.m.	Lunch Break	Lunch is not provided
1 p.m. to 2:30 p.m.	The Adjustment Process	This session will help providers complete the adjustment form, the different types of adjustments and how to read the remittance advice. This session is recommended for new and seasoned billers.
2:45 p.m. to 4:15 p.m.	Hospice	This session will discuss all aspects of the hospice process from timely authorization to claim submission. This session is for providers rendering hospice services. <b>Nursing facility providers are encouraged to attend this session.</b>

Table 2 lists the dates and Indiana locations for each workshop.

Table 2 – Workshop Dates, Deadlines, and Locations

Workshop Date	Registration Deadline	Location
April 20, 2004	April 13, 2004	Howard Regional Hospital (formerly Howard Community Hospital), Kokomo Large Education Classroom – basement 3500 South Lafountain Street
April 27, 2004	April 20, 2004	Ball Memorial Hospital, Muncie Auditorium 2401 University Avenue
May 18, 2004	May 11, 2004	Methodist Southlake Hospital, Merrillville Southlake Auditorium 8701 Broadway
May 25, 2004	May 18, 2004	St. Joseph Regional Medical Center, South Bend Education Center 801 East LaSalle Avenue

(Continued)

Table 2 – Workshop Dates, Deadlines, and Locations

Workshop Date	Registration Deadline	Location
June 3, 2004	May 27, 2004	Wishard Memorial Hospital, Indianapolis Myers Auditorium 1001 West 10 <sup>th</sup> Street
June 16, 2004	June 9, 2004	Deaconess Hospital, Evansville Bernard Schnacke Auditorium 600 Mary Street
June 17, 2004	June 10, 2004	Bloomington Hospital, Bloomington Auditorium 601 West Second Street
June 22, 2004	June 15, 2004	Columbus Regional Hospital, Columbus Kroot Auditorium 2400 East 17 <sup>th</sup> Street
June 24, 2004	June 17, 2004	Lutheran Hospital, Fort Wayne Kachmann Auditorium 7950 West Jefferson Boulevard

All workshops begin promptly at 8:30 a.m. local time. General directions to workshop locations are available on the IHCP Web site at [www.indianamedicaid.com](http://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.

Workshops are presented free of charge to providers and seating for the workshops is limited to two registrants per provider number. 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 or jacket 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. List one registrant per form.

---

### Hoosier Healthwise Mandatory MCO Transition

The OMPP is continuing its transition to mandatory MCOs in select Indiana counties. Effective July 1, 2004, Delaware, Grant, Howard, and Madison will become mandatory MCO counties.

- Mandatory MCO enrollment does not apply to *Medicaid Select* members. These members continue Primary Care Case Management (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.

### Mandatory MCO Enrollment Information for PMPs

Primary medical providers (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 a signed contract 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 rendered 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 3 lists active managed care organizations in Indiana, active regions in the State, and telephone numbers.

Table 3 – Managed Care Organizations

Organization and Web site	Contract Region	Provider Service Phone Number
Harmony Health Plan <a href="http://www.harmonyhmi.com">www.harmonyhmi.com</a>	North and Central	1-800-504-2766
Managed Health Services (MHS) <a href="http://www.managedhealthservices.com">www.managedhealthservices.com</a>	Statewide	1-800-414-9475
MDwise <a href="http://www.mdwise.org">www.mdwise.org</a>	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](http://www.indianamedicaid.com). Direct questions about the information in this article to the appropriate MCO listed in Table 3 or to the Hoosier Healthwise Helpline at 1-800-889-9949, option 3 (provider services).

### Third Party Liability Information Accepted on Electronic Mail

The Third Party Liability (TPL) Casualty Department is now accepting accident and trauma information from IHCP providers by e-mail. The e-mail address is [INXIXTPLCasualty@eds.com](mailto:INXIXTPLCasualty@eds.com).

Providers are asked to notify the TPL Casualty Department if a request for medical records is received from a member's attorney because of a personal injury claim or if the provider becomes aware of accident related claims by any other means. When notifying the TPL Casualty Department please include the IHCP member's name, member identification number, date of loss or injury, any other information about other insurance carriers, and attorney name, phone number, and address, if available. This information can be sent to the TPL Casualty Department by e-mail at the address listed above, by facsimile at (317) 488-5217, by telephone at (317) 488-5046 in the Indianapolis local area or 1-800-457-4510, or by U.S. mail at the following address:

**EDS TPL Casualty Department  
P.O. Box 7263  
Indianapolis, IN 46207-7762**

EDS  
P.O. Box 7263  
Indianapolis, IN 46207-7263

### Provider Enrollment Recertification Letters

Provider types with licensure or certification expiration requirements must submit the required recertification information before IHCP eligibility expires. The IHCP issues letters 60 days and, if necessary, 30 days before the recertification date shown on the provider file. To ensure continued participation in the IHCP, providers who receive a recertification letter, must send the appropriate license or certification information to the Provider Enrollment Unit at the following address:

**EDS Provider Enrollment  
P.O. Box 7263  
Indianapolis, IN 46207-7263**

Following is a list of the provider types and the required recertification information needed to update the IHCP recertification date:

- Ambulance and air ambulance – EMS certificate
- Bus and for-profit common carriers, both ambulatory and non-ambulatory – Motor carrier services credential with effective start and end date
- Taxis – License from local or governing body, proof of insurance
- Family member transportation – proof of insurance
- Not-for-profit common carriers, both ambulatory and non-ambulatory – proof of insurance and not-for-profit letter
- Out-of-state providers – copy of applicable license or certification
- Group homes and intermediate care facilities for the mentally retarded (ICF/MR) – signed *IHCP Provider Agreement*

Update and enrollment forms for providers are available on the IHCP Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com). Please direct questions about provider enrollment to the Provider Enrollment customer assistance line at 1-877-707-5750.

### Indiana HIPAA Implementation Status

The IHCP met the October 16, 2003, deadline to accept HIPAA compliant electronic transactions. Many providers, however, continue to send claims in the noncompliant format. The CMS has allowed old format submissions temporarily to ensure continuity of services to IHCP members and payments to medical providers.

At the end of January 2004, Medicare announced that 61.5 percent of its nationwide claims were received in the HIPAA format. The IHCP reports that 40 percent of professional and institutional claims are in

the required format. This represents a significant improvement from December 2003, but in the absence of a firm deadline from CMS, progress is slowing.

In January, the Workgroup for Electronic Data Interchange (WEDI), a national advisory group, held a public hearing. The results, posted February 2, 2004, reported the health care industry is "far from prepared" to use the HIPAA-required transactions. Representatives from the American Medical Association (AMA) and the American Hospital Association (AHA) urged the CMS to revise requirements and allow an additional delay in implementation. It is unlikely the CMS will extend the deadline indefinitely because further delays are costly to claims payers who must operate dual systems to receive and process claims in multiple formats.

It is not known when the CMS will begin vigorous enforcement of the electronic transaction requirements, but some participants at the hearing expressed concern that the enforcement could come with little warning. Upon enforcement, providers who have not made the transition to compliant electronic transactions may experience cash flow problems.

To avoid a cash flow crisis the IHCP urges providers to act now. The following lists options for providers to comply:

- EDS, the IHCP fiscal agent, offers secure Web-based claims submission for most IHCP providers. Registration takes a few days to appear in the system. When registration is complete, the system offers quick and efficient processing for small to medium providers. At this time, approximately 20 percent of claims are being processed through this software. If a provider plans to use other software, it may want to register for Web-based submission as a backup.
- The IHCP has a list of HIPAA-compliant vendors. In the absence of assurances of compliance from other software vendors, providers should not wait to see if the vendor has made HIPAA changes, but should choose a compliant product from the IHCP list to submit claims.
- Providers and vendors with their own systems can contact EDS for technical assistance or to begin testing provider-owned software.

For more information providers can access the IHCP Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

---

### New Sterilization Procedure

The IHCP now covers a new sterilization procedure for eligible female members 21 years old and older,

effective March 12, 2004. *Essure* is an implant device manufactured by Conceptus Inc. that provides a non-incision permanent sterilization option. The implant can be performed by a medical doctor (MD) or a doctor of osteopathy (DO) trained in the procedure and can be performed in the office, as an outpatient, or in an Ambulatory Surgical Center (ASC).

An outpatient hospital or ASC must adhere to the following billing instructions to receive reimbursement in addition to the outpatient ASC rate. No additional reimbursement is available if the service is performed in an inpatient setting.

- Outpatient hospitals and ASCs must bill for the device under their professional number or durable medical equipment (DME) number.
- Use HCPCS code *A9900-Miscellaneous supply, accessory, and/or service component of another HCPCS code*, for the device on the CMS-1500 claim form. This is the only code billable for the Essure device.
- Submit a cost invoice with the claim to support the actual cost of the device. Reimbursement will be the lesser of the following amounts:
  - 130 percent of the amount listed on the cost invoice
  - The provider's usual and customary charge
  - The Statewide maximum of \$686
- Submit a valid, signed *Sterilization Consent Form* with the claim
- Enter **ICD-9 CM V25.2 – Sterilization** as the primary diagnosis on the claim
- Print **Essure Sterilization** in the body of the claim form or on the accompanying invoice

The following instructions should be followed when the procedure is performed in the office:

- Submit the professional service on the CMS-1500 claim form using Current Procedural Terminology (CPT) code *58579 – Unlisted hysteroscopy procedure, uterus*
- Submit the signed *Sterilization Consent Form* with the claim
- Bill the device on a separate line using A9900
- Submit a cost invoice with the claim to support the actual cost of the device. Reimbursement is the lesser of the following amounts:
  - 130 percent of the amount listed on the cost invoice
  - The provider's usual and customary charge
  - The Statewide maximum of \$686

## Pharmacy Services

### Dispensing of Medication in an Emergency Situation

When prior authorization cannot be immediately obtained, a pharmacist can dispense up to a 72-hour supply of a covered outpatient drug. The IHCP will reimburse if, subsequent to dispensing in an emergency situation, the claim form indicates the supply was for an immediate need.

To allow for holidays and times when prior authorization offices are closed, the IHCP policy for emergency situations states that pharmacies can be paid for claims submitted for a maximum of a four-day supply of a covered outpatient drug without prior authorization.

For packaging that cannot be broken down to a four-day or less supply, for example, metered dose inhalers, pharmacies are advised to dispense the smallest quantity possible that is adequate for the emergency situation. The provider should document that the quantity given was the least that could be dispensed because of manufacturer packaging constraints while meeting the needs of the patient during an emergency.

All emergency claims, paper and electronic, should be submitted with the level-of-service being 03 – *Emergency Indicator* and the actual days supply being dispensed up to, but not exceeding four.

## Transportation Services

### Revised Billing Requirements for Taxi Services

The local procedure code *Y9010 – Non-emergency transportation; taxi suburban* was end dated as listed in the IHCP provider bulletin, *BT200353*. The IHCP has created procedure code/modifier combination A0100 U4 to replace local code Y9010. The description for the new procedure code/modifier combination is A0100 – *Non Emergency Transportation; taxi* with the modifier U4 – *Non emergency Transportation; taxi, suburban*. Claims billed with procedure code A0100, modifier U4 will reflect this definition.

Trips within the jurisdictional suburban territory should be billed under procedure code A0100 U4 – *Non-emergency transportation; taxi-suburban territory*, using the provider’s usual and customary rate. The metered or zoned rate is capped at \$15. Providers should bill one unit of service for each one-way trip the member is transported.

Table 4 lists the IHCP revised billing requirements for taxi services using the following procedure code and modifier combinations effective for dates of service on or after January 1, 2004. Claims submitted for dates of service on or after January 1, 2004, should be billed with these procedure code/modifier combinations.

Table 4 – Revised Procedure Code and Modifier Combinations

Procedure Code and Modifier	Procedure Code/Modifier Description	Billing Instructions
A0100 UA	Taxi, rates non-regulated, 0-5 miles	Bill one unit of service for each one-way trip of 0-5 miles
A0100 UB	Taxi, rates non-regulated, 6-10 miles	Bill one unit of service for each one-way trip of 6-10 miles
A0100 UC	Taxi, rates non-regulated, 11 miles and up	Bill one unit of service for each one-way trip of 11 units or more miles
A0100 UA TK	Taxi, rates non-regulated, 0-5 miles for accompanying parent/attendant	Bill one unit of service for each one-way trip of 0-5 miles with an accompanying parent/attendant
A0100 UB TK	Taxi, rates non-regulated, 6-10 miles for accompanying parent/attendant	Bill one unit of service for each one-way trip of 6-10 miles with an accompanying parent/attendant
A0100 UC TK	Taxi, rates non-regulated, 11 miles and up for accompanying parent/attendant	Bill one unit of service for each one-way trip of 11 or more miles with an accompanying parent/attendant
A0100 UA TT	Taxi, rates non-regulated, 0-5 miles for multiple passengers	Bill one unit of service for each one-way trip of 0-5 miles for multiple passengers
A0100 UB TT	Taxi, rates non-regulated, 6-10 miles for multiple passengers	Bill one unit of service for each one-way trip of 6-10 miles for multiple passengers
A0100 UC TT	Taxi, rates non-regulated, 11 miles and up for multiple passengers	Bill one unit of service for each one-way trip of 11 or more miles for multiple passengers

The A0100 mass adjustment noted in the *IHCP Banner Page* published February 10, 2004, will run again the week of March 1, 2004. Not all claims were identified in the first mass adjustment, which included A0100 TK and TT. Beginning March 12, 2004, providers should resubmit claims using the procedure codes listed in Table 4 unless claims were denied with the previous mass adjustment at which point providers can bill now. Providers should follow the procedure code combinations indicated in Table 4 when billing these services.

Additionally, all prior authorization (PA) requests for procedure code/modifier A0100 UA-UC, A0100 TT UA-UC and A0100 U4 should be submitted under the global code A0100 without the modifiers. Previously, providers were instructed to submit the specific procedure code/modifier combination. In an effort to simplify the PA submission process for taxi services requests, providers should only submit the A0100 procedure code. IndianaAIM will read and decrement PA units for the A0100 procedure code.

*Note: Documentation must support mileage or trips billed. All trips are subject to post-payment review.*

## Waiver Services

### Home and Community-Based Services Waiver Program Information

Following is a list of useful information on Home and Community-Based Services (HCBS) waiver programs the IHCP publishes on its Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com):

- Title 460, Divisions of Disability, Aging and Rehabilitative Services (DDARS) provider standards
- Waiver provider search
- Waiver provider training
- Bureau of Development Disabilities Services (BDDS) incident reports
  - Waiver bulletins
  - IHCP waiver bulletins
  - FSSA developmentally disabled (DD) waiver bulletins
  - Bureau of Quality Improvement Services (BQIS) bulletins

INsite users are encouraged to use *Release Notes* on the INsite Main Menu to access the following information:

- BDDS and Bureau of Aging and In Home Services (BAIHS) manuals
- DD, BAIHS and BQIS bulletins
- BDDS policy and procedure manuals
- Developmental Disabilities Profile (DDP) instructions
- Individualized Support Plan (ISP) rule

In addition, the Roeing Corporation Web site at [www.roeing.com](http://www.roeing.com) allows providers not having access to INsite to register e-mail addresses to receive *Notices of Action (NOA)*. To register providers should enter **provider** as the Username and **provider** as the Password. Providers are also advised that the NOA received by this method is intended to be an advanced and unofficial copy. Case managers should

continue to furnish providers a signed NOA with an approved date.

HCBS waiver providers are reminded that Medicaid shall be the payer of last resort as specified in *42 CFR 433.138*, *42 CFR 433.139*, and *Subsection 26-18-10(4)*. Services covered by private insurance or Medicare must be rendered and reimbursed through those entities.

Many services are also available through the State Plan – Medicaid Prior Authorization. These services include, but are not limited to, skilled nursing, home health aide hours and therapies. Services available in the State Plan should be pursued before requesting a service through an HCBS waiver.

## IHCP Provider Field Consultants

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

### Field Representatives for Bordering States

State	City	Representative	Telephone
Illinois	Chicago/ Watseka	Mark Wheatley	(317) 488-5388
	Danville	Chris Kern	(317) 488-5326
Kentucky	Louisville/Owensboro	Pam Martin	(317) 488-5153
Michigan	Sturgis	Debbie Williams	(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](http://www.indianamedicaid.com).*



## Indiana Health Coverage Programs Quick Reference Effective February 16, 2004

Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization		Pharmacy Benefits Manager		
<b>EDS Customer Assistance</b> (317) 655-3240 1-800-577-1278	<b>EDS Forms Requests</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>Indiana Drug Utilization Review Board</b> <a href="mailto:INXIXDURQuestions@acs-inc.com">INXIXDURQuestions@acs-inc.com</a>		
<b>EDS Member Hotline</b> (317) 713-9627 1-800-457-4584	<b>Indiana Health Coverage Programs Web Site</b> <a href="http://www.indianamedicaid.com">www.indianamedicaid.com</a>	<b>ACS PBM Call Center for Pharmacy Services/POS/ProDUR</b> 1-866-645-8344 <a href="mailto:Indiana.ProviderRelations@acs-inc.com">Indiana.ProviderRelations@acs-inc.com</a>		
<b>EDS OMNI Help Desk</b> 1-800-284-3548	<b>HCE Prior Authorization Department</b> P.O. Box 531520 Indianapolis, IN 46253-1520 (317) 347-4511 1-800-457-4518	<b>ACS Preferred Drug List Clinical Call Center</b> 1-866-879-0106		
<b>EDS Provider Written Correspondence</b> P.O. Box 7263 Indianapolis, IN 46207-7263		<b>PA For ProDUR and Indiana Rational Drug Program - ACS Clinical Call Center</b> 1-866-879-0106 fax 1-866-780-2198		
<b>AVR System</b> (317) 692-0819 1-800-738-6770	<b>HCE Medical Policy Department</b> P.O. Box 53380 Indianapolis, IN 46253-0380 (317) 347-4500	<b>Indiana Pharmacy Claims/Adjustments</b> c/o ACS P. O. Box 502327 Atlanta, GA 31150		
<b>EDS Electronic Solutions Help Desk</b> (317) 488-5160 1-877-877-5182 <a href="mailto:INXIXElectronicSolution@eds.com">INXIXElectronicSolution@eds.com</a>	<b>HCE Provider and Member Concern Line (Fraud and Abuse)</b> (317) 347-4527 1-800-457-4515	<b>Indiana Administrative Review/Pharmacy Claims</b> c/o ACS P.O. Box 502327 Atlanta, GA 31150		
<b>EDS Provider Enrollment/Waiver</b> P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	<b>HCE SUR Department</b> P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 1-800-457-4515	<b>Drug Rebate</b> ACS State Healthcare ACS – Indiana Drug Rebate P. O. Box 2011332 Dallas, TX 75320-1332		
<b>EDS Third Party Liability (TPL)</b> (317) 488-5046 1-800-457-4510 Fax (317) 488-5217	<b>EDS Administrative Review</b> Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	<b>To make refunds to IHCP for pharmacy claims send check to:</b> ACS State Healthcare – Indiana P.O. Box 201376 Dallas, TX 75320-1376		
IHCP Managed Care Organizations, Hoosier Healthwise, and Medicaid Select				
<b>Harmony Health Plan</b> <a href="http://www.harmonyhmi.com">www.harmonyhmi.com</a> <b>Claims</b> 1-800-504-2766 <b>Member Services</b> 1-800-608-8158; TTY: 1-877-650-0952 <b>Prior Authorization/Medical Management</b> 1-800-504-2766 <b>Provider Services</b> 1-800-504-2766	<b>MDwise</b> <a href="http://www.mdwise.org">www.mdwise.org</a> <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)</b> <a href="http://www.managedhealthservices.com">www.managedhealthservices.com</a> <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 <b>Nursewise</b> 1-800-414-5946	<b>PrimeStep (Hoosier Healthwise)</b> <a href="http://www.healthcareforhoosiers.com">www.healthcareforhoosiers.com</a> <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	<b>Medicaid Select</b> <a href="http://www.medicaidselect.com">www.medicaidselect.com</a> <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> 1-877-633-7353, Option 1 <b>Prior Authorization</b> HCE: 1-800-457-4518 or (317) 347-4511 <b>Provider Services</b> 1-877-633-7353, Option 3
Claim Filing				
<b>EDS 590 Program Claims</b> P.O. Box 7270 Indianapolis, IN 46207-7270	<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 Dental Claims</b> P.O. Box 7268 Indianapolis, IN 46207-7268	<b>EDS CMS-1500 Claims</b> P.O. Box 7269 Indianapolis, IN 46207-7269
<b>Claim Attachments</b> P.O. Box 7259 Indianapolis, IN 46207-7259	<b>EDS Waiver Programs Claims</b> P.O. Box 7269 Indianapolis, IN 46207-7269	<b>EDS Medical Crossover Claims</b> P.O. Box 7267 Indianapolis, IN 46207-7267	<b>EDS Institutional Crossover/UB-92 Inpatient Hospital, Home Health, Outpatient, and Nursing Home Claims</b> P.O. Box 7271 Indianapolis, IN 46207-7271	
Check Submission (non-pharmacy)				
<b>To make refunds to IHCP: EDS Refunds</b> P.O. Box 2303, Dept. 130 Indianapolis, IN 46206-2303	<b>To Return Uncashed IHCP Checks: EDS Finance Department</b> 950 N. Meridian St., Suite 1150 Indianapolis, IN 46204-4288		<b>EDS TPL (HMS) Checks</b> P.O. Box 2303, Dept. 132 Indianapolis, IN 46206-2303	

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 201**

Please indicate the workshop you will be attending in Indiana:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Kokomo, April 20, 2004     | <input type="checkbox"/> Muncie, April 27, 2004     | <input type="checkbox"/> Merrillville, May 18, 2004 |
| <input type="checkbox"/> South Bend, May 25, 2004   | <input type="checkbox"/> Indianapolis, June 3, 2004 | <input type="checkbox"/> Evansville, June 16, 2004  |
| <input type="checkbox"/> Bloomington, June 17, 2004 | <input type="checkbox"/> Columbus, June 22, 2004    | <input type="checkbox"/> Fort Wayne, June 24, 2004  |

**Medicaid and Managed Care Roundtable**

Please indicate the workshop you will be attending in Indiana:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Kokomo, April 20, 2004     | <input type="checkbox"/> Muncie, April 27, 2004     | <input type="checkbox"/> Merrillville, May 18, 2004 |
| <input type="checkbox"/> South Bend, May 25, 2004   | <input type="checkbox"/> Indianapolis, June 3, 2004 | <input type="checkbox"/> Evansville, June 16, 2004  |
| <input type="checkbox"/> Bloomington, June 17, 2004 | <input type="checkbox"/> Columbus, June 22, 2004    | <input type="checkbox"/> Fort Wayne, June 24, 2004  |

**The Adjustment Process**

Please indicate the workshop you will be attending in Indiana:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Kokomo, April 20, 2004     | <input type="checkbox"/> Muncie, April 27, 2004     | <input type="checkbox"/> Merrillville, May 18, 2004 |
| <input type="checkbox"/> South Bend, May 25, 2004   | <input type="checkbox"/> Indianapolis, June 3, 2004 | <input type="checkbox"/> Evansville, June 16, 2004  |
| <input type="checkbox"/> Bloomington, June 17, 2004 | <input type="checkbox"/> Columbus, June 22, 2004    | <input type="checkbox"/> Fort Wayne, June 24, 2004  |

**Hospice**

Please indicate the workshop you will be attending in Indiana:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Kokomo, April 20, 2004     | <input type="checkbox"/> Muncie, April 27, 2004     | <input type="checkbox"/> Merrillville, May 18, 2004 |
| <input type="checkbox"/> South Bend, May 25, 2004   | <input type="checkbox"/> Indianapolis, June 3, 2004 | <input type="checkbox"/> Evansville, June 16, 2004  |
| <input type="checkbox"/> Bloomington, June 17, 2004 | <input type="checkbox"/> Columbus, June 22, 2004    | <input type="checkbox"/> Fort Wayne, June 24, 2004  |

**Registrant Information**

Name of Registrant: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Provider Telephone: \_\_\_\_\_ Provider Fax: \_\_\_\_\_

Provider E-Mail Address: \_\_\_\_\_