Provider News NL200501   **January 2005**

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Frequently Used Acronyms

AVR	Automated Voice Response
CMS	Centers for Medicare & Medicaid Services
DME	Durable Medical Equipment
EDI	Electronic Data Interchange
EVS	Eligibility Verification Systems
FDA	Food and Drug Administration
FQHC	Federally Qualified Health Center
HCE	Health Care Excel
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act
HMS	Health Management Systems
IAC	Indiana Administrative Code
IFSSA	Indiana Family and Social Services Administration
IHCP	Indiana Health Coverage Programs
ISDH	Indiana State Department of Health
LOC	Level of Care
LTC	Long-Term Care
MCO	Managed Care Organization
MRO	Medicaid Rehabilitation Option
OMPP	Office of Medicaid Policy and Planning
PA	Prior Authorization
PCCM	Primary Care Case Management
PMP	Primary Medical Provider
RA	Remittance Advice
RBMC	Risk-Based Managed Care
TPL	Third Party Liability

Provider News

2005 First Quarter Workshops for Medicaid Providers

The OMPP, Children's Health Insurance Program (CHIP), and EDS offer IHCP 2005 first 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. **Seating is limited in all locations**.

Registrations are processed in the order received and registration does not guarantee a spot at the workshop. Confirmation letters are sent upon receipt of registrations. If a confirmation letter is not received, the seating capacity has been reached for that workshop.

Table 1 – First Quarter Workshop Session Times, Name, and Description

Time	Session	Description
8 a.m. – 10:30 a.m.	Web interChange	This session provides information about use of the member eligibility, check write, claim inquiry, and claim submission features available through Web interChange. It also covers instructions for the administrator function that enables providers to assign access to their office staff, change passwords, and create, maintain, and delete users and user groups.
10:45 a.m. – noon	HIPAA Updates	This session provides an overview of recent updates and information about the next phase of the HIPAA implementation including updates about electronic RAs and PA requests. This session is designed for providers, vendors, and clearinghouses.
Noon – 1 p.m.	Lunch Break	Lunch is not provided.
1 p.m. – 2: 45 p.m.	Voids and Replacements	This session provides education to providers about voids and replacements (adjustments) that can be completed electronically. The session will cover the new language, how the process will work, and the increased efficiency of the new process.
3 p.m. – 4: 30 p.m.	Managed Care Roundtable	This session includes brief presentations by all current and new MCOs. New Hoosier Healthwise MCO contracts are effective January 1, 2005. A question and answer session will immediately follow the individual MCO presentations. **This session is specific to RBMC.**

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

Table 2 – First Quarter Workshop Dates, Deadlines, and Locations

Workshop Date	Registration Deadline	Location
February 15, 2005	February 8, 2005	Ball Memorial Hospital, Muncie Auditorium 2401 University Avenue
February 23, 2005	February 16, 2005	Unity Health Care, Lafayette 1345 Unity Place Room D
February 24, 2005	February 17, 2005	Bloomington Hospital, Bloomington Wegmiller Auditorium 601 W. 2nd St.
March 1, 2005	February 22, 2005	Wishard Hospital, Indianapolis Myers Auditorium 1001 W. 10th St.
March 3, 2005	February 25, 2005	Union Hospital, Terre Haute Landsbaum Center for Health Education 1433 N. 6 ½ St.
March 9, 2005	March 2, 2005	St. Catherine's Hospital, East Chicago Birthing Center 4321 Fir St.
March 16, 2005	March 9, 2005	Deaconess Hospital, Evansville Bernard Schnacke Auditorium 600 Mary St.
March 22, 2005	March 15, 2005	Holiday Inn, Clarksville Shakespeare Room 505 Marriott Drive
March 22, 2005	March 15, 2005	St. Joseph Regional Medical Center, South Bend Educational Center 801 E. LaSalle Ave.
March 24, 2005	March 17, 2005	Lutheran Hospital, Fort Wayne Kachmann Auditorium 7950 W. Jefferson Blvd.

All workshops begin promptly at 8 a.m. local time. 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.

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.

EVS Updates

IHCP updates have been made to the eligibility verification responses in anticipation of additional MCOs for 2005 and due to provider requests. Effective January 1, 2005, the name of the MCO network appears if the member was assigned to a network within the MCO for the time period of the eligibility dates searched.

This addition to the eligibility response will create a second label under the MCO section of the response that will list the MCO network if available.

OMNI Users

Beginning January 1, 2005, OMNI terminals will display a second *Managed Care Organization* segment. This segment will display the MCO network information if available. To change the label text to *Managed Care Network*, providers must perform an OMNI terminal download.

This download is **not** required to receive the MCO network information. It is only required to change the name of the segment label.

AVR and Web interChange Users

Beginning January 1, 2005, AVR and Web interChange will provide the network assignments, when available, for dates of service inquiries of January 1, 2005, and after.

Providers using other forms of eligibility verification including 270/271 interactive or batch transactions must contact their vendor to ensure that the same information can be provided.

The pre-release 270/271 eligibility benefit transaction companion guide and testing procedures are available in the vendor section of the IHCP Web site under **EDI Solutions** at www.indianamedicaid.com.

Mandatory MCO Meetings

The OMPP will hold a series of public meetings about the transition to mandatory RBMC in southern Indiana. The agenda will include a brief presentation from the OMPP and all the MCOs will be available to answer questions. The details of the next scheduled public meetings about the transition to mandatory RBMC are as follows:

- Monroe/Lawrence Counties Area Public Meeting: The meeting will be held from noon to 1 p.m. on January 6, 2005, at Bloomington Hospital, Wegmiller Auditorium, 601 W. 2nd St., Bloomington. This meeting is being presented in partnership with the Indiana Rural Health Association.

- Vanderburgh County Area Public Meeting: The meeting will be held from noon to 1 p.m. on January 12, 2005, at Deaconess Hospital, Bernard Schnacke Auditorium, 600 Mary Street, Evansville.

Services Provided to Out-of-Network Members

This article applies only to fee-for-service Medicaid claims processed by EDS. For information about payment of RBMC claims, contact the member's MCO.

At the annual IHCP provider seminar in October 2004, providers requested clarification about payment of claims by the IHCP when the IHCP member has primary insurance but the claim has been denied by the member's primary carrier because the member was seen by a provider who was out of the primary carrier's network. The *IHCP Provider Manual* requires that a member follow the rules of the primary insurance carrier.

If the primary insurance carrier requires that the member be seen only by in-network providers or payment will be denied, the IHCP will not reimburse for claims denied by the primary carrier because the member received out-of-network services. Additionally, a provider cannot use the 90-day rule to circumvent this policy.

If the primary carrier pays for out-of-network services at the same rate as in-network services or at a reduced rate, the provider may submit the bill to the IHCP. Also, if the primary insurance carrier pays for out-of-network services, but does not pay a particular bill in full due to a deductible or co-payment, the provider may still submit the bill to the IHCP. If no payment or a partial payment was made by the primary carrier, this must be indicated on the claim form, and documentation from the carrier noting the deductible or co-payment amount must be attached to the claim.

TPL Credit Balance Project

Beginning first quarter 2005, HMS will partner with EDS in collecting credit balances owed to the IHCP. HMS will mail letters and credit balance worksheets to select providers on a quarterly basis, and the due date for refunding credit balances will be 60 days from the date of the letter. A copy of the worksheet and instructions are attached to this newsletter on pages 11 and 12. Adjustments will be processed on a weekly basis for providers who wish to have credit balances subtracted from future Medicaid payments. Though only selected providers will receive a letter and credit balance worksheet each quarter, all providers are welcome to use this credit balance process to return any type of overpayments. Contact HMS Provider Relations at 1-877-264-4854 with questions about this credit balance collection process or requests for copies of the credit balance worksheet and instructions. The credit balance worksheet and instructions are also available on the IHCP Web site at www.indianamedicaid.com.

DME Services

Diabetic Test Strips

On December 1, 2004, the IHCP began accepting Medicare crossover claims for diabetic test strip procedure codes with dates of service that span 90 days. Providers may also use Web interChange to submit these claims electronically. Claims for spend-down members that require a *DPW Form 8A* must have the *DPW Form 8A* attached for only the first month in the span of dates of service. If billing on paper, the *DPW Form 8A* must be attached to the claim. If billing electronically, the *DPW Form 8A* must be sent through the attachment process. Claims that cross over from Medicare will generate a claim correction form (CCF) for the attachment. For example, a claim is submitted for dates of services spanning October 1, 2004, to December 1, 2004. If the *DPW Form 8A* is required for processing, the provider must submit a *DPW Form 8A* for October, not November and December.

Table 3 lists procedure codes and descriptions that will be affected.

Table 3 – Procedure Codes and Descriptions

Procedure Code	Description
A4244	Alcohol or peroxide, per pint
A4245	Alcohol wipes, per box
A4246	Betadine or phisohex solution, per pint
A4247	Betadine or iodine swabs/wipes, per box
A4250	Urine test or reagent strips or tablets (100 tablets or strips)
A4253	Blood glucose test or reagent strips, per 50 strips
A4253	Billed with modifier NU will now cross over from Medicare.
A4254	Replacement battery, any type, for use with medically necessary home blood glucose monitor
A4255	Platforms for home blood glucose monitor, 50 per box
A4256	Normal, low and high calibrator solution/chips
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each
A4258	Spring-powered device for lancet, each
A4259	Lancets, per box of 100

Mental Health Services

Crosswalked Local Codes

The IHCP cross walked local codes to the most similar national codes available to be HIPAA compliant. This process was not intended to change existing policy. IHCP provider bulletin *BT200353* published August 15, 2003, lists the crosswalk of local code X3040, *Outpatient diagnostic assessment/prehospitalization screening*, to national code H0031 HW, *Mental health assessment, by non-physician (one unit equals one-quarter hour),* in the MRO program.

The IHCP instructs mental health providers to report H0031 HW for physicians performing mental health assessments in the MRO program. Mid-level practitioners should continue reporting H0031 HW with the appropriate mid-level modifier.

Direct questions about this article to the HCE Medical Policy Department at (317) 347-4500.

IHCP Provider Field Consultants Effective January 3, 2005

Territory Number	Provider Consultant	Telephone	Counties Served
1	Sharon Page	(317) 488-5071	Jasper, Lake, LaPorte, Newton, Porter, Pulaski, and Starke
2	Debbie Williams	(317) 488-5080	Allen, Dekalb, Elkhart, Fulton, Kosciusko, Lagrange, Marshall, Noble, St. Joseph, Steuben, and Whitley
3	Mona Green	(317) 488-5326	Benton, Boone, Carroll, Cass, Clinton, Fountain, Hamilton, Howard, Miami, Montgomery, Tippecanoe, Tipton, Warren, and White
4	Natalie Snow	(317) 488-5388	Adams, Blackford, Delaware, Grant, Hancock, Henry, Huntington, Jay, Madison, Randolph, Wabash, Wayne, and Wells
5	Laura Merkel	(317) 488-5356	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	Jessica Ferguson (temp)	(317) 488-5197	Crawford, Daviess, Dubois, Gibson, Knox, Martin, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, and Warrick
9	Jessica Ferguson	(317) 488-5197	Out-of-State

Field Consultants for Bordering States

State	City	Representative	Telephone
Illinois	Chicago/Watseka	Sharon Page	(317) 488-5071
	Danville	Mona Green	(317) 488-5326
Kentucky	Louisville/Owensboro	Jessica Ferguson (temp)	(317) 488-5197
Michigan	Sturgis	Debbie Williams	(317) 488-5080
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) 488-5197.

Statewide Special Program Field Consultants

Special Program	Consultant	Telephone
590	Laura Merkel	(317) 488-5356
Dental	Pat Duncan	(317) 488-5101

Client Services Department Leaders

Title	Name	Telephone
Director	Darryl Wells	(317) 488-5013
Supervisor	Phyllis Salyers (temp)	(317) 488-5154

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

Indiana Health Coverage Programs Quick Reference Effective January 3, 2005

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 – ACS Clinical Call Center** 1-866-879-0106 Fax 1-866-780-2198
AVR System (including eligibility verification) (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

Hoosier Healthwise (Managed Care Organizations and PCCM) 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 **Pharmacy** 1-800-608-8158	**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 **Pharmacy** (317) 630-2831 1-800-356-1204	**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 **ScripSolutions (PBM)** 1-800-555-8513	**Prime*Step* (PCCM)** www.healthcareforhoosiers.com **Claims - 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 for PMPs** 1-800-889-9949, Option 3 **Pharmacy** – see ACS in Pharmacy Benefit Manager section above	*Medicaid Select* www.medicaidselect.com **Claims - 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 for PMPs** 1-877-633-7353, Option 3 **Pharmacy** – see ACS in Pharmacy Benefit Manager section above

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	

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.

Web interChange		
Please indicate the workshop you will be attending in Indiana:		
☐ Muncie, February 15, 2005	☐ Lafayette, February 23, 2005	☐ Bloomington, February 24, 2005
☐ Indianapolis, March 1, 2005	☐ Terre Haute, March 3, 2005	☐ East Chicago, March 9, 2005
☐ Evansville, March 16, 2005	☐ Clarksville, March 22, 2005	☐ South Bend, March 22, 2005
☐ Fort Wayne, March 24, 2005		

HIPAA Updates		
Please indicate the workshop you will be attending in Indiana:		
☐ Muncie, February 15, 2005	☐ Lafayette, February 23, 2005	☐ Bloomington, February 24, 2005
☐ Indianapolis, March 1, 2005	☐ Terre Haute, March 3, 2005	☐ East Chicago, March 9, 2005
☐ Evansville, March 16, 2005	☐ Clarksville, March 22, 2005	☐ South Bend, March 22, 2005
☐ Fort Wayne, March 24, 2005		

Voids and Replacements		
Please indicate the workshop you will be attending in Indiana:		
☐ Muncie, February 15, 2005	☐ Lafayette, February 23, 2005	☐ Bloomington, February 24, 2005
☐ Indianapolis, March 1, 2005	☐ Terre Haute, March 3, 2005	☐ East Chicago, March 9, 2005
☐ Evansville, March 16, 2005	☐ Clarksville, March 22, 2005	☐ South Bend, March 22, 2005
☐ Fort Wayne, March 24, 2005		

Managed Care Roundtable		
Please indicate the workshop you will be attending in Indiana:		
☐ Muncie, February 15, 2005	☐ Lafayette, February 23, 2005	☐ Bloomington, February 24, 2005
☐ Indianapolis, March 1, 2005	☐ Terre Haute, March 3, 2005	☐ East Chicago, March 9, 2005
☐ Evansville, March 16, 2005	☐ Clarksville, March 22, 2005	☐ South Bend, March 22, 2005
☐ Fort Wayne, March 24, 2005		

Registrant Information
Name of Registrant:
Provider Number:
Provider Name:
Provider Address:
City: State: ZIP:
Provider Telephone: Provider Fax:
Provider E-Mail Address:

INDIANA HEALTH CARE PROGRAM (IHCP)

CREDIT BALANCE WORKSHEET INSTRUCTIONS

1. **PROVIDER NAME** – This field must contain the name of the provider that received payment from IHCP.

2. **MEDICAID PROVIDER #** – This field must contain the nine (9) digit provider number assigned by IHCP.

3. **TELEPHONE NUMBER** – This field must contain the telephone number of the contact person.

4. **DATE** – This field must contain the current date.

5. **CONTACT PERSON** – This field must contain the name of the person in your organization familiar with the listed credit balances.

6. **THIRD PARTY TYPE** – This field must be checked to determine what other payor type was involved in the credit balance, if any.

7. **PATIENT NAME** – This field must contain the name of the patient.

8. **MEDICAID ID NUMBER** – This field must contain the twelve (12)-digit Recipient Identification number (RID), assigned to the recipient.

9. **MEDICARE ID NUMBER** – This field must contain the Health Insurance Claim number assigned by Medicare.

10. **EMPLOYER NAME** – This field must contain the name of the employer.

11. **INSURER NAME** – This field must contain the name of the third party insurer, if any.

12. **POLICY HOLDER NAME** – This field must contain the name of the policy holder or employee.

13. **POLICY NUMBER** – This field must contain the policy number assigned by the third party insurer.

14. **GROUP NUMBER** – This field must contain the insurer's number for the employer's plan.

15. **PAY TO PROVIDER NUMBER** – This field must contain the nine (9)-digit provider number assigned by IHCP that the refund originates from. Be sure to include your service location.

16. **CLAIM CONTROL NUMBER** – This field must contain the thirteen (13) digit number assigned to the claim.

17. **SERVICE DATES** – This field must contain the service dates of the claim.

18. **MEDICAID PAID AMOUNT** – This field must contain the amount paid by IHCP.

19. **REFUND AMOUNT** – This field must contain the amount owed to IHCP as refund.

20. **TOTAL REFUND AMOUNT FROM ALL PAGES** – This field must contain the total refund amount from all pages.

21. **CLAIM LEVEL ADJUSTMENT TO OCCUR IMMEDIATELY ?** – "YES" must be circled, if an adjustment is to occur immediately; "NO" must be circled if an adjustment is not to occur immediately.

22. **TOTAL THIS PAGE** – This field must contain page number information. Example "1 of 3".

INDIANA OFFICE OF MEDICAID POLICY AND PLANNING - CREDIT BALANCE WORKSHEET

1. PROVIDER NAME: _____

4. DATE: _____

2. MEDICAID PROVIDER #: _____

5. CONTACT PERSON: _____

3. TELEPHONE NUMBER: _____

6. THIRD PARTY TYPE: HEALTH___   MEDICARE___   CASUALTY___   OTHER___

7. PATIENT NAME	8. MEDICAID ID NUMBER	9. MEDICARE ID NUMBER	10. EMPLOYER NAME
11. INSURER NAME	**12. POLICY HOLDER NAME**	**13. POLICY NUMBER**	**14. GROUP NUMBER**

HMS PROJECT (OFFICE USE ONLY)

Hospital-Self Audit

15. PAY TO PROVIDER NUMBER	16. CLAIM CONTROL NUMBER	17. SERVICE DATES BEGIN	END	18. MEDICAID PAID AMOUNT	19. REFUND AMOUNT
				22. TOTAL THIS PAGE	

20. TOTAL REFUND AMOUNT FROM ALL PAGES	21. CLAIM LEVEL ADJUSTMENT TO OCCUR IMMEDIATELY?
	YES / NO