

## **Provider Monthly Newsletter**

NL200503

March 2005

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### **Frequently Used Acronyms**

AAA	Area Agency on Aging
AVR	Automated Voice Response
CMS	Centers for Medicare & Medicaid Services
DME	Durable Medical Equipment
EDI	Electronic Data Interchange
EOB	Explanation of Benefits
EVS	Eligibility Verification Systems
FDA	Food and Drug Administration
HCE	Health Care Excel
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act
IAC	Indiana Administrative Code
IFSSA	Indiana Family and Social Services Administration
IHCP	Indiana Health Coverage Programs
ISDH	Indiana State Department of Health
IPAS/PASRR	Indiana Pre-Admission Screening/Pre-Admission Screening Resident Review
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
PHI	Protected Health Information
PMP	Primary Medical Provider
RA	Remittance Advice
RBMC	Risk-Based Managed Care
TPL	Third Party Liability

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## Provider News

### Revenue Code Updates

This article clarifies IHCP policy about billing of services under revenue codes 92x – *Other Diagnostic Services*, and 94x – *Other Therapeutic Services*. The IHCP does not reimburse revenue codes 920, 940, 941, 942, 944, 945, 946, 947, or 949. Effective April 1,

2005, revenue code 929 will also not be reimbursable by the IHCP. Providers must use an appropriate revenue code that is descriptive of the service, or where the service was performed. Table 1 lists affected revenue codes.

Table 1 – Revenue Codes and Descriptions

Revenue Code	Description
920	Other Diagnostic Services – General
929	Other Diagnostic Services – Other Diagnostic Service
940	Other Therapeutic Services – General
941	Other Therapeutic Services – Recreational Therapy
942	Other Therapeutic Services – Education/Training
944	Other Therapeutic Services – Drug Rehabilitation
945	Other Therapeutic Services – Alcohol Rehabilitation
946	Other Therapeutic Services – Complex Medical Equipment - Routine
947	Other Therapeutic Services – Complex Medical Equipment - Ancillary
949	Other Therapeutic Services – Additional Therapeutic Services

Therapeutic and diagnostic injections are performed within a number of treatment centers in a hospital, including but not limited to, an operating room (360), emergency room (450), or clinic (510). Similar to Medicare policy, IHCP policy requires that hospitals report therapeutic and diagnostic injections under the treatment center revenue code where they were performed. This is also consistent with rate setting for treatment rooms as costs for injections were considered when establishing treatment room rates. Injections are included in the reimbursement of the treatment room when other services are provided. However, if a patient is treated and only receives the injection service, the provider will be reimbursed the flat fee of the appropriately billed treatment room revenue code.

Claims using the revenue codes in the 92x and 94x series listed above may have previously denied with *EOB 4014 – Claims being reviewed for pricing*. Claims billed with these revenue codes will now deny with *EOB 4107 – Revenue code is not appropriate or not covered for the type of service being provided*.

Direct questions about this information to EDS customer assistance at (317) 655-3240 in the Indianapolis local area or 1-800 577-1278.

### Reporting Personal Injury Claims

Providers are asked to notify the EDS TPL Casualty Department if a request for medical records is received from an IHCP member's attorney about a personal injury claim, or if information is available about a personal injury claim being pursued by an IHCP member. When notifying the TPL Casualty Department, include the IHCP member's name, member identification number, date of injury, insurance carrier information, and attorney name, phone number, and address, if available.

The TPL Casualty Department has prepared a form to use when submitting this information; however, use of this form is not required. A copy of this form, titled *Provider TPL Referral Form*, is on page 11 of this newsletter and is also available on the IHCP Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com) under *Publications, Forms, TPL Forms*.

Send this form to the TPL Casualty Department by e-mail at [INXIXTPLCasualty@eds.com](mailto:INXIXTPLCasualty@eds.com), 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 to the following address:

**EDS TPL Casualty Department  
P.O. Box 7262  
Indianapolis, IN 46207-7762**

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### HIPAA Compliance Updates

Effective April 1, 2005, the IHCP will no longer accept electronic claim transactions not compliant with HIPAA requirements. HIPAA requires that electronic claims for medical services be billed in a standardized X12N format. This requirement includes claims submission, eligibility verification, managed care enrollments, and other transactions. HIPAA specifications for these transactions are documented in implementation guides (IGs) available from the Washington Publishing Company Web site at [www.wpc-edi.com](http://www.wpc-edi.com).

The OMPP recognizes that compliance is a significant undertaking for many providers. Therefore every effort has been made and will continue to be made to assist providers with becoming compliant. In April 2004 there were 1132 providers sending claims in non-compliant format. In January 2005 there were 99 providers using the non-compliant format. EDS will continue to contact the remaining providers and assist in their effort to become HIPAA compliant before the deadline.

Providers may also use the IHCP Web interChange as an alternative method of claims submission. Web interChange can be accessed from the IHCP Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

Direct questions about the claims submission process to the Electronic Solutions Help Desk at (317) 488-5160 in the Indianapolis local area or 1-877-877-5182.

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### File Exchange Updates

The current direct connect dial-up method of transmission used by trading partners to exchange data electronically in batch mode with the IHCP does not meet the HIPAA security rule standard, which goes into effect April 20, 2005. This direct connect dial-up method of data exchange contains the potential for unauthorized access to electronic PHI.

To meet the HIPAA security requirement and to ensure the security of PHI, the direct connect dial-up method of transmission will be replaced with an Internet application titled *File Exchange*. The IHCP provides *File Exchange* for secure file processing, storage, and transfer. It is designed to safely and securely collect, store, manage, and distribute sensitive information between the IHCP and provider organizations.

All trading partners who connect directly with the IHCP using modem dial-up will be required to exchange data using *File Exchange* during the next few months. Providers who send transactions through a clearinghouse will not be required to make any changes to the way they submit to the clearinghouse. Providers are encouraged to contact their clearinghouse to make sure they are aware of this conversion to *File Exchange*.

Additionally, this change does not apply to providers who send interactive transactions, use Web interChange to submit claims, or use the OMNI eligibility system. EDS will be contacting providers and software vendors to assist them with this transition. Updated communications guides, updates to the IHCP Web site, provider newsletters, and banner page articles will be published. A detailed *How To* document containing Internet connection options for providers will be available for additional assistance.

Direct questions about *File Exchange* to the EDS Electronic Solutions Help Desk at (317) 488-5160 in the Indianapolis local area or 1-877-877-5182. Questions can also be sent by e-mail to [inxixTradingPartner@eds.com](mailto:inxixTradingPartner@eds.com).

**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 2 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. EDS processes registrations in the order received and registration does not guarantee a spot at the workshop.** EDS sends confirmation letters upon receipt of registrations. If a confirmation letter is not received, the seating capacity has been reached for that workshop.

Table 2 – 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 were effective January 1, 2005. A question and answer session will immediately follow the individual MCO presentations. <b>This session is specific to RBMC.</b>

Table 3 lists the dates and Indiana locations for each workshop.

Table 3 – First Quarter Workshop Dates, Deadlines, and Locations

Workshop Date	Registration Deadline	Location
March 1, 2005	February 22, 2005	Wishard Hospital, Indianapolis Myers Auditorium 1001 W. 10 <sup>th</sup> 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](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 and 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.

## Hospice and Nursing Facility Services

### Hospice Policy Updates

This article provides information about the policy and procedures that provider groups must follow to disenroll a member from an IHCP managed care program. The IHCP pays for room and board under the IHCP hospice benefit for dually-eligible Medicare/Medicaid nursing facility residents and Medicaid-only nursing facility residents who elect the hospice benefit. Each provider group must complete their respective responsibilities to disenroll the member from managed care to ensure that the hospice provider may successfully bill the IHCP for room and board under the hospice benefit. Each provider group must comply with the *IHCP Provider Agreement* and regularly verify IHCP eligibility. Providers can verify eligibility on the 1<sup>st</sup> and 15<sup>th</sup> of each month.

### Hoosier Healthwise Considerations for Nursing Facility Providers

The *IHCP Provider Manual*, version 5.0, page 14-70 includes a section titled *Long-Term Nursing Facility Placement*. The following information is from that section.

Nursing facilities and AAAs must notify the MCO immediately when an MCO member is admitted to an LTC facility or undergoes the IPAS/PASRR. The MCO is financially responsible for all care provided to its members until enrollment termination is effective. IHCP fee-for-service is financially responsible for LTC reimbursement when the member is approved for intermediate LOC, skilled LOC, or general case mix per *405 IAC 1-3-1* and *1-3-2* and the member is disenrolled from the MCO.

LTC facilities must coordinate with the MCO to allow members to use appropriate in-network service during the period when the member is assigned to the MCO. Information about the specific MCO network in which a member is enrolled is available through the EVS.

### Managed Care Considerations for Hospice Providers

Specific hospice procedures are described on pages 3-24 to 3-26 of the *IHCP Hospice Provider Manual*, version 4.0. This section describes only those procedures related to

disenrollment of hospice members from managed care during the first hospice benefit period.

Hospice providers can fax member enrollment information, for IHCP managed care members only, to HCE, the IHCP PA contractor. Upon receipt of the enrollment information, the hospice analyst contacts the appropriate individual at AmeriChoice, IHCP's managed care program, on the same day. The hospice provider may start billing the IHCP the day after the individual is disenrolled from managed care.

The HCE PA Unit fax number is (317) 347-4537. To facilitate the hospice authorization process, the hospice provider may fax the *Medicaid Hospice Election Form* to the HCE PA Unit to initiate disenrollment of the member from managed care. The corresponding hospice physician certification form and hospice plan of care must be sent to the HCE PA Unit within 10 business days as described in *405 IAC 5-34-4* to ensure the request is timely.

If the hospice provider fails to verify IHCP eligibility to determine whether a member is enrolled in managed care, and also fails to fax the *Medicaid Hospice Election Form* to the HCE PA Unit, the hospice provider will not receive payment for those dates of service that the IHCP member was still enrolled in managed care.

HCE must receive the faxed copy of the *Medicaid Hospice Election Form* by 4 p.m. Indianapolis time on the day of disenrollment. This ensures that there is adequate time for HCE to coordinate with AmeriChoice to process the disenrollment on that same day.

### Hospice Billing for Room and Board Payment Under the IHCP Hospice Benefit

According to state regulations at *405 IAC 1-16-4*, direct Medicaid payment to the nursing facility must stop when a member elects the hospice benefit. The hospice must then bill Medicaid for 95 percent of the contracted nursing facility case mix rate and then pay the nursing facility according to their contract. IHCP provider bulletin *BT200011* specifies that hospice authorization cannot be granted until there is a nursing facility LOC on the system because payment for room and board under the hospice

benefit is contingent upon the member meeting IHCP nursing facility LOC.

IndianaAIM will pay the hospice claim for room and board service dates for those dates of service that are approved on the nursing facility LOC. The nursing facility provider must comply with all IHCP policies and procedures related to verifying IHCP eligibility, managed care considerations, and receiving an approved OMPP form 450B with eligible dates for IHCP reimbursement. These nursing facility provider responsibilities are not waived because the member elected the hospice benefit, nor can they be delegated to the hospice provider. Under no circumstances should the nursing facility provider expect the hospice to reimburse the nursing facility for room and board for any dates of service not reflected on the nursing facility LOC due to an auto enrollment into managed care.

Hospice service dates will be denied for failure to comply with the above policy, and for failure to submit necessary documentation in a timely manner to the IHCP PA Unit as described in 405 IAC 5-34. The PA denial does not relieve the hospice provider from reimbursing the contracted nursing facility for room and board services rendered. Under no circumstances should the nursing facility provider suffer a financial loss because the hospice provider failed to comply with timeliness requirements for hospice authorization or hospice claims billing. To ensure that any such payment is not seen as a possible inducement, the hospice must at a minimum keep the PA notice reflecting the denial of service dates for untimeliness reasons, the nursing facility bill for room and board for those dates of service, and the hospice payment for those service dates. Hospice providers are encouraged to work with an attorney to ensure that their procedures comply with the safe harbor regulations and with an accountant to ensure that documentation is sufficient to pass audit review.

### **IHCP Hospice Forms Update**

The IHCP has completed revisions to the following two hospice forms:

- *Medicaid Hospice Election Form, SF 48737(R/11-04) OMPP 0005*
- *Medicaid Hospice Plan of Care, SF 48731 (R2/11-04) OMPP 0011*

The forms can be found at

<http://www.state.in.us/icpr/webfile/formsdiv/48737.pdf> and

<http://www.state.in.us/icpr/webfile/formsdiv/48731.pdf> or on the *Forms* section of the IHCP Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

The IHCP requests that existing forms be depleted prior to re-ordering the new forms; however, these forms are available as fill-in versions on the above Web sites. The HCE PA Unit has been given the following directives related to these forms:

- *Medicaid Hospice Election Form:* The witness signature has been removed. HCE will accept the old form and authorize without the witness signature.
- *Medicaid Hospice Plan of Care:* A third signature is required on the hospice plan of care. Hospice providers were notified in provider bulletin *BT200331* that they must continue to include a third signature on the hospice plan of care. Hospice providers can continue to use the old form as long as they include the third signature. Failure to include the third signature will result in HCE suspending the hospice authorization request with a request for the third signature.

Providers may use these new forms immediately by accessing the above Web sites. Providers can also request the forms from the Indiana State Forms Distribution Center as described in Section 3 of the *IHCP Hospice Provider Manual*, version 4.0.

## IHCP Provider Field Consultants Effective March 1, 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

### Member and Provider Relations Leaders

Title	Name	Telephone
Director of Member and Provider Relations	Marcia Meece-Bagwell	(317) 488-5345
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](http://www.indianamedicaid.com).*



**Indiana Health Coverage Programs Quick Reference Effective March 1, 2005**

<b>Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization</b>				
<b>AVR System</b> (including eligibility verification) (317) 692-0819 or 1-800-738-6770	<b>EDS Administrative Review</b> Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	<b>EDS Customer Assistance</b> (317) 655-3240 or 1-800-577-1278	<b>EDS Electronic Solutions Help Desk</b> (317) 488-5160 or 1-877-877-5182 <a href="mailto:INXIXElectronicSolution@eds.com">INXIXElectronicSolution@eds.com</a>	
<b>EDS Forms Requests</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>EDS Member Hotline</b> (317) 713-9627 or 1-800-457-4584	<b>EDS Provider Written Correspondence</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>EDS Provider Enrollment/Waiver</b> P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	
<b>EDS Third Party Liability (TPL)</b> (317) 488-5046 or 1-800-457-4510 Fax (317) 488-5217	<b>HCE Medical Policy Department</b> P.O. Box 53380 Indianapolis, IN 46253-0380 (317) 347-4500	<b>HCE Prior Authorization Department</b> P.O. Box 531520 Indianapolis, IN 46253-1520 (317) 347-4511 or 1-800-457-4518	<b>HCE SUR Department</b> P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 or 1-800-457-4515	
<b>HCE Provider and Member Concern Line (Fraud and Abuse)</b> (317) 347-4527 or 1-800-457-4515		<b>IHCP Web Site</b> <a href="http://www.indianamedicaid.com">www.indianamedicaid.com</a>		
<b>Pharmacy Benefit Manager</b>				
<b>ACS Drug Rebate</b> ACS State Healthcare ACS – Indiana Drug Rebate P. O. Box 2011332 Dallas, TX 75320-1332	<b>ACS PBM Call Center for Pharmacy Services/POS/ProDUR</b> 1-866-645-8344 or <a href="mailto:Indiana.ProviderRelations@acs-inc.com">Indiana.ProviderRelations@acs-inc.com</a>	<b>ACS Preferred Drug List Clinical Call Center</b> 1-866-879-0106	<b>Indiana DUR Board</b> <a href="mailto:INXIXDURQuestions@acs-inc.com">INXIXDURQuestions@acs-inc.com</a>	
<b>Indiana Pharmacy Claims/Adjustments</b> c/o ACS P. O. Box 502327 Atlanta, GA 31150	<b>Indiana Administrative Review/Pharmacy Claims</b> c/o ACS P.O. Box 502327 Atlanta, GA 31150	<b>PA For ProDUR and Indiana Rational Drug Program – ACS Clinical Call Center</b> 1-866-879-0106 or Fax 1-866-780-2198	<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	
<b>Hoosier Healthwise (Managed Care Organizations and PCCM) and Medicaid Select</b>				
<b>CareSource</b> <b>Claims</b> 1-866-930-0017 <b>Member Services</b> 1-800-488-0134 <b>PA</b> 1-866-930-0017 <b>Provider Services</b> 1-866-930-0017	<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>PA/Medical Management</b> 1-800-504-2766 <b>Provider Services</b> 1-800-504-2766 <b>Pharmacy</b> 1-800-608-8158	<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>PA/Medical Management</b> 1-800-464-0991 <b>Provider Services</b> 1-800-414-9475 <b>Nursewise</b> 1-800-414-5946 <b>ScripSolutions (PBM)</b> 1-800-555-8513	<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>PA/Medical Management</b> 1-800-356-1204 or (317) 630-2831 <b>Provider Services</b> 1-800-356-1204 or (317) 630-2831 <b>Pharmacy</b> (317) 630-2831 or 1-800-356-1204	
<b>Molina</b> <a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a> <b>Claims</b> 1-800-642-4509 <b>Member Services</b> 1-800-642-4509 <b>PA</b> 1-800-642-4509 <b>Provider Services</b> 1-800-642-4509	<b>PrimeStep (PCCM)</b> <a href="http://www.healthcareforhoosiers.com">www.healthcareforhoosiers.com</a> <b>Claims - 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 for PMPs</b> 1-800-889-9949, Option 3 <b>Pharmacy</b> – see ACS in Pharmacy Benefit Manager section above	<b>Medicaid Select</b> <a href="http://www.medicaidselect.com">www.medicaidselect.com</a> <b>Claims - EDS Customer Assistance</b> 1-800-577-1278 or (317) 655-3240 <b>Member Services</b> 1-877-633-7353, Option 1 <b>PA</b> HCE: 1-800-457-4518 or (317) 347-4511 <b>Provider Services for PMPs</b> 1-877-633-7353, Option 3 <b>Pharmacy</b> – see ACS in Pharmacy Benefit Manager section above		
<b>Claim Filing</b>				
<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>EDS 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	
<b>Check Submission (non-pharmacy)</b>				
<b>To make refunds to IHCP:</b> <b>EDS Refunds</b> P.O. Box 2303, Dept. 130 Indianapolis, IN 46206-2303		<b>To Return Uncashed IHCP Checks:</b> <b>EDS Finance Department</b> 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.

<b>Web interChange</b>		
Please indicate the workshop you will be attending in Indiana:		
<input type="checkbox"/> Indianapolis, March 1, 2005	<input type="checkbox"/> Terre Haute, March 3, 2005	<input type="checkbox"/> East Chicago, March 9, 2005
<input type="checkbox"/> Evansville, March 16, 2005	<input type="checkbox"/> Clarksville, March 22, 2005	<input type="checkbox"/> South Bend, March 22, 2005
<input type="checkbox"/> Fort Wayne, March 24, 2005		
<b>HIPAA Updates</b>		
Please indicate the workshop you will be attending in Indiana:		
<input type="checkbox"/> Indianapolis, March 1, 2005	<input type="checkbox"/> Terre Haute, March 3, 2005	<input type="checkbox"/> East Chicago, March 9, 2005
<input type="checkbox"/> Evansville, March 16, 2005	<input type="checkbox"/> Clarksville, March 22, 2005	<input type="checkbox"/> South Bend, March 22, 2005
<input type="checkbox"/> Fort Wayne, March 24, 2005		
<b>Voids and Replacements</b>		
Please indicate the workshop you will be attending in Indiana:		
<input type="checkbox"/> Indianapolis, March 1, 2005	<input type="checkbox"/> Terre Haute, March 3, 2005	<input type="checkbox"/> East Chicago, March 9, 2005
<input type="checkbox"/> Evansville, March 16, 2005	<input type="checkbox"/> Clarksville, March 22, 2005	<input type="checkbox"/> South Bend, March 22, 2005
<input type="checkbox"/> Fort Wayne, March 24, 2005		
<b>Managed Care Roundtable</b>		
Please indicate the workshop you will be attending in Indiana:		
<input type="checkbox"/> Indianapolis, March 1, 2005	<input type="checkbox"/> Terre Haute, March 3, 2005	<input type="checkbox"/> East Chicago, March 9, 2005
<input type="checkbox"/> Evansville, March 16, 2005	<input type="checkbox"/> Clarksville, March 22, 2005	<input type="checkbox"/> South Bend, March 22, 2005
<input type="checkbox"/> Fort Wayne, March 24, 2005		
<b>Registrant Information</b>		
Name of Registrant:	_____	
Provider Number:	_____	
Provider Name:	_____	
Provider Address:	_____	
City:	State: _____	ZIP: _____
Provider Telephone:	_____	
	Provider Fax:	_____
Provider E-Mail Address:	_____	

Indiana Health Coverage Programs



P R O V I D E R T P L R E F E R R A L F O R M

*Providers: Please complete if you have received a request for medical records from an IHCP member's attorney relating to a personal injury claim or if you have information about a personal injury claim being pursued by an IHCP member.*

1. Name of IHCP Member: \_\_\_\_\_
2. Member Number: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Social Security Number: \_\_\_\_\_
5. Member's Home Address: \_\_\_\_\_
6. Member's Telephone Number: \_\_\_\_\_
7. Date of Accident or Injury: \_\_\_\_\_
8. Brief Description of Accident and Injuries:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Member's Attorney Name, Address, and Phone Number:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Insurance Information (Name of liability insurance carrier, policy number, claim number, adjuster's name, address, and phone number)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please send this information to the TPL Casualty Department by e-mail at [INXIXCasualty@eds.com](mailto:INXIXCasualty@eds.com), by facsimile at (317) 488-5127, by telephone at (317) 488-5046 in the Indianapolis local area or 1-800-457-4510, or by U.S. mail to the following address:*

**EDS TPL Casualty Department  
P.O. Box 7262  
Indianapolis, IN 46207-7762**

Form Number: TPL0006  
Revision Date: March 2005