Provider Monthly Newsletter

NL200608 **August 2006**

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Abbreviations in this Newsletter

ACS	Affiliated Computer Services
AVR	Automated Voice Response
AWP	average wholesale price
CCF	Claim Correction Form
CMS	Centers for Medicare & Medicaid Services
DME	durable medical equipment
DUR	Drug Utilization Review
EDS	Electronic Data Systems
HCE	Health Care Excel
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act
HME	home medical equipment
IHCP	Indiana Health Coverage Programs
ISDH	Indiana State Department of Health
LTC	long term care
MAC	maximum allowable cost
MDS	minimum data set
MHS	Managed Health Service

NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
OMPP	Office of Medicaid Policy and Planning
OTC	over the counter
PA	prior authorization
PBM	pharmacy benefits manager
PCCM	primary care case management
PDL	Preferred Drug List
PMP	primary medical provider
POS	point of sale or place of sale
ProDUR	Prospective Drug Utilization Review
RUG	resource utilization group
SSN	Social Security number
SUR	Surveillance and Utilization Review
TENS	transcutaneous electrical nerve stimulation
TIN	tax identification number
TPL	third party liability

Provider News

New Bulletins on the IHCP Web Site

The following bulletin was posted to the IHCP Web site in July:

BT200615 – Daugherty v. Roob – Reinstatement of Benefits for Members with Spend-Down

A complete list of bulletins is available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/ Publications/bulletin_results.asp.

As new bulletins are posted to the IHCP Web site, IHCP E-mail Notifications are sent to subscribers. The *April Provider Monthly Newsletter* (*NL200604*) provides complete information about this service. To subscribe, visit the IHCP Web site at http://www.indianamedicaid.com/ihcp/mailing_list/ default.asp.

Daugherty v. Roob – Reinstatement of Benefits for Members with Spend-Down

Daugherty v. Roob is a lawsuit recently filed against the State concerning how Medicaid eligibility is determined for members with income higher than the Medicaid limit (*spend-down*). Under an agreement approved by the court, Medicaid with spend-down is being reinstated back to the date it was terminated for persons whose Medicaid eligibility terminated on or after January 1, 2006, because they did not have ongoing monthly medical expenses that were more than their spend-down.

Members who are being reinstated as described above must contact their medical providers who provided services during the time their eligibility was terminated. Providers may use all traditional means of eligibility verification to ascertain the member's eligibility for a specific date of service. Members began receiving notices about their reinstatement in late July 2006.

Once eligibility is verified, providers must file claims with Medicaid for any covered services rendered during this period. If claims were applied to spend-down and did not pay (paid zero), providers must submit an adjustment to EDS to correct the payment. If claims denied, providers should submit a new claim for payment to EDS. All claims fall well within the one-year filing limit; therefore, no other special procedures or handling is required.

When adjudicated, these claims will either be applied to meet spend-down, or if spend-down was met, the provider will receive payment. If the provider receives payment and the member also paid for the service, the provider must issue a refund to the member in accordance with the normal procedures for retroactive eligibility outlined in the *IHCP Provider Manual* (Chapter 2, Section 10). Failure to comply with the refund requirement is considered a breach of the *IHCP Provider Agreement* and could result in IHCP disenrollment of the provider.

Please direct questions about the information in this bulletin to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.

Vaccines for Children

Effective July 17, 2006, the ISDH announced that the vaccine for Hepatitis A pediatric/adolescent dosage are available through the Vaccines for Children program. Therefore, for dates of service on or after July 17, 2006, reimbursement for HCPCS codes *90633 – Hepatitis A vaccine, pediatric/adolescent dosage – 2-dose schedule, for intramuscular use* and *90634 – Hepatitis A vaccine, pediatric/adolescent dosage – 3-dose schedule, for intramuscular use*, is the lesser of the $8 administration fee or the billed amount.

July 2006, Quarterly HCPCS Codes Update

The purpose of this article is to notify providers of the coverage determinations for the July 2006, quarterly updates to the HCPCS codes.

> *Note: Non-covered, as it appears in Table 8.8 (Attachment 4 of this newsletter) indicates that the IHCP does not cover the service described in the code. Non-reimbursable indicates that the service described in the code is either billable under another code, or is part of global billing.*

New HCPCS Codes

New codes are identified in Table 8.8 (Attachment 4 of this newsletter) by procedure code, description, PA the requirements, allowed modifiers, and program coverage status. Providers may bill these codes for dates of service effective on or after July 1, 2006. The standard global billing procedures and edits apply when using the new codes. The July 2006, Quarterly HCPCS Codes may be accessed at http://www.cms.hhs.gov/ HCPCSReleaseCodeSets.

HCPCS codes K0734 through K0737 are new codes used to report adjustable skin protection and positioning seat cushions currently reported with HCPCS code K0108 and modifier U1, U2, U3, or U4. The IHCP created the procedure code to modifier combinations to mirror Medicare policy for the use of HCPCS code

K0108 for adjustable seat cushions as published in IHCP provider banner page *BR200536*. Adjustable cushions are purchase-only items by the IHCP, and providers must attach the NU modifier when billing these items. Pricing established for adjustable and positioning seat cushions as published in *BR200536* is applied to HCPCS codes K0734 through K0737, effective for dates of service on or after September 1, 2006. Providers may report procedure code K0108 and modifier U1, U2, U3, or U4 for skin protection and positioning seat cushions for dates of service through August 31, 2006.

Contact Information

Providers should direct questions about this article to Customer Assistance at (317) 655-3240 in the Indianapolis local area, or at 1-800-577-1278.

Non-Provider Mailings

Effective August 1, 2006, paper copies of bulletins and newsletters are no longer mailed to **non-providers**. This information can always be downloaded from the IHCP Web site at http://www.indianamedicaid.com

We encourage non-providers to subscribe to the IHCP E-mail Notification program that offers timely notices of banner, bulletin, and newsletter postings to the IHCP Web site. To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at http://www.indianamedicaid.com/ihcp/mailing_list/default.asp.

Durable Medical Equipment Providers

Provider Enrollment Updates for Home Medical Equipment Services Providers

To conform with *IC 25-26-21*, all HME services providers must be licensed by the Indiana State Board of Pharmacy. Effective August 1, 2006, providers must have a valid HME license on file with the IHCP and update their enrollment information with EDS to receive reimbursement for HME services.

The requirements for HME licensing are outlined in *IC 25-26-21* and *856 IAC 1-39* (Currently printed in *29 Indiana Register 138*).

For more information about licensure and requirements, contact the Indiana State Board of Pharmacy at (317) 234-2067 or on the Web at http://www.in.gov/pla/bandc/isbp/guidance.html.

After obtaining licensure, affected providers must update their IHCP provider profiles by adding the new HME provider specialty, *251 – Home medical equipment provider*.

All current DME providers are enrolled with provider specialty *250 – DME/medical supply dealer*.

All providers that wish to submit claims for HME services **must be enrolled with provider specialty 251**. Providers who wish to submit claims for other medical supplies not defined as HME must be enrolled with provider specialty 250. To submit claims for both HME and non-HME supplies, providers must enroll in both provider specialties 250 and 251.

To determine which codes require an HME license and enrollment in provider specialty 251, view the code sets for HME and DME providers posted on the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/providerCodes/providerCodes.asp.

To add a provider specialty, obtain a *Provider Update Form* from the IHCP Web site at http://www.indianamedicaid.com/ihcp/ProviderServices/provider_update.asp or contact Provider Enrollment at 1-877-707-5750. Providers must complete the form, sign it, and mail it and all required attachments to the following address for processing:

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

To enroll in provider specialty 251, providers must submit a copy of their license issued by the Indiana State Board of Pharmacy. This copy must accompany the *Provider Update Form*.

> *Note: Pharmacy providers currently enrolled in the IHCP with both provider specialties 240 and 250 do not need to update their provider profiles to add provider specialty 251. The IHCP will systematically add this specialty to the provider profile for these providers because they are exempt from the licensing requirements for HME services and they are already licensed by the Indiana State Board of Pharmacy.*

Managed Care Providers

Submitting Claims to MCOs as Secondary Payers

This article clarifies and provides guidance for submitting a claim to a managed care organization (MCO) that is listed as a secondary payer when the claim is paid in full by the primary payer.

When the provider submits a claim to the MCO, the MCO processes the claim and then submits the encounter data (*shadow claims)* to the state of Indiana. This claims data is used to track and trend the overall cost and utilization of services by the Indiana Medicaid population and gives the state of Indiana the data needed to accurately report the overall State Medicaid costs to the Federal Government. This data also impacts capitation payments to the MCOs and is important information in the State's understanding of the total medical costs involved in each case.

If a provider is contacted by an MCO and asked to submit a claim that has already been paid by a primary insurance company, the provider should submit the claim. In this case, the provider is not billing fraudulently, but is providing information that helps to better serve the Indiana Hoosier Healthwise population.

Waiver Providers

Waiver and Case Management Providers: Change of Address

Effective immediately, the address for submitting requests for appeal of audit findings has changed to the following:

> **Secretary, Indiana Family and Social Services**
>   **Administration**
> **c/o: Pat Casanova,**
> **OMPP, LTC Reimbursement, MS07**
> **402 W. Washington St., Room W382**
> **Indianapolis, IN 46204**

A copy of the appeal request is to be mailed to:

> **EDS Waiver Unit**
> **Attention: Waiver Financial Analyst**
> **950 N. Meridian St., Suite 1150**
> **Indianapolis, IN 46204-4288**

The appeal request must state the following:

- The provider is the party to whom the order is specifically directed
- The provider is adversely affected by the overpayment identified
- The provider is entitled to review under law

If the provider elects to appeal the determination, the provider must also file a *Statement of Issues* **within 60 days** after receiving the audit determination. The *Statement of Issues* will detail the following:

- The specific findings, actions, or determinations of the OMPP or EDS to which the provider is appealing
- Information about why the provider believes that the determination was in error with respect to each finding, action, or determination

- All statutes or rules supporting the provider's contentions of error with respect to each finding, action, or determination according to *405 IAC 1-1.5-2(e)*

The *Statement of Issues* must be sent to the same address as the appeal request, and a copy must also be forwarded to the EDS HCBS Waiver Unit address noted above.

> *Note: The statement and appeal request may be filed together.*

Direct questions about audit appeals to Susie Bachelle, RN, EDS Waiver Supervisor at (317) 488-5343.

Waiver Re-enrollment

During a recent review of provider enrollment files, the IHCP determined that many waiver providers have not completed the IHCP *Provider Enrollment Application.*

The IHCP must maintain a completed IHCP *Provider Enrollment Application* and *Provider Agreement* for all providers in order to meet federal disclosure requirements. Therefore, the IHCP must re-enroll waiver providers that do not have a completed IHCP *Provider Enrollment Application* on file in order to remain in compliance with federal requirements.

Beginning August 1, 2006, the IHCP will send a letter and an IHCP Provider Enrollment Application packet to all affected waiver providers. The letter contains detailed instructions on how to complete the application and re-enroll.

Providers must complete the IHCP *Provider Enrollment Application* and return it to EDS within 45 days of the date of the letter.

To obtain additional copies of the IHCP *Provider Enrollment Application* or to obtain additional information, visit the IHCP Web site at

http://www.indianamedicaid.com or contact the Provider Enrollment and Waiver line at 1-877-707-5750.

Pharmacy Services

Pharmacy Claims Adjustment

After a post-payment review of claims, EDS discovered an overpayment affecting pharmacy claims submitted between October 1, 2005, and February 9, 2006, for OTC insulin. These claims reimbursed at AWP minus 13.5 percent or the provider's actual billed amount, whichever was less. The claims should have reimbursed at AWP minus 16 percent or the provider's actual billed amount, whichever was less. Providers do not need to take action. The affected claims were systematically adjusted beginning July 20, 2006.

Providers should direct questions about this adjustment to the EDS Pharmacy Services Help Desk at (317) 655-3240, in the Indianapolis local area, or 1-800-577-1278. Press option 1 for pharmacy.

State MAC Legend Drug Rate Updates

Tables 8.3 - 8.7 (Attachment 3 of this newsletter) contain the updates to the State MAC rates and rate lists with effective dates for the changes.

Direct questions about the State MAC for legend drugs to the Myers and Stauffer Pharmacy Unit at (317) 816-4136 in the Indianapolis local area, or 1-800-591-1183, or by e-mail at pharmacy@mslc.com.

OTC Drug Formulary Addition

In addition to the drugs added to the OTC formulary in IHCP provider bulletin *BT200614*, Magonate liquid was added to the OTC Drug Formulary, and the following rate of 0.04125 is assigned to this product. This rate is effective July 1, 2006.

National Provider Identifier (NPI)

National Provider Identifier Web Page

The IHCP Web site features an NPI Web page at http://www.indianamedicaid.com/ihcp/ProviderServices/npi.asp. This page contains information about the *IHCP NPI Implementation Plan*, instructions for obtaining an NPI, links to other resources on the Web, and informational documents like the *NPI Fact Sheet*.

NPI Reporting Tool

The IHCP will mail notification letters to request that providers begin reporting their NPI to the IHCP when the Web-based NPI Reporting Tool is implemented. The notification letter provides instructions about how providers report their NPI to the IHCP.

Enrolled health care providers must report their NPI to the IHCP by the May 1, 2007to be paid for services. Any health care provider that does not report its NPI to the IHCP may not be paid for services after May 23, 2007.

All health care providers (for example, physicians, suppliers, hospitals, and others) are eligible for an NPI. Health care providers are individuals or organizations that render health care services. All health care providers that are HIPAA-covered entities, whether they are individuals or organizations, must obtain an NPI to identify themselves in paper and electronic transactions.

Atypical providers are not required to obtain and use an NPI in paper and electronic transactions. An atypical provider is any entity that does not meet the definition of a health care provider as defined in *45 CFR 160.103*. Atypical providers include billing services, value-added networks, repricers, health care clearinghouses, non-emergency transportation service providers, and other entities that do not provide health care services.

The *NPI Fact Sheet* containing information about the NPI is available on the *NPI* page of the IHCP Web site at http://www.indianamedicaid.com/ihcp/ProviderServices/pdf/TR370_npi_facts.pdf.

Obtaining a National Provider Identifier

To obtain an NPI, visit the NPPES Web site at https://nppes.cms.hhs.gov/NPPES, or call 1-800-465-3203 (toll free) or 1-800-692-2326 (TTY). Providers may apply electronically for their NPI from this Web site or by downloading and completing a paper form (available on this Web site) and submitting it to NPPES at the address indicated on the form.

Reporting Your NPI to IHCP

When the NPI Reporting Tool is implemented, it will be available from http://www.indianamedicaid.com by clicking on the **Report your NPI to the IHCP** link located in the NPI section of the IHCP Web site home page.

When accessing the NPI Reporting Tool, have the following information available:

- The reporting provider's tax identification number or social security number.
- The NPI notification letter that includes the password needed to access the NPI Reporting Tool.
- Taxonomy codes associated with each IHCP legacy provider identifier being reported.
- Contact name, telephone number, and e-mail address.
- The NPI of all rendering providers affiliated with the group, if applicable.

After logging into the NPI Reporting Tool, you must do the following:

- Enter a contact name, telephone number, and e-mail address, if applicable. The tool displays all active IHCP legacy provider identifiers affiliated with your TIN.
- Enter an NPI for each IHCP legacy provider identifier and service location that you want to continue using in a paper and electronic transactions after the May 23, 2007, compliance date.
- Select the appropriate taxonomy code for your specialty.

Reporting a Rendering Provider's NPI to IHCP

If you are a group provider, you must obtain the NPIs of your rendering providers and report them along with your NPI for each service location. All active rendering providers affiliated with the billing provider at a particular service location are displayed in the tool. To report an NPI for a rendering provider, you must take the following steps:

- Enter the NPI for the rendering provider
- Select the appropriate taxonomy for the rendering provider specialty

If the NPI Reporting Tool identifies a rendering provider who is no longer in your group, contact the EDS Provider Enrollment and Waiver line at 1-877-707-5150 to unlink the rendering provider from your group.

Contact Information

Assistance is available for the NPI Reporting Tool by calling the EDS Provider Enrollment and Waiver line at 1-877-707-5750. To manually report your NPI, a paper application will soon be available from the IHCP Web site at http://www.indianamedicaid.com, or by calling the EDS Provider Enrollment and Waiver line. The

paper application must be completed, signed, dated, and mailed by May 1, 2007 to:

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

Remember: Providers must report the NPI for each IHCP legacy provider identifier and service location to the IHCP by May 1, 2007, to continue using paper and electronic submission of transactions after the compliance date.

NPI Transition: Confirm *Mail To* Address Is Current

The IHCP will be mailing notification letters advising providers to start reporting their NPI to the IHCP when the NPI Reporting Tool is implemented. The notification letter provides important instructions on how providers are to report their NPI to the IHCP. All providers must have a current *Mail To* address (location where the IHCP sends correspondence) on file with the IHCP. If a provider's *Mail To* address has changed at any time, the provider should confirm that the IHCP has a current address on file.

To verify the *Mail To* address on file with the IHCP, providers can logon to Web interChange at https://interchange.indianamedicaid.com. From Web interChange, access the **Provider Profile** section and verify the *Mail To* information. Providers can also verify their *Mail To* address by calling the EDS Provider Enrollment and Waiver line at 1-877-707-5750.

If a *Mail To* address is incorrect, the provider may download the *Provider Update Form* from the *Provider Services* section of the IHCP Web site. The form is available as an Acrobat (pdf) file at http://www.indianamedicaid.com/ihcp/ProviderServices/pdf/ProviderUpdate.pdf or as a Word file at http://www.indianamedicaid.com/ihcp/ProviderServices/pdf/ProviderUpdate.doc. Providers should complete sections 1 and 4, and have an authorized official sign the last page. Providers who do not have Web access may request a copy of the *Provider Update Form* from the EDS Provider Enrollment and Waiver line.

Providers who do not have access to Web interChange can request access from the *Welcome to Web interChange* page at https://interchange.indianamedicaid.com/Administrative/logon.asp and select the **How to Obtain an ID** link.

Provider Workshops

2006 Third Quarter Medicaid Provider Workshops

The IHCP offers workshops free of charge. Sessions are offered at several locations in Indiana. Table 8.1 lists the time, session topic, and description. 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 workshop seating capacity has been reached.

All workshops begin promptly at 8 a.m., local time. General directions to workshop locations are available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/ProviderServices/workshops.asp. 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.

A copy of the *Provider Workshop Registration* form is included as Attachment 2 of this newsletter. Print or type the information requested on the registration form. List one registrant per form. Fax completed registration forms to EDS at (317) 488-5376. EDS processes registrations chronologically based on the date of 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 possible room temperature variations.

Table 8.1 – 2006 Third Quarter Workshop Session Times, Topics, and Descriptions

Time	Topic	Description
8 a.m. – 9 a.m.	National Provider Identifier (NPI) Presented by EDS	This session provides an overview of the requirements for NPI. The focus is on how to obtain a NPI, updating your provider enrollment file, and billing requirements. An EDS field consultant will lead this session
9 a.m. – 9:45 a.m.	NPI and Roundtable Presented by CareSource	This session is designed for CareSource to present information about NPI and conduct a roundtable question and answer session with providers.
9:45 a.m. – 10 a.m.	Break	
10 a.m. – 10:45 a.m.	NPI and Roundtable Presented by Molina Healthcare, Inc.	This session is designed for Molina Healthcare to present information about NPI and conduct a roundtable question and answer session with providers.
10:45 a.m. – 11:30 a.m.	NPI and Roundtable Presented by MHS	This session is designed for Managed Health Services to present information about NPI and conduct a roundtable question and answer session with providers.
11:30 a.m. – 12 p.m.	NPI and Roundtable Presented by MDwise	This session is designed for MDwise to present information about NPI and conduct a roundtable question and answer session with providers.
12 p.m. – 1 p.m.	Lunch Break	Lunch is not provided
1 p.m. – 1:45 p.m.	NPI and Roundtable Presented by Harmony Health Plan	This session is designed for Harmony Health Plan to present information about NPI and conduct a roundtable question and answer session with providers.
1:45 p.m. – 2 p.m.	Break	
2 p.m. – 4 p.m.	Long Term Care Presented by EDS	This session focuses on the MDS Case Mix Audit providing a general overview of the process and a discussion of each RUG category. The session includes a review of the Supported Documentation Guidelines with an emphasis on the type of documentation EDS LTC Review Teams require to support resident care as conveyed by each facility's MDS transmissions. The presenter is a member of the EDS LTC Review Team. The schedule allows for time for questions both during and after the session.

Table 8.2 lists the workshop dates, registration deadlines, and Indiana locations for each workshop.

Table 8.2 – 2006 Third Quarter Workshop Dates, Registration Deadlines, and Locations

Workshop Date	Registration Deadline	Location
Thursday, August 3, 2006	Thursday, July 27, 2006	Reid Hospital Wallace Auditorium 1401 Chester Blvd. Richmond, IN 47374
Tuesday, August 8, 2006	Tuesday, August 1, 2006	Union Hospital Landsbaum Center 1433 N. 6 ½ St. Terre Haute, IN 47801
Thursday, August 10, 2006 *	Thursday, August 3, 2006	St. Joseph Regional Medical Center Educational Center 801 E. LaSalle Ave. South Bend, IN 46617
Tuesday, August 15, 2006	Tuesday, August 8, 2006	Wishard Hospital Myers Auditorium 1001 W. 10th St. Indianapolis, IN 46202
Tuesday, August 29, 2006	Tuesday, August 22, 2006	St. Mary's Medical Center St. Mary Manor Auditorium 3700 Washington Ave. Evansville, IN 47714

* This session was originally scheduled for Monday, July 31 at the same location. The Monday, July 31 session has been canceled in lieu of the Thursday, August 10 session.

Contact Information

A map of provider representative territories and updated information about the provider field consultants are available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/ProviderServices/pr_list_frameset.htm. The *Indiana Health Coverage Programs Quick Reference* is available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/Misc_PDF/Quick_Reference.pdf. These Web documents are updated whenever changes occur.

Provider Relations Field Consultants, Effective August 4, 2006

Territory Number	Provider Relations Consultant	Telephone	Counties Served
1	Jean Downs	(317) 488-5071	Jasper, Lake, LaPorte, Newton, Porter, Pulaski, Starke
2	Jenny Atkins (temp)	(317) 488-5153	Allen, Dekalb, Elkhart, Fulton, Kosciusko, Lagrange, Marshall, Noble, St. Joseph, Steuben, Whitley
3	Keith Coleman	(317) 488-5197	Benton, Boone, Carroll, Cass, Clinton, Fountain, Hamilton, Howard, Miami, Montgomery, Tippecanoe, Tipton, Warren, White
4	Daryl Davidson	(317) 488-5388	Adams, Blackford, Delaware, Grant, Hancock, Henry, Huntington, Jay, Madison, Randolph, Wabash, Wayne, Wells
5	Pat Duncan (temp)	(317) 488-5098	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, Washington
7	Lori Bishop	(317) 488-5148	Clay, Greene, Johnson, Hendricks, Lawrence, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo
8	Jenny Atkins (temp)	(317) 488-5153	Crawford, Daviess, Dubois, Gibson, Knox, Martin, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick
9	Tina King (temp)	(317) 488-5123	Out-of-State

Provider Relations Field Consultants for Bordering States

State	City	Provider Relations Consultant	Telephone
Illinois	Chicago/Watseka	Jean Downs	(317) 488-5071
	Danville	Lori Bishop	(317) 488-5148
Kentucky	Owensboro	Jenny Atkins (temp)	(317) 488-5153
	Louisville	Tina King	(317) 488-5123
Michigan	Sturgis	Jenny Atkins (temp)	(317) 488-5153
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.

For Provider Concerns

Provider Relations Consultant	Telephone
Pat Duncan (temp)	(317) 488-5098

Indiana Health Coverage Programs Quick Reference, Effective March 10, 2006

Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization			
AVR System (including eligibility verification) (317) 692-0819 1-800-738-6770	EDS Administrative Review Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Customer Assistance (317) 655-3240 1-800-577-1278 Opt 1 = Pharmacy, Opt 2 = First Steps	EDS Electronic Solutions Help Desk (317) 488-5160 or 1-877-877-5182 INXIXElectronicSolution@eds.com
EDS Forms Requests P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Member Hotline (317) 713-9627 1-800-457-4584 Opt 1 = First Steps, Opt 2 = Pharmacy	EDS Provider Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Provider Enrollment/Waiver P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750
EDS Third Party Liability (TPL) (317) 488-5046 1-800-457-4510 Fax (317) 488-5217	HCE Medical Policy Department P.O. Box 53380 Indianapolis, IN 46253-0380 (317) 347-4500	HCE Prior Authorization Department P.O. Box 531520 Indianapolis, IN 46253-1520 (317) 347-4511 or 1-800-457-4518	HCE SUR Department P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 1-800-457-4515
HCE Provider and Member Concern Line (Fraud and Abuse) (317) 347-4527 or 1-800-457-4515		IHCP Web Site http://www.indianamedicaid.com	

Pharmacy Benefit Manager			
ACS Drug Rebate ACS State Healthcare ACS – Indiana Drug Rebate P. O. Box 2011332 Dallas, TX 75320-1332	EDS Pharmacy Services Help Desk for POS claims processing 317-655-3240 1-800-577-1278 or INXIXPharmacy@EDS.com	EDS Pharmacy Claims P.O. Box 7268 Indianapolis, IN 46207-7268	Indiana DUR Board INXIXDURQuestions@acs-inc.com
EDS Pharmacy Claims Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265	Indiana Administrative Review/ Pharmacy Claims EDS Pharmacy Claims Admin. Review P.O. Box 7263 Indianapolis, IN 46207-7263	PA For Pro-DUR and Preferred Drug List – ACS Clinical Call Center 1-866-879-0106 Fax: 1-866-780-2198	To make refunds to IHCP for Pharmacy Claims send check to: EDS Pharmacy Refunds P.O. Box 2303, Dept 130 Indianapolis, IN 46206-2303

Hoosier Healthwise (Managed Care Organizations and PCCM) and *Medicaid Select*			
CareSource Claims http://www.caresource-indiana.com 1-866-930-0017 **Member Services** 1-800-488-0134 **PA** 1-866-930-0017 **Provider Services** 1-866-930-0017	Harmony Health Plan http://www.harmonyhmi.com **Claims** 1-800-504-2766 **Member Services** 1-800-608-8158 TTY: 1-877-650-0952 **PA/Medical Management** 1-800-504-2766 **Provider Services** 1-800-504-2766 **Pharmacy** 1-800-608-8158	Managed Health Services (MHS) http://www.managedhealthservices.com **Claims** 1-800-414-9475 **Member Services** 1-800-414-5946 **PA/Medical Management** 1-800-464-0991 **Provider Services** 1-800-414-9475 **Nursewise** 1-800-414-5946 **ScripSolutions (PBM)** 1-800-555-8513	MDwise http://www.mdwise.org **Claims** 1-800-356-1204 or (317) 630-2831 **Member Services** 1-800-356-1204 or (317) 630-2831 **PA/Medical Management** 1-800-356-1204 or (317) 630-2831 **Provider Services** 1-800-356-1204 or (317) 630-2831 **Pharmacy** (317) 630-2831 or 1-800-356-1204
Molina Healthcare hppt://www.molinahealthcare.com **Claims** 1-800-642-4509 **Member Services** 1-800-642-4509 **PA** 1-800-642-4509 **Provider Services** 1-800-642-4509	Prime*Step* (PCCM) http://www.healthcareforhoosiers.com **Claims - EDS Customer Assistance** 1-800-577-1278 or (317) 655-3240 **Member Services** 1-800-889-9949, Option 1 **PA** HCE: 1-800-457-4518 or (317) 347-4511 **Provider Services for PMPs** 1-800-889-9949, Option 3 **Pharmacy** – see Pharmacy Benefit Manager section above	*Medicaid Select* http://www.medicaidselect.com **Claims - EDS Customer Assistance** 1-800-577-1278 or (317) 655-3240 **Member Services** 1-877-633-7353, Option 1 **PA** HCE: 1-800-457-4518 or (317) 347-4511 **Provider Services for PMPs** 1-877-633-7353, Option 3 **Pharmacy** – see 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
EDS 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

Indicate the workshop you will be attending in Indiana. **Print** or **type** the information on this form and fax it to (317) 488-5376.

National Provider Identifier Presented by EDS		
☐ Thursday, August 3, 2006 Richmond, IN	☐ Tuesday, August 8, 2006 Terre Haute, IN	☐ Thursday, August 10, 2006 * South Bend, IN
☐ Tuesday, August 15, 2006 Indianapolis, IN	☐ Tuesday, August 29, 2006 Evansville, IN	

MCO Presentations: National Provider Identifier (NPI) and Roundtable *(Select date and presentations)*

Thursday, August 3, 2006 (Richmond, IN)	Tuesday, August 8, 2006 (Terre Haute, IN)
☐ MDwise ☐ Harmony Health Plan ☐ Managed Health Services ☐ CareSource ☐ Molina Healthcare, Inc.	☐ MDwise ☐ Harmony Health Plan ☐ Managed Health Services ☐ CareSource ☐ Molina Healthcare, Inc.
Thursday, August 10, 2006 (South Bend, IN)	Tuesday, August 15, 2006 (Indianapolis, IN)
☐ MDwise ☐ Harmony Health Plan ☐ Managed Health Services ☐ CareSource ☐ Molina Healthcare, Inc.	☐ MDwise ☐ Harmony Health Plan ☐ Managed Health Services ☐ CareSource ☐ Molina Healthcare, Inc.
Tuesday, August 29, 2006 (Evansville, IN)	
☐ MDwise ☐ Harmony Health Plan ☐ Managed Health Services ☐ CareSource ☐ Molina Healthcare, Inc.	

Long Term Care (LTC). Presented by EDS		
☐ Thursday, August 3, 2006 Richmond, IN	☐ Tuesday, August 8, 2006 Terre Haute, IN	☐ Thursday, August 10, 2006 South Bend, IN
☐ Tuesday, August 15, 2006 Indianapolis, IN	☐ Tuesday, August 29, 2006 Evansville, IN	

Registrant Information *(One registrant per form)*

Name of Registrant: _____

Provider Name: _____   Provider Number: _____

Provider Address: _____

City: _____   State: _____   ZIP: _____

Provider Telephone: _____   Provider Fax: _____

Provider E-mail Address: _____

* This session was originally scheduled for Monday, July 31 at the same location. The Monday, July 31 session has been canceled in lieu of the Thursday, August 10 session.

State MAC Rate Updates

Effective for Dates of Service On or After July 28, 2006

Table 8.3 – **Added** to the State MAC Legend Drug Rate List,
Effective for Dates of Service On or After July 28, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
BROMOCRIPTINE 5 MG CAPSULE	4.05480	MOMETASONE FUROATE 0.1% SOLN	0.88280
MILRINONE 0.2 MG/ML IN D5W	0.24826		

Table 8.4 – **Decreases** to the State MAC Legend Drug Rate,
Effective for Dates of Service On or After July 28, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
BACLOFEN 10 MG TABLET	0.11678	METHYLPHENIDATE 20 MG TAB SA	0.37269
CYANACOBALAMIN 1,000 MCG/ML	0.18816	METHYLPHENIDATE 5 MG TABLET	0.09087
ETH ESTRADIOL/NORGESTIIMATE 35/35/35/18	0.81123	MORPHINE SULF ER 15 MG TABLET	0.28005
HYDROCORTISONE 2.5% LOTION	0.30697	SOTALOL HCL 80 MG TABLET	0.13407
LABETALOL HCL 200 MG TABLET	0.16725	WARFARIN SODIUM 5 MG TABLET	0.16770
LIDOCAINE HCL 2% JELLY	0.34220		

Effective for Dates of Service On or After August 1, 2006

Table 8.5 – **Increases** to the State MAC Legend Drugs Rates,
Effective for Dates of Service On or After August 1, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
DESONIDE 0.05% CREAM	0.22365	HYDROCHLOROTHIAZIDE 25 MG TB	0.03246

Effective for Dates of Service On or After September 1, 2006

Table 8.6 – **Additions** to the State MAC Legend Drugs Rate List,
Effective for Dates of Service On or After September 1, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
ALBUTEROL 5 MG/ML SOLUTION	0.15090	FLUTICASONE 50 MCG NASAL SPRAY	3.37460
APAP/BUTAL/CAFF 500/50/40 CAP	1.46140	GLIMEPIRIDE 1 MG TABLET	0.04060
AZITHROMYCIN 250 MG TABLET	4.30560	GRISEOFULVIN 125 MG/5 ML SUSP	0.27635
AZITHROMYCIN 500 MG TABLET	8.70600	LEFLUNOMIDE 20 MG TABLET	1.07050
CYCLOBENZAPRINE 5 MG TABLET	0.11580	PAMIDRONATE DISOD 30 MG VIAL	121.63200
FLUCONAZOLE-NS 400 MG/200 ML	0.12258	ZONISAMIDE 100 MG CAPSULE	1.01590

Table 8.7 – **Decreases** to the State MAC Legend Drugs Rates,
Effective for Dates of Service On or After September 1, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
AMPHETAMINE SALTS 20 MG TAB	0.30162	MIRTAZAPINE 45 MG TABLET	0.40410
CIPROFLOXACIN 0.3% EYE DROP	2.22960	MOMETASONE FUROATE 0.1% CREAM	0.57093
CIPROFLOXACIN HCL 500 MG TAB	0.10878	NEO/POLYMYXIN/DEXAMETH DROP	0.41220
CITALOPRAM HBR 20 MG TAB	0.08628	OXYCODONE/APAP 7.5/325 MG TB	0.55527
ECONAZOLE NITRATE 1% CREAM	0.30818	TRIAMCINOLONE 0.1% CREAM	0.03655

Direct questions about the State MAC for legend drugs to the Myers and Stauffer Pharmacy Unit at (317) 816-4136 in the Indianapolis local area, or 1-800-591-1183, or by e-mail at pharmacy@mslc.com.

HCPCS Codes Updates

Effective for Dates of Service On or After July 1, 2006

Table 8.8 – **New** July 2006, Quarterly HCPCS Codes
Effective for Dates of Service On or After July 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
C9229	Injection, ibandronate sodium, per 1 mg	Not Applicable for All Programs		Non-Reimbursable for All Programs
C9230	Injection, abatacept, per 10 mg	Not Applicable for All Programs		Non-Reimbursable for All Programs
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Yes for All Programs	NU, RR	Covered for All Programs
K0734	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes for All Programs	NU	Covered for All Programs **Effective September 1, 2006**
K0735	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Yes for All Programs	NU	Covered for All Programs **Effective September 1, 2006**
K0736	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes for All Programs	NU	Covered for All Programs **Effective September 1, 2006**
K0737	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Yes for All Programs	NU	Covered for All Programs **Effective September 1, 2006**

Direct questions about these codes to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or 1-800-577-1278.