Indiana Health Coverage Programs

Monthly News

http://www.indianamedicaid.com

Provider Monthly Newsletter

NL200704 **April 2007**

Abbreviations Used in this Newsletter

ACT	Assertive Communications Treatment
ADA	American Dental Association
AVR	Automated Voice Response
CFR	Code of Federal Regulations
CMHC	Community Mental Health Center
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
DFR	Division of Family Resources
EDI	electronic data interchange
EDS	Electronic Data Systems
EVS	eligibility verification system
FSSA	Family and Social Services Administration
GHI	General Health, Inc.
HCE	Health Care Excel
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act
HMO	health maintenance organization
HSPP	Health Service Provider in Psychology
IAC	Indiana Administrative Code
IC	Indiana Code
ICD	International Classification of Diseases
ICF/MR	Intermediate Care Facility for the Mentally Retarded
IHCP	Indiana Health Coverage Programs
ISDH	Indiana State Department of Health
LC	Limited Corporation
LOC	level of care
LPI	legacy provider identifier
MCO	managed care organization
MRN	Medicare Remittance Notice
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
NUBC	National Uniform Billing Committee
NUCC	National Uniform Claim Committee
OMPP	Office of Medicaid Policy and Planning
PA	prior authorization
PFL	past filing limit
PMP	primary medical provider
PRTF	Psychiatric Residential Treatment Facility
RA	Remittance Advice
RBMC	risk-based managed care
RHC	rural health clinic
RID	Recipient Identification
RVU	relative value units
SSN	Social Security number
SUR	Surveillance and Utilization Review
TIN	tax identification number
TPL	third party liability
WEDI	Workgroup for Electronic Data Interchange

Provider News

New Bulletins Posted on the IHCP Web Site

The following bulletins were posted to the IHCP Web site in March:

BT200707 – McArty v. Roob – Denture Prior Authorization Requirements

BT200708 – Changes to the Preferred Drug List

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

E-mail notifications are sent to subscribers as new bulletins are posted to the IHCP Web site.

To subscribe, visit the IHCP Web site at http://www.indianamedicaid.com/ihcp/mailing_list/default.asp and click the Open New Account button.

NPI FAQ Added to the IHCP Web Site

The National Provider Identifier (NPI) Frequently Asked Questions (FAQ) found on the IHCP website http://www.indianamedicaid.com/ihcp/ProviderServices/npi_faqs.asp have been updated with additional questions and answers.

Obtaining and Using Your National Provider Identifier (NPI)

Failure to prepare could result in a disruption in cash flow. Will you be ready to use your NPI? Time is running out!

To date, more than 1.6 million providers have obtained an NPI. A recent survey of the health care industry, conducted by the WEDI, indicates that providers should have already obtained an NPI and be focusing on implementation and testing with health plans and clearinghouses. If you have not obtained your NPI by now, you should do so immediately so that you can begin the implementation and testing process. The IHCP also requires providers to report their NPI via the NPI Reporting Tool, which can be found at http://www.indianamedicaid.com.

Not sure what an NPI is and how you obtain it, share it, and use it? More NPI information and education can be found on the CMS NPI page at http://www.cms.hhs.gov/NationalProvIdentStand/ and the IHCP NPI page at http://www.indianamedicaid.com/ihcp/ProviderServices/npi.asp. Providers can apply for an NPI online at https://nppes.cms.hhs.gov or call the NPI enumerator at 1-800-465-3203 to request a paper application.

Table 1 – IHCP Transition Plan

Transition Plan	Start Date	End Date
For electronic claims and claim status requests: Providers must continue to submit the IHCP provider number and may also submit the NPI.	April 2006	March 2007
For all electronic transactions (excluding Web): Providers must continue to submit the IHCP provider number and may also submit the NPI.	April 2006	March 2007
IHCP Web Reporting Tool is available for providers to report NPI.	September 2006	Ongoing

Timeline for Revised Paper Claim Forms

The following information does not apply to providers rendering services in the RBMC delivery system. These providers should contact the MCO with whom they are contracted for information about paper claim form transition.

The NUCC, the NUBC, and the ADA have revised the layouts of the institutional, professional, and dental paper claim forms. The current institutional UB-92 claim form will be replaced with the institutional UB-04. The current professional CMS-1500 health insurance claim form will be revised to the 08-05 version. The ADA dental claim form will be replaced with J400D. The EDS pharmacy claim forms will be revised to include NPI information. The pharmacy claim forms will be available May 16, 2007*, and may be obtained from the *Forms* page of the IHCP web site at http://www.indianamedicaid.com/ihcp/Publications/forms.asp. Links to the other new claim forms will be added to the IHCP web site *Forms* page according to the *Start Date* in Table 2.

The IHCP will be transitioning to the new paper claim forms with the timelines noted in Table 2. During the transition period both old and new claim forms will be accepted. All claim forms will have a transition period excluding the Pharmacy claim form. The table outlines the transition period and cutover dates for each type of paper claim form.

Contact Information:

Providers with questions about this article should contact EDS Customer Assistance at (317) 347-4511 in the Indianapolis local area, or toll-free at 1-800-457-4518.

Table 2 – Revised Paper Claim Forms Timeline

Current Form	New Form	Transition Period (Old and New Forms Accepted)		Only New Forms Accepted (Cutover Date)
		Start Date	End Date	
CMS-1500	08-05	February 15, 2007	TBD	TBD
UB-92	UB-04	April 1, 2007	May 22, 2007	May 23, 2007
ADA 2000	ADA 2006	April 15, 2007	May 22, 2007	May 23, 2007
Pharmacy	Pharmacy	No Transition Period		May 23, 2007

*The availability date of the pharmacy claim forms is changed to allow providers additional time to familiarize themselves with the forms.

Reporting Personal Injury Claims

Providers should 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 prepared a form for use when submitting this information; however, use of this form is not required. The *Provider TPL Referral Form*, Attachment 5 of this newsletter, is also available on the *Forms* page of the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/forms.asp under *Third Party Liability (TPL) Forms*.

Complete this form and send it to the TPL Casualty Department by e-mail at INXIXTPLCasualty@eds.com, by facsimile at (317) 488-5217, or by U.S. Mail to the following address:

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

The EDS TPL Casualty Department may be contacted by telephone at (317) 488-5046 in the Indianapolis local area, or at 1-800-457-4510.

TPL Credit Balance Project

HMS is partnering with EDS to collect credit balances owed to the IHCP. Quarterly, HMS mails letters and credit balance worksheets to select providers notifying them that the date for refunding credit balances is 60 days from the date of the letter. Providers must reply promptly to these notices. Providers may have credit balances subtracted from future Medicaid payments, because adjustments are processed each week. Although only selected providers receive a letter and credit balance worksheet each quarter, all providers may use this credit balance process to return overpayments.

For questions about the credit balance collection process or requests for copies of the credit balance worksheet and instructions, contact HMS Provider Relations at 1-877-264-4854. The credit balance worksheet and instructions can be downloaded from the *Forms* page of the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/forms.asp.

Billing on the CMS-1500 Form

The National Provider Identifier (NPI) implementation date is May 23, 2007. During the transition period of February 15 to March 31, 2007, providers must use the 1D qualifier when submitting the Legacy Provider Identifier (LPI) on the CMS-1500 claim form. Qualifiers indicate the value of the next field and allow for multiple uses of the same field. Qualifiers for referring, rendering, and billing must be submitted when supplying an LPI or a taxonomy code. If a valid qualifier is not used, the claim will be returned to the provider.

Field 17a, R*eferring Provider Number*, Fields 24I and 24J, *Rendering Provider Number*, and Field 33b, *Billing Provider Qualifier and 1D Number*, must contain the 1D qualifier when submitting an LPI on the claim form.

Providers submitting claims with LPI during the transition period must use the 1D qualifier to the left of the LPI. The 1D qualifier indicates the value to the immediate right. If the 1D qualifier is not used, the claim will be returned to the provider.

Field 17a – Referring Provider Number

17a.	**1D**	**100000000**
17b.	**NPI**	

Fields 24I and 24J – Rendering Provider Number

24I. ID QUAL	**24J. RENDERING PROVIDER ID #**
1D	**100000000**
NPI	

Field 33b – Billing Provider Qualifier and 1D Number

33. BILLING PROVIDER INFO & PH # ( )	
a.	**b. 1D 100000000A**

Anesthesia Providers

Mass Adjustment – Procedure Codes 01991, 00539, 00921, 01829, and 01992

Medical claims submitted between October 16, 2003, and April 28, 2005, for procedure code 01991 - *Anesthesia for diagnostic or therapeutic nerve blocks and injections, other than the prone position,* will be mass adjusted. Claims billed with procedure code 01991 were inappropriately reimbursed at the billed amount, thus creating an overpayment to the provider. The request to replace the claims will appear on the RA statement dated May 1, 2007.

In addition, claims submitted between October 16, 2003, and July 12, 2005, with procedure codes 00539 -*Anesthesia for tracheobronchial reconstruction*, 00921 - *Anesthesia for procedure on male genitalia, vasectomy, unilateral/bilateral*, 01829 - *Anesthesia for diagnostic arthroscopic procedure on the wrist*, and 01992 - *Anesthesia for diagnostic or therapeutic nerve blocks and injection, prone position* will also be mass adjusted. These claims were inappropriately reimbursed at the billed amount, thus creating an overpayment to the provider. The request to replace claims will appear on the RA statement dated May 1, 2007.

Dental Provider News

Rendering Provider Number Required

This article updates information regarding the implementation of the requirement that was originally published in IHCP banner page BR200527 on July 5, 2005 (and again beginning with banner page BR200648 and continuing to date), and addresses billing guidelines for dental billing and rendering providers.

Because of complex changes required for dental providers to implement this requirement, as of January 1, 2007, the IHCP will not be systematically denying claims that are submitted without the rendering provider number. However, this requirement will be implemented with the new paper claim forms on April 15, 2007. At that time, all claims, paper and electronic, will be required to submit the rendering provider number. The billing guidelines are required for HIPAA compliance. Providers who have already modified their billing systems to comply with the new requirement do not need to do any changes. They can still bill their claims with the rendering field completed.

The billing guidelines for the current ADA 1999/2000 claim form are as follows:

1. *Group provider using a paper claim* – Enter the group number and location code(s) in Field 44A on the ADA Dental claim form. Enter the individual rendering number(s) in the *Administrative* column adjacent to each detail.
2. *Group provider using Web interChange* – Enter the group number and location code in the provider numbers field. Enter the individual rendering number in the rendering provider field.
3. *Individual billing provider using a paper claim* – Enter the individual billing number and location code in Field 44A on the ADA Dental claim form. Enter the individual billing number in the *Administrative* column adjacent to each detail.
4. *Individual billing provider using Web interChange* – Enter the individual billing number and location code in the provider number field. Enter their individual billing number in the rendering provider field.

Beginning April 15, 2007, dental providers will receive denials for the following situations:

1. 231 – Rendering provider number is missing – The entire nine-digit number must be used and must be in Field 24K. Please provide and resubmit.
2. 232 – Rendering provider number is invalid – The entire nine-digit number must be used and must be in Field 24K. Please verify and resubmit.

Note: For edits 231 and 232, Field 24K refers to CMS-1500 claim forms. For dental claims, the rendering must be in the *Adm* field.

3. 1004 – Rendering provider not enrolled in the program billed for the dates of service. Please verify provider number and resubmit.
4. 1008 – The rendering provider must be an individual provider. Please verify provider number and resubmit.
5. 1010 – Rendering provider is not an eligible member of billing group or the billing provider is

equal to the rendering provider. Please verify provider number and resubmit.

6. 7509 – Rendering provider on prepayment review.

Providers who have administrator access in Web interChange can view their provider profiles to access a list of the rendering providers linked to the group.

Contact Information

Providers can contact the Provider Enrollment Helpline at 1-877-707-5750 to discuss any updates that need to be made to the provider group information.

Hospice Providers

IHCP Reimbursement Policy

The purpose of this article is to clarify Indiana Health Coverage Programs (IHCP) reimbursement policy and the process for billing Medicaid Hospice claims when a member has private insurance, Medicare hospice/Medicaid room and board; and the process for billing a Medicaid hospice claims when the member has private insurance and Medicaid.

When a member who receives hospice services and resides in a nursing facility has dual eligibility, the hospice provider must bill claims to the IHCP using revenue code *659 – Hospice services/other/dual eligibility NF recipients only*. A member is considered dually eligible if he or she is enrolled in both Medicare and Medicaid. The member may also have other commercial insurance.

When verifying member eligibility, members who are dually eligible will be listed as being a qualified Medicare beneficiary (QMB-Also).

When a member who receives hospice services and resides in a nursing facility is not dually eligible (not a QMB), the hospice provider must bill claims to the IHCP using revenue code *653 – Hospice services/routine home care delivered in a nursing facility* or *654 – Hospice services/continuous home care delivered in a nursing facility*. The provider must use revenue code 653 or 654 even if the member has other commercial insurance and Medicaid.

If other insurance pays for the hospice care services in full, the hospice provider shall only receive payment from the IHCP for room and board services. If other insurance and the IHCP reimbursed the provider for hospice care services, the provider was overpaid and must refund the overpayment to the IHCP.

To refund the overpayment, the provider must complete a Hospice *Accounts Receivable Refund Adjustment* form (refer to Attachment 6 for an example of the form). The form is located on the following page of the IHCP Web site: http://www.indianamedicaid.com/ihcp/Hospice/content/forms.asp. Mail the completed form and a check for the overpayment amount to:

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

The following example shows how to calculate the amount of an overpayment for revenue code 653 or 654.

Table 3 – Nursing Home Room and Board Calculation

Nursing Home Room and Board Level of Care		
	Description	**Amount**
A	Nursing Home's Room and Board Rate	$136.98
B	Payment Percentage of the Room and Board Rate	95
C	Medicaid Reimbursement Per Day (A*B=C)	$130.13
D	Number of Days in the Month	31
E	Total Reimbursement Amount for the Month (C*D=E)	$4,034.03
F	Patient Liability for the Month	$1,019.00
G	Total Medicaid Reimbursement for Room and Board (E-F=G)	$3,015.03

Table 4 – Hospice Routine Health Care Calculation

Hospice Routine Health Care		
	Description	**Amount**
A	Routine Home Care Rate for the county of the provider	$126.92
B	Number of Days in the Month	31
C	Medicaid Hospice Reimbursement for the Month (A*B=C)	$3,934.52
D	Amount Paid by Third Party Liability	$3,410.00
E	Total Medicaid Reimbursed for Hospice (C-D=E)	$524.52

In this example, the provider received the full hospice reimbursement (Table 4, line C) of $3,934.52.

The IHCP should have reimbursed the provider $3,539.55 (Total Medicaid Reimbursement for Room and Board, $3,015.03, plus the Total Medicaid Reimbursement for Hospice, $524.52).

The provider was overpaid and must refund the IHCP $394.37 ($3,934.52 minus $3,539.55).

Note: An individual form must be completed for each claim that is being refunded.

Managed Care Provider News

2007 Behavioral Health Services for Hoosier Healthwise Risk Based Managed Care

The 2007 Hoosier Healthwise MCO Procurement project carved-in most behavioral health services to the RBMC program. Behavioral health services include mental health, substance abuse, and chemical dependency services. Therefore, beginning with dates of services of January 1, 2007, services rendered by providers enrolled in the IHCP with the following provider specialties are the responsibility of the MCO:

- 011 – Freestanding Psychiatric Hospital
  - MCO members that are under 21 years of age, or under 22 years of age that have begun inpatient psychiatric services immediately before their 21st birthday; in a freestanding psychiatric facility with greater than 16 beds, such as an institution for mental diseases (as defined in *42 USC 1396d(i)*).
  - MCO adult members between the ages of 22 and 65 years of age; in a freestanding psychiatric facility with 16 beds or fewer.
  - Package C members; not covered.
- 110 – Outpatient Mental Health Clinic
- 111 – Community Mental Health Center
- 112 – Psychologist
- 113 – Certified Psychologist
- 114 – Health Services Providers in Psychology
- 115 – Certified Clinical Social Worker
- 116 – Certified Social Worker
- 117 – Psychiatric Nurse
- 339 – Psychiatrist
- Office visits billed by an RBMC member's PMP with a mental health diagnosis code and services ordered by a provider enrolled in a mental health specialty, but provided by a non-mental health specialty (such as a laboratory) are the financial responsibility of the MCO. MCOs are also responsible for mental health services that are provided in an acute care hospital.
- Inpatient stays in an acute care hospital or freestanding psychiatric facility for treatment of substance abuse and chemical dependency for RBMC members remain the financial responsibility of the MCOs.

The carved-in behavioral health services, rendered by the mental health provider specialties listed above, should be billed directly to the applicable BHO for reimbursement. Behavioral health services rendered by non-mental health provider specialties should be billed to the applicable MCO. See Attachment 3 for the managed care health organizations' behavioral health contact information.

The following mental health services remain carved-out of the RBMC program and are paid by EDS fee-for-service:

- PRTF services rendered by a provider enrolled in the IHCP program with a specialty of 034. The MCOs retain responsibility for services outside of the PRTF including transportation, pharmacy, and other related health care services. MCOs are also responsible for care coordination for

members receiving PRTF services. PRTF services are not covered for Package C members.
- MRO services rendered by provider specialty 111 – Community Mental Health Center to individuals, families, or groups living in the community who need aid intermittently for emotional disturbances or mental illness. MRO services include outpatient mental health services, partial hospitalization, case management and ACT intensive case management. MCOs are also responsible for care coordination for members receiving MRO services. Refer to Table 5 for a listing of MRO services. MRO services are not covered for Package C members.

The PRTF and MRO services, which remain carved-out of RBMC, should be billed directly to EDS for reimbursement.

As with other carved-out services, the MCO remains responsible for services that may be related to the PRTF or MRO services, including but not limited to, care coordination, transportation, and pharmacy services.

The following services remain excluded from the Hoosier Healthwise Program and members are disenrolled from managed care upon qualification for such services.
- Services in an ICF/MR or
- Inpatient services in a state psychiatric hospital, which are not Medicaid services, but are provided under the State's 590 program.

To assist with the clarification of the behavioral health services, Tables 5 and 6 out line the behavioral health covered benefits, responsible entities, certification requirements, IAC language and procedural codes.

Table 5 – Hoosier Healthwise Behavioral Health Covered Benefits Effective January 1, 2007

Category of Service (Provider Type/Specialty)	**Reimbursed by MCO[1]**	**Package A Standard Plan[2,3]**	**Package C Children's Health Plan[4]**
Inpatient (Acute Care Hospital)	Yes	MCO Prior authorization is required (*405 IAC 5-20-1; 405 IAC 5-17-5*)	Covered; PA required (*407 IAC 3-7-1*)
Inpatient (Free-standing Psychiatric Hospital, 16 beds or less)	Yes	Covered for adult members (between 22 and 65 years of age) (*405 IAC 5-20-3; 405 IAC 5-17-5*). Certification required (*405 IAC 5-20-5*)	Not covered (Adults are not Package C eligible)
Inpatient (Freestanding psychiatric hospital, more than 16 beds, such as an institution for mental diseases)	Yes	Covered for members that are under 21 years of age, or under 22 years of age that have begun inpatient psychiatric services immediately before their 21st birthday (*405 IAC 5-20-1; 405 IAC 5-20-3*). Certification required (*405 IAC 5-20-5).*	Not covered (*407 IAC 3-7-1(b), 407 IAC 3-13-1(12)*)
Inpatient (ICF/MR)	No; Excluded	Member must be disenrolled from Hoosier Healthwise for the benefit to begin (*405 IAC 5-13-2*).	Not covered. (*407 IAC 3-13-1(3)*)

[1] For services rendered to MCO members by mental health providers, claims should be submitted to the appropriate MCO's Behavioral Health Organization. Services not reimbursed by the MCO are available for Hoosier Healthwise members, but are reimbursed by EDS (i.e., "carved out services") unless noted otherwise. To receive some services, members must be disenrolled from the MCO before the benefit can begin (i.e., "excluded" services).

[2] Medicaid covered services and limitations are cited in Title 405, Article 5 of the Indiana Administrative Code. Indiana Administrative Code can be found on the State's website http://www.state.in.us/legislative/iac.

[3] Package B coverage is limited to services related to pregnancy (e.g., including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy, or urgent care services, and are subject to the same limitations for those services as in Package A.

[4] Package C covered services and limitations are cited in Title 407, Article 3 of the Indiana Administrative Code.

Table 5 – Hoosier Healthwise Behavioral Health Covered Benefits Effective January 1, 2007

Category of Service (Provider Type/Specialty)	Reimbursed by MCO[1]	Package A Standard Plan[2,3]	Package C Children's Health Plan[4]
Inpatient (PRTF)	No	Covered for children younger than 21 years old and for individuals younger than 22 years old who began receiving PRTF services immediately before their 21st birthday (*405 IAC 5-20-3.1*). Prior authorization required thru HCE. HCE will notify the MCO when an MCO's member is admitted to a PRTF.	Not covered. (*407 IAC 3-13-1(13)*)
Inpatient (State Psychiatric Hospital)	No; Excluded	Not a Medicaid-covered service; Refer to the *590 Program Provider Manual*, for list of 590 Program facilities. Manual available on www.indianamedicaid.com (*IC 12-16; 470 IAC 12*).	Not covered.
Outpatient (Physicians, psychiatric hospitals, psychiatric wings of acute care hospitals, outpatient mental health facilities, community mental health clinics and psychologists endorsed as HSPPs)	Yes	Evaluation and group, family, and individual psychotherapy (405 IAC 5-20-8(4)) MCO PA: TBD (currently looking at 4-6 visits) Neuropsychological and psychological testing. MCO PA required. CMHCs enrolled as provider specialty 111.	Covered; maximum of 30 visits per a rolling 12 months per member without prior approval to a maximum of 50 visits per rolling year. *(407 IAC 3-2, 3-7(d))* MCO PA: TBD (currently looking at four to six visits)
MRO (CMHC)	No	Services include outpatient mental health services, partial hospitalization, case management and ACT intensive case management; For members who are seriously mentally ill, seriously emotionally disturbed, or have a substance-related disorder and meet the criteria in *405 IAC 5-21-5.* See Table 6 for list of procedure codes.	Not covered. *(407 IAC 3-7-1(f))*

Table 6 – MRO Carve Out - Procedure Group 50

Procedure/PIC Code	Code Description	Effective Date	End Date
97535 HQ HW	Self-care/home management training (such as, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures and instructions on equipment), direct one-on-one contact by provider, each 15 minutes, in group setting, funded by state mental health	1/1/2004	12/31/2299
97537 HQ HW	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment) direct one on one, group setting, funded by state mental health	1/1/2004	12/31/2299
H0002	Behavioral health screening to determine eligibility for admission to treatment program	1/1/2004	12/31/2299
H0004 HQ HW	Behavioral health counseling and therapy, per 15 minutes, group setting, funded by state mental health	1/1/2004	12/31/2299

Table 6 – MRO Carve Out - Procedure Group 50

Procedure/PIC Code	Code Description	Effective Date	End Date
H0004 HW	Behavioral health counseling and therapy, per 15 minutes, funded by state mental health	1/1/2004	12/31/2299
H0004 HW HR	Behavioral health counseling and therapy, per 15 minutes, funded by state mental health, family/couple with client	1/1/2004	12/31/2299
H0004 HW HS	Behavioral health counseling and therapy, per 15 minutes, funded by state mental health, family/couple without client	1/1/2004	12/31/2299
H0031 HW	Mental health assessment, by non-physician, funded by state mental health	1/1/2004	12/31/2299
H0033 HW	Oral medication administration, direct observation, funded by state mental health	1/1/2004	12/31/2299
H0035 HW	Mental health partial hospitalization, treatment, less than 24 hours, funded by state mental health	1/1/2004	12/31/2299
H0040 HW	Assertive community treatment program, per diem, funded by state mental health	11/1/2003	12/31/2299
H2011 HW	Crisis intervention service, per 15 minutes, funded by state mental health	1/1/2004	12/31/2299
H2014 HW	Skills training and development, per 15 minutes, funded by state mental health	1/1/2004	12/31/2299
T1016 HW	Case management, each 15 minutes, funded by state mental health	1/1/2004	12/31/2299
T1016 HW TG	Case management, each 15 minutes, funded by state mental health, complex/high tech LOC	1/1/2004	12/31/2299

Medicaid Rules (refer to the IAC for the complete rule language).

***405 IAC 5-20-1(a), (d)*:** Medicaid reimbursement is available for mental health services provided by licensed physicians, psychiatric hospitals, general hospitals, psychiatric residential treatment facilities for children under 21 years of age, outpatient mental health facilities, and psychologists endorsed as health service providers in psychology, subject to the limitation set out in this rule. Prior authorization is required for all impatient psychiatric admissions including admissions for substance abuse.

***405 IAC 5-20-8*:** Medicaid reimbursement is available for outpatient mental health services provided by licensed physicians, psychiatric hospitals, psychiatric wings of acute care hospitals, outpatient mental health facilities, and psychologists endorsed as HSPPs. Outpatient mental health services rendered by a medical doctor, doctor of osteopathy, or HSPP are subject to the limitations set forth in this rule.

***405 IAC 5-17-5*:** Medicaid reimbursement is available for inpatient detoxification, rehabilitation, and aftercare for chemical dependency when such services are prior authorized subject to this section.

CHIP Rule

***407 IAC 3-7-1*:** Reimbursement is available for mental health services subject to the limitations set out in the Medicaid program as well as additional limitation set forth in this rule.

National Provider Identifier (NPI) News

NPI Enhancements for Omni and AVR

Beginning **April 1, 2007**, providers that use the Omni swipe card system for verifying eligibility will be offered the option to verify member eligibility by submitting a NPI, taxonomy code, and ZIP Code+4. During this period of time, the NPI will not be required, but its use is recommended. If the NPI is sent, the system will attempt to crosswalk the NPI to a unique Legacy Provider Identifier (LPI), which is the IHCP Provider number.

The LPI will not be accepted after the HIPAA NPI mandatory date, May 23, 2007. To activate the NPI enhancements on the Omni terminal, it is necessary for all providers using the Omni system to download their Omni terminal **on or after April 1, 2007**. **All downloads must be completed before May 23, 2007**. Sending the taxonomy code and ZIP Code+4 increases the possibility of a successful crosswalk.

Detailed Omni download instructions, as well as the enhanced Omni transaction, will be described in a future IHCP Bulletin.

Beginning April 1, 2007, providers who use the Automated Voice Response (AVR) system will also have the option of accessing the AVR system by entering the NPI, taxonomy code, and ZIP Code+4.

Providers who have questions about the NPI enhancements to the Omni and AVR systems should contact the EDI Solutions Help Desk at 317-488-5160 or 1-877-877-5182.

First Step Providers to Be Notified when to Report NPI to IHCP

Please do not report your NPI to the IHCP until further notice. EDS is in the process of making modifications to ensure an easier and more accurate NPI reporting process. You will be notified when you can resume the NPI reporting process.
This applies to First Steps providers only.

NPI Reporting Tool

The IHCP has implemented the Web-based NPI Reporting Tool and now requests that providers begin reporting their NPI to the IHCP. 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 May 1, 2007 to 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 (e.g., 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 an NPI

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 requesting and completing a paper form and submitting it to NPPES at the address indicated on the form.

Reporting NPI to the IHCP

The NPI Reporting Tool is implemented and is 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 TIN or SSN.
- 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 LPIs affiliated with your TIN.
- Enter an NPI for each IHCP LPI and service location that you want to continue using in 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 the 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 1-877-707-5750 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 is 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 LPI and service location to the IHCP by May 1, 2007, to continue using paper and electronic submission of transactions after the compliance date.

Pharmacy and Prescribing Providers

State Maximum Allowable Cost Update

Effective **April 6, 2007**, State maximum allowable cost (MAC) rates for the following drugs will be **added** as listed below in Table 7.

Table 7 – Additions to the State MAC Rates for Legend Drugs

Drug Name	State MAC Rate	Drug Name	State MAC Rate
ALPRAZOLAM XR 0.5 MG TABLET	0.78490	GABAPENTIN 400 MG TABLET	0.33560
ALPRAZOLAM XR 1 MG TABLET	0.97960	GLIPIZIDE-METFORMIN 5/500 MG TABLET	0.78160
ALPRAZOLAM XR 2 MG TABLET	1.31740	LAMOTRIGINE 25 MG DISPER TABLET	2.66120
ALPRAZOLAM XR 3 MG TABLET	1.96920	LEFLUNOMIDE 10 MG TABLET	0.84200
AZITHROMYCIN 100 MG/5 ML SUSPENSION	1.78060	MEDROXYPROGESTERONE 150 MG/ML INJECTIBLE	49.40800
AZITHROMYCIN 600 MG TABLET	7.20740	OCTREOTIDE ACET 0.2 MG/ML VIAL INJECTIBLE	44.17980
CEFPROZIL 250 MG TABLET	2.69450	RIBAVIRIN 200 MG TABLET	2.42620
CEFPROZIL 500 MG TABLET	5.53370	VENLAFAXINE HCL 37.5 MG TABLET	1.63320
CEFTRIAXONE 10 GM VIAL INJECTIBLE	52.81200	VENLAFAXINE HCL 75 MG TABLET	1.84160
DIDANOSINE 200 MG DR CAPSULE	4.45560	ZIDOVUDINE 300 MG TABLET	0.55780
FENOFIBRATE 200 MG CAPSULE	2.11140	ZONISAMIDE 25 MG CAPSULE	0.34620
FEXOFENADINE HCL 30 MG TABLET	0.45830	ZONISAMIDE 50 MG CAPSULE	0.65780
GABAPENTIN 300 MG TABLET	0.21320		

Effective **April 6, 2007**, State MAC rates for the following drugs will be **decreased** as listed below in Table 8.

Table 8 – Decreases to the State MAC Rates for Legend Drugs

Drug Name	State MAC Rate	Drug Name	State MAC Rate
BENZTROPINE MES 1 MG TABLET	0.06749	PROMETHAZINE 25 MG SUPPOSITORY	0.55975
LEVOTHYROXINE 50 MCG TABLET	0.11637	SIMVASTATIN 5 MG TABLET	0.42040
LEVOTHYROXINE 75 MCG TABLET	0.12627	SIMVASTATIN 10 MG TABLET	0.09000
LEVOTHYROXINE 112 MCG TABLET	0.19296	SIMVASTATIN 20 MG TABLET	0.12480
LEVOTHYROXINE 175 MCG TABLET	0.23934	SIMVASTATIN 40 MG TABLET	0.13693
MOMETASONE FUROATE 0.1% CREAM	0.53387	SIMVASTATIN 80 MG TABLET	0.21733
NYSTATIN 100,000 UNIT/GM POWDER	0.53650	SPIRONOLACTONE 25 MG TABLET	0.19931
OMEPRAZOLE 20 MG CAPSULE	0.59809	TAMOXIFEN 10 MG TABLET	0.15887

Contact Information: 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.

Provider Workshops

Workshop Registration Tool Available

The Workshop Registration Tool is available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/workshop/index.aspx. Providers are encouraged to use the tool to register for the 2007 Second Quarter Medicaid Provider Workshops.

A *Workshop Registration Tool Quick Reference* is available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/workshop/pdf/TR636-WorkshopRegistrationQuickReference.pdf. The quick reference includes instructions for creating a registrant profile, registering for a workshop, signing up for classes (sessions), and contact information.

A copy of the *Provider Workshop Registration* form is included as Attachment 4 in this newsletter for those who are unable to access the Workshop Registration Tool, and is also available on the *Forms* page of the IHCP Web site at http://www.indianamedicaid.com/ihcp/workshop/index.aspx.

2007 Second Quarter Medicaid Provider Workshops

The IHCP offers workshops free of charge. Sessions are offered at several locations in Indiana. Table 9 lists the session times, topics, and descriptions. Table 10 lists the workshop dates, registration deadlines, and locations. The schedule allows for a lunch period from noon until 1 p.m.; however, lunch is not provided. Seating is limited in all locations and is limited to two registrants per provider number. 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 9 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 locator tool for specific directions to the exact location.

Print or type the information requested on the registration form. List one registrant per form. Fax the completed registration form to EDS at (317) 488-5376. EDS processes registrations chronologically based on the date of the workshop.

Questions about the workshop can be directed 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 9– 2007 Second Quarter Workshop Session Times, Topics, and Descriptions

Time	Topic	Description
9 a.m. – 11 a.m.	IHCP 101	This session provides an overview of the IHCP including, eligibility verification systems, restricted card program, managed care programs, third party liability, and more. This session is ideal for new IHCP billing providers and those who desire a better understanding of the IHCP.
11:15 a.m. – Noon	Mental Health	This session provides an overview of mental health coverage under traditional Medicaid, including Psychiatric Residential Treatment Facilities, Medical Rehabilitation Option, and Inpatient Psychiatric services.
Noon – 1 p.m.	Lunch	
1 p.m. – 1:30 p.m.	Early Periodic Screening and Diagnostic Treatment (EPSDT) Roundtable / IHCP Updates	This roundtable session allows providers to direct questions to the EPSDT coordinator. Providers who perform health screenings for members under age 21 will find this session especially informative. In addition, IHCP updates regarding NPI and NDC billing will be discussed.

Table 9– 2007 Second Quarter Workshop Session Times, Topics, and Descriptions

Time	Topic	Description
1:30 p.m. – 2:30 p.m.	Managed Care – MHS	MHS representatives will provide information related to mental health services, including billing and prior authorization. Representatives will be available for questions and answers.
2:45 p.m. – 3:45 p.m.	Managed Care – MDwise	MDwise representatives will provide information related to mental health services, including billing and prior authorization. Representatives will be available for questions and answers.
3:45 p.m. – 4:45 p.m.	Managed Care – Anthem	Anthem representatives will provide information related to mental health services, including billing and prior authorization. Representatives will be available for questions and answers.

Table 10– 2007 Second Quarter Workshop Dates, Registration Deadlines, and Locations

Workshop Date	Registration Deadline	Location
May 17, 2007	May 3, 2007	Reid Hospital Wallace Auditorium 1401 Chester Blvd. Richmond, IN 47374
May 24, 2007	May 10, 2007	Columbus Regional Hospital Kroot Auditorium 2400 E. 17th St. Columbus, IN 47201
May 31, 2007	May 17, 2007	Union Hospital Landsbaum Center 1433 N. 6 1/2 Street Terre Haute, IN 47801
June 7, 2007	May 24, 2007	St. Mary's Medical Center Seton Manor Auditorium 3700 Washington Ave. Evansville, IN 47714
June 19, 2007	June 5, 2007	Wishard Hospital Myers Auditorium 1001 W. 10th St. Indianapolis, IN 46202
June 20, 2007	June 6, 2007	St. Catherine's Hospital Professional Office Building Conference Room 4321 Fir Street East Chicago, IN 46312
June 21, 2007	June 7, 2007	Parkview Hospital Administration Building Corporate Office Auditorium 10501 Corporate Dr. Fort Wayne, IN 46845

Table 10– 2007 Second Quarter Workshop Dates, Registration Deadlines, and Locations

Workshop Date	Registration Deadline	Location
June 29, 2007	June 15, 2007	St. Joseph Regional Medical Center Education Center 801 E. LaSalle Ave. South Bend, IN 46617

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

Territory Number	Provider Relations Consultant	Telephone	Counties Served
1	Jean Downs	(317) 488-5071	Jasper, Lake, LaPorte, Newton, Porter, Pulaski, Starke
2	Rhonda Rupel	(317) 488-5080	Allen, Dekalb, Elkhart, Fulton, Kosciusko, Lagrange, Marshall, Noble, St. Joseph, Steuben, Whitley
3	Tawanna Danzie	(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	Jenny Atkins (temp)	(317) 488-5098	Marion
6	Shantel Silnes	(317) 488-5123	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington
7	Virginia Hudson	(317) 488-5148	Clay, Greene, Johnson, Hendricks, Lawrence, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo
8	Ken Guth	(317) 488-5153	Crawford, Daviess, Dubois, Gibson, Knox, Martin, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick
9	Tawanna Danzie	(317) 488-5197	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	Virginia Hudson	(317) 488-5148
Kentucky	Owensboro	Ken Guth	(317) 488-5153
Kentucky	Louisville	Shantel Silnes	(317) 488-5123
Michigan	Sturgis	Rhonda Rupel	(317) 488-5080
Ohio	Cincinnati/Hamilton/Harrison/Oxford	Shantel Silnes	(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

Name	Title	Telephone
Tina King	Provider Relations Supervisor	(317) 488-5154

Indiana Health Coverage Programs Quick Reference

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 Omni Help Desk (317) 488-5051 1-800-284-3548	EDS Provider Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263
EDS Provider Enrollment and 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 Provider and Member Concern Line (Fraud and Abuse) (317) 347-4527 1-800-457-4515	HCE SUR Department P.O. Box 531700 Indianapolis, IN 46253-1700 (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 Medicaid Select

Hoosier Healthwise Helplines AmeriChoice -Hoosier Healthwise http://www.healthcareforhoosiers.com 1-800-889-9949, Option 3 for Providers Indiana Chronic Disease Management Program (ICDMP) http://www.indianacdmprogram.com 1-866-311-3101 EDS - Hoosier Healthwise Package C Premium Collection Services Package C Payment Line 1-866-404-7113 Package C Payment Mailing Address Hoosier Healthwise P.O. Box 3127 Indianapolis, IN 46206-3127	Anthem http://www.anthem.com Claims 1-888-232-9613 Member Services 1-866-408-6131 1-888-232-9613 (Prospective Member) TTY: 1-866-408-7188 Fax: 1-866-408-7087 PA 1-866-408-7187 Fax: 1-866-406-2803 Provider Services 1-866-408-6132 1-800-618-3141 (Prospective Provider) Fax: 1-866-408-7087 Transportation 1-800-508-7230 TTY: 1-866-910-1603 Fax: (317) 291-9446 Pharmacy 1-866-629-1608 TTY: 1-800-905-9821 PA Fax: 1-866-408-7103	CareSource http://www.caresource-indiana.com Claims 1-866-930-0017 Provider Services 1-866-930-0017 Harmony Health Plan http://www.harmonyhmi.com Claims (317) 423-3000 1-800-504-2766 Provider Services 1-800-504-2766	Managed Health Services (MHS) http://www.managedhealthservices.com Claims 1-877-MHS-4U4U or 1-877-647-4848 Member Services 1-877-MHS-4U4U or 1-877-647-4848 PA/Medical Management 1-877-MHS-4U4U or 1-877-647-4848 Pharmacy - US Script (PBM) 1-800-460-8988 Pharmacy PA 1-866-399-0928 Fax: 1-866-399-0929 Provider Services 1-877-MHS-4U4U or 1-877-647-4848 Nursewise 1-877-MHS-4U4U or 1-877-647-4848
Medicaid Select http://www.medicaidselect.com Claims - EDS Customer Assistance (317) 655-3240 or 1-800-577-1278 Member Services 1-877-633-7353, Option 1 PA HCE: (317) 347-4511 or 1-800-457-4518 Provider Services for PMPs 1-877-633-7353, Option 3 Pharmacy See Pharmacy Benefit Manager section		MDwise http://www.mdwise.org Claims (317) 630-2831 or 1-800-356-1204 Member Services (317) 630-2831 or 1-800-356-1204 PA/Medical Management (317) 630-2831 or 1-800-356-1204 Provider Services (317) 630-2831 or 1-800-356-1204 Pharmacy (317) 630-2831 or 1-800-356-1204	Molina Healthcare http://www.molinahealthcare.com Claims 1-800-642-4509 Provider Services 1-800-642-4509

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

Rate Setting

Myers and Stauffer, LC http://www.mslcindy.com 9265 Counselors Row, Suite 200 Indianapolis IN 46240	(317) 846–9521 1-800-877–6927 Fax (317) 571–8481 MDS Help Desk: (317) 816–4122

Hoosier Healthwise Managed Care Organizations Contact Information

MDwise / PerformRx

Pharmacy Help Desk
1-800-558-1655

To Process Claim:
RxBIN: 600428
RxPCN: 03210000
Hoosier Healthwise Card #
Date of Birth
Prescriber DEA #

PDL and PA forms found at:
http://www.mdwise.org
(Clinical PAs should be submitted by the prescriber)

MHS / USscript

Pharmacy Help Desk
1-800-460-8988

To Process Claim:
RxBIN: 008019
RxPCN: USS

Hoosier Healthwise Card #
Date of Birth
Prescriber DEA #

PDL and PA forms found at:
http://www.managedhealthservices.com

Anthem / WellPoint nextRx

Pharmacy Help Desk
1-866-629-1608
TTY: 1-800-905-9821
Fax: 1-805-384-3456

To Process Claim:
RxBIN: 610053
RxPCN:
RxGroup:
Hoosier Healthwise Card #
Date of Birth
Prescriber DEA #

PDL and PA forms found at:
https://pd.secure.anthem.com/prov-uni/medical/SSBINHome.do
(Clinical PAs should be submitted by the prescriber)

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TR608-Hoosier Healthwise MCO Contact Information January 18, 2007

Behavioral Health Organization Contact Information

Anthem – Magellan Health Services	
Claims Inquiry Telephone:	1-800-327-5480 | TTY: 1-800-743-3333
Medical Management and Prior Authorization:	1-800-327-5480 | TTY: 1-800-743-3333
Pharmacy Prior Authorization WellPoint NextRx:	1-877-652-1223 | TTY: 1-800-905-9821 Fax: 1-866-408-7103
Provider Representative:	1-800-327-5480 or 1-866-408-6132
Claims Address:	Magellan Health Services P.O. Box 1006 Maryland Heights, MO 63043
Web Site:	www.magellanhealth.com
MDwise – CompCare Comprehensive Behavioral Care	
Claims Inquiry Telephone:	1-800-818-6872
Medical Management and Prior Authorization:	1-800-818-6872
Pharmacy Prior Authorization:	1-800-558-1655 | Fax: 1-877-234-4274
Provider Representative:	(317) 829-8243 Jackie Marsalis
Web Site:	www.compcare.com
Claims Address:	CompCare/MDwise 3405 W. Dr. Martin Luther King, Jr. Suite 101 Tampa, FL 33607
Managed Health Services – CENPATICO Behavioral Health	
Claims Inquiry Telephone:	1-866-324-3632
Medical Management and Prior Authorization:	1-800-305-2304 or 1-877-MHS-4U4U
Pharmacy Prior Authorization – US Scripts:	1-866-399-0928
Provider Representative:	1-800-305-2304 or 1-877-MHS-4U4U
Web Site:	www.cenpatico.com
Claims Address:	CENPATICO Behavioral Health P.O. Box 6800 Farmington, MO 63640-3817 Attn: Claim Department

INDIANA HEALTH COVERAGE PROGRAMS

Provider Workshop Registration Form

Indicate the workshop(s) you will be attending. Print or type the information on this form. Fax it to (317) 488-5376.

IHCP 101 (9:00 a.m. – 11:00 a.m.)		
☐ Richmond, May 17, 2007	☐ Evansville, June 7, 2007	☐ Fort Wayne, June 21, 2007
☐ Columbus, May 24, 2007	☐ Indianapolis, June 19, 2007	☐ South Bend, June 29, 2007
☐ Terre Haute, May 31, 2007	☐ Hammond, June 20, 2007	
Mental Health (11:15 a.m. – Noon)		
☐ Richmond, May 17, 2007	☐ Evansville, June 7, 2007	☐ Fort Wayne, June 21, 2007
☐ Columbus, May 24, 2007	☐ Indianapolis, June 19, 2007	☐ South Bend, June 29, 2007
☐ Terre Haute, May 31, 2007	☐ Hammond, June 20, 2007	
Early Periodic Screening & Diagnostic Treatment (EPSDT) Roundtable/IHCP Updates (1:00 p.m. – 1:30 p.m.)		
☐ Richmond, May 17, 2007	☐ Evansville, June 7, 2007	☐ Fort Wayne, June 21, 2007
☐ Columbus, May 24, 2007	☐ Indianapolis, June 19, 2007	☐ South Bend, June 29, 2007
☐ Terre Haute, May 31, 2007	☐ Hammond, June 20, 2007	
Managed Care – MHS (1:30 p.m. – 2:30 p.m.)		
☐ Richmond, May 17, 2007	☐ Evansville, June 7, 2007	☐ Fort Wayne, June 21, 2007
☐ Columbus, May 24, 2007	☐ Indianapolis, June 19, 2007	☐ South Bend, June 29, 2007
☐ Terre Haute, May 31, 2007	☐ Hammond, June 20, 2007	
Managed Care – MDwise (2:45 p.m. – 3:45 p.m.)		
☐ Richmond, May 17, 2007	☐ Evansville, June 7, 2007	☐ Fort Wayne, June 21, 2007
☐ Columbus, May 24, 2007	☐ Indianapolis, June 19, 2007	☐ South Bend, June 29, 2007
☐ Terre Haute, May 31, 2007	☐ Hammond, June 20, 2007	
Managed Care – Anthem (3:45 p.m. – 4:45 p.m.)		
☐ Richmond, May 17, 2007	☐ Evansville, June 7, 2007	☐ Fort Wayne, June 21, 2007
☐ Columbus, May 24, 2007	☐ Indianapolis, June 19, 2007	☐ South Bend, June 29, 2007
☐ Terre Haute, May 31, 2007	☐ Hammond, June 20, 2007	

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: _____

Indiana Health Coverage Programs

PROVIDER TPL REFERRAL FORM

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, 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

Form Number: TPL0006
Revision Date: March 2005

| Hospice Providers Only

Accounts Receivable Refund Adjustment

www.indianamedicaid.com

1. Provider Number:			
2. Provider Name and Address:		3. Provider Phone Number:	4. Contact Name:
5. Reason for Adjustment: Hospice Overpaid Claims	6. Claim Number (ICN):	7. Recipient ID Number:	8. Date of Service:
9. Recipient Name:		10. Amount Paid:	
11. Type of Adjustment. Hospice Refund Adjustment (Check Attached): Check Number: Amount:			
12. Claim Type: Home Health		13. Program: Medicaid	
14. Give Complete Explanation of Adjustment or Refund Request: Refund for Revenue Code 653 or 654, billed on a Home Health Claim, when commercial insurance has made a payment towards the hospice care services.			

Please provide the calculations needed to confirm overpayment in the boxes provided below (examples can be found in Tables 3 and 4 of the April 2007 Provider Newsletter NL200704).	
15. Nursing Home Room and Board Level of Care Calculation	16. Hospice Routine Home Care Calculation
17. Signature:	18. Date:
Note: All fields are required to complete the request. If any information is missing, there will be a delay in processing the request.	

Mail the completed request to:

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

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Accounts Receivable Refund Adjustment — Version 1.0, April 2007