

Provider Monthly Newsletter

NL200705

May 2007

Abbreviations Used in this Newsletter	2
Provider News	2
New Bulletins and Manuals Posted to the IHCP Web Site	2
Reporting National Provider Identifier	2
Transition to New CMS, UB, and ADA Forms	2
Claims Processing – Use of Taxonomy Codes with Claim Submissions	2
Claims Processing – Procedure Codes E0240, E0247, E0248, and E0445	2
Timeline for Revised Paper Claim Forms	3
Hospice Providers	3
Hospice Care in Group Homes	3
National Provider Identifier (NPI) News	4
First Step Providers to Be Notified when to Report NPI to IHCP	4
NPI Reporting Tool	4
Pharmacy and Prescribing Providers	5
State Maximum Allowable Cost (MAC) Update	5
Provider Workshops	6
2007 Second Quarter Medicaid Provider Workshops	6
Contact Information	8
Provider Relations Field Consultants	8
Provider Relations Field Consultants for Bordering States	8
For Provider Concerns	8
Attachment 1: Indiana Health Coverage Programs Quick Reference	9
Attachment 2: Hoosier Healthwise Managed Care Organizations	
Contact Information	10
Attachment 3: Provider Workshop Registration	11

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Abbreviations Used in this Newsletter

ADA	American Dental Association	MRO	Medicaid Rehabilitation Option
AVR	Automated Voice Response	NDC	National Drug Code
CFR	Code of Federal Regulations	NOA	Notice of Action
CMS	Centers for Medicare & Medicaid Services	NPI	National Provider Identifier
CPT	Current Procedural Terminology	NPES	National Plan and Provider Enumeration System
EDI	electronic data interchange	NUBC	National Uniform Billing Committee
EDS	Electronic Data Systems	NUCC	National Uniform Claim Committee
EPSDT	Early Periodic Screening, Diagnosis, and Treatment	OMPP	Office of Medicaid Policy and Planning
HCE	Health Care Excel	PA	prior authorization
HIPAA	Health Insurance Portability and Accountability Act	PMP	primary medical provider
IHCP	Indiana Health Coverage Programs	PRTF	Psychiatric Residential Treatment Facility
LC	Limited Corporation	RBMC	risk-based managed care
LPI	legacy provider identifier	SSN	Social Security number
MAC	maximum allowable cost	SUR	Surveillance and Utilization Review
MCO	managed care organization	TIN	tax identification number
MHS	Managed Health Services	TPL	third party liability
		VAN	value-added network

Provider News

New Bulletins and Manuals Posted to the IHCP Web Site

The following bulletins and manuals were posted to the Indiana Health Coverage Programs (IHCP) Web site in April:

- *Home- and Community-Based Services Waiver Provider Manual*

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

Reporting National Provider Identifier

If you have not yet reported your National Provider Identifier (NPI) to the IHCP, please do so now. A brief extension of the May 23, 2007, compliance date is being granted to providers who are working in good faith to obtain, report, and use their NPI on all electronic claims. The final compliance date will be announced. For additional information, go to www.indianamedicaid.com/ihcp/index.asp

Transition to New CMS, UB, and ADA Forms

Please make the transition to the new Centers for Medicare & Medicaid Services (CMS), UB, and American Dental Association (ADA) forms as quickly as possible. The cutover date is May 23, 2007.

Claims Processing – Use of Taxonomy Codes with Claim Submissions

Correction to IHCP provider bulletins *BT200702*, *BT200703*, and *BT200706*: For all provider fields, the taxonomy code is only required if needed to obtain a one-to-one match to the provider's Legacy Provider Identifier (LPI). For claims received with the billing provider NPI only (no taxonomy), and a one-to-one match cannot be obtained from the NPI and service location ZIP Code+4, the IHCP will return the claim to the provider.

First Steps providers must continue to use the appropriate taxonomy codes when submitting claims to ensure their services are reimbursed correctly. In addition, waiver providers submitting claims with an NPI must not bill a taxonomy code on their claim.

Claims Processing – Procedure Codes E0240, E0247, E0248, and E0445

Retroactive to September 29, 2006, procedure codes *E0240 – Bath/shower chair, with or without wheels, any size*; *E0247 – Transfer bench for tub or toilet with or without commode opening*; *E0248 – Transfer bench, heavy duty, for tub or toilet with or without commode opening*; and *E0445 – Oximeter device for measuring blood oxygen levels noninvasively*, now bypass the Medicare edits for payment. Providers do not need to submit a Medicare denial for these services before submitting them to the IHCP for reimbursement. Please direct questions to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278.

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 institutional UB-92 claim form is being replaced with the institutional UB-04. The professional CMS-1500 health insurance claim form is being revised to the 08-05 version. The ADA 2000 dental claim form is being replaced with ADA 2006 claim form. The EDS pharmacy claim forms are being 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 1.

The IHCP is transitioning to the new paper claim forms using the timelines noted in Table 1. During the transition period, the IHCP accepts both old and new claim forms. All claim forms 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) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278.

Table 1 – 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	TBD
ADA 2000	ADA 2006	April 15, 2007	May 22, 2007	TBD
Pharmacy	Pharmacy	No Transition Period		TBD

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

Hospice Providers

Hospice Care in Group Homes

Medicaid-eligible group home members can elect the Medicaid hospice program per the Centers for Medicare & Medicaid Services (CMS). The hospice should bill Medicaid for the hospice services and the group home can bill Medicaid directly for the group home per diem rate. Claims for Group homes were denied by IndianaAIM with error code 2027 – Hospice Recipient Being Billed for Non-Hospice Services. IndianaAIM has been updated and group homes should not encounter any denials for error code 2027. Hospice and group home providers should coordinate the overall care for the group home member. It is the responsibility of the hospice to provide all hospice-covered services in frequency and scope to care for the terminal illness and related conditions. Furthermore, the hospice should not delegate any hospice core services to group home

staff. Any questions about the Medicaid hospice program should be directed to Michelle Stein-Ordonez, Policy Analyst, Family and Social Services Administration (FSSA) Division of Aging at (317) 233-1956. Any questions about how to bill these claims should be directed to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278.

National Provider Identifier (NPI) News

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

First Steps providers are asked to not report their 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. First Steps providers will be notified when they can resume the NPI reporting process.

Note: This information only applies to First Steps providers.

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.

IHCP is allowing some additional time for providers to report their NPI to the IHCP and begin using only their NPI for all billing. The final compliance date will be announced.

All healthcare providers (such as, physicians, suppliers, hospitals, and others) are eligible for an NPI. Healthcare providers are individuals or organizations that render healthcare services. All healthcare 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 healthcare provider as defined in *45 CFR 160.103*. Atypical providers include billing services, value-added networks, repricers, healthcare clearinghouses, non-emergency transportation service providers, and other entities that do not provide healthcare 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, providers 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 compliance date.
- Select the appropriate taxonomy code for your specialty.

Reporting a Rendering Provider's NPI to the IHCP

Group providers must obtain the NPIs of their rendering providers and report them along with the group provider's 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, 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 a group, contact the EDS Provider Enrollment and Waiver line at 1-877-707-5750 for assistance on how to unlink the rendering provider from a 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 the NPI, a paper application, the NPI reporting form, is available from the IHCP Web site at <http://www.indianamedicaid.com> or by calling the EDS Provider Enrollment and Waiver line. The NPI reporting form 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 to continue using paper and electronic submission of transactions after the compliance date.

Pharmacy and Prescribing Providers

State Maximum Allowable Cost (MAC) Update

Effective **May 4, 2007**, State MAC rates for the following drugs will be **added** as listed below in Table 2.

Table 2 – Additions to the State MAC Rates for Legend Drugs

Drug Name	State MAC Rate	Drug Name	State MAC Rate
FLUOROURACIL 50 MG/ML VIAL	0.28030	PROMETHAZINE 12.5 MG TABLET	0.40440

Effective **May 4, 2007**, State MAC rates for the following drugs will be **decreased** as listed below in Table 3.

Table 3 – Decreases to the State MAC Rates for Legend Drugs

Drug Name	State MAC Rate	Drug Name	State MAC Rate
CITALOPRAM HBR 20 MG TAB	0.07464	LEVOTHYROXINE 88 MCG TABLET	0.16842
FLUOCINONIDE 0.05% CREAM	0.04730	LEVOTHYROXINE 100 MCG TABLET	0.25389
GABAPENTIN 300 MG CAPSULE	0.11335	LEVOTHYROXINE 200 MCG TABLET	0.28185
HYDROCODONE/APAP 10/500 TABLET	0.14490	SPIRONOLACTONE 25 MG TABLET	0.18599

Effective **May 8, 2007**, State MAC rates for the following drugs will be **increased** as listed in Table 4.

Table 4 – Increases to the State MAC Rates for Legend Drugs

Drug Name	State MAC Rate	Drug Name	State MAC Rate
ACETAZOLAMIDE 250 MG TABLET	0.24545	MOMETASONE FUROATE 0.1% CREAM	0.65973
AMOXICILLIN 500 MG CAPSULE	0.07078	PHENYTOIN SOD EXT 100 MG CAPSULE	0.27552
ESTRADIOL 0.05 MG/DAY PATCH	7.59575	POTASSIUM CL 10 MEQ CAPSULE SA	0.22328
ETH ESTRADIOL/LEVO 20/0.1 MG TABLET	1.09423	POTASSIUM CL 8 MEQ TABLET	0.06173
INDOMETHACIN 25 MG CAPSULE	0.23460	SULFAMETHOXAZOLE/TMP DS TABLET	0.23407
INDOMETHACIN 50 MG CAPSULE	0.28736		

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 toll-free at 1-800-591-1183, or by e-mail at pharmacy@mslc.com.

Provider Workshops

2007 Second Quarter Medicaid Provider Workshops

The IHCP offers workshops free of charge. Sessions are offered at several locations in Indiana. Table 5 lists the session times, topics, and descriptions. Table 6 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.

Providers are encouraged to register for the workshops via the IHCP Web site at <http://www.indianamedicaid.com/ihcp/workshop/index.aspx>. Providers who do not have access to the Web can enroll using the registration form (refer to Attachment 3). 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 5 – 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 PRTF, MRO, and inpatient psychiatric services.
Noon – 1 p.m.	Lunch	
1 p.m. – 1:30 p.m.	IHCP Updates	IHCP updates for NPI, NDC, Care Select, and the introduction of the EPSDT coordinator.
1:30 p.m. – 2:30 p.m.	Managed Care – MHS	During this session, MHS representatives provide information related to mental health services, including billing and prior authorization. Representatives are available for questions and answers.
2:45 p.m. – 3:45 p.m.	Managed Care – MDwise	During this session, MDwise representatives provide information related to mental health services, including billing and prior authorization. Representatives are available for questions and answers.
3:45 p.m. – 4:45 p.m.	Managed Care – Anthem	During this session, Anthem representatives provide information related to mental health services, including billing and prior authorization. Representatives are available for questions and answers.

Table 6 – 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
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	Bill Woodruff	(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.

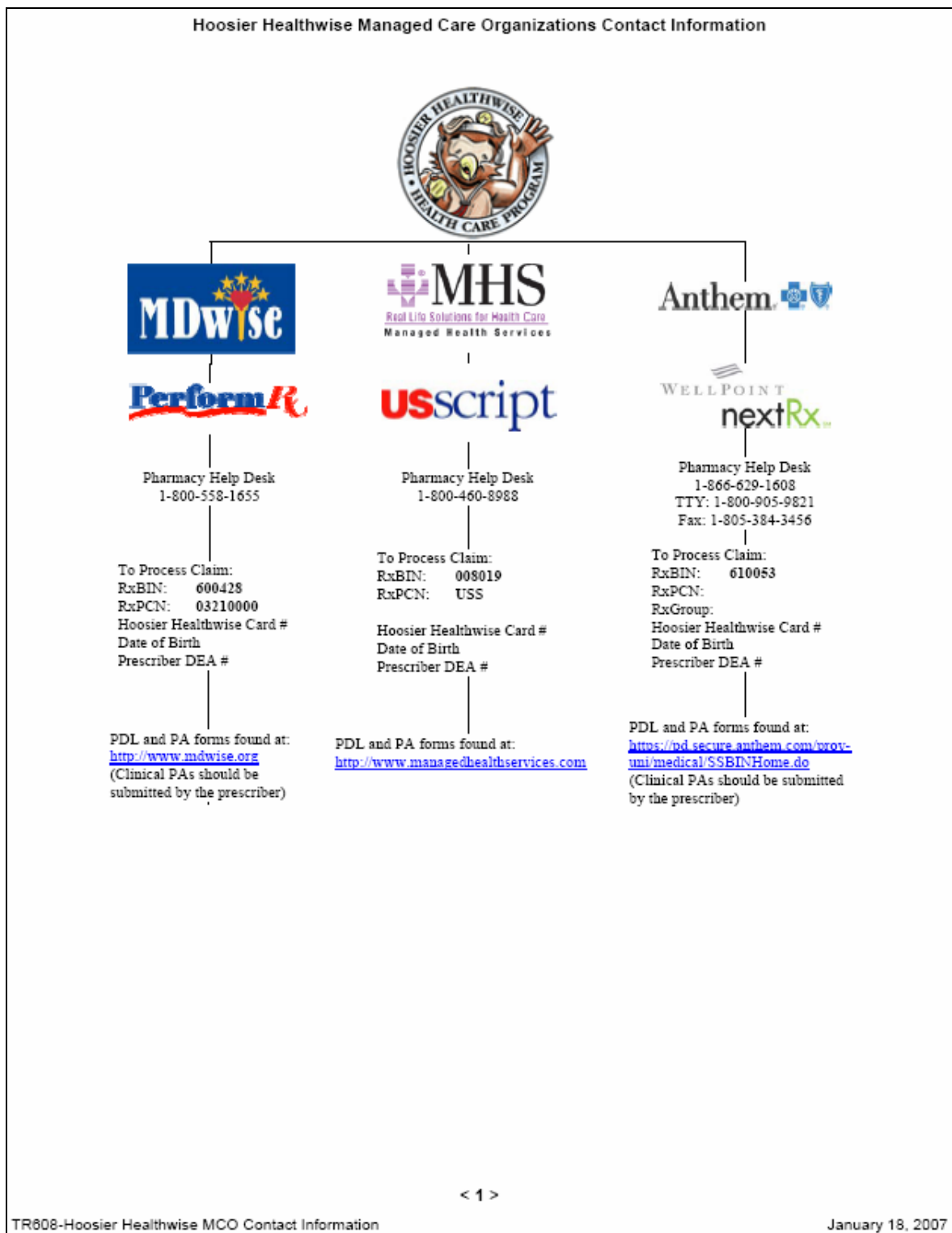
For Provider Concerns

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 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 INXIDURQuestions@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	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	
		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)			Rate Setting	
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	Myers and Stauffer, LC http://www.msclindy.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	



Providers are encouraged to register at <http://www.indianamedicaid.com/ihcp/workshop/index.aspx> on the IHCP Web site. This is the preferred registration method.

INDIANA HEALTH COVERAGE PROGRAMS		
 <h2 style="text-align: center;">Provider Workshop Registration Form</h2>		
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.)		
<input type="checkbox"/> Richmond, May 17, 2007	<input type="checkbox"/> Evansville, June 7, 2007	<input type="checkbox"/> Fort Wayne, June 21, 2007
<input type="checkbox"/> Columbus, May 24, 2007	<input type="checkbox"/> Indianapolis, June 19, 2007	<input type="checkbox"/> South Bend, June 29, 2007
<input type="checkbox"/> Terre Haute, May 31, 2007	<input type="checkbox"/> Hammond, June 20, 2007	
Mental Health (11:15 a.m. – Noon)		
<input type="checkbox"/> Richmond, May 17, 2007	<input type="checkbox"/> Evansville, June 7, 2007	<input type="checkbox"/> Fort Wayne, June 21, 2007
<input type="checkbox"/> Columbus, May 24, 2007	<input type="checkbox"/> Indianapolis, June 19, 2007	<input type="checkbox"/> South Bend, June 29, 2007
<input type="checkbox"/> Terre Haute, May 31, 2007	<input type="checkbox"/> Hammond, June 20, 2007	
IHCP Updates (1:00 p.m. – 1:30 p.m.)		
<input type="checkbox"/> Richmond, May 17, 2007	<input type="checkbox"/> Evansville, June 7, 2007	<input type="checkbox"/> Fort Wayne, June 21, 2007
<input type="checkbox"/> Columbus, May 24, 2007	<input type="checkbox"/> Indianapolis, June 19, 2007	<input type="checkbox"/> South Bend, June 29, 2007
<input type="checkbox"/> Terre Haute, May 31, 2007	<input type="checkbox"/> Hammond, June 20, 2007	
Managed Care – MHS (1:30 p.m. – 2:30 p.m.)		
<input type="checkbox"/> Richmond, May 17, 2007	<input type="checkbox"/> Evansville, June 7, 2007	<input type="checkbox"/> Fort Wayne, June 21, 2007
<input type="checkbox"/> Columbus, May 24, 2007	<input type="checkbox"/> Indianapolis, June 19, 2007	<input type="checkbox"/> South Bend, June 29, 2007
<input type="checkbox"/> Terre Haute, May 31, 2007	<input type="checkbox"/> Hammond, June 20, 2007	
Managed Care – MDwise (2:45 p.m. – 3:45 p.m.)		
<input type="checkbox"/> Richmond, May 17, 2007	<input type="checkbox"/> Evansville, June 7, 2007	<input type="checkbox"/> Fort Wayne, June 21, 2007
<input type="checkbox"/> Columbus, May 24, 2007	<input type="checkbox"/> Indianapolis, June 19, 2007	<input type="checkbox"/> South Bend, June 29, 2007
<input type="checkbox"/> Terre Haute, May 31, 2007	<input type="checkbox"/> Hammond, June 20, 2007	
Managed Care – Anthem (3:45 p.m. – 4:45 p.m.)		
<input type="checkbox"/> Richmond, May 17, 2007	<input type="checkbox"/> Evansville, June 7, 2007	<input type="checkbox"/> Fort Wayne, June 21, 2007
<input type="checkbox"/> Columbus, May 24, 2007	<input type="checkbox"/> Indianapolis, June 19, 2007	<input type="checkbox"/> South Bend, June 29, 2007
<input type="checkbox"/> Terre Haute, May 31, 2007	<input type="checkbox"/> 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: _____		