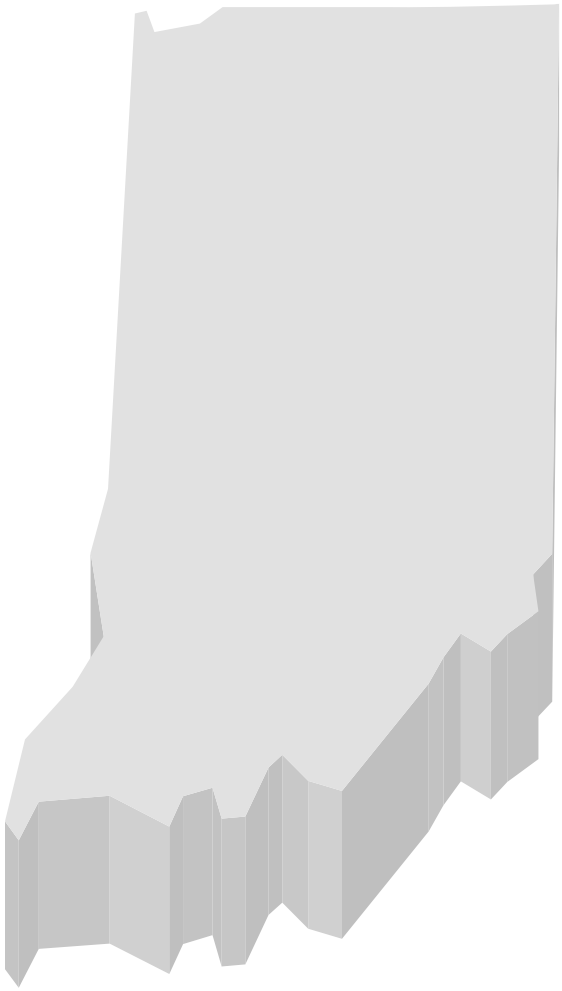
Monthly News

Indiana Health Coverage Programs

http://www.indianamedicaid.com



IHCP Providers Help Make Indiana Hoosiers Healthier!

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Abbreviations Used in this Newsletter

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

All 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 May:

- *BT200709 – Implementation of Utilization Edits for Mental Health Medications*
- *BT200710 – State Maximum Allowable Cost (MAC) Updates*
- *BT200711 – National Provider Identifier (NPI) Upgrade to Omni Eligibility System and Automated Voice Response*
- *BT200712 - State Maximum Allowable Cost (MAC) Updates*
- *BT200713 - Federal Deficit Reduction Act of 2005, NDCs Required for Billing Procedure Codes*

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/mailing_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 scheduled deadline to use the new forms is May 23, 2007. The date when the old forms will be rejected has not been determined.

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.

Time Line 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 at a later date on the *Forms* page of the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/forms.asp.

The IHCP is transitioning to the new paper claim forms using the time lines 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 Time Line

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	May 22, 2007	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

Claim Information

Understanding Your Claim Denials

Overview

Claims deny for various reasons. This article addresses two common reasons for claim denials and presents information to avoid those denials.

Edit 558 – Co-insurance and Deductible Amount Missing

Claims deny for this edit when there is no crossover payment amount present on the claim form. The submitted claim is missing the co-insurance and deductible amount that indicates it is a crossover claim.

Paper CMS-1500 Crossover Claim Form

On this claim form, providers must submit crossover information as the combined total of the Medicare co-insurance, deductible, and psychiatric reduction. This amount must be submitted on the left side of field 22, under the heading, *Code*. The right side of field 22 should indicate Medicare's paid amount, the actual dollars paid by Medicare.

837 Electronic Submission of Medical Claims Crossover

To properly submit electronic medical Medicare crossover claims using Web interChange, use the following procedures:

1. Log on to Web interChange.
2. From the main screen, click **Claim Submission**.
3. Click the **Medical Crossover** link.
4. The provider number automatically populates in the *Billing Provider Number* field; however, at the end of this number, type the letter that corresponds to the appropriate location code (for example, 200412345A).
5. Complete the fields labeled *Member's ID*, *Last Name*, *First Name*, *Patient Acct #*, *Rendering Physician* (HSPP), *Place of Service*, and *Diagnosis Code*(s).
6. Click the **Benefit Information** button to display the *Coordination of Benefits* window.

   Note: The Benefits Information button appears in the center column near the middle of the screen.
7. Complete the *Payor ID* and *Payor Name* fields. Use the user list drop-down arrow for convenience. If the claim was billed to Medicare Part B in Indiana, the Payor ID is 17003 and the Payor Name is Administar Part B.
8. Scroll down to the *Other Payer Subscriber Information* section. Complete the following fields: *Name* (first, middle initial, last), *Primary ID*, *Relationship Code*, *Gender*, *DOB*, and *Claim*.

Paper UB-04 Claim Form

Crossover information for submission of the paper UB-04 should be indicated in the following fields:

- 39A – Value code A1 – Medicare deductible amount
- 39B – Value code A2 – Medicare co-insurance amount
- 39C – Value code 06 – Medicare blood deductible amount (please refer to bulletin *BT200702* and add value code 80 for IP covered days)

Submission of Electronic Institutional or Outpatient Medicare Crossover Claims

1. Log on to Web interChange.
2. Click **Claim Submission** from the main screen.

3. Click the appropriate link under the Institutional heading (Institutional Crossover or Outpatient Crossover).
4. The provider number automatically populates in the *Billing Provider Number* field; however, at the end of this number, type the letter that corresponds to the appropriate location code (for example, 200412345A).
5. In the *Billing Information* section, complete the fields labeled *Member ID*, *Last Name*, *First Name*, *Patient Acct #*, *Attending Provider*, *Operating Provider* (if applicable), *Other Prov* (PMP, if applicable), and *Certification Code* (if applicable).
6. In the *Service Information* section, complete the fields labeled *Type of Bill*, *From Date*, *Thru Date*, *Covered Days*, enter the *Patient Status*, *Admission Type*, *Admission Date*, and *Admission Hour*.
7. In the *Billing Codes* section, complete the fields labeled *Primary Diagnosis*, *Admitting Diagnosis*, *E Code*, *Principal Procedure*, *Date*, *Condition Code*, *Value Code*, *Amount*, *Occurrence Code*, *Date*, *Span Code*, *From Date*, *To Date*, and *Additional Billing Codes* (if necessary). After all of these fields have been completed, you are ready to enter the detail information.
8. Click the **Benefit Information** button to display the *Coordination of Benefits* window.

   Note: The Benefits Information button appears in the center column near the middle of the screen.
9. Complete the *Payor ID* and *Payor Name* fields. You may use the user list drop-down arrow for convenience. If you have billed Medicare Part B in Indiana, the Payor ID is 17003 and the Payor Name is Administar Part A and C.
10. Continue by completing the *Group Code*, *Reason Code*, *Amount*, *Subscriber Name* (first, middle, last), *Primary ID*, *Relationship Code*, *Gender*, *DOB*, and *Claim Filing Code* (must be MA) fields.
11. Scroll to the bottom of the screen and click the **Save Benefits** button. The data appears in the box at the bottom of the window. To add other insurance, click the **Add Benefits** button and enter the data appropriate to the other insurance (steps 9 and 10). Click the **Save Benefits** button when complete.
12. Scroll to the top of the screen and click the **Save and Close** button.

***All Claims Note**: Zero payment from Medicare is not considered a crossover claim. The claim along with the Medicare Remittance Notice (MRN) should be sent to the correct claims address for processing. If the total amount allowed by Medicare is applied to the deductible, then it is a crossover claim and a MRN will need to be attached. If Medicare denies the services, it is not considered a crossover claim.*

Edit 2017 – Recipient Ineligible on Date(s) of Service Due to Enrollment in a Managed Care Organization

Claims deny for edit 2017 when the member is not eligible for fee-for-service medical assistance at the time the service was provided. Generally, the member is enrolled in a managed care organization (MCO) in the risk-based managed care (RBMC) portion of the Hoosier Healthwise program. Therefore, this member must seek care from a provider enrolled in the appropriate MCO.

The provider must bill the member's claims to the appropriate MCO. Currently, three MCOs serve the Hoosier Healthwise Program. Those MCOs are: Anthem, Managed Health Services (MHS), and MDWise. Contact information for each of these MCOs is provided in *Attachment 1* of this newsletter.

Importance of Verifying Eligibility

Providers must verify member eligibility on the date of service.

Viewing a Hoosier Health Card alone does not ensure member eligibility. If a provider fails to verify eligibility on the date of service, the provider risks claim denial. Claim denial could result if the member was not eligible on the date of service, or if the service provided was outside the member's scope of coverage.

If the member is not eligible on the date of service, the provider may bill the member for services. However, it is important to remember that if retroactive eligibility is later established, the provider must bill the IHCP and refund any payment the member made to the provider.

The three methods of verifying member eligibility are:

- Automated voice-response (AVR)
- Omni
- Web interChange

Most denied claims result from missing or incorrect information that should have been verified through one of the EVS options.

Direct questions about eligibility to EDS Customer Assistance or the Provider Relations field consultant for your area.

Frequently Asked Questions (FAQ)

Questions Providers ask the EDS Provider Relations Field Consultants

Why are my claims denying for past the filing limit and what is acceptable documentation to waive that filing limit?

All claims for services rendered must be submitted within one year of the date of service.

Under certain circumstances, claims can be submitted beyond the one-year limit. When claims are beyond the one-year filing limit, the provider must attach documentation to show prior attempts to resolve issues. One way that a provider may show prior attempts is to print a list of the claim submissions from the Web interChange *Claim Inquiry* screen and to submit that printout as an attachment to the corrected claim.

Refer to Chapter 10, Section 5 of the *Provider Manual* for additional information regarding timely filing limit and extenuating circumstances.

Do all providers at my location need to be enrolled as Indiana Medicaid providers?

Any provider performing services for a Medicaid member must be enrolled in the Indiana Health Coverage Programs (IHCP) in order to receive payment. If a group chooses to only provide Medicaid services with part of their staff, the group does not have to enroll the providers who are not performing services for Medicaid clients.

Does my CLIA certificate need to be on file for my claims to be processed?

Yes. To receive reimbursement from the IHCP for laboratory services falling under Clinical Laboratory Improvement Amendment (CLIA) regulations, the provider must have the appropriate level of CLIA certification on their IHCP provider enrollment file. Providers can only bill for the lab procedure codes allowed by their CLIA certificate level. Providers can complete an update enrollment form and mail to:

EDS Provider Enrollment
P.O. Box 7263
Indianapolis, In 46207

Why are my claims denying as a duplicate claim?

A claim will deny as a duplicate when the claim being submitted has the same rendering provider number, member identification number, date of service, procedure codes, and modifiers as another paid claim in the history file or another claim in the same cycle that has been approved to pay.

Hospice Provider News

IHCP Reimbursement and Third-Party Liability Networks for Hospice Providers

This article was written by EDS Field Consultant, Daryl Davidson.

Reimbursement for the Indiana Health Coverage Programs (IHCP) hospice benefit follows the guidelines established by the Centers for Medicare & Medicaid Services (CMS) for administration of the federal Medicare Program. Services are reimbursed at one of four all-inclusive rates for each day in which a member is in hospice care. The per diem rates are based on Medicare reimbursement rates and methodologies, adjusted to disregard offsets attributable to Medicare premium amounts. The rates are further adjusted for regional differences in wages, using indices published by the CMS.

Some third-party insurers reimburse a higher percentage if the hospice provider is a member of the insurer's network. Similarly, providers that are not within the insurer's network are paid a lower percentage. In these situations, the IHCP reimbursement is the difference between the per diem rate for the level of care, minus the third-party payment amount, or the billed amount, whichever is less.

National Provider Identifier (NPI) News

NPI for Claim Payments

The Indiana Health Coverage Programs (IHCP) has implemented the Web-based National Provider Identifier (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. However, the providers are encouraged to enroll early to eliminate non-payment of their claims due to not having their NPI information on file. On the date this newsletter went to press, Medicaid had received updates from only **39 percent** of the provider community.

NPI Provider Reporting:

The goal is 100 percent! Only **39 percent** of providers have reported their NPI. Please report your NPI now!

All healthcare providers (such as, physicians, durable medical equipment (DME) suppliers, hospitals, and others) 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, but are not necessarily limited to providers such as 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. Providers may apply electronically for their NPI from this Web site or by requesting, completing, and submitting a paper NPI reporting form.

Reporting NPI to the IHCP

The NPI Reporting Tool is available from http://www.indianamedicaid.com by clicking on the **NPI Reporting Tool** link located in the NPI section of the IHCP Web site home page. Follow the instructions and prompts found on the Web site.

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.

Contact Information: Assistance for enrolling or dis-enrolling a group or rendering provider is available 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. Mail your completed forms 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.

Obtaining an NPI

To obtain an NPI, visit the NPPES Web site at https://nppes.cms.hhs.gov/NPPES or call toll-free at 1-800-465-3203, or 1-800-692-2326 (TTY).

First Steps 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.

Provider Workshops

2007 Second Quarter Medicaid Provider Workshops

The IHCP offers workshops free of charge. Sessions are offered at several locations in Indiana. Table 2 lists the session times, topics, and descriptions. Table 3 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 2 – 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 3 – 2007 Second Quarter Workshop Dates, Registration Deadlines, and Locations

Workshop Date	Registration Deadline	Location
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 Services Contact Information

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	EDS Pharmacy Claims Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265
Indiana DUR Board INXIXDURQuestions@acs-inc.com PDL@fssa.state.in.us	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	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	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
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)		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.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

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

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.)		
☐ Evansville, June 7, 2007	☐ Indianapolis, June 19, 2007	☐ Hammond, June 20, 2007
☐ Fort Wayne, June 21, 2007	☐ South Bend, June 29, 2007	
Mental Health (11:15 a.m. – Noon)		
☐ Evansville, June 7, 2007	☐ Indianapolis, June 19, 2007	☐ Hammond, June 20, 2007
☐ Fort Wayne, June 21, 2007	☐ South Bend, June 29, 2007	
IHCP Updates (1:00 p.m. – 1:30 p.m.)		
☐ Evansville, June 7, 2007	☐ Indianapolis, June 19, 2007	☐ Hammond, June 20, 2007
☐ Fort Wayne, June 21, 2007	☐ South Bend, June 29, 2007	
Managed Care – MHS (1:30 p.m. – 2:30 p.m.)		
☐ Evansville, June 7, 2007	☐ Indianapolis, June 19, 2007	☐ Hammond, June 20, 2007
☐ Fort Wayne, June 21, 2007	☐ South Bend, June 29, 2007	
Managed Care – MDwise (2:45 p.m. – 3:45 p.m.)		
☐ Evansville, June 7, 2007	☐ Indianapolis, June 19, 2007	☐ Hammond, June 20, 2007
☐ Fort Wayne, June 21, 2007	☐ South Bend, June 29, 2007	
Managed Care – Anthem (3:45 p.m. – 4:45 p.m.)		
☐ Evansville, June 7, 2007	☐ Indianapolis, June 19, 2007	☐ Hammond, June 20, 2007
☐ Fort Wayne, June 21, 2007	☐ South Bend, June 29, 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: _____