Indiana Health Coverage Programs

Monthly News

IHCP Providers Help Make Indiana Hoosiers Healthier!

Table of Contents

Abbreviations Used in this Newsletter

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

Current Procedural Terminology (CPT) is copyright 2004 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply for government use.

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 June:

• *BT200714 – Changes to the Preferred Drug List*

• *BT200715 - Federal Health Care Programs Exclusion*

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/d efault.asp and click the Open New Account button.

To access the Explanation of Benefits (EOB) codes from the IHCP website, click **Provider Services** and then click **EOB descriptions**.

Follow the directions at the top of the EOB Web page to print or download the EOB list.

Provider Enrollment – Hints and Tips

To receive reimbursement for services provided to any Indiana Health Coverage Programs (IHCP) member, you must be enrolled in the IHCP. The information you provide on your enrollment application determines the following:

• What type of services you can provide

• Where reimbursement for these services can be sent

• Where the IHCP can contact you or send program information to you

• Where members can obtain services from you

Enrolling as a Provider

The first step in your affiliation with the IHCP begins with the enrollment process. All enrollment information is available on the Indiana Medicaid Web site:

1. Access www.indianamedicaid.com.

2. Select Provider Services from the menu across the top.

3. Select Provider Enrollment from the drop-down list.

The Provider Enrollment page has links to important documents to help you with the enrollment process.

The first document you should access is the Provider Type and Specialty Matrix. This document lists the enrollment requirements for all of the IHCP provider types and specialties that can be enrolled in the program. Once you've determined your specialty and you are ready to begin the enrollment process, you must complete and submit an enrollment application packet.

Enrollment applications must contain all of the required documents for your type and specialty, as well as original signatures on all provider agreements, which must be submitted for every performing (rendering) and billing provider enrolling in the IHCP.

Tips for Completing Enrollment Packet

Follow these tips to ensure your enrollment packet is not returned to you:

• Provide official, original (not a signature stamp) signatures on all documents requiring signatures.

• Include a signed provider agreement for the individual billing provider, or the group's owner or authorized agent, and each rendering provider in the group.

• Include a current, IRS-approved version of a W-9 form.

• Complete all Schedule Cs, listing all owners or managing persons. If not-for-profit organization, complete the managing individuals section on Schedule C.2 and include a list of the board of directors.

• Attach a voided check or deposit slip if you are requesting an electronic funds transfer (EFT), or an official bank letter with the account number.

• If enrolling as a group with rendering providers working for you, please submit a completed Schedule G, along with a signed provider agreement for each of your rendering providers.

• Instructions for completing the enrollment packet are available on the www.indianamedicaid.com Web site.

Updating Enrollment Profile

As an enrolled IHCP provider, you agreed to inform the IHCP whenever there are changes to your enrollment profile. If you want to change any of your

original enrollment information on file, you must complete a Provider Enrollment Update form. This form is also available on the Indiana Medicaid Web site at www.indianamedicaid.com.

The update form is to be completed by a billing provider or group provider. If you are a rendering provider, you must work with the group provider with which you are enrolled or prospective group with which you want to enroll, to make changes to your enrollment profile, or to be linked to another group. The group provider must submit a completed Schedule G for the changes you need made to your record.

Certain changes to your enrollment profile may require additional documentation. For example, if you are updating your tax identification number or federal employer identification number (FEIN), you will need to submit a new W-9. However, when making this type of change, Provider Enrollment staff may not understand what you are trying to accomplish. To support or clarify your update request, please complete the Comments or additional instructions box (Box 21) on the Provider Enrollment Update form.

Tips for Completing Provider Enrollment Update Form

Follow these tips to ensure your update request is processed and not returned to you for more information:

- Check the appropriate Update box for the action you want performed.

- Include an official signature from either the owner or the authorized agent in Box 20.

- For EFTs, provide proof of the account number and routing number from the bank, either a voided check, voided deposit, or letter from the bank.

- Provide signed, original signatures on any required provider agreements for the update.

- For a change of ownership, complete Schedule D – Change of Ownership section.

- For a tax ID or FEIN change request, submit a new W-9.

- Always include an explanation of what you are trying to accomplish in the Comments or additional instructions box (Box 21) of the update form.

- If you are a group requesting a change for one of your rendering providers, complete Schedule G.

- If you are a group and need to add a new rendering provider to your group, complete Schedule G and include a signed provider agreement with the request.

Web interChange Enhancements

In November 2004, an enhancement to the Web interChange application enabled providers to set up Web administrators to administer user IDs and passwords. This enhancement provided administrators the ability to assign unique user IDs and passwords for Web interChange users within their organization.

Approximately 38 percent of Web users are continuing to log on to Web interChange using their provider number instead of a unique ID and password. To support Health Insurance Portability and Accountability Act (HIPAA) Security standards, help ensure protected health information (PHI) data is safeguarded, and to allow traceability of transactions on the Web, each user must have a unique ID. Beginning July 29, 2007, the following changes will be made to Web interChange to encourage all users to assign an administrator and log on with a unique user ID and password.

Inactive Web Users: All Web interChange users who have not logged on within the last 90 days will have their user ID suspended. The user will be presented with a message instructing him or her to contact their administrator to regain access. The message includes a link to the Administrator Listing page which allows the user to locate the name and phone number of their administrator.

The user's Web administrator(s) will receive an e-mail message indicating that the user has been suspended. The administrator is allowed to reactivate the suspended user ID, assuming that the user ID is associated with the group administered by the administrator.

Web interChange Users without Administrators: Each time a user attempts to log on to Web interChange with a provider ID that is not associated with an administrator, a message is received requesting that they have an administrator set up for their organization. The message informs the user that all providers must assign a group administrator to be in compliance with HIPAA Security. The user is also presented with a link to the interChange Administrator Request Form. After clicking through the message, the user will be allowed access to the Web interChange Web site.

Web interChange Users with Administrators:
Each time a user attempts to log on to Web interChange with a provider ID, and an administrator has been assigned for that provider organization for less than 30 days, a message will display the number of days until the user ID will be disabled. The user ID will be disabled once the administrator has been set up for more than 30 days.

When a user attempts to log on with a user ID that is associated with a provider that has had an administrator for more than 30 days, a message is displayed informing them that their user ID has been disabled and that they need to contact their administrator to set up a unique user ID. Their administrator and the EDI Solutions Help Desk will not be allowed to reset the suspended user ID.

Monitoring Web interChange Log On Practices:
A listing of all providers and associated administrators that have users logging on with the provider ID as the user ID is created monthly and provided to EDS security administrators and representatives of the Office of Medicaid Policy and Planning (OMPP). All Web interChange users are highly encouraged to log on with a unique user ID and password as soon as possible.

Additional Web interChange Enhancements: All Web interChange users who have a unique user ID and password have the ability to reset their own user ID and password. To ensure that this functionality is user-friendly, the following enhancements are being made effective July 29, 2007:

- The "Forget your password?" bullet on the log on page will be modified to inform users of the auto password reset function. The bullet also provides a link to the "Automated Password Reset Help" page.

- The "Change Password" screen will be modified to provide users with a clearer sense of "old" passwords to eliminate confusion between "old" passwords and "temporary" passwords.

- The successful password reset message will include the word "Temporary" so the user knows that this is not their permanent password.

- A copy and paste feature for the system-generated temporary password will be added so the user can easily copy and paste the password into the "Change Password" screen.

Additional information about setting up Web interChange administrators and users can be obtained by clicking on the "How To Obtain An ID" button on the Web interChange log on screen, or by contacting the EDS EDI Solutions Help Desk at 317-488-5160 or toll-free at 1-877-877-5182.

Claim Information

Dental Claim Form Hints

Have you submitted paper dental claim forms (the American Dental Association (ADA) 2006 version) that were denied with the error code 0238, Recipients name is missing? You must submit a member's name and a member's Medicaid identification number (RID) for a claim to process. On the ADA 2006 paper claim form, you must enter the member's name in Field Locator, Box 20 and the member's Medicaid ID (RID) number must be entered in Box 23. Please verify with your software vendor, clearinghouse, or billing agent that your claims are being completed correctly.

Avoiding Paper Claim Returns

Many claims submitted by providers never get past the mailroom edits. These claims are subsequently returned to the provider for correction and resubmission. Listed below are several helpful hints to avoid mailroom claim returns. Providers who follow these guidelines help ensure that their paper claims are processed in a more accurate and timely manner:

- **Do not** staple, glue, or paper clip claim forms, attachments, or any additional documentation. Doing so may cause damage to the document during scanning.

- Include the nine-digit number plus alpha character Medicaid Legacy Provider Identifier (LPI) or National Provider Identifier (NPI) on all claims in the appropriate field for the form.

- **Do not** send photos or X-ray films with claims. EDS does not accept X-rays.

- **Do not** send partial pieces of paper. Submit attachments on standard 8½-inch x 11-inch paper. *For example, receipts can be copied onto a whole sheet of paper. When submitting a claim with an Explanation of Medicare Benefits (EOMB), **do not** cut the EOMB into small pieces to send. Most providers black out the other information or copy the smaller piece of EOMB onto a whole sheet of paper for submission.*

- **Do not** use stickers or sticky notes on claims.

- Include the provider name and complete address in the appropriate field.

- **Do not** enter commas or dashes. This includes diagnosis pointers on the detail lines. *For example, 12.34 should read 1234.*

- **Do not** write or type any information, other than the appropriate address, on the claim form above the red line box.

- **Do not** include any stray marks or X's on the claim form.

- Minimize or eliminate handwritten information on medical claim forms. When handwritten information is necessary, use block letters and numbers within the boxes provided on the form.

- When possible, use a font that places a slash through zeros or use strikethrough. This helps eliminate confusion between zeros and the letter O.

- Ensure all data appears within the boxes on the form. Data outside the boxes can cause errors and delay processing.

Submitting Attachments for Electronic Claims Submission

All claims submitted to EDS for Traditional Medicaid and Medicaid Select can be submitted electronically via the Web interChange or by your software vendor. Many times your electronic claims require attachments for proper adjudication and reimbursement. If you need to submit attachments, please follow these simple procedures:

1. Submit all attachments on paper, even if the claim was submitted electronically. The claim will suspend for processing until the attachment arrives.

2. When sending supporting documentation for an electronic claim, write a unique attachment control number (ACN) of your choice, such as your patient control number at the top of each attachment page. This ACN must match the same ACN that was identified on the 837 electronic submission of your claim.

   Note: The ACN is a unique number; therefore, it can only be used once.

3. If a claim must be resubmitted, assign a new unique ACN to the attachment. In addition to the ACN, complete an attachment cover sheet for each 837 electronic submission claim.

Following these simple procedures will ensure timely and accurate adjudication and reimbursement of your claims.

Attachment Cover Sheet

The Attachment Cover Sheet is available on the IHCP Web site www.indianamedicaid.com. From the home page, click the Forms link in the right side column. From the Forms page, select Attachment Cover Sheet which is located under the Claim Forms (Non-Pharmacy).

The form is available as an Adobe Acrobat or Microsoft Word file. Detailed instructions for completion accompany the forms.

Ensuring Efficient IHCP Claims Processing – Use of Qualifiers

Have you received one of those return-to-provider letters…the kind that includes a message saying the claim forms you sent have a missing/invalid qualifier?

You know if you received one because all the claim forms that you mailed to EDS were returned to you with the letter. You then ask the question, "What is a qualifier?"

The need to use qualifiers occurred with implementation of the new CMS-1500 and UB-04 claim forms. A qualifier is a two-digit value that identifies the data element reported to the immediate right on the claim form. It allows for multiple uses of the same field.

An example on the CMS-1500 includes fields 24i and 24j, where both a Legacy Provider Identifier (LPI) and a taxonomy code can be reported. An example on the UB-04 includes field 81CCb, where both a physician license number and taxonomy can be reported. The qualifier explains what is reported in the next field.

Qualifiers are required to process the claims. If qualifiers are not used, the claim forms are returned to the provider.

Refer to bulletins *BT200702 (UB-04)* and *BT200703 (CMS-1500)* for the valid qualifiers to use for rendering, billing, and attending physicians.

Frequently Asked Questions (FAQ)

Provider Questions

Question: What does the 590 program eligibility mean to me as a provider?

Answer: The 590 program eligibility allows you to provide certain healthcare services to members who are residents of state-owned facilities. These facilities are operated under the direction of the Family and Social Services Administration (FSSA), the Division of Mental Health and Addiction (DMHA), and the Indiana State Department of Health (ISDH). If you are billing for services that are $150 or less, you must submit the claim to the 590 facility where the member resides for payment. If the billed amount is more than $150, you must submit your claim to the Indiana Health Coverage Programs (IHCP). If the billed amount is more than $500, the claims require prior authorization before submitting to the IHCP for payment. ***Transportation services are not covered by the IHCP for the 590 Program.***

Question: If I am currently a provider for the Medicaid Traditional program, what do I need to do to become a 590 provider?

Answer: You need to complete and submit a Provider Enrollment Update form requesting the addition of the 590 program to your profile. The provider update form is available on the Indiana Medicaid Web site at www.indianamedicaid.com. If you are a billing provider, you need to complete Box 1 by entering the billing or group provider number and the service locations you want updated. Then go to Box 10 and check the Update and Yes boxes. Be sure to enter the effective date you would like to begin participation in the 590 program. The final step is to complete Box 20 with the provider's name and the signature of the authorized official. The signature must be original and not a signature stamp. If you have rendering providers linked to your group, you also need to complete Schedule G updating any rendering provider with the 590 program eligibility. Mail the completed, signed form to the Provider Enrollment Unit at P.O. Box 7263 Indianapolis, IN 46207-7263.

Question: I want to register for an upcoming workshop. How can I learn what topics are being presented or discussed at the workshop?

Answer: The EDS monthly newsletters have information about upcoming workshop sessions, including dates, times, topics, and a brief description of the topic. In most instances, the information is published eight weeks prior to the scheduled workshops. Workshop information is also available on the IHCP Web site under Provider Education.

Question: I am a transportation provider and want to understand the correct process for billing claims when I transport multi-passengers, simultaneously to the same vicinity? If I pick up member A, and en route pick up member B, then drop off member A at his or her destination, and then drop off member B at his or her destination, what is the correct billing process when there are multiple member passengers?

Answer: When providers transport two or more members simultaneously within the same vicinity for medical services, the IHCP reimburses at one-half the base rate for the second and subsequent member passengers transported for medical services in a single Commercial Ambulatory Service (CAS) or Non Ambulatory Service (NAS) vehicle. CAS bill code T2003 for the base rate, A0425 U3 for the mileage, and T2007 U3 for any applicable wait time. The billing code for the second and subsequent member is the T2004 base rate, and no reimbursement for either the mileage, or any wait time on the second member passenger. The subsequent member should be billed on a separate claim form under that member's ID number.

Question: What is the correct method for filing claims when the member changes from one managed care organization (MCO) to another during the same hospital stay? For example, a member is an MHS recipient at the time of admission, then changes to Anthem after the admit date and during the hospital stay. How should these claims be filed to ensure the hospital is reimbursed for its services?

Answer: Financial responsibility is determined by the MCO on file as of the admission date. The risk-based managed care (RBMC) organization that the member is enrolled with at the time of admission is responsible for reimbursing the hospital for the entire hospital stay. Therefore, the hospital provider submits its claims to the MCO on file as of the date of admission.

Question: After reporting my NPI and taxonomy codes to the IHCP, I want to add a taxonomy code, but the NPI reporting tool is locked. How do I add, delete, or change a taxonomy code on my provider file?

Answer: Once the initial National Provider Identifier (NPI) has been reported via the NPI Reporting Tool, the tool is locked down. If you need to add, change, or delete a taxonomy code, you will need to complete and submit a provider update form and send it to the Provider Enrollment Unit, requesting any NPI changes you need. This information can be submitted to EDS Provider Enrollment, P.O. Box 7263 Indianapolis, IN 46207.

National Provider Identifier (NPI) News

Obtaining an NPI is free … and Required

Forty-six percent of Indiana Medicaid providers have reported their National Provider Identifier (NPI). Are you one of them?

If not, you need to report your NPI by following these steps:

1. Apply for an NPI online at https://nppes.cms.hhs.gov/ or call the NPI enumerator to request a paper application toll-free at 1-800-465-3203.

2. When you receive your NPI, report it to the IHCP. Use the online NPI reporting tool on the IHCP Web site to report your NPI and receive immediate confirmation. If you do not have your logon information for the NPI reporting tool, please contact the EDS help desk at 1-877-707-5750.

3. If you do not have access to the Web, contact the EDS help desk to request a form and submit your NPI via paper to the following address:

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

4. When completing the form, include the taxonomy reported to the enumerator. Groups must report the NPI for the rendering providers in their group. Be sure to sign the form and include contact information.

Provider Workshops

Report NPI at the Workshops

Workstations will be available at all workshop sites for providers to report their NPI to the IHCP. Bring to the workshop your NPI(s), taxonomy code(s), and your password to access the NPI reporting tool. If you do not know your password, contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278.

- Providers can access the NPI application online at https://nppes.cms.hhs.gov/

- Providers may request a paper application by calling the NPI enumerator (Fox Systems) toll-free at 1-800-465-3203. Mail the completed application to the NPI enumerator at the following address:

    NPI Enumerator
    P.O. Box 6059
    Fargo, ND 58108-6059

- Providers can access additional NPI information from the IHCP Web site at www.indianamedicaid.com

2007 Third Quarter Workshops

The IHCP offers workshops free of charge. Sessions are offered at several locations in Indiana. Table 1 lists the session times, topics, and descriptions. Table 2 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 8 a.m. local time. General directions to workshop locations are available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/ProviderServices/workshops.asp. Consult a map or other 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 1). 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 workshops 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 1 – 2007 Third Quarter Workshop Session Times, Topics, and Descriptions

Time	Topic	Description
8 a.m. – 8:30 a.m.	Waiver	This session is oriented to potential and current HCBS waiver providers and includes an overview of the Indiana waiver program. Topics include: member eligibility, provider enrollment, billing, and common claim denial reasons.
8:30 a.m. – 9:15 a.m.	Procedure Code Billing with NDC Information for Professional Claims	This session provides information on the National Drug Code requirements that were implemented on August 1, 2007 for professional claim types. The session addresses the reimbursement policies, billing procedures, as well as the edits that will appear on the RA.
9:20 a.m. – 10:25 a.m.	Reading Your Remittance Advice	This session provides an overview of how to use and understand the remittance advice, including ARC codes, EOB codes, payment calculations, accounts receivables and EFT information.
10:30 a.m. - Noon	Common Claim Denial Reasons and Resolutions	This session provides an overview of common claim denials for various provider types. Specific focus will highlight the reasons the errors occur and way to prevent them from recurring.
Noon – 1 p.m.	Lunch	
1 p.m. – 1:55 p.m.	Managed Care – MDwise	MDwise representatives will provide information related to billing, NDC reporting, and program updates. Representatives will be available for questions and answers.
2:00 p.m. – 2:55 p.m.	Managed Care – Anthem	Anthem representatives will provide information related to billing, NDC reporting, and program updates. Representatives will be available for questions and answers.
3:00 p.m. – 3:55 p.m.	Managed Care – MHS	MHS representatives will provide information related to billing, NDC reporting, and program updates. Representatives will be available for questions and answers.

Table 2 – 2007 Third Quarter Workshop Dates, Registration Deadlines, and Locations

Workshop Date	Registration Deadline	Location
August 2, 2007	July 19, 2007	St. Joseph Regional Medical Center Education Center 801 E. LaSalle Ave. South Bend, IN 46617

Table 2 – 2007 Third Quarter Workshop Dates, Registration Deadlines, and Locations

Workshop Date	Registration Deadline	Location
August 7, 2007	July 24, 2007	Bloomington Hospital Wagmiller Auditorium 601 W. Second St. Bloomington, IN 47403
August 9, 2007	July 26, 2007	St. Margaret Mercy Hospital North Campus 8th Floor 5454 Hohman Ave. Hammond, IN 46320
August 15, 2007	August 1, 2007	Parkview Hospital Administration Building Corporate Office Auditorium 10501 Corporate Drive Fort Wayne, IN 46845
August 17, 2007	August 3, 2007	Ball Memorial Hospital Outpatient Medical Pavilion Conference Rooms 1-8 2401 University Ave. Muncie, IN 47303
August 22, 2007	August 8, 2007	Floyd Memorial Hospital Paris Education Center 1850 State Street New Albany, IN 47150
August 28, 2007	August 14, 2007	Wishard Hospital Myers Auditorium 1001 W. 10th Street Indianapolis, IN 46202
August 29, 2007	August 15, 2007	St Mary's Medical Center Seton Manor Auditorium 3700 Washington Ave. Evansville, IN 47714
August 30, 2007	August 16, 2007	Unity Healthcare Medical Pavilion Conference Room 1345 Unity Place Lafayette, IN 47905

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

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

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

Waiver (8 a.m. – 8:30 a.m.)

☐ South Bend, August 2, 2007	☐ Bloomington, August 7, 2007	☐ Hammond, August 9, 2007
☐ Fort Wayne, August 15, 2007	☐ Muncie, August 17, 2007	☐ New Albany, August 22, 2007
☐ Indianapolis, August 28, 2007	☐ Evansville, August 29, 2007	☐ Lafayette, August 30, 2007

Procedure Code Billing with NDC Information for Professional Claims (8:30 a.m. – 9:15 a.m.)

☐ South Bend, August 2, 2007	☐ Bloomington, August 7, 2007	☐ Hammond, August 9, 2007
☐ Fort Wayne, August 15, 2007	☐ Muncie, August 17, 2007	☐ New Albany, August 22, 2007
☐ Indianapolis, August 28, 2007	☐ Evansville, August 29, 2007	☐ Lafayette, August 30, 2007

Reading Your Remittance Advice (9:20 a.m. – 10:25 a.m.)

☐ South Bend, August 2, 2007	☐ Bloomington, August 7, 2007	☐ Hammond, August 9, 2007
☐ Fort Wayne, August 15, 2007	☐ Muncie, August 17, 2007	☐ New Albany, August 22, 2007
☐ Indianapolis, August 28, 2007	☐ Evansville, August 29, 2007	☐ Lafayette, August 30, 2007

Common Claim Denial Reasons and Resolutions (10:30 a.m. – Noon)

☐ South Bend, August 2, 2007	☐ Bloomington, August 7, 2007	☐ Hammond, August 9, 2007
☐ Fort Wayne, August 15, 2007	☐ Muncie, August 17, 2007	☐ New Albany, August 22, 2007
☐ Indianapolis, August 28, 2007	☐ Evansville, August 29, 2007	☐ Lafayette, August 30, 2007

Managed Care – MDwise (1 p.m. – 1:55 p.m.)

☐ South Bend, August 2, 2007	☐ Bloomington, August 7, 2007	☐ Hammond, August 9, 2007
☐ Fort Wayne, August 15, 2007	☐ Muncie, August 17, 2007	☐ New Albany, August 22, 2007
☐ Indianapolis, August 28, 2007	☐ Evansville, August 29, 2007	☐ Lafayette, August 30, 2007

Managed Care – Anthem (2 p.m. – 2:55 p.m.)

☐ South Bend, August 2, 2007	☐ Bloomington, August 7, 2007	☐ Hammond, August 9, 2007
☐ Fort Wayne, August 15, 2007	☐ Muncie, August 17, 2007	☐ New Albany, August 22, 2007
☐ Indianapolis, August 28, 2007	☐ Evansville, August 29, 2007	☐ Lafayette, August 30, 2007

Managed Care – MHS (3 p.m. – 3:55 p.m.)

☐ South Bend, August 2, 2007	☐ Bloomington, August 7, 2007	☐ Hammond, August 9, 2007
☐ Fort Wayne, August 15, 2007	☐ Muncie, August 17, 2007	☐ New Albany, August 22, 2007
☐ Indianapolis, August 28, 2007	☐ Evansville, August 29, 2007	☐ Lafayette, August 30, 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: _____

EDS

Attachment 2: 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 *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	**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 **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	**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 **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