

IHCP Provider

Monthly News

Indiana Health Coverage Programs

<http://www.indianamedicaid.com>



What's New Inside!

- Unit and Age Limitations on Inpatient Neonatal and Pediatric Critical Care Services
- Reduced Process Time with Electronic Submissions
- NDC Protocol Implemented
- State MAC Updates



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Abbreviations Used in this Newsletter

ADA	American Dental Association	MHS	Managed Health Services
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
HCE	Health Care Excel	PMP	primary medical provider
HCPCS	Healthcare Common Procedure Coding System	PRTF	Psychiatric Residential Treatment Facility
HIPAA	Health Insurance Portability and Accountability Act	RBMC	risk-based managed care
IHCP	Indiana Health Coverage Programs	SSN	Social Security number
LC	Limited Corporation	SUR	Surveillance and Utilization Review
LPI	Legacy Provider Identifier	TIN	tax identification number
MAC	maximum allowable cost	TPL	third-party liability
MCO	managed care organization	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 July:

- *IHCP Hospice Provider Manual*
- [BT200716](#) – *Home Health Rates for State Fiscal Year 2008*
- [BT200717](#) – *Security Enhancements to Web interChange*

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.

To access the [Explanation of Benefits \(EOB\)](#) codes from the IHCP Web site, 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.

Clinical Lab Mass Adjustment

Banner page [BR200540](#) included a list of lab procedure codes subject to a mass adjustment. Some of the claims included in the mass adjustment were priced according to the lab fee instead of the max fee.

The IHCP identified the claims and a mass adjustment was initiated to correct the pricing on the affected claims. The mass adjusted claims appeared on RAs beginning June 19, 2007.

Unit and Age Limitations on Inpatient Neonatal and Pediatric Critical Care Services

The Surveillance and Utilization Review (SUR) Department identified potential utilization concerns related to providers inappropriately billing multiple units of Current Procedural Terminology (CPT®) codes related to inpatient neonatal and pediatric critical care services. This article clarifies the IHCP

policy about these codes. The following list identifies each code and the appropriate age and unit limitations:

- CPT Code 99298, *Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)*. This CPT code is limited to one unit per day.
- CPT Code 99300, *Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight less than 2501-5000 grams)*. This CPT code is limited to one unit per day.
- CPT Code 99295, *Initial neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less*. This CPT code has an age limit of 0-1 year of age. This CPT code is limited to one unit per day.
- CPT Code 99296, *Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less*. This code has an age limit of 0-1 year of age. This CPT code is limited to one unit per day.
- CPT Code 99293, *Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age*. This code has an age limit of 0-2 years of age. This CPT code is limited to one unit per day.
- CPT Code 99294, *Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age*. This code has an age limit of 0-2 years of age. This CPT code is limited to one unit per day.

SUR is advising all providers to review and ensure appropriate billing of units for this range of services. To recoup overpayments, the SUR Department is conducting a review of these claims. If a provider identifies overpayments related to such errors, the provider should file an adjustment or contact the SUR Department at (317) 347-4527 in the Indianapolis local area, or toll-free at (800) 457-4515 to arrange for repayment of inappropriate reimbursement.

Providers rendering services under the risk-based managed care (RBMC) program should also follow IHCP policy and CPT coding guidelines when billing these procedure codes. Claims billed with multiple units on the same day for members enrolled in the RBMC program may be subject to recoupment by the managed care organizations (MCOs).

Current Procedural Terminology © 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.

Reduced Process Time with Electronic Claim Submissions

Did you know that your claims, when electronically submitted, generally process in one-third the time required for paper claims? Other advantages of electronic submissions include reduced errors and increased cash flow.

Most electronically submitted claims process in one to two weeks. Paper claims typically take 30 to 45 days to process. Electronic support of claims submission and follow-up has had a positive impact on the cash flow of the provider community. As mentioned above, turnaround time, errors, and omissions have been reduced dramatically.

If the information is input properly by the provider, keying errors are eliminated. Often claims submitted on paper are handwritten, which makes them unclear and hard to read. Electronic submission eliminates these problems.

Electronic submissions are automatically read by the system edits. When a clean claim is submitted by close of day on Wednesday, the provider can look for final processing by Tuesday of the following week.

All traditional Medicaid claims can be submitted easily using Web interChange including claims requiring attachments. A provider clicks the **Attachment** button and follows the instructions on the *Attachment* screen displayed. The provider assigns a unique attachment control number (ACN) and writes that ACN on top of the attachment and mails it to EDS, with the attachment cover sheet. The original claim in suspense status is pulled, matched to the attachment by the unique ACN, and processed.

Claim Information

NDC Requirement Implemented For Fee-for-Service Professional Claims

The *Federal Deficit Reduction Act of 2005* mandates that the IHCP require the submission of National Drug Codes (NDCs) on professional claims submitted with certain procedure codes for physician administered drugs. Effective August 1, 2007, a new policy was adopted by the IHCP to comply with this legislation.

As outlined in bulletin [BT200713](#) dated May 29, 2007, the NDC must be in a 5-4-2 format. Please refer to bulletin [BT200713](#) for the exact requirements and how to properly submit this information. It is important to remember that providers must continue to bill physician administered drugs with the appropriate procedure codes and procedure code

With Web interChange, the provider can know the status of the submitted claim within two hours of submission. Web interChange also allows easy resubmission of all claims.

Electronic submission is the easiest and most accurate means of claim submission. As a good business practice, take advantage of electronic claims submission.

Protocol Changes for Return to Provider (RTP) Edits

As the IHCP moves forward in recordkeeping and required fields, certain protocols for claim submissions are adopted to comply with these new requirements.

Recent changes, such as required submission of the rendering provider number with the 1D qualifier, created protocols for front-end (mail room) editing of this field. Initially, many claims were returned to providers for missing or invalid qualifiers.

Realizing that strict enforcement of this RTP edit was causing confusion and an undue hardship on the provider community and its claim submissions, EDS changed its RTP protocol for this and similar informational fields. These claims are no longer RTPd. Instead, they pass to the claim system and pay or deny based upon the proper claims adjudication edits.

In its effort to work with the provider community, EDS will continue to analyze and address all protocols and issues affecting claims submissions. Providers should contact the MCOs about protocols for claims submitted to them.

quantities. Another noteworthy piece of information is that the reimbursement policy is not changing. In addition, codes that required manual pricing in the past continue to require manual pricing.

Determining the appropriate NDC quantity can be tricky. As a reference guide, providers can access the Palmetto GBA Web site at <http://www.palmettogba.com/>. This Web site is a public domain and furnishes an NDC crosswalk table which relates procedure codes, NDCs, and NDC quantity conversions. Providers should utilize this tool as a guide to conversions but should not rely on it as a sole resource for NDC quantity information. Providers must also remember that it is imperative that the NDC listed on the claim is representative of the actual product NDC administered to the member by the healthcare provider.

DME and HME Providers

IHCP Coverage of Standers

Effective January 1, 2006, providers submitting claims for Healthcare Common Procedure Coding System (HCPCS) code E0641, *Standing frame system, multipositional (e.g., three-way stander), any size including pediatric, with or without wheels*, will be reimbursed a max fee price of \$2,102 for new pricing (NU) and \$140 for rental pricing (RR). Providers desiring the new pricing rate for previously submitted claims for E0641 will need to submit replacement claims.

One-positional standers are currently reimbursed under HCPCS code E0638, *Standing frame system*,

one positional (e.g., upright, supine, or prone stander), any size including pediatric, with or without wheels. No changes are being made to the reimbursement or coverage of HCPCS code E0638.

One-positional and multi-positional standers require prior authorization. Criteria for standers are located in bulletin [BT200027](#).

Effective August 1, 2007, HCPCS code E0642, *Standing Frame system, mobile (dynamic stander), any size including pediatric*, will be non-covered. The IHCP does not cover dynamic standers.

Frequently Asked Questions (FAQ)

Eligibility FAQs

How can someone apply for Medicaid?

Persons interested in applying for Medicaid should review the Medicaid eligibility requirements at <http://www.in.gov/fssa/disability/medicaid/elig.html> and visit their local county office for more information.

Why doesn't the spend-down amount show in the eligibility response?

The spend-down amount is not available through the Eligibility Verification System due to the automation of spend-down.

How can I prove that I checked eligibility?

EDS will accept a screen print of Eligibility Verification as proof that the Eligibility transaction was executed. The screen print includes the date and time of the completed inquiry.

Why can't I see the entire date span for which a member is eligible?

Span dates within one calendar month are allowed. All information relevant to the time period requested, such as third-party liability (TPL), managed care participation, and nursing facility residence, is presented. Future eligibility cannot be predicted.

How can I request an update to a member's third-party liability (TPL) information?

By clicking on the *TPL Update Request* link on the Web interChange Eligibility Inquiry page, you can provide updated TPL information to the EDS Third-Party Liability Unit. Providers can contact the EDS TPL unit at (317) 488-5046 in the Indianapolis local area, or toll-free at 1-800-457-4510. This information will be verified, and the appropriate updates made.

How can a dentist verify which teeth have been sealed for a specific member?

The *Benefit Limits Reached for Inquiring Provider Type* section of the Web interChange Eligibility Inquiry page displays information about dental sealants. The provider can also send a letter to EDS and request this information.

National Provider Identifier (NPI) News

NPI Updates

We're at the Halfway Mark!

Fifty percent of Indiana Health Coverage Programs (IHCP) providers have reported their National Provider Identifier (NPI) to EDS. Let's work together to reach the goal of 100 percent!

Helpful Hints for the Month

You can now obtain your logon information for the NPI reporting tool via the telephone. Contact the EDS Help Desk at (317) 488-5160 in the Indianapolis local area, or toll-free at 1-877-877-5182.

If you receive an error message when reporting your NPI, please submit an updated NPI via paper by using the NPI reporting form. The NPI reporting form can be obtained from the IHCP Web site under

Publications or call Customer Assistance at 1-800-577-1278.

Inquiry of the Month

I am an individual billing provider with two NPIs. Which NPI should I report?

The Centers for Medicare & Medicaid Services (CMS) has assigned some individual providers two NPIs. While CMS and other insurance companies may require the providers to submit both NPIs, the IHCP requires the provider to choose **one** of the assigned NPIs.

Once the provider has selected the NPI, the provider must report the chosen NPI to the IHCP. The NPI Reporting Tool, IndianaAIM, and Web interChange systems will recognize the provider by the chosen NPI.

Pharmacy and Prescribing Providers

State Maximum Allowable Cost (MAC) Updates

Due to new legislation, effective July 1, 2007, changes to the State MAC rate schedule will no longer be published in the banner pages or bulletins. Providers must refer to the State MAC Web site at www.mslcindy.com for updated rate schedules. Updated State MAC rate schedules will be posted 30 days prior to the effective date of changes.

Direct any questions about the State MAC rate for legend drugs to the Myers and Stauffer Pharmacy

Unit at (317) 816-4136, toll-free at (800) 591-1183, or email at pharmacy@mslc.com.

Reinstatement of Coverage for NDC Deleted from the CMS Medicaid Drug Rebate Master File

Banner Page [BR200703](#) announced changes to the coverage of certain products that the CMS determined to be non-reimbursable in the IHCP fee-for-service pharmacy program. Based on a CMS policy clarification, coverage of the products in Table 1 will be reinstated July 1, 2007. Product coverage is subject to current program rules and restrictions.

Table 1 – Reinstated National Drug Codes Effective July 1, 2007

NDC	Description	NDC	Description
00121-0530	Ferrous Sulf. Liq	24385-0528	Ferrous Sulf Slow
00182-1201	Ferrous Sulf. Elixir	24385-0630	Ferrous Sulf Soln Drops
00182-4028-01	Ferrous Sulf Tab	24385-0875	Ferrous Sulf Iron Tabs
00182-4028-10	Ferrous Sulf Tab	49483-0008	Ferrous Sulf
00182-4028-89	Ferrous Sulf Tab	50383-0630	Ferrous Sulf Soln Drops
00182-4029	Ferrous Sulf Tab	50383-0778	Ferrous Sulf Elixir
00182-4030	Ferrous Sulf Tab	52569-0466	Ferrous Sulf Blister Pack
00182-4082	Ferrous Gluconate Tab	52735-0019	Vit Ferrous Sulf
00182-4476	Slow Fe	52735-0360	FP Ferrous Sulf Slow
00245-0061	Ferrous Gluconate Tab	54738-0091	Ferrous Sulf Tab
00245-0108-01	Ferrous Sulf Enteric Coated Tab	54838-0001	Ferrous Sulf Elixir

Table 1 – Reinstated National Drug Codes Effective July 1, 2007

NDC	Description	NDC	Description
00245-0108-10	Ferrous Sulf Enteric Coated Tab	54838-0002	Ferrous Sulf Drops
00472-1465	Ferrous Sulf Elixir	59743-0801	Ferrous Sulf Tab
00536-0650	Ferrous Sulf Elixir	60258-0182	Ferrous Fumerate
00536-3478	Ferrous Sulf	60432-0057	Ferrous Sulf Drops
00574-0508	Ferrous Gluconate	60432-0066	Ferrous Sulf Elixir
00574-0608	Ferrous Gluconate EC	62107-0044	Ferrous Sulf
00603-0179	Ferrous Sulf	63739-0102	Ferrous Sulf
00603-0762	Ferrous Sulf Drops	63739-0259	Ferrous Sulf
00603-0763	Ferrous Sulf Elixir	63868-0682	Ferrous Sulf
00677-0069	Ferrous Gluconate	00904-5118	Pediatric Electrolyte Fruit Flavor
00677-0070	Ferrous Sulf	00904-5119	Pediatric Electrolyte Bubblegum
00677-0071	Ferrous Sulf	00904-5276	Pediatric Electrolyte Grape Dyed
00677-0527	Ferrous Sulf	00904-7659	Pediatric Electrolyte Soln Unflavored
00677-0990	MultiFerrous Folic	00904-7660	Pediatric Electrolyte Soln Fruit Flavor
17714-0024	Ferrous Sulf Tab	00904-7850	Pediatric Electrolyte Bubblegum
24385-0137	Iron Tabs, Ferrous Sulf	66977-0222	Oramagixrx

Deficit Reduction Act of 2005: HCPCS and National Drug Code (NDC) Requirement Reminder – Correction and Update to Bulletin BT200713

Bulletin [BT200713](#) dated May 29, 2007, specified an implementation date of August 1, 2007, for the inclusion of National Drug Codes (NDCs) for certain procedure codes on professional claim types, including the paper CMS-1500 and electronic 837P.

This requirement affects all professional claim types with a date of service on or after August 1, 2007, regardless of the date of submission.

Table 1 in bulletin [BT200713](#) represents a list of procedure codes that require the submission of the product NDC, NDC unit qualifier, and NDC quantity, along with the procedure code and procedure code billing units. Table 2 includes six additional codes that have been added to this list.

Table 2 – Additional Procedure Codes Requiring NDC Information

Procedure Code	Description
J1324	INJECTION, ENFUVIRTIDE, 1 MG
J3243	INJECTION, TIGECYCLINE, 1 MG
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR, PER IU VWF:RCO
Q4083	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE
Q4084	HYALURONAN OR DERIVATIVE, SYNVISCO, FOR INTRA-ARTICULAR INJECTION, PER DOSE
Q4086	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE

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 can 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 3 lists the session times, topics, and descriptions. Table 4 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 the sessions are 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 3 – 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 about the National Drug Code requirements that were implemented August 1, 2007, for professional claim types. The session addresses the reimbursement policies, billing procedures, and 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.

Table 3 – 2007 Third Quarter Workshop Session Times, Topics, and Descriptions

Time	Topic	Description
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 is on the reasons the errors occur and ways 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. 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. 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. Representatives will be available for questions and answers.

Table 4 – 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
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

Table 4 – 2007 Third Quarter Workshop Dates, Registration Deadlines, and Locations

Workshop Date	Registration Deadline	Location
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. 10 th 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

Attachment 1: Provider Workshop Registration

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	
	<h1>Provider Workshop Registration</h1>

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.)		
<input type="checkbox"/> South Bend, August 2, 2007	<input type="checkbox"/> Bloomington, August 7, 2007	<input type="checkbox"/> Hammond, August 9, 2007
<input type="checkbox"/> Fort Wayne, August 15, 2007	<input type="checkbox"/> Muncie, August 17, 2007	<input type="checkbox"/> New Albany, August 22, 2007
<input type="checkbox"/> Indianapolis, August 28, 2007	<input type="checkbox"/> Evansville, August 29, 2007	<input type="checkbox"/> Lafayette, August 30, 2007
Procedure Code Billing with NDC Information for Professional Claims (8:30 a.m. – 9:15 a.m.)		
<input type="checkbox"/> South Bend, August 2, 2007	<input type="checkbox"/> Bloomington, August 7, 2007	<input type="checkbox"/> Hammond, August 9, 2007
<input type="checkbox"/> Fort Wayne, August 15, 2007	<input type="checkbox"/> Muncie, August 17, 2007	<input type="checkbox"/> New Albany, August 22, 2007
<input type="checkbox"/> Indianapolis, August 28, 2007	<input type="checkbox"/> Evansville, August 29, 2007	<input type="checkbox"/> Lafayette, August 30, 2007
Reading Your Remittance Advice (9:20 a.m. – 10:25 a.m.)		
<input type="checkbox"/> South Bend, August 2, 2007	<input type="checkbox"/> Bloomington, August 7, 2007	<input type="checkbox"/> Hammond, August 9, 2007
<input type="checkbox"/> Fort Wayne, August 15, 2007	<input type="checkbox"/> Muncie, August 17, 2007	<input type="checkbox"/> New Albany, August 22, 2007
<input type="checkbox"/> Indianapolis, August 28, 2007	<input type="checkbox"/> Evansville, August 29, 2007	<input type="checkbox"/> Lafayette, August 30, 2007
Common Claim Denial Reasons and Resolutions (10:30 a.m. – Noon)		
<input type="checkbox"/> South Bend, August 2, 2007	<input type="checkbox"/> Bloomington, August 7, 2007	<input type="checkbox"/> Hammond, August 9, 2007
<input type="checkbox"/> Fort Wayne, August 15, 2007	<input type="checkbox"/> Muncie, August 17, 2007	<input type="checkbox"/> New Albany, August 22, 2007
<input type="checkbox"/> Indianapolis, August 28, 2007	<input type="checkbox"/> Evansville, August 29, 2007	<input type="checkbox"/> Lafayette, August 30, 2007
Managed Care – MDwise (1 p.m. – 1:55 p.m.)		
<input type="checkbox"/> South Bend, August 2, 2007	<input type="checkbox"/> Bloomington, August 7, 2007	<input type="checkbox"/> Hammond, August 9, 2007
<input type="checkbox"/> Fort Wayne, August 15, 2007	<input type="checkbox"/> Muncie, August 17, 2007	<input type="checkbox"/> New Albany, August 22, 2007
<input type="checkbox"/> Indianapolis, August 28, 2007	<input type="checkbox"/> Evansville, August 29, 2007	<input type="checkbox"/> Lafayette, August 30, 2007
Managed Care – Anthem (2 p.m. – 2:55 p.m.)		
<input type="checkbox"/> South Bend, August 2, 2007	<input type="checkbox"/> Bloomington, August 7, 2007	<input type="checkbox"/> Hammond, August 9, 2007
<input type="checkbox"/> Fort Wayne, August 15, 2007	<input type="checkbox"/> Muncie, August 17, 2007	<input type="checkbox"/> New Albany, August 22, 2007
<input type="checkbox"/> Indianapolis, August 28, 2007	<input type="checkbox"/> Evansville, August 29, 2007	<input type="checkbox"/> Lafayette, August 30, 2007
Managed Care – MHS (3 p.m. – 3:55 p.m.)		
<input type="checkbox"/> South Bend, August 2, 2007	<input type="checkbox"/> Bloomington, August 7, 2007	<input type="checkbox"/> Hammond, August 9, 2007
<input type="checkbox"/> Fort Wayne, August 15, 2007	<input type="checkbox"/> Muncie, August 17, 2007	<input type="checkbox"/> New Albany, August 22, 2007
<input type="checkbox"/> Indianapolis, August 28, 2007	<input type="checkbox"/> Evansville, August 29, 2007	<input type="checkbox"/> 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: _____		



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	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	
PDL@fssa.state.in.us				
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	
			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	Harmony Health Plan http://www.harmonyhmi.com Claims (317) 423-3000 1-800-504-2766 Provider Services 1-800-504-2766
		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	