

IHCP Provider Monthly News

Indiana Health Coverage Programs

<http://www.indianamedicaid.com>



What's New Inside!

- Care Select to Replace Medicaid Select in Indiana
- Children Diagnosed with Birth Defects
- Community Alternatives to Psychiatric Residential Treatment Facilities
- New Online Provider Enrollment and Maintenance Forms
- Adult Foster Care Waiver Members Electing Medicare or Medicaid Hospice



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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
EVS	Eligibility Verification Systems	PMP	primary medical provider
HCE	Health Care Excel	PRTF	Psychiatric Residential Treatment Facility
HCPCS	Healthcare Common Procedure Coding System	RBMC	risk-based managed care
HIPAA	Health Insurance Portability & Accountability	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		

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 August:

- [BT200718](#) – *Quarterly HCPCS Update*
- [BT200719](#) – *MCO Behavioral Health – Frequently Asked Questions*

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 **Open New Account**.

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.

Deficit Reduction Act of 2005: HCPCS and NDC Requirement Reminder – Update to Bulletin BT200713

Provider bulletin, [BT200713](#), specified an implementation date of August 1, 2007, for the inclusion of National Drug Codes (NDCs) for certain procedure codes on professional claims, including the paper CMS-1500 and electronic 837P as required by the *Federal Deficit Reduction Act of 2005*. Providers should note that this requirement is not applicable to claims submitted to a Medicaid managed care organization (MCO).

The IHCP previously communicated that for procedure codes that involve multiple NDCs, providers must bill the first procedure code, procedure code units, NDC and NDC units, and NDC unit qualifier utilizing a KP modifier. The second, and any subsequent line item(s) with the same procedure code, must be billed utilizing the KQ modifier to bypass the duplicate logic. However, the implementation of this modifier logic is temporarily delayed.

Providers should still bill the information as instructed, but the second and subsequent line items will suspend for manual review. The suspended line items will be reviewed and adjudicated within the normal parameters for processing suspended claims. The IHCP will notify providers when the duplicate

logic is updated to include automatic processing utilizing the KP and KQ modifiers.

Children Diagnosed with Birth Defects

Indiana State Health Commissioner and Medicaid Medical Director Dr. Judith Monroe asks the IHCP to remind all physicians, audiologists, and other health providers that children diagnosed with birth defects must be reported to the Indiana Birth Defects and Problems Registry (IBDPR). In October 2006, conditions involving hearing loss (ICD-9_CM 389.00-389.99) were added to the list of reportable birth problems for which all newborn infants who are born in the state of Indiana will be screened. Audiologists are now required to report these conditions when they are discovered during the screening process. The revised Physician's Reporting Form is available on the ISDH Web site at <http://www.in.gov/isdh/programs/ibdpr>. If you have questions, please contact Ruwanthi Silva at (317) 233-7571.

Electronic Solutions E-mail Box on the IHCP Web Site

As an additional service on the IHCP Web site, providers can e-mail the Electronic Solutions Help Desk for technical Web interChange and Electronic Data Interchange (EDI) Solution questions. Access this by going to <http://www.indianamedicaid.com/>. From this Web page, go to **Contact Us** on the menu bar at the far right, then select **By Email**.

This Web page offers additional help, including Frequently Asked Questions with a link to each subject, and the Ten Top Questions that offer a range of answers that relate to various aspects of the IHCP.

E-mails that are not technical or EDI-related will be returned with a list of telephone numbers and links to assist you in resolving your question or issue.

Community Alternatives to Psychiatric Residential Treatment Facilities (CA PRTF) – National Demonstration Grant Award

Enacted in 2001, President Bush's New Freedom Initiative (NFI) is part of a nationwide effort to remove barriers to community living for people with disabilities. It represented an important step toward ensuring all Americans have the opportunity to learn and develop skills, engage in productive work, choose where to live, and participate in community

life. NFI goals include increasing access to assistive and universally designed technologies, expanding educational opportunities, promoting home ownership, integrating Americans with disabilities into the work force, expanding transportation options, and promoting full access to community life.

The New Freedom Commission on Mental Health (the Commission), as part of the NFI, was established in 2002 and charged with making recommendations to the president that would enable adults with serious mental illnesses and youth with serious emotional disturbances to live, work, learn, and participate fully in their communities. The Commission's report, *Achieving the Promise: Transforming Mental HealthCare in America*, outlined two significant problems associated with providing community-based alternatives to youth with serious emotional disturbances.

(1) Youth and families typically have little influence over decisions affecting service delivery, planning, and the use of financing to deliver care. When comprehensive community-based options are not available, youth are too often placed in out-of-state facilities.

(2) A survey with 19 states and 30 counties revealed that, in 2001, parents placed more than 12,700 youth into the child welfare or juvenile justice systems so that they could receive mental health services. Thirty-two states did not respond to the survey.

The Commission's final report sought to remedy these problems by recommending a demonstration be conducted to allow the Centers for Medicare & Medicaid Services (CMS) to develop reliable cost and utilization data to evaluate the impact of Medicaid waiver services on the effectiveness of community placements for youth with serious emotional disturbances in psychiatric residential treatment facilities (PRTF). Systems of care and wraparound services are specifically cited as effective community-based models that can help reduce placement in institutional settings.

Over the last decade, PRTFs have become the primary provider for youth with serious emotional disturbances requiring an institutional level of care. However, because they are not recognized as hospitals, nursing facilities, or intermediate care facilities for the mentally retarded, many states have been unable to use the 1915(c) waiver authority to provide home- and community-based alternatives to care, which would keep the youth in their homes and with their families.

The Deficit Reduction Act (DRA) of 2005 enacted the Community Alternatives to Psychiatric Residential Treatment Facilities Demonstration Grant Program (CA PRTF). Indiana was one of 10 states awarded a grant to help provide CA PRTF services for children. These demonstration grants, available over a five-year period, will assist states in their efforts to adopt strategic approaches for improving quality as they work to maintain and improve each child's functioning level in the community. The demonstration will also test the cost-effectiveness of providing home- and community-based care as compared to the cost of institutional care.

Through the demonstration grant waiver, children and youth who are in PRTFs and their families, will be eligible for case management services, up to six months prior to the expected discharge from the PRTFs and then continued intensive community-based services and support, through child and family wraparound teams. Similar youth, whose caretakers could care for them with intensive support, will be eligible for waiver services with no out-of-home placement. Participants in this demonstration project will be Medicaid-eligible youth identified through Indiana's Child and Adolescent Needs and Strength (CANS) assessment.

The intensive community-based services will be coordinated through child and family wraparound teams. Waiver services will include wraparound facilitation, respite care, family support, life skills training, and access to flexible funding. Beginning with existing, viable systems of care (in more than half of Indiana), the Demonstration Project will be available statewide in five years. Enrollment of providers and program participants will begin October 1, 2007.

For additional information, please contact Sue Lummus or Cheryl Shearer at the Indiana Family and Social Services Administration (FSSA), Division of Mental Health and Addiction (DMHA).

Contact information:

Sue Lummus
Deputy Director, DMHA
(317) 232-7824
sue.lummus@fssa.in.gov

Cheryl Shearer
Bureau Chief for Child and Adolescent Services,
DMHA
(317) 232-7934
Cheryl.shearer@fssa.in.gov

Care Select to Replace Medicaid Select in Indiana

The State of Indiana created a care management program, Care Select, to serve the Medicaid population of the aged, blind, disabled including the members in the waiver program, M.E.D. Works participants, members receiving adoption assistance, and non-institutionalized members in the hospice program.

The following IHCP members will not be covered by the Care Select program:

- Members on Spend-down
- Members dually eligible for Medicare and Medicaid
- Individuals with qualified Medicare beneficiary (QMB) or specified low-income Medicare beneficiary (SLMB) only (not in combination with another aid category)
- Wards
- Foster children
- Persons in nursing homes, intermediate care facilities for the mentally retarded (ICF/MRs), and state-operated facilities
- Institutionalized members in the hospice program
- Undocumented aliens
- Aid to Residents in County Homes (ARCH) members
- Members enrolled in the 590 Program
- Members enrolled in the Breast and Cervical Cancer Treatment Services Program

The Care Select program will replace the Medicaid Select program through a regional phased-in implementation with a projected completion date of January 1, 2009. The Care Select program is scheduled to begin implementation in the Central Indiana region in November 2007. Please reference the [Care Select Region Implementation Map](http://www.indianamedicaid.com/CareSelectRegionImplementationMap) that is available at <http://www.indianamedicaid.com/> Web site to view the counties and completion dates for the phased-in regional implementation.

The State has contracted with the following care management organizations (CMOs) to manage the Care Select program:

- MDwise
- Advantage Health Solutions

These organizations are in the process of developing their provider networks and on behalf of the State enrolling the primary medical providers (PMPs) and other providers in the near future.

As the program develops, additional information will be provided in future bulletins, banners, and newsletters and will be available via the IHCP Web site.

New Online Provider Enrollment and Maintenance Forms

New IHCP provider enrollment and profile maintenance forms are forthcoming. The new online forms are easy to access and streamline enrollment and profile maintenance activities for providers.

Changes to the [Provider Services](#) Web pages provide prospective and currently enrolled providers with the necessary tools to enroll in the IHCP and make changes to their provider profile by completing the appropriate forms online. The new forms are geared to specific types of providers and specific request types. For example, the IHCP has an application specifically designed for a prospective hospital provider. Also, providers can update their address by using the IHCP Name Address Maintenance Form, instead of sorting through an entire update packet to retrieve the pages required to report an address change.

Providers can complete and print a form online. Specific document requirements are obtained through the Provider Type and Specialty Matrix link located on the Web page. Providers then sign and submit their document packet to the address noted on the Web page. To ensure timely processing, providers must fill out the forms completely and include required supporting documents necessary for processing.

All forms are in Microsoft Word format and have the "Save As" functionality. This new functionality decreases the amount of time it takes to complete forms. The new forms will be available at http://www.indianamedicaid.com/ihcp/ProviderServices/enrollment_provider.asp.

In addition to allowing entry of the enrollment forms on the Web, IHCP has tailored the IHCP provider enrollment and maintenance forms to specific provider types. This change allows providers to easily identify the correct form needed and eliminates unnecessary schedules that do not apply to their provider type. Table 1 identifies each provider type and the enrollment and maintenance form that is used by their provider type and classification.

Table 2 contains various types of profile maintenance forms and addenda used by providers that wish to perform specific types of changes to their profiles. Additional billing and rendering provider agreements are also available. The forms below are accessed through provider type and classification selections.

Providers may access the Provider Services Enrollment page from the IHCP Web site at <http://www.indianamedicaid.com/> or request a paper copy of one or more of the above noted forms by

contacting EDS Provider Enrollment at 1-877-707-5750. Providers can also make a request in writing to the following address:

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

Table 1 – Application and Maintenance Forms by Provider Types

IHCP Billing Provider Application and Maintenance Form			
Provider Type			
09 Advanced Practice Nurse	15 Chiropractor	20 Audiologist	28 Laboratory
11 Mental Health Provider	17 Physical Therapist	21 Care Coordinator	31 Physician
13 Public Health Agency	18 Optometrist	22 Hearing Aid Dealer	
14 Podiatrist	19 Optician	27 Dentist	
IHCP Group and Clinic Provider Application and Maintenance Form			
Provider Type			
08 Clinic	14 Podiatrist	18 Optometrist	27 Dentist
09 Advanced Practice Nurse	15 Chiropractor	20 Audiologist	29 Radiologist
11 Mental Health	17 Therapist	21 Case Manager	31 Physician
IHCP Hospital and Facility Application and Maintenance Form			
Provider Type			
01 Hospital	03 Extended Care Facility	05 Home Health Agency	30 End-Stage Renal Disease Clinic
02 Ambulatory Surgical Center	04 Rehabilitation Facility	06 Hospice	
IHCP Rendering Provider Application and Maintenance Form			
Provider Type			
09 Advanced Practice Nurse	15 Chiropractor	19 Optician	27 Dentist
11 Mental Health	17 Therapist	20 Audiologist	31 Physician
14 Podiatrist	18 Optometrist	21 Case Manager	32 Waiver
Forms Assigned to One Provider Type			
IHCP Durable Medical Equipment Provider Application and Maintenance Form			25 Durable Medical Equipment
IHCP Pharmacy Provider Application and Maintenance Form			24 Pharmacy
IHCP Radiology Provider Application and Maintenance Form			29 Radiology
IHCP School Corporation Provider Application and Maintenance Form			12 School Corporation
IHCP Transportation Provider Application and Maintenance Form			26 Transportation
IHCP Waiver Provider Application and Maintenance Form			32 Waiver

Table 2 – Maintenance Forms, Addenda, and Additional Provider Agreements

IHCP CLIA Certification Maintenance Form
IHCP Medicare Number Maintenance Form
IHCP Name Address Maintenance Form
IHCP Provider Recertification Form <i>(This is a new form. To extend your eligibility, the recertification form is submitted with the required documents for your provider type and specialty. The Provider Type and Specialty Matrix includes recertification information.)</i>
IHCP Provider Termination Form <i>(This is a new form. Previously, provider agreement terminations were reported in an application or update form.)</i>
IHCP Specialty Maintenance Form
IHCP Tax Identification Maintenance Form
IHCP Change of Ownership Addendum
IHCP Claim Certification Statement for Signature on File Addendum
IHCP Delegated Administrator Addendum
IHCP EFT Account Addendum
IHCP Outpatient Mental Health Addendum
IHCP Psychiatric Residential Treatment Facility (PRFT) Addendum
Outpatient Mental Health Addendum
IHCP Billing Provider Agreement
IHCP Rendering Provider Agreement

Changes to Electronic Eligibility Verification Systems (EVS)

Changes are currently being made to the Eligibility Verification Systems (EVS) that will restrict providers from accessing member eligibility information for dates of service that are not within a provider's active program eligibility date segment. Member eligibility information is only available to providers who are actively enrolled with the IHCP for the dates of service being requested.

The change will be made to all IHCP EVS (Omni, Web interChange, and AVR) used by providers to verify member eligibility. The changes will be implemented in September 2007. Please note, as long

as you are actively enrolled with the IHCP for any dates of service you need member eligibility verification, you will always be able to verify member eligibility at any time. The EVS is only restricting eligibility verification to any date of service that is not within your active IHCP program eligibility segment.

Please note that providers should only perform eligibility inquiries using an assigned IHCP provider number, which authorizes you to access member eligibility information. In addition, any provider who must recertify their IHCP provider eligibility, based on license or program requirements, will not be able to access member eligibility for dates of service that occur after the recertification date has passed.

Claim Information

Federal Deficit Reduction Act of 2005 – Edit Criteria

The Federal Deficit Reduction Act of 2005 mandates that IHCP require the submission of National Drug Codes (NDCs) on claims submitted with certain procedure codes for physician-administered drugs. With this mandate, there are edit criteria that may not be common knowledge to many Medicaid providers.

The first of these edits is the Drug Efficacy Study Implementation (DESI) status (Edit 4003). The DESI is a rating system set by the Food and Drug Administration (FDA) regarding the efficacy and safety of medications. For any given drug, the FDA can establish six efficacy levels. The IHCP cannot pay claims for drugs rated DESI level 5 (less than effective (LTE)/identical, related, or similar (IRS)) or

level 6 (less than effective (LTE)/identical, related, or similar (IRS) & withdrawn from market).

The DESI listing is available on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/PharmacyServices/list.asp>. Click the Pharmacy Services tab and scroll down and then click on Pharmacy Links (second from the bottom). NDC numbers are in ascending order on the DESI Drug List. Like products are not listed together, so check your NDC number carefully. The Centers for Medicare & Medicaid Services (CMS) updates the DESI list as needed, so check it frequently.

The second edit is the rebating status of the product manufacturer or labeler (Edit 1016). Only claims for drug products from manufacturers/labelers with active rebate agreements with CMS on the date of service are payable by the IHCP. The Drug Rebate Labeler List is available on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/PharmacyServices/list.asp> or click the Pharmacy Services tab and scroll down and then click on Pharmacy Links (second from the bottom). Click the Drug Rebate

Labeler link to go to the CMS Web page at http://www.cms.hhs.gov/MedicaidDrugRebateProgram/10_DrugComContactInfo.asp. Select the Participating Drug Companies zip file under Downloads.

The data format contains the first five digits of the NDC number that represents the manufacturer/labeler of the product in ascending order, along with the manufacturer/labeler name and contact information. If the labeler code is not on the list, then the drug manufacturer does not participate in the rebate program. The NDC therefore is not covered. Drug wholesaling companies can also guide providers to products that are considered rebating.

The third edit is the CMS Termination Date (Edit 4007). This date is the date the drug was withdrawn from the market or, if no longer distributed by the manufacturer/labeler, the shelf life expiration date of the last lot sold. The manufacturers/labelers report this date to CMS. This data is available from your drug wholesaler or supplier.

DME and HME Providers

Reimbursement Rate for HCPCS Code E2374

The rate for E2374, *power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only*, has been revised. During the 2007 Annual Healthcare Common

Procedure Coding System (HCPCS) update, pricing for E2374 was listed by CMS as \$143.96. The CMS corrected this rate.

Effective January 1, 2007, the IHCP will reimburse providers for E2374 using the corrected fee of \$534.02. Providers may resubmit claims for adjustment.

Home Health Providers

Home Health Claims – Cut Back Overhead at Detail Line

EDS determined that from October 2004 to July 2007, the overhead amount was not applied to some of the detail lines on home health claims. Home health claims from October 1, 2004, to July 31, 2007, will be mass adjusted and will appear on RAs dated on or after September 4, 2007. Providers are not required to take any action.

Effective August 1, 2007, home health providers who have previously billed the same procedure with the same modifier for the same date of service on multiple detail lines must now bill on one detail line.

Waiver Providers

Adult Foster Care Waiver Members Electing Medicare or Medicaid Hospice

Adult Foster Care (AFC) is a service option under the Aged and Disabled (A&D) Waiver. The A&D Waiver, administered by the Family and Social Services Administration (FSSA) Division of Aging (DA) and the Office of Medicaid Policy and Planning (OMPP), has oversight of all policy and payment parameters for Medicaid waivers. A question was posed asking if individuals receiving waiver services in AFC can also receive hospice services under the Medicare and/or Medicaid hospice program. This article addresses the services provided under AFC and answers some case-specific questions posed to the FSSA DA.

AFC is a home owned, rented, or managed by the AFC provider, where consumer care is provided for up to three unrelated elderly individuals or adults with disabilities. Comprehensive services are provided through the A&D Waiver 24 hours a day. The provider or the primary care giver must live in the home. Care and services provided under the AFC include the following:

- Personal care services
- Attendant care
- Homemaker
- Companionship
- Medication oversight
- Transportation

AFC staff cannot administer medication. The hospice must address this issue with the patient and family when moving any hospice patient to AFC, since AFC staff cannot administer medication. Therefore, if the individuals need hospice medications administered, there must be an arrangement to have family, extended family, or friends come in and administer the medications per the approved hospice plan of care if the patient cannot self-administer. The arrangement must be documented in the hospice plan of care.

The following questions were posed to the FSSA DA:

Question 1: If the owner is a registered nurse (RN) and is willing to administer medications per arrangement with the hospice, is that permissible?

FSSA Response: This arrangement would be outside the scope of the AFC provider responsibility even though the owner is an RN. As AFC is a 24-hour service, there is no time during the day that the RN owner would not be performing her responsibilities under the Medicaid AFC and subject to the parameters of the Medicaid waiver.

Question 2: Do any of the requirements for the above noted arrangement change if the patient is private pay?

FSSA Response: If a patient is private pay for the AFC, then they are not on the Medicaid waiver; therefore, none of the requirements apply to them or the AFC owner.

If you have questions about this article, please contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278.

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

Provider Relations Field Consultants

Territory Number	Provider Relations Consultant	Telephone	Counties Served
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: 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	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	