IHCP Provider

Monthly News

Indiana Health Coverage Programs

http://www.indianamedicaid.com

IHCP Providers...
Helping Make Indiana Hoosiers The Healthiest They Can Be!
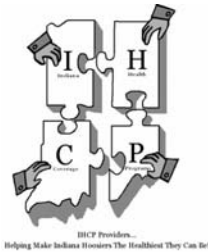
What's New Inside!

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Common Abbreviations Used in this Newsletter

ACN	Attachment Control Number	LC	Limited Corporation
ADA	American Dental Association	LPI	Legacy Provider Identifier
ASC	Ambulatory Surgical Centers	MAC	Maximum Allowable Cost
AVR	Automated Voice Response	MAR	Management and Administrative Reporting
CFR	Code of Federal Regulations	MCO	Managed Care Organization
CMS	Centers for Medicare & Medicaid Services	MHS	Managed Health Services
COB	Coordination of Benefits	MRO	Medicaid Rehabilitation Option
CPS	Child Protective Services	NDC	National Drug Code
CPT	Current Procedural Terminology	NOA	Notice of Action
DCS	Department of Child Services	NPI	National Provider Identifier
DFR	Division of Family Resources	NPPES	National Plan and Provider Enumeration System
DME	Durable Medical Equipment	NTIOL	New Technology Intraocular Lenses
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
EOMB	Explanation of Medicare Benefits	PA	Prior Authorization
EPSDT	Early Periodic Screening, Diagnosis, and Treatment	PMP	Primary Medical Provider
		PRTF	Psychiatric Residential Treatment Facility
EVS	Eligibility Verification Systems	RA	Remittance Advice
HCE	Health Care Excel	RBMC	Risk-Based Managed Care
HCPCS	Healthcare Common Procedure Coding System	SSN	Social Security Number
HIPAA	Health Insurance Portability & Accountability Act	SUR	Surveillance and Utilization Review
		TIN	Tax Identification Number
ICN	Internal Control Number	TPL	Third-Party Liability
IHCP	Indiana Health Coverage Programs	VAN	Value-Added Network
		V-CAN	Voluntary Community Assistance 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 September and October:

- *BT200725* – *Coverage Determinations for the New 2007 Healthcare Common Procedure Coding System Codes*
- *BT200726* – *Patient Trust Accounts*
- *BT200727* – *Quarterly Healthcare Common Procedure Coding System Codes Updates*

A complete list of bulletins is available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/bulletin_results.asp. E-mail notifications are sent to subscribers as new bulletins are posted. To subscribe, visit the IHCP Web site at http://www.indianamedicaid.com/ihcp/mailing_list/default.asp and click **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.

Care Select Rollout

Care Select, a new care management program, will begin its rollout November 1, 2007.

Although very similar to its predecessor, *Medicaid Select*, it is designed to provide better access to care. It will make these services available to additional aid categories such as Waiver members. The protocols are enhanced to provide better access to medical care for those enrolled in the *Care Select* program.

MDwise and ADVANTAGE will administer the *Care Select program*. These companies are already enrolling providers for the central Indiana region including the following counties: Boone, Hamilton, Hancock, Hendricks, Johnson, Madison, Marion, Morgan, Putnam, Rush, and Shelby.

The second phase-in will rollout starting March 1, 2008, with the addition of the northern region, which includes the following counties: Jasper, Lake, LaPorte, Newton, Porter, Elkhart, Fulton, Marshall, Pulaski, Starke, St. Joseph, Adams, Allen, Dekalb, Huntington, Kosciusko, Lagrange, Miami, Noble, Steuben, Wabash, Wells, Whitley, Blackford, Cass, Delaware, Fayette, Grant, Henry, Howard, Jay Randolph, Tipton, Union, and Wayne.

The final phase-in will begin June 1, 2008, with the addition of the southern portion of the state including: Brown, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Monroe, Posey, Orange, Owen, Perry, Pike, Spencer, Vanderburgh, Warrick, Bartholomew, Clark, Crawford, Dearborn, Decatur, Floyd, Franklin, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Scott, Switzerland, Washington, Benton, Carroll, Clay, Clinton, Fountain, Montgomery, Parke, Sullivan, Tippecanoe, Vermillion, Vigo, Warren, and White.

Medicaid Select will continue to be the operating program until *Care Select* is phased into the various geographical areas. For phase in information, see provider bulletin *BT200723*.

Web interChange Billing Tool

Web interChange is one of the most valuable tools available to a provider offering services to traditional Medicaid and Care Select members. Many providers use the Web to check eligibility and use the claims inquiry function. However, this tool can do so much more. Those who are not taking advantage of the claims billing tool are missing a great opportunity.

The billing protocols are some of the most user-friendly functions available on the Web. In addition, as soon as the claim has been submitted, an internal control number (ICN) is assigned and returned to the billing provider (assuming your pop-up blocker is disabled). This affords the provider the ability for immediate claim tracking. If the claim has billing errors, they can be readily identified and corrected. This allows more efficient and timely finalization of the claim, which usually results in faster payment.

Even if you have attachments that need to accompany the claim, you can bill them on the Web interChange. It is a very simple process of clicking the attachment button and creating an attachment control number (ACN). To learn more about the attachment function, please print the Web interChange Help screen and follow the instructions or call your provider field consultant. Historical information is showing that these claims are processing faster than paper claims with attachments.

Another popular function of Web interChange is the replacement and/or void function. These functions work like the paper adjustment function only much faster. Many times, the reason for creating an adjustment includes the necessity of submitting proof for waiver of the filing limit. For claims over one

year old, providers should use the paper attachment option to submit timely filing documents.

If you would like to have your claims or adjustments processed more efficiently, use the Web interChange tool available through EDS for Traditional Medicaid member claims.

Revised Settlement Form for Child Abuse and Neglect Cases

The Office of Medicaid Policy and Planning (OMPP) recently revised the Child Protective Services (CPS) settlement form. The IHCP reimburses hospitals that provide extended inpatient hospital stays for child abuse and neglect cases when the IHCP is the financially responsible party.

The first item revised on the form is the patient identification number. Providers are now being asked to submit Indiana Medicaid Recipient Identification numbers for patients eligible for CPS extended stays instead of the provider's internal patient identification numbers. The second item revised on the form is the address for settlement submission since Myers and Stauffer LC moved office locations. The correct address is found at the end of the NOTE section.

For future settlement requests, providers are to submit documentation confirming the Department of Child Services (DCS) has granted authorization for the child's release along with the revised CPS settlement form. DCS will begin issuing letters of authorization for release near the end of 2007. A copy of the DCS letter of authorization for release should be included as documentation with future CPS settlements submitted to Myers and Stauffer LC. Processing of CPS settlements and payments may be delayed for settlements missing documentation confirming authorization of release.

The revised CPS settlement form can be found in the Forms section of the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/forms.asp. Please use the revised CPS settlement form beginning with 4th quarter 2007 requests.

Indiana Eligibility Modernization Update

The Indiana Family and Social Services Administration (FSSA) Division of Family Resources (DFR) is improving the way Hoosiers apply for public assistance (Cash Assistance (TANF), Food Stamps, and Medicaid). The changes to the new system will provide more choices for Hoosiers to apply for and manage their public assistance.

The new system is tentatively scheduled to be implemented on a regional basis, beginning with Region 1 on October 29, 2007. Region 1 contains the counties of Blackford, Carroll, Cass, Delaware, Grant, Howard, Madison, Miami, Randolph, Tipton, Wabash and White. Regions 2, 3, and 4 will be implemented in 2008.

Once fully implemented, the project will offer:

- **More ways to apply for TANF, Food Stamps and Medicaid**
  - Start an application on the Internet (available 24 hours a day).
  - Speak to a Call Center Representative through a toll-free number from 7 a.m. to 7 p.m. Monday through Friday, to start an application or ask questions.
  - Visit a local DFR office in person (an office will remain in each county in the new system).

- **More ways to check on status of an application or benefits**
  - In the new system, applicants can contact the toll-free, 24-hour automated phone system, speak with a Call Center Representative or use the Internet to check the status of an application. Clients can also use the automated phone system or Internet to check authorized benefit amounts.

- **Improved data collection and electronic storage**
  - Applications and supporting documents will be scanned and stored electronically, rather than in paper files. This eliminates the need for applicants to speak to an assigned caseworker and allows the first available worker to assist applicants and clients. If an applicant needs to check the status of an application or report a change of address, income or household, the first available worker can view the case file electronically and provide assistance.

Application Processing in the New System

In the new system there will be two Major Service Centers located in Grant and Lake Counties; which will contain the Call Center and document storage functions. The Major Service Center in Grant County will be the primary document storage location, with a back-up in Lake County. There will be five Minor Service Centers located throughout the state that will provide administrative support such as application processing, hearing preparation and change processing. Work at the Major and Minor Service Centers will be conducted by State and IBM-led Coalition employees; however, eligibility will be determined by State employees only.

Clients will not visit the Major and Minor Service Centers to receive assistance; rather, there will be local DFR offices in every county for clients to visit. Local DFR offices will have self-service stations equipped with computers and telephones for clients to begin applications, check application status or report a change. Applicants will also have the opportunity to request a traditional, in-person interactive interview to apply for assistance.

The Voluntary Community Assistance Network (V-CAN) is being developed and includes service providers and community organizations that serve public assistance clients to provide information about and access to services at more locations throughout the state. Participation in the V-CAN is completely voluntary and V-CAN members can choose the method(s) of access (computer, phone) that makes sense for clients and available resources.

More information on the Indiana Eligibility Modernization Project or the V-CAN can be found by visiting www.in.gov/fssa and clicking "Eligibility Modernization."

FAQs

Top Five Edits and Corrective Actions to Take

Each month, a Management and Administrative Reporting (MAR) report is generated indicating the edits and audits for provider claims for the previous month. The month of July listed the following as the top five edits.

Edit 0558 – Coinsurance and Deductible Amount Missing

Crossover payment field amounts are not present on the claim form.

Corrective Action: Compare the detail line(s) to the Explanation of Medicare Benefits (EOMB). Total the coinsurance, deductible and psychiatric amount on the EOMB. Enter this information in the appropriate field for the crossover claim.

Verify information on electronic claims in the header benefit information for Long Term Care, Home Health, Institutional, and Institutional Crossover.

Verify information on electronic claims in the header benefit information and detail benefit information for Outpatient, Outpatient Crossover, Medical, and Medical Crossover.

- CMS 1500 – field 22, left side, enter deductible, co-insurance and psychiatric deductible. Right side, enter Medicare payment.
- UB-04 – filed 39 enter value codes A1 with deductible amount, A2 with coinsurance amount and/or 06 with blood deductible amount.

Edit 0202 – Billing Provider ID in Invalid Format

Providers will receive this edit when the billing provider number is less than nine characters in length, or provider number is not in valid format of nine numeric characters and an alpha suffix.

Corrective Action: Verify the provider number submitted on the claim is correct and in the valid format:

- UB-04 – field 56 billing provider National Provider Identifier (NPI); field 57 billing provider Legacy Provider Identifier (LPI) number
- CMS 1500 – field 33A billing provider NPI; field 33B 1D qualifier and billing provider LPI number

Edit 0232 – Rendering Physician Number Is Not in Valid Format

Providers will receive this edit when the billing provider number is less than nine characters in length, or provider number is not in valid format of nine numeric characters and an alpha suffix.

Corrective Action: Verify the provider number submitted on the claim is correct and in the valid format:

- CMS 1500 – field 24J, shaded area, qualifier 1D and rendering LPI number; field 24J, rendering NPI number

Edit 0593 - Medicare Denied Details

At least one detail submitted contains Medicare coordination of benefits (COB) data resulting in a review of all detail COB data. If the claim detail is submitted with no co-insurance, deductible, blood deductible, or Medicare payer amount, the detail will deny.

Corrective Action: Medicare denied details should be removed from the crossover claim and billed on a new claim, with Medicaid primary, when appropriate. Proof of a valid Medicare denial should be submitted with the claim.

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

A claim will deny if the recipient was not eligible for fee-for-service medical assistance (Indiana Health Coverage Programs) at the time the service was provided due to being enrolled in a Managed Care Organization (MCO)

Corrective Action: Verify the member's eligibility and submit to the appropriate managed care organization.

All Optometry Providers

New Technology Intraocular Lenses (NTIOLs)

The IHCP provides additional reimbursement to ambulatory surgical centers (ASCs) and hospitals for outpatient placement of new technology intraocular lenses (NTIOLs). The additional reimbursement is effective July 1, 2006, and covers the cost of the lens and is not included in the ASC rate.

The CMS released a new category of NTIOLs. Q1003, *New Technology Intraocular Lens Category 3 (Reduced Spherical Aberration)* is a covered service effective July 1, 2006. The previous categories of NTIOLS Q1001, *New Technology Intraocular Lens, Category I, as defined in Federal Register Notice* and Q1002, *New Technology Intraocular Lens, Category 2, as defined in Federal Register Notice* were end-dated effective December 31, 2005, by the CMS.

Facilities must submit claims for the surgical insertion of the NTIOLs using one of the following Current Procedural Terminology (CPT)[1] codes and the appropriate revenue code on a UB-04 claim form:

- 66982, *Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage*

- 66983, *Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)*

- 66984, *Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)*

- 66986, *Exchange of intraocular lens*

The NTIOL must be submitted on a separate CMS-1500 claim form using the facilities durable medical equipment (DME) provider number. Q1003 will reimburse at $50 for each implanted lens. The IHCP will reprocess claims that were denied with edit 4021, *Procedure code is not covered for the dates of service for the program billed*. The reprocessed claims began appearing on remittance advice (RA) statements dated September 4, 2007.

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[1] *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.*

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

EDS

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 until 10/31/2007 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	Advantage Health Solutions Prior Authorization – Effective 11/1/2007 P.O. Box 40798 Indianapolis, IN 46240 1-800-269-5720

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
Pharmacy Benefit Management Inquiries 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 – Risk Based Managed Care (MCOs), *Care Select* (CMOs) and Medicaid Select

Managed Care Helplines		*Medicaid Select*	Managed Care Organizations (MCOs)	
AmeriChoice - Hoosier Healthwise http://www.healthcareforhoosiers.com 1-800-889-9949, Option 3 for Providers **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		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** **1-800-269-5720** **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, Member Services, PA/Medical Management, Provider Services, and Nursewise 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
				MDwise http://www.mdwise.org Claims, Member Services PA/Medical Management, Provider Services, and Pharmacy (317) 630-2831 or 1-800-356-1204
Care Management Organizations (CMOs)				CareSource http://www.caresource-indiana.com **Claims and Provider Services** 1-866-930-0017
Advantage Health Solutions http://www.advantageplan.com/ **Member Services** 1-800-784-3981 **Provider Services** 1-866-504-6708 **PA** 1-800-282-8148 P.O. Box 80068 Indianapolis, IN 46280	MDwise http://www.mdwise.org **Member Services and Provider Services** 1-866-440-2449 Member Services Fax: 1-877-822-7188 **PA** 1-866-440-2449 P.O. Box 44214 Indianapolis, Indiana 46244-0214			
Claims - Customer Assistance (317) 655-3240 or 1-800-577-1278	Maximus 1-866-963-7383	Pharmacy See Pharmacy Benefit Manager section	Harmony Health Plan http://www.harmonyhmi.com **Claims and Provider Services** (317) 423-3000 or 1-800-504-2766	Molina Healthcare http://www.molinahealthcare.com **Claims and 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

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