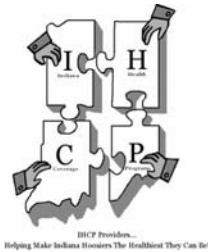


IHCP Provider

Monthly News

Indiana Health Coverage Programs

<http://www.indianamedicaid.com>



What's New Inside!

- Electronic Submissions Reduce Processing Time
- Bank Mergers and Closures May Cause Confusion
- Electronic Solutions E-mail Box on the Indiana Health Coverage Web Site
- Voids and Replacements
- 2008 Healthcare Common Procedure Coding System Updates are Available
- EVS Limitations on Benefits
- Billing Guidelines for Procedure Code D0140
- 2008 First Quarter Medicaid Provider Workshops
- Provider Workshop Registration Form



Table of Contents

What's New Inside!	1
Table of Contents	2
Common Abbreviations Used in this Newsletter	2
All Provider News	3
New Bulletins and Updated Manuals Posted to the IHCP Web Site	3
Electronic Submissions Reduce Processing Time.....	3
Bank Mergers and Closures May Cause Confusion.....	3
Electronic Solutions E-mail Box on the Indiana Health Coverage Web Site	4
Voids and Replacements	4
2008 Healthcare Common Procedure Coding System Updates are Available	4
EVS Limitations on Benefits.....	4
Dental Provider News	6
Billing Guidelines for Procedure Code D0140	6
Provider Workshops	6
2008 First Quarter Medicaid Provider Workshops.....	6
Provider Workshop Registration	9
Contact Information	10

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
EVS	Eligibility Verification Systems	PRTF	Psychiatric Residential Treatment Facility
HCE	Health Care Excel	RA	Remittance Advice
HCPCS	Healthcare Common Procedure Coding System	RBMC	Risk-Based Managed Care
HIPAA	Health Insurance Portability & Accountability Act	SSN	Social Security Number
ICN	Internal Control Number	SUR	Surveillance and Utilization Review
IHCP	Indiana Health Coverage Programs	TIN	Tax Identification Number
		TPL	Third-Party Liability
		VAN	Value-Added Network
		V-CAN	Voluntary Community Assistance Network

All Provider News

New Bulletins and Updated Manuals Posted to the IHCP Web Site

The following bulletins and updated manuals were posted to the Indiana Health Coverage Programs (IHCP) Web site in November and December:

- [BT200733](#) – *Changes to the PDL*

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.

Electronic Submissions Reduce Processing Time

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

Electronic submissions are automatically read by the IndianaAIM processing system. A clean claim submitted by close of day on Wednesday of one week will finalize by Tuesday of the following week.

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

If the claim information is input properly by the provider, keying errors are eliminated. Many claims submitted on paper today are handwritten claims. Illegible writing leaves some information subject to interpretation. The claims department keys thousands of claims daily, increasing the opportunity for human error. Electronic submission eliminates this element.

Claims can be submitted easily on Web interChange, accessible at www.indianamedicaid.com. Providers may utilize Web interChange for *Care Select*,

Medicaid Select and Traditional Medicaid claims. Providers may also use Web interChange to submit claims that require attachments. To do so, click the Attachment button on the Claim Submission screen and create a unique attachment control number (ACN). Write the ACN on the top of the paper attachment and mail it to EDS with an Attachment Cover Sheet. The claim will continue processing when the attachment is matched with the electronic claim based on the ACN.

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

Electronic submission is the easiest and most accurate means of claim submission. Why not take advantage of electronic claims submission?

Bank Mergers and Closures May Cause Confusion

During recent months, a number of bank mergers and closures have been affecting providers who are currently set up for electronic funds transfer (EFT).

EDS must have an updated, signed IHCP Electronic Funds Transfer Addendum from the provider to change or update the EFT account information. In the event that the provider's bank account number and/or bank routing number is changed, or the provider's bank is no longer in business, the provider's EFT payments will fail to be processed by the bank(s).

If the provider has not sent updated EFT information to EDS, EDS will take corrective action as outlined below:

- The EFT account will be canceled, thus changing the provider payment option to paper check, until the appropriate documentation is received from the provider.
- The check will be sent to the "Pay To" address listed in the Provider File.

Note: If an incorrect "Pay To" address is in the Provider File, the paper checks will be misdirected.

To ensure that all provider file information is correct, providers may go to Web interChange and check under the Provider Profile link. Having the ability to review your Provider File information is another valuable tool offered through Web interChange.

Electronic Solutions E-mail Box on the Indiana Health Coverage Web Site

As an additional service on the Indiana Health Coverage Programs (IHCP) Web site, providers can e-mail the Electronic Solutions Help Desk for technical Web interChange and electronic data interchange (EDI) questions. This link is accessed by going to www.indianamedicaid.com. From this page, select Contact Us from the tabs listed at the top of the page and choose By Email. Scroll to the bottom of the page to submit your question. E-mails that are not technical or EDI-related will be returned with a list of telephone numbers and links that will help you resolve your question or issue.

This site also offers online help including Frequently Asked Questions with links to various subjects and the Top 10 Questions asked by providers. This information might answer your questions. If not, please take advantage of this easy method of submitting questions.

Voids and Replacements

An adjustment request for a previously paid claim can be submitted only when an incorrect or partial payment has been made on a claim, including a claim that incorrectly paid zero dollars. Please note that claims in a **denied** status **cannot** be adjusted.

The denied claim must be submitted as a new day claim. In addition, line item denials for paid CMS-1500, Pharmacy, and American Dental Association (ADA) Dental Claim forms can be billed as a new claim to the correct claims processing address. Therefore, it is not necessary for the claim to be submitted as an adjustment. Please refer to the *IHCP Provider Manual, Chapter 10*, for exceptions to this policy.

Providers are reminded that when a paper adjustment request is submitted to the adjustment unit for processing, the request is reviewed for the following information:

- The claim internal control number (ICN) represents the most recent activity for the claim to be adjusted.
- If the claim or detail has been denied for a limitation audit, the claim cannot be processed through the adjustment unit.
- If you are requesting additional units, ensure that the billed amount for the claim detail reflects the appropriate billed amount for the units on the claim.

- Each adjustment request must have its own adjustment request form.
- If you are adjusting claim details, ensure that the adjustment request represents all changes for the claim. You cannot submit multiple adjustment forms for multiple details on the same claim.
- If you are submitting a request to remove a third-party liability (TPL) amount, please attach the appropriate documentation to support the removal of the TPL amount.
- Adjustment requests that are submitted beyond the one-year filing limit must be submitted with supporting documentation to the claim.

As a reminder, providers are always encouraged to perform voids and replacements to paid claims by using Web interChange.

2008 Healthcare Common Procedure Coding System Updates are Available

The 2008 Healthcare Common Procedure Coding System (HCPCS) updates are available for download on the following Web site:

<http://www.cms.hhs.gov/HCPCSReleaseCodeSets/A/NHCPCS>.

The new codes, deleted codes, codes with description changes, and new modifiers are currently under review. EDS will publish a provider bulletin that will contain information regarding IHCP coverage, prior authorization requirements, and pricing, as applicable. EDS anticipates publication of the bulletin during the last week of December 2007.

EVS Limitations on Benefits

Providers are encouraged to verify eligibility on members prior to services rendered.

The current Eligibility Verification Systems (EVS) provide benefit limits for the services listed in Table 1. Benefit limits reflect only claims processed and paid in IndianaAIM. The specific benefit limitation information received is determined by the provider's type and primary specialty. A provider only receives benefit limitation information pertinent to its provider type and primary specialty.

As a reminder, lifetime procedures are stored in IndianaAIM files indefinitely for appropriate auditing. For verification of these services rendered, providers must send a request in writing to:

EDS Written Correspondence Unit
P.O. Box 7263
Indianapolis, IN. 46207-7263

Table 1 – Benefit Limits Tracked through EVS

Audit Number	Audit Description	Audit Number	Audit Description
6012	Medical services limited to 30 per year	6115	Physical therapy services limited to 50 visits per year
6033	Prophylaxis limited to two per six months for institutionalized members	6116	Speech therapy services limited to 50 visits per year
6054	One hearing test per 36 months without PA	6118	Occupational therapy services limited to 50 visits per year
6060	Speech therapy evaluations limited to one per year	6120	Outpatient mental health/substance abuse services limited to 30 per calendar year
6069	Office visits limited to 50 per year	6121	Outpatient mental health/substance abuse services limited to 50 per calendar year
6085	Incontinence supplies limited to \$1,950 every 12 months	6122	Chiropractic therapeutic physical medicine treatments limited to 50 per calendar year
6090	Podiatrist office visits limited to one per year	6209	Full mouth or panoramic x-rays limited to one every three years
6099	Reimbursement limited to 50 chiropractic services	6210	Prophylaxis limited to one treatment every six months
6100	Maximum of 50 chiropractic therapeutic physical medicine treatments	6211	Periodic/limited oral evaluations limited to one every six months
6101	New patient chiropractic office visits limited to one per lifetime	6212	Fluoride treatment limited to one every six months
6102	Chiropractic office visits limited to five per year	6221	Periodontal root planing/scaling limited to four every two years for non-institutionalized members
6105	One full spine x-ray per year for chiropractor	6222	Periodontal root planing/scaling limited to four every two years for Institutionalized members
6111	Chiropractic office visits limited to five per year	6223	Periodontal root planing limited to four per lifetime for non-institutionalized members over the age of 21
6112	Maximum of 14 chiropractic therapeutic physical medicine treatments per year	6225	One sealant per tooth per lifetime
6113	DME limited to \$2,000 per recipient per calendar year	6235	Prophylaxis limited to one every 12 months for non-institutionalized members whose age is 21 or older
6114	DME limited to \$5,000 per recipient per lifetime	6236	Dental services limited to \$600 for recipients age 21 and older

Table 1 – Benefit Limits Tracked through EVS

Audit Number	Audit Description	Audit Number	Audit Description
6600	Initial or replacement lenses limited to two every year for recipients 18 years or younger	6611	Routine vision exam limited to one every 24 months for recipients over the age of 18
6601	Initial or replacement frames limited to one every year for recipients 18 years or younger	6752	Physical therapy evaluation limited to one every 12 months
6603	Initial or replacement frames limited to one every two years for recipients over 18 years of age	6753	Occupational therapy evaluation limited to one every 12 months
6604	Initial or replacement lenses limited to two every two years for recipients over 18 years of age	6803	Transportation services limited to 20 one-way trips every 12 months
6610	Routine vision exam limited to one every 12 months for recipients 18 years of age and younger	6855	Routine foot care treatments limited to six every 12 months

Dental Provider News

Billing Guidelines for Procedure Code D0140

Providers are reminded to follow the billing guidelines when submitting claims for procedure code D0140. Please see the *IHCP Provider Manual chapter 8, Section 4: Dental Claim Form Billing Instructions*.

The IHCP does not subject procedure code *D0140 – Limited oral evaluation-problem focused* to service limitations; however, providers should use it as defined in CDT-4[®]. This type of evaluation is for patients who have been referred for a specific problem, such as dental emergencies, trauma, acute infections, conditions requiring immediate medical attention, and so forth. Providers should not use D0140 for periodic oral evaluations or other types of evaluations. For periodic oral examinations or other

types of evaluations that providers bill using D0140, the IHCP subjects them to recoupment. Documentation in the dental and medical records must support that the provider rendered the oral evaluation in compliance with the procedure definition for the dental code being used.

Note: All emergency oral examinations and services rendered for emergency conditions must be filed with Yes in field 53 of the 2000 ADA dental claim form. Providers should use the following Omnibus Budget Reconciliation Act (OBRA) of 1986 definition of an emergency medical condition when rendering medical services:

A medical condition of sufficient severity (including severe pain) that the absence of medical attention could result in placing the member’s health in serious jeopardy, serious impairment of bodily functions, or serious dysfunction of any organ or part.

Provider Workshops

2008 First Quarter Medicaid Provider Workshops

The Indiana Health Coverage Programs (IHCP) offers workshops free of charge. Sessions are offered at several locations in Indiana. Table 2 lists the time, session topic, and description. The schedule allows

for a lunch period from 12:30 p.m. until 1:30 p.m.; however, lunch is not provided. Seating is limited in all locations. 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.

Workshop registration dates, registration deadlines, and locations are listed in Table 3. 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 location tool for specific directions to the exact location.

Seating for the workshops is limited to two registrants per provider number.

Providers may register online at www.indianamedicaid.com. If you do not have Internet access, a copy of the *Provider Workshop*

Registration form is included in this newsletter. Print or type the information requested on the registration form. List one registrant per form. Fax completed registration forms to EDS at (317) 488-5376. EDS processes registrations chronologically based on the date of the workshop. The *Provider Workshop Registration* form is also available on the *Forms* page of the IHCP Web site.

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 variations in room temperature.

Table 2 – 2008 First Quarter Workshop Session Times, Topics, and Descriptions

Time	Topic	Description
8 a.m. – 10 a.m.	<i>Care Select</i> and Prior Authorization Changes Presented by EDS Advantage and MDwise consultants will follow with a roundtable	This session provides an overview of the care management program known as <i>Care Select</i> . Emphasis is given to the prior authorization (PA) process and the change of PA contractors. Additional topics include the phase-in schedule, populations served, and functions performed by the <i>Care Select</i> contractors. The contractors will be present for a question-and-answer roundtable.
10:15 a.m. – 10:45 a.m.	IHCP Updates Presented by EDS	This session provides an update of recent and upcoming changes within the IHCP. Topics include a review of the National Provider Identifier (NPI) Edits (error codes 1100 to 1157) that will cause claim denials when Phase III of NPI is implemented, and a review of National Drug Code (NDC) billing requirements that will be mandated for UB-04 claim forms beginning January 1, 2008.
11 a.m. – 12:30 p.m.	Healthy Indiana Plan (HIP) Presented by Anthem Blue Cross and Blue Shield, and MDwise with AmeriChoice representatives	This session provides an overview of the new Healthy Indiana Plan that went into effect January 1, 2008. Topics include a plan overview, enhanced service plan, member eligibility, Personal Wellness and Responsibility (POWER) account, and covered services.
12:30 p.m. – 1:30 p.m.	Lunch	
1:30 p.m. – 2 p.m.	Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Presented by EDS	This session presents the purpose and goals of the EPSDT program. Discussion focuses on appropriate EPSDT screenings for targeted age ranges.
2:30 p.m. – 4 p.m.	Managed Care Roundtable – MDwise, MHS, and Anthem	Representatives from each MCO provide program updates involving the Hoosier Healthwise, risk-based managed care programs. An in-depth roundtable discussion of the EPSDT program is included.

Table 3 – 2008 First Quarter Workshop Dates, Registration Deadlines, and Locations

Workshop Date	Registration Deadline	Location
February 19, 2008	February 5, 2008	Wishard Hospital Myers Auditorium 1001 W. 10 th St. Indianapolis, IN 46237
March 4, 2008	February 19, 2008	Reid Hospital Wallace Auditorium 1401 Chester Blvd. Richmond, IN 47374
March 5, 2008	February 20, 2008	St. Catherine's Hospital Professional Office Bldg. 4321 Fir St. East Chicago, IN 46312
March 7, 2008	February 22, 2008	St. Joseph Regional Medical Center Education Center 801 E. LaSalle Ave. South Bend, IN 46617
March 12, 2008	February 27, 2008	Parkview Hospital Administration Auditorium at the Corporate Offices 10501 Corporate Dr. Fort Wayne, IN 46845
March 14, 2008	February 29, 2008	Columbus Regional Hospital Kroot Auditorium 2400 E. 17 th St. Columbus, IN 47201
March 19, 2008	March 5, 2008	Deaconess Hospital Bernard Schnacke Auditorium 600 Mary St. Evansville, IN 47747
March 20, 2008	March 6, 2008	Unity Healthcare 1345 Unity Pl. Lafayette, IN 47905
March 27, 2008	March 13, 2008	Union Hospital Landsbaum Center Auditorium 1433 N. 6 ½ St. Terre Haute, IN 47804

INDIANA HEALTH COVERAGE PROGRAMS



PROVIDER WORKSHOP REGISTRATION

Indicate the workshop you will be attending in Indiana. Print or type the information on this form and fax it to (317) 488-5376.

Care Select and Prior Authorization Changes (8 a.m. – 10 a.m.)		
<input type="checkbox"/> Indianapolis, February 19, 2008	<input type="checkbox"/> Richmond, March 4, 2008	<input type="checkbox"/> East Chicago, March 5, 2008
<input type="checkbox"/> South Bend, March 7, 2008	<input type="checkbox"/> Fort Wayne, March 12, 2008	<input type="checkbox"/> Columbus, March 14, 2008
<input type="checkbox"/> Evansville, March 19, 2008	<input type="checkbox"/> Lafayette, March 20, 2008	<input type="checkbox"/> Terre Haute, March 27, 2008
IHCP Updates (10:15 a.m. – 10:45 a.m.)		
<input type="checkbox"/> Indianapolis, February 19, 2008	<input type="checkbox"/> Richmond, March 4, 2008	<input type="checkbox"/> East Chicago, March 5, 2008
<input type="checkbox"/> South Bend, March 7, 2008	<input type="checkbox"/> Fort Wayne, March 12, 2008	<input type="checkbox"/> Columbus, March 14, 2008
<input type="checkbox"/> Evansville, March 19, 2008	<input type="checkbox"/> Lafayette, March 20, 2008	<input type="checkbox"/> Terre Haute, March 27, 2008
Healthy Indiana Plan HIP (11 a.m. – 12:30 p.m.)		
<input type="checkbox"/> Indianapolis, February 19, 2008	<input type="checkbox"/> Richmond, March 4, 2008	<input type="checkbox"/> East Chicago, March 5, 2008
<input type="checkbox"/> South Bend, March 7, 2008	<input type="checkbox"/> Fort Wayne, March 12, 2008	<input type="checkbox"/> Columbus, March 14, 2008
<input type="checkbox"/> Evansville, March 19, 2008	<input type="checkbox"/> Lafayette, March 20, 2008	<input type="checkbox"/> Terre Haute, March 27, 2008
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) (1:30 p.m. – 2 p.m.)		
<input type="checkbox"/> Indianapolis, February 19, 2008	<input type="checkbox"/> Richmond, March 4, 2008	<input type="checkbox"/> East Chicago, March 5, 2008
<input type="checkbox"/> South Bend, March 7, 2008	<input type="checkbox"/> Fort Wayne, March 12, 2008	<input type="checkbox"/> Columbus, March 14, 2008
<input type="checkbox"/> Evansville, March 19, 2008	<input type="checkbox"/> Lafayette, March 20, 2008	<input type="checkbox"/> Terre Haute, March 27, 2008
Managed Care Roundtable – MDwise, MHS, and Anthem (2:30 p.m. – 4 p.m.)		
<input type="checkbox"/> Indianapolis, February 19, 2008	<input type="checkbox"/> Richmond, March 4, 2008	<input type="checkbox"/> East Chicago, March 5, 2008
<input type="checkbox"/> South Bend, March 7, 2008	<input type="checkbox"/> Fort Wayne, March 12, 2008	<input type="checkbox"/> Columbus, March 14, 2008
<input type="checkbox"/> Evansville, March 19, 2008	<input type="checkbox"/> Lafayette, March 20, 2008	<input type="checkbox"/> Terre Haute, March 27, 2008
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: _____		

Contact Information

A map of provider representative territories and updated information about the provider field consultants are available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/ProviderServices/pr_list_frameset.htm. The *Indiana Health Coverage Programs Quick Reference* is available on the IHCP Web site at http://www.indianamedicaid.com/ihcp/Misc_PDF/Quick_Reference.pdf. These Web documents are updated whenever changes occur.

Provider Relations Field Consultants

Territory Number	Provider Relations Consultant	Telephone	Counties Served
1	Jean Downs	(317) 488-5071	Jasper, Lake, LaPorte, Newton, Porter, Pulaski, Starke
2	Rhonda Rupel	(317) 488-5080	Allen, Dekalb, Elkhart, Fulton, Kosciusko, Lagrange, Marshall, Noble, St. Joseph, Steuben, Whitley
3	Tawanna Danzie	(317) 488-5197	Benton, Boone, Carroll, Cass, Clinton, Fountain, Hamilton, Howard, Miami, Montgomery, Tippecanoe, Tipton, Warren, White
4	Daryl Davidson	(317) 488-5388	Adams, Blackford, Delaware, Grant, Hancock, Henry, Huntington, Jay, Madison, Randolph, Wabash, Wayne, Wells
5	Bill Woodruff	(317) 488-5098	Marion
6	Shantel Silnes	(317) 488-5123	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington
7	Virginia Hudson	(317) 488-5148	Clay, Greene, Johnson, Hendricks, Lawrence, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo
8	Ken Guth	(317) 488-5153	Crawford, Daviess, Dubois, Gibson, Knox, Martin, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick
9	Tawanna Danzie	(317) 488-5197	Out-of-State

Provider Relations Field Consultants for Bordering States

State	City	Provider Relations Consultant	Telephone
Illinois	Chicago/Watseka	Jean Downs	(317) 488-5071
	Danville	Virginia Hudson	(317) 488-5148
Kentucky	Owensboro	Ken Guth	(317) 488-5153
Kentucky	Louisville	Shantel Silnes	(317) 488-5123
Michigan	Sturgis	Rhonda Rupel	(317) 488-5080
Ohio	Cincinnati/Hamilton/Harrison/Oxford	Shantel Silnes	(317) 488-5123

Out-of-state providers not located in these states, or those with a designated out-of-state billing office supporting multiple provider sites throughout Indiana, should direct calls to (317) 488-5197.

For Provider Concerns

Name	Title	Telephone
Tina King	Provider Relations Supervisor	(317) 488-5154



Indiana Health Coverage Programs Quick Reference

Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization				
AVR System (including eligibility verification) (317) 692-0819 1-800-738-6770	EDS Administrative Review Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Customer Assistance (317) 655-3240 1-800-577-1278 Opt 1 = Pharmacy, Opt 2 = First Steps	EDS Electronic Solutions Help Desk (317) 488-5160 or 1-877-877-5182 INXIXElectronicSolution@eds.com	
EDS Forms Requests P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Member Hotline (317) 713-9627 1-800-457-4584 Opt 1 = First Steps, Opt 2 = Pharmacy	EDS Omni Help Desk (317) 488-5051 1-800-284-3548	EDS Provider Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	
EDS Provider Enrollment and Waiver P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	EDS TPL (317) 488-5046 1-800-457-4510 Fax (317) 488-5217	HCE Medical Policy Department P.O. Box 53380 Indianapolis, IN 46253-0380 (317) 347-4500	Advantage Health Solutions Prior Authorization – FFS P.O. Box 40789 Indianapolis, IN 46240 1-800-269-5720 Fax: 1-800-689-2759	
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	
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 Services Contact Information located above	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 Harmony Health Plan http://www.harmonyhmi.com Claims and Provider Services (317) 423-3000 or 1-800-504-2766	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 CareSource http://www.caresource-indiana.com Claims and Provider Services 1-866-930-0017 Molina Healthcare http://www.molinahealthcare.com Claims and Provider Services 1-800-642-4509	
Care Management Organizations (CMOs)				
Advantage Health Solutions http://www.advantageplan.com/ Member Services 1-800-784-3981 Provider Services 1-866-504-6708 PA PA Fax 1-800-784-3981 1-800-689-2759 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 PA Fax 1-866-440-2449 1-877-822-7186 P.O. Box 44214 Indianapolis, Indiana 46244-0214	Maximus 1-866-963-7383 Pharmacy See Pharmacy Benefit Manager section		
Claims - Customer Assistance (317) 655-3240 or 1-800-577-1278	Maximus 1-866-963-7383 Pharmacy See Pharmacy Benefit Manager section			
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	