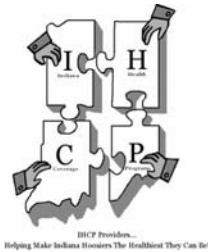


IHCP Provider

Monthly News

Indiana Health Coverage Programs

<http://www.indianamedicaid.com>



What's New Inside!

- Mail Order Incontinence Supplies
- Claims Denied with EOB Code 520
- Effective Date for Reporting National Drug Code Information
- Avoid Claim Denials under NPI
- Claims Requirement for Dental Rendering Provider Information
- Removal of the Federal Upper Limit



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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
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 Posted to the IHCP Web Site

The following bulletins were posted to the Indiana Health Coverage Programs (IHCP) Web site in recent months:

- [BT200734](#) – Coverage Determinations for the New 2008 HCPCS codes
- [BT200735](#) – Payment Error Measurement Requirements
- [BT200801](#) – Medical Policy Changes
- [BT200802](#) – Telemedicine
- [BT200803](#) – Healthy Indiana Plan

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.

Mail Order Incontinence Supplies

The state of Indiana has contracted with three vendors to provide all incontinence supplies via mail order to Indiana Medicaid members. This transition will begin in early 2008. Providers will play a key role by assisting members during this transition. Watch for additional information in upcoming publications.

Claims Denied with EOB Code 520

Providers who received denials with error code 520-*Invalid revenue code/procedure code combination* for the following Current Procedural Terminology (CPT®) codes since January 1, 2006, may resubmit those claims.

- 22523–*Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral*

or bilateral cannulation (e.g., kyphoplasty); thoracic

- 22524–*Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (e.g., kyphoplasty); lumbar*
- 22525–*Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (e.g., kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)*

Providers may submit claims for the services listed above from January 1, 2006 date of service forward with a copy of this newsletter article to waive the one year filing limit

Effective Date for Reporting National Drug Code Information

The Federal Deficit Reduction Act of 2005 mandates that all State Medicaid programs, including IHCP, require the submission of National Drug Code (NDC) information on claims submitted with certain procedure codes for physician-administered drugs. This mandate affects all providers who submit claims for procedure-coded drugs via Web interChange, electronic 837I, and the UB-04 paper claim form. Because the State may pay up to the 20 percent Medicare B co-payment for dual-eligible individuals, the NDC is also required on Medicare crossover claims for all applicable procedure codes.

The reporting of NDC information on outpatient and outpatient crossover claims was scheduled to begin January 1, 2008. The State has been granted a six-month extension of the effective date by the Centers for Medicare & Medicaid Services (CMS). The new effective date will be July 1, 2008.

Please contact your vendor to make the necessary software changes. Providers must be compliant by July 1, 2008.

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Note: The IHCP policy is outlined in [BT200713](#) and [BT200731](#), including specific requirement and submission details. Additional information regarding this policy may be located under the claim information in the IHCP newsletter [NL200708](#). As a reference guide, providers can access the Palmetto GBA Web site at <http://www.palmettogba.com/>. This Web site is in the public domain and furnishes an NDC crosswalk table, which relates procedure codes, NDCs, and NDC quantity conversion. Providers should utilize this tool as a guide to conversions but should not rely on it as a sole source for NDC quantity information. Providers must also remember that it is imperative that the NDC listed on the claim is representative of the actual product NDC administered to the member by the healthcare provider. Providers must continue to monitor the IHCP Web site for more information regarding submission of NDC.

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.

Avoid Claim Denials under NPI

Avoid full claim denials when Phase III of National Provider Identifier (NPI) is implemented on May 23, 2008. The IHCP will send additional publications regarding the changes for Phase III implementation of NPI in the near future.

One of the requirements for billing with the NPI is to include the billing service location ZIP Code+4 on all claims. This requirement allows for a one-to-one match of the NPI with the legacy provider identifier in the claims processing system. The billing provider's service location is defined by the IHCP as the physical address where the service was rendered, NOT the address where billing occurs, or where payments are mailed.

NPI edit 1108 – Billing NPI has no matching LPI indicates either the NPI on the claim has not been reported, or the claim was not submitted with a matching *service location* ZIP Code+4. If a provider has more than one service location within the same ZIP Code+4, the claim must have the ZIP Code+4 and a distinct taxonomy code.

The ZIP Code+4 of the service location is required on all paper and electronic on claim transactions. Requirements were provided in the bulletins listed in Table 1.

Table 1 – Bulletins with Paper Claim Form Requirements

Provider Type	Field Locator	Bulletin Number
Dental	48	BT200705
Medical	33	BT200703
Institutional	1	BT200702

Edit 1108 is currently a *post and pay* edit, which does not cause a claim denial. However, we are quickly moving to Phase III of the NPI implementation. In Phase III this edit will cause **full claim denial**. A warning message has been added to other EOB messages to emphasize the importance of correct NPI billing. A date has not been announced for the implementation of Phase III at this time; however, providers are encouraged to register and/or verify the accuracy of their NPI and service location address now to avoid full claim denials when Phase III is implemented.

The ZIP Code+4 submitted on all claims to the IHCP must match the ZIP Code+4 for the *service location* on the provider enrollment file database. Web interChange users can verify the enrollment file

information using the Provider Profile *Name/Address* screen.

NPI Edit 1128-*Rendering provider NPI not registered with IHCP. Future claims may not pay* indicates that the rendering provider NPI has not been reported. When Phase III is implemented, these claims will deny.

Providers are encouraged to resolve **all** NPI edits appearing on the IHCP remittance advice (RA) prior to implementation of Phase III to avoid denials.

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 **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 to submit denied line items of paid claims 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 benefit limitation audit, the claim cannot be processed through the Adjustment Unit.
- If additional units are requested, the billed amount for the service is also increased to reflect the appropriate billed amount for the units on the claim.
- Each claim must have its own adjustment request form.
- The adjustment request represents all changes for the claim. Providers cannot submit multiple adjustment forms to perform multiple changes on the same claim.
- A third-party liability (TPL) Explanation of Benefits is attached to support changes in the TPL amount.
- Adjustment requests submitted beyond the one-year filing limit include past filing documentation.

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

Dental Provider News

Claims Requirement for Dental Rendering Provider Information

Per IHCP banner page article [BR200701](#), dated January 1, 2007, dental providers were notified of the requirement to include dental rendering provider information for claims received on or after April 15, 2007. This notice is to remind IHCP dental providers that this requirement refers to the date of receipt of the claim submitted, not the date of service on the claim. This requirement includes submission of non-check and check-related adjustments submitted by paper or replacements that are performed on Web interChange. If the claim or adjustment submitted does not include the appropriate rendering provider information, the claim will be denied with the following edits:

- 231 – *Rendering provider number is missing* – The entire nine-digit number must be used and must be in Field 24K. Provide and resubmit.

- 232 – *Rendering provider number is invalid* – The entire nine-digit number must be used and must be in Field 24K. Please verify and resubmit.
- 1004 – *Rendering provider not enrolled in the program billed for the dates of service*. Please verify and resubmit.
- 1008 – *The rendering provider must be an individual provider*. Please verify provider number and resubmit.
- 1010 – *Rendering provider is not an eligible member of the billing group or the billing provider is equal to the rendering provider*. Please verify and resubmit.
- 7509 – *Rendering provider on prepayment review*.

Note: For edits 231 and 232, Field 24K refers to CMS-1500 claim forms. For dental claims, the rendering provider number must be in the Administrative field.

The billing guidelines for the ADA 1999/2000 claim form are as follows:

- *Group provider using a paper claim* – Enter the group number and location code. Enter the individual rendering provider number(s) in the Administrative column adjacent to each detail.
- *Group provider using Web interChange* – Enter the group number and location code in the provider number field. Enter the individual rendering number in the Rendering Provider field.
- *Individual billing provider using a paper claim* – Enter the individual billing number and location code in Field 44A on the ADA dental claim form.
- *Individual billing provider using Web interChange* – Enter the individual billing number and location code in the Provider Number field. Enter the individual billing number in the Rendering Provider field.

The billing guidelines for the ADA 2006 claim form are as follows:

- *Rendering provider NPI* – Report in Field 54.
- *Rendering provider legacy provider identifier* – Report in Field 58.

Providers can refer to the IHCP provider bulletin [BT200705](#), dated February 13, 2007, for further information about billing guidelines for the ADA 2006 dental claim form.

In the event that your claim or adjustment request was denied with one of the aforementioned edits, your claim or adjustment request must be resubmitted with the necessary corrections.

In the event that a mass adjustment (claims that begin with region 56) is initiated by EDS for erroneously denied claims and the claim was originally paid based on a date of receipt prior to April 15, 2007, and the claim suspends for a rendering provider number edit, the claim will be forced. If the mass adjustment is processed and the original date of receipt is after April 15, 2007, the claim will be denied appropriately.

Pharmacy Providers

Removal of the Federal Upper Limit

Effective January 30, 2008, the Office of Medicaid Policy and Planning (OMPP) is changing the reimbursement policy for legend drugs. The new policy removes the federal upper limit (FUL) pricing from the IHCP reimbursement calculation. Aggregate reimbursement requirements, as required by the

Centers for Medicare & Medicaid Services (CMS), will be satisfied by the application of rates established through the State maximum allowable cost program (State MAC).

All pharmacy claims with a date of service on or after January 30, 2008, will follow the updated reimbursement policy.

Provider Workshops

2008 First Quarter Medicaid Provider Workshops

The 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 July 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 managed care organization (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	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	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	
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 Hospice Member Disenrollment Fax (317) 810-4488	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	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	
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.msclindy.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