

IHCP Provider Monthly News

Indiana Health Coverage Programs

[Http://www.indianamedicaid.com](http://www.indianamedicaid.com)



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Common Abbreviations Used in this Newsletter

ACN	Attachment Control Number	LPI	Legacy Provider Identifier
ADA	American Dental Association	MAC	Maximum Allowable Cost
ASC	Ambulatory Surgical Centers	MAR	Management and Administrative Reporting
AVR	Automated Voice Response	MCO	Managed Care Organization
CFR	Code of Federal Regulations	MHS	Managed Health Services
CMS	Centers for Medicare & Medicaid Services	MRO	Medicaid Rehabilitation Option
COB	Coordination of Benefits	NDC	National Drug Code
CPS	Child Protective Services	NOA	Notice of Action
CPT	Current Procedural Terminology	NPI	National Provider Identifier
DCS	Department of Child Services	NPPES	National Plan and Provider Enumeration System
DFR	Division of Family Resources	NTIOL	New Technology Intraocular Lenses
DME	Durable Medical Equipment	NUBC	National Uniform Billing Committee
EDI	Electronic Data Interchange	NUCC	National Uniform Claim Committee
EDS	Electronic Data Systems	OMPP	Office of Medicaid Policy and Planning
EOB	Explanation of Benefits	PA	Prior Authorization
EOMB	Explanation of Medicare Benefits	PMP	Primary Medical Provider
EPSDT	Early Periodic Screening, Diagnosis, and Treatment	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
ICN	Internal Control Number	TIN	Tax Identification Number
IHCP	Indiana Health Coverage Programs	TPL	Third-Party Liability
LC	Limited Corporation	VAN	Value-Added Network
		V-CAN	Voluntary Community Assistance Network

All Provider News

New Bulletins and Updated Manual Posted to the IHCP Web Site

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

- [BT200810](#) – *Tamper-Resistant Prescription Pads—Additional Information from CMS, Reminder of Revised Implementation Date*
- [IHCP Provider Manual](#) – *Updates to individual chapters*

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.

Implementation of NPI May 23, 2008

The National Provider Identifier (NPI) will be required for all Medicaid claims received on and after May 23, 2008. Beginning May 23, Medicaid will only adjudicate claims that have the NPI on the claim. **Atypical providers are not affected by this change. Atypical providers should continue to submit their LPI.**

It is essential that the NPI and related information such as the billing provider’s service location ZIP Code™ + 4 and taxonomy code, when appropriate, reflect the exact information found on the provider’s *IndianaAIM Provider Profile* record. This profile record is available for review via web interchange, accessible through www.indianamedicaid.com.

Historically, Indiana Medicaid has used what is referred to as the Legacy Provider Identifier (LPI) for claim adjudication purposes. The provider’s LPI has an alpha code suffix designation to identify the service location loaded in the provider profile for each billing provider. When billing, the provider was required to submit the LPI with the appropriate alpha suffix in the proper form locator.

This LPI will continue to drive the claims processing system, even though it will not be on the claim form. In adopting the nationwide NPI system, it is essential that Medicaid be able to link the new NPI directly to the old LPI. The linkage or “one-to-one” match will

be created by using the NPI and the ZIP Code + 4 found on the provider profile service location address. When a provider has multiple service locations with identical ZIP Code + 4 designations, the unique taxonomy code assigned to each location will be used to create the match.

For example: If the service location listed on the provider file is as follows:

Alpha Provider	Alpha Provider
123 Anywhere St	123 Anywhere St
Noplace, IN 45731-1234	Noplace, IN 45731-1234
LPI Provider #100000000A	NPI Provider #1234567890

Notice the lack of an alpha suffix on the NPI. In our example, the service location ZIP Code + 4 equates to the alpha suffix. Therefore, the NPI with the service location ZIP Code + 4 creates the “one-to-one” match necessary to drive adjudication of the claim.

Effective May 23, 2008, it is no longer acceptable for providers to indicate the LPI on the claim. The table below indicates the claim form locators affected and provides bulletin numbers for reference.

Table 1 – Paper Claim Form Requirements

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

When submitting claims electronically, it is important to submit the billing provider service location ZIP Code + 4 in the correct field. A document that maps the paper claim to the appropriate field on an electronic claim can be accessed at:

http://www.indianamedicaid.com/ihcp/Misc_PDF/Parameter%20to%20Electronic%20Map%20for%20NPI%20Fields.pdf

Please review your provider profile information. If you find any error in the information loaded on this file, please contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis area or toll-free at 1-800-577-1278.

You can also contact your Provider Relations field consultant. A territorial map and contact information is available from the following Web site: http://www.indianamedicaid.com/ihcp/ProviderServices/pr_list_frameset.htm.

If you have questions regarding electronic claim submission, contact the EDS EDI Solutions Help Desk at (317) 488-5160 or 1-877-877-5182.

Tamper-Resistant Prescription Pads Links

Bulletin [BT200810](#) – *Tamper-Resistant Prescription Pads* contains links to important information. The information has been moved to the following locations:

Security prescription pad information:

<http://www.in.gov/pla/3207.htm>

The Board of Pharmacy Web site is now here:

<http://www.in.gov/pla/2361.htm>

Care Select Implemented Statewide

The new *Care Select* program, which replaced *Medicaid Select*, was fully implemented statewide March 1, 2008. Originally, the plan was to phase in the coverage in three steps, which would have culminated June 1, 2008. The cooperation among the provider community, the Office of Medicaid Policy and Planning (OMPP), and the various contractors created the opportunity for the early implementation.

Two care management organizations (CMOs), ADVANTAGE Health Solutions and MDwise, oversee the *Care Select* program. These two organizations are responsible for the administrative functions involved in the *Care Select* program. EDS maintains the information in the IndianaAIM system and adjudicates the claims. MAXIMUS Administrative Services, Inc. took over the enrollment broker function and interacts with current and prospective *Care Select* members.

The *Care Select* program, like the *Medicaid Select* program, emphasizes practitioner involvement in the medical care of the members. All members are assigned to a primary medical provider (PMP) who oversees the member's care. When a member is referred to another provider, the receiving provider must coordinate with the PMP and obtain a certification code and NPI from the referring PMP. Additional information about the *Care Select* program is available in the following bulletins: [BT200804](#) and [BT200723](#).

Concerns or conflicts regarding obtaining a certification code from the referring PMP should be directed to the CMO to whom the member is assigned.

An essential step in working with this program and all Medicaid programs is verification of eligibility. The member may not know about the programs in which they can participate within in the Medicaid system. Therefore, it is important that providers verify eligibility before performing services. Without eligibility verification, a provider might render

services inappropriately and, therefore, would not receive reimbursement. The Eligibility Verification System (EVS) offers three methods of verification that are free and available 24 hours a day. These methods are Web interChange, Automated Voice Response (AVR), and Omni. Information about each method is available in *Chapter 3* of the *IHCP Provider Manual* and on the www.indianamedicaid.com Web site.

NPI Requirements for Care Select Referrals

All medical providers, other than the member's PMP, who are rendering services to *Care Select* members, must contact the member's PMP prior to providing any services, unless the member is accessing a self-referral provider. (Self-referral services are outlined in *Chapter 8* of the *IHCP Provider Manual*) If the provider rendering care to a *Care Select* member is not the member's PMP, all submitted claims must indicate the referring **PMP's 10-digit numeric NPI**, and two-digit certification code.

The following services require the PMP certification code and NPI in order to receive reimbursement:

- Physician services not performed by the PMP or *Care Select*-enrolled practitioner within the PMP's group practice or clinic
- Specialty and consultative physician services
- Hospital inpatient admissions
- Outpatient services (PMP license number required)

Indiana *Care Select* claims submitted with missing or invalid certification codes and/or NPI that require PMP referral are subject to the following *Care Select* edits and will systematically deny:

- 1047 – *The Certification Code is Missing – Care Select*. Please verify and resubmit.
- 1048 – *The Certification Code is Invalid – Care Select*. Please verify and resubmit.
- 1049 – *The recipient is enrolled in the Care Select Program*. Claim must have recipient's primary medical provider information. Please provide information and resubmit.

Instructions for submitting NPI information can be found in bulletins listed on page three of this newsletter.

Omni Upgrade Requirements

National Provider Identifier Update

On April 1, 2007, the Omni Eligibility System began offering the option to verify member eligibility by submitting an NPI, taxonomy code and ZIP Code + 4. To activate the changes on the Omni terminal, the user must perform a terminal download before May 23, 2008. Detailed download instructions are included in bulletin [BT200711](#).

During NPI Stage 2, Omni and AVR users may send the LPI/IHCP provider number or the NPI in the transaction. Although sending NPI information is not required during Stage 2, providers are encouraged to begin sending the NPI information to ensure that the crosswalk is successful.

Beginning **May 23, 2008**, NPI Stage 3, Omni and AVR users must send the NPI unless the provider is an atypical provider. Atypical providers should continue to submit their LPI. The NPI page of the <http://www.indianamedicaid.com> Web site contains information about who is eligible for NPI and an explanation of atypical providers.

The IHCP is creating a crosswalk from an NPI that is reported to the IHCP to the LPI that is on file in the system. If the NPI is sent on the eligibility transaction, the provider's NPI must be present in the IHCP system prior to obtaining a successful crosswalk on the transaction. For information on reporting your NPI to the IHCP, view the NPI page of the IHCP Web site at <http://www.indianamedicaid.com/ihcp/ProviderServices/npi.asp>.

Healthy Indiana Plan Update

Since January 1, 2008, limited information has been available on the IHCP Eligibility Verification Systems (EVS) regarding the new Healthy Indiana Plan (HIP). EDS provides the following information for HIP members:

- Member's eligibility for HIP
- Member's insurer and telephone number
- Member's emergency room co-pay amount or co-pay description

Beginning March 27, 2008, a new download version of detailed emergency room co-pay HIP information is available on the Omni terminal. Download instructions are available in Table 1.1 of provider bulletin [BT200711](#) on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/index.asp>. If an Omni software download is not performed, only general HIP information is shown on the device.

Information regarding HIP can also be found in provider bulletin [BT200730](#).

If you have questions about this article, call the Omni Help Desk at (317) 488-5051 in the Indianapolis local area or toll-free at 1-800-284-3548.

Shortage of Hemophilus Influenza B Vaccine

Hemophilus influenza b vaccine (Hib) HbOC conjugate (4 dose schedule), for intramuscular use, is in short supply resulting from the Hib recall by Merck as of December 12, 2007. Effective February 1, 2008, the IHCP is not limiting reimbursement for Current Procedural Terminology (CPT)¹ code 90645, regardless of availability from the Vaccines for Children (VFC) program. This policy allows providers to obtain reimbursement for using a privately purchased Hib vaccine for VFC eligible members, even if they do not have a VFC vaccine available due to delays in receipt of the VFC supply. If a provider administers a free VFC vaccine, the provider should bill the appropriate CPT code, but not charge more than the \$8 VFC vaccine administration fee and not bill the separate administration CPT code.

When administering a privately purchased influenza vaccine, providers may bill for the cost of the vaccine and administration. The IHCP allowable reimbursement is based on the average wholesale price (AWP) of the vaccine. Providers may separately bill an appropriate CPT administration code, 90772-90774 or 90779, in addition to the Healthcare Common Procedure Coding System (HCPCS) J-code or CPT drug code. If an evaluation and management (E&M) code is billed with the same date of service as an office-administered drug, the provider should not bill a drug administration code separately. Reimbursement for administration is included in the E&M code allowed amount. Separate reimbursement is allowed when the administration of the drug is the only service billed by the practitioner. In addition, if more than one injection is given on the same date of service and no E&M code is billed, providers may bill a separate administration fee for each injection using 90772-90774 or 90779 as appropriate.

Providers must continue to submit claims to the appropriate delivery system – EDS or Managed Care Organization (MCO) – for each member regardless of the source of the vaccine stock. Claims are eligible for post-payment review and providers must maintain

¹ Current Procedural Terminology (CPT) is copyright 2004 American Medical Association. All Rights Reserved

documentation and invoices related to private stock when substituting for VFC vaccine.

Rural health clinic (RHC) and Federally Qualified Health Center (FQHC) rates include payment for the vaccine and administration fee and cannot be billed separately on claims submitted to EDS. RHCs and FQHCs must separately verify the billing policy for each MCO to whom they submit claims.

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. This mandate affects all providers who submit electronic or paper claims for procedure coded drugs.

This applies to professional claims, including the paper CMS-1500 and electronic 837P. Providers can obtain additional information from [BT200713](#).

Provider Enrollment Forms Notice

Provider Enrollment implemented new IHCP applications and profile maintenance (update) forms effective September 27, 2007. Forms are available at <http://www.indianamedicaid.com/ihcp/index.asp>. Old forms are not being accepted for processing on or after January 1, 2008. Any previous version of the applications and maintenance forms submitted for processing after that date are being returned to providers with a request for completion and submission of a current form.

Community Mental Health Centers, Area Agencies on Aging, Indiana Associations of Area Agencies on Aging, and Diagnostic and Evaluation Team

Issues with Claims for Pre-Admission Screening and Residential Review

The Division of Aging in collaboration with the Office of Medicaid Policy and Planning, EDS, the Division of Disabilities and Rehabilitative Services, and the Division of Mental Health and Addiction, have been working to resolve issues regarding claims for Pre-Admission Screening and Residential Review (PASRR). Changes to the IndianaAIM claims processing system will be implemented March 10, 2008, to systematically deny claims currently in suspense with edit 2037 – *Member Not on file for Non-IHCP Program*.

All the affected claims have an invalid member identification number. The member identification

number must contain the 800 prefix followed by the Social Security number. Affected claims will not be automatically reprocessed. Providers must resubmit affected claims after the suspended claims deny. In an effort to assist providers, IndianaAIM will be temporarily modified to waive the timely filing requirement for PASRR claims submitted on and after March 10, 2008. Providers are encouraged to validate the member identification number before resubmitting the claim.

In addition, the Division of Aging is scheduling meetings with the local Area Agencies on Aging to assist providers regarding claims resolutions. Meetings will be conducted starting March 19, 2008, and will run through the end of April 2008.

All Dental Provider News

Dental Paper Claim Form Billing Clarification

Provider bulletin [BT200705](#) outlined the new American Dental Association (ADA) 2006 paper claim form changes and requirements. The bulletin stated the patient name is entered in *Form Locator 20 – Patient Name* and Patient Member ID is entered in *Form Locator 23 – Patient ID/Account #*.

A large number of dental claims have denied because the patient name was submitted in *Form Locator 12 – Policyholder/Subscriber Information* and the patient member ID was submitted in *Form Locator 15 – Policyholder/Subscriber ID*.

Medicaid now accepts the information for patient name in *Form Locator 20* or *12* and *Patient Member ID* in *Form Locator 23* or *15*. The claims processing system has been changed to meet the new requirements.

Top Dental Denials Identified

The top five reasons for denial of dental claims are described in this article. It is anticipated that identifying the reasons and resolutions will help you complete clean claims and receive reimbursement in a timely manner.

- 2504 – Recipient Covered by Private Insurance (No Attachment) This message indicates that the member is covered by another insurance plan.

Resolution

It is important to remember that Medicaid is the payer of last resort. Eligibility must be verified prior to each visit with a Medicaid member. The Eligibility Verification Systems (EVS) provide third-party liability (TPL) information. Three methods of eligibility verification are available to the provider community – Web interChange, Automated Voice Response (AVR), and Omni. All three methods are free services and available 24 hours a day. Additional information about EVS can be found on www.indianamedicaid.com or in Chapter 3 of the *IHCP Provider Manual*.

When billing for a member who is covered by a private insurance policy, providers must submit a copy of the private insurance explanation of benefits (EOB) with the claim if the claim denies or is applied to deductible, or if any of the claim detail lines are denied by the primary payor. If the primary payor allows and pays on all of the detail lines, no EOB is required. Enter the amount paid by the primary insurance in field 35 of the American Dental Association (ADA) 2006 claim form. If the member assures the provider that he or she does not have private insurance coverage, use the Web TPL update feature so that the member's eligibility file can be investigated and potentially updated. If you do not have Web interChange access, please contact the EDS TPL Department at 1-317-488-5046 or toll-free at 1-800-457-4510 to request an update to the TPL information.

- 4034 – Procedure Code Vs Age Restriction This message indicates that the procedure billed is subject to a member age restriction.

Resolution

All applicable dental procedure codes and their respective restrictions are listed in the *IHCP Provider Manual*. Age restrictions apply to various dental codes such as prophylaxis and fluoride treatments. Please refer to Table 8.102 – CDT and CPT Codes, Including Coverage Criteria in the *IHCP Provider Manual, Chapter 8, Section 4: Dental Claim Form Billing Instructions*. Restrictions for Package E members can also be found in Table 8.102.

- 5010 – Exact Duplicate Tooth Surface This message indicates that two tooth surfaces have been billed.

Resolution

Per the policy and processing guidelines, only one restoration code, per tooth, per day, per dentist will be reimbursed.

- 4013 – Procedure Code is Not Covered for Date of Service This message indicates that the procedure code billed is not covered for the date of service on the claim.

Resolution

IndianaAIM does not list the submitted code as covered by Medicaid. Providers can access the IHCP Fee Schedule at www.indianamedicaid.com to verify coverage of dental codes. If the provider feels that the code should be considered valid by the Indiana Medicaid Program, the provider should submit a written request to EDS Written Correspondence outlining the rationale for adopting the code. This request will be forwarded to the medical policy committee for review and consideration.

- 3001 – Dates of Service Not on PA Database This message indicates that the member's *Prior Authorization* file does not reflect an authorization for service on the date the service was rendered.

Resolution

Prior authorization is program specific. As part of the eligibility verification process, the provider should ensure that a prior authorization (PA), if required, is on file. Prior authorization does not guarantee payment and are approved based on the medical necessity of the service. Providers can access the IHCP Fee Schedule at www.indianamedicaid.com to verify prior authorization requirements of dental codes. There is not a single list of absolute codes, PA inquiry should be a routine function of the patient registration process.

National Provider Identifier Edits

Currently, these edits are “alerts.” As of May 23, 2008, all “alert” edits will become “denial” edits. IndianaAIM must reflect the provider's NPI for billing and rendering purposes. The provider profile must also be correctly updated to reflect the correct ZIP Code + 4 that is associated with the service location in IndianaAIM. All providers must review their profiles. If there are discrepancies in the information shown in the provider profile, please contact EDS Customer Assistance or your EDS Provider Relations field consultant.

Nursing Facility Providers

Mass Adjustment of Medicare Part A Crossover Claims

EDS will process a mass adjustment of Medicare Part A crossover claims with dates of service from October 1, 2001 through March 26, 2002. During this time an emergency rule was in effect that capped Medicaid reimbursement of crossover claims at the Medicaid allowable rate. The State was sued and prevented from implementing this emergency rule as well as three others. On appeal, the court found in favor of the State and sent the case back to the trial court for a determination of the amount the State was owed in restitution from providers (See *IFSSA v. Amhealth et al*, 790 N.E.2d162).

The lawsuit involved the nursing facility industry's challenge of four emergency rules that, in aggregate, reduced Medicaid reimbursement. As a result of a settlement with the plaintiffs, only Medicare Part A

crossover claims will be adjusted and recouped from nursing facility providers.

The adjustments will begin appearing on the March 18, 2008 remittance advice (RA). These claims will have an ICN number starting with **56**, which reflects a mass-adjusted claim. An accounts receivable (A/R) will be set up to recover the overpayment. Following review of the RA, providers who disagree with any adjustment amounts may request an administrative review by writing to the following address:

**EDS Administrative Review
Written Correspondence
P.O. Box 7263
Indianapolis, IN 46207-7263**

In the request explain why you disagree with the adjustment amount and include copies of all pertinent documentation. Detailed information about the administrative review process is available in the *Indiana Health Coverage Programs (IHCP) Provider Manual*.

Outpatient Providers

Billing Unlisted Magnetic Resonance Imaging Procedure Code

CPT 76498 – *Unlisted Magnetic Resonance Procedure (e.g., Diagnostic, Interventional)* is manually priced when billed on the CMS-1500 for both the global and professional components. Providers must submit documentation supporting the reason for billing the unlisted magnetic resonance imaging (MRI) procedure. This documentation can include a copy of the operative report, admission or discharge summary, or any documentation from the member's medical chart that supports the need to use an unlisted MRI code rather than a more specific MRI code.

When billing for the technical component of this code on the UB-04 or the CMS-1500 with the TC modifier, the claim is priced at the lesser of the provider's billed amount or \$211.22.

Providers may resubmit denied claims for the global (procedure code without a modifier) or professional component (billed with modifier 26) of CPT code 76498 with dates of service on or after January 1, 2003. Include supporting documentation and a copy of this banner page article to waive the one-year filing limit. Send resubmitted claims to the following address:

**EDS Administrative Review
Written Correspondence
P.O. Box 7263
Indianapolis, IN 46207-7263**

Provider Workshops

2008 Second 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 noon until 1 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>.

Providers may register online at www.indianamedicaid.com. Also, a paper copy of the *Provider Workshop Registration* form is included in this newsletter. List one registrant per form. Fax completed registration forms to EDS at (317) 488-5376. The *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 Second Quarter Workshop Session Times, Topics, and Descriptions

Time	Topic	Description
8 a.m. – 9 a.m.	The IHCP Family Tree Presented by EDS	This session provides an overview of the traditional Medicaid, <i>Care Select</i> , HIP, and Risk-Based Managed Care contractors that compose the IHCP team. Discovering their roles and responsibilities will help providers understand the roles performed by each Medicaid contractor. This session is ideal for all IHCP providers.
9:15 a.m. – 11:30 a.m.	Web interchange – Advanced Presented by EDS	This session will feature a “live” demonstration on advanced <i>Web interchange</i> functions. Topics will include online Medicare Crossover and TPL billing, sending Attachments with electronic claims, Void/Replacement of claims, and Provider Profile.
11:30 a.m. – noon	IHCP Updates Presented by EDS	This session will provide updates to the mandatory NPI implementation, mail order incontinence supply change, and introduce the new eligibility category, Package P.
Noon-1 p.m.	Lunch	
1 p.m. – 2 p.m.	Indiana Care Select Roundtable Presented by MDwise and Advantage Health Solutions	Representatives from the care management organizations (CMOs) provide program updates, with particular emphasis on the prior authorization process.
2:15 p.m. – 3:30 p.m.	Managed Care Roundtable Presented by MHS, MDwise and Anthem	Representatives from each managed care organization (MCO) provide program updates involving the Hoosier Healthwise, risk-based managed care programs.

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

Workshop Date	Registration Deadline	Location
May 16, 2008	May 2, 2008	Floyd Memorial Hospital Paris Education Center 1850 State Street New Albany, IN 47150
May 23, 2008	May 9, 2008	Ball Memorial Hospital Outpatient Medical Pavilion-Conf Room 1-8 2401 W. University Ave. Muncie, IN 47303
May 27, 2008	May 13, 2008	Wishard Hospital Myers Auditorium 1001 W. 10 th St. Indianapolis, IN 46237
June 3, 2008	May 20, 2008	St. Mary's Medical Center Seton Manor Auditorium 3700 Washington Avenue Evansville, IN 47750
June 4, 2008	May 21, 2008	Unity Healthcare Unity Medical Pavilion-Conference Room 1345 Unity Place Lafayette, IN 47905
June 12, 2008	May 29, 2008	Lutheran Hospital Kachmann Auditorium 7950 W. Jefferson Blvd. Fort Wayne, IN 46807
June 19, 2008	June 5, 2008	St. Catherine's Hospital Professional Office Building-Conference Room 4321 Fir Street East East Chicago, IN 46312
June 25, 2008	June 11, 2008	St. Joseph Regional Medical Center Education Center 801 E. LaSalle Ave. South Bend, IN 46617
June 26, 2008	June 12, 2008	Bloomington Hospital Wagmiller Auditorium 601 W. 2 nd St. Bloomington, IN 47402

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.

The IHCP Family Tree (8 a.m. – 9 a.m.)		
<input type="checkbox"/> New Albany, May 16, 2008	<input type="checkbox"/> Muncie, May 23, 2008	<input type="checkbox"/> Indianapolis, May 27, 2008
<input type="checkbox"/> Evansville, June 3, 2008	<input type="checkbox"/> Lafayette, June 4, 2008	<input type="checkbox"/> Fort Wayne, June 12, 2008
<input type="checkbox"/> East Chicago, June 19, 2008	<input type="checkbox"/> South Bend, June 25, 2008	<input type="checkbox"/> Bloomington, June 26, 2008
Web interChange – Advanced (9:15 a.m. – 11:30 a.m.)		
<input type="checkbox"/> New Albany, May 16, 2008	<input type="checkbox"/> Muncie, May 23, 2008	<input type="checkbox"/> Indianapolis, May 27, 2008
<input type="checkbox"/> Evansville, June 3, 2008	<input type="checkbox"/> Lafayette, June 4, 2008	<input type="checkbox"/> Fort Wayne, June 12, 2008
<input type="checkbox"/> East Chicago, June 19, 2008	<input type="checkbox"/> South Bend, June 25, 2008	<input type="checkbox"/> Bloomington, June 26, 2008
IHCP Updates (11:30 a.m. – noon)		
<input type="checkbox"/> New Albany, May 16, 2008	<input type="checkbox"/> Muncie, May 23, 2008	<input type="checkbox"/> Indianapolis, May 27, 2008
<input type="checkbox"/> Evansville, June 3, 2008	<input type="checkbox"/> Lafayette, June 4, 2008	<input type="checkbox"/> Fort Wayne, June 12, 2008
<input type="checkbox"/> East Chicago, June 19, 2008	<input type="checkbox"/> South Bend, June 25, 2008	<input type="checkbox"/> Bloomington, June 26, 2008
Indiana Care Select Roundtable (1 p.m. – 2 p.m.)		
<input type="checkbox"/> New Albany, May 16, 2008	<input type="checkbox"/> Muncie, May 23, 2008	<input type="checkbox"/> Indianapolis, May 27, 2008
<input type="checkbox"/> Evansville, June 3, 2008	<input type="checkbox"/> Lafayette, June 4, 2008	<input type="checkbox"/> Fort Wayne, June 12, 2008
<input type="checkbox"/> East Chicago, June 19, 2008	<input type="checkbox"/> South Bend, June 25, 2008	<input type="checkbox"/> Bloomington, June 26, 2008
Managed Care Roundtable (2:15 p.m. – 3:30 p.m.)		
<input type="checkbox"/> New Albany, May 16, 2008	<input type="checkbox"/> Muncie, May 23, 2008	<input type="checkbox"/> Indianapolis, May 27, 2008
<input type="checkbox"/> Evansville, June 3, 2008	<input type="checkbox"/> Lafayette, June 4, 2008	<input type="checkbox"/> Fort Wayne, June 12, 2008
<input type="checkbox"/> East Chicago, June 19, 2008	<input type="checkbox"/> South Bend, June 25, 2008	<input type="checkbox"/> Bloomington, June 26, 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

<http://www.indianamedicaid.com>

Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization				
ADVANTAGE Health Solutions Prior Authorization – FFS P.O. Box 40789 Indianapolis, IN 46240 1-800-269-5720 or Fax: 1-800-689-2759	Automated Voice Response (AVR) System (including eligibility verification) (317) 692-0819 or 1-800-738-6770	EDS Administrative Review Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	EDS Customer Assistance (317) 655-3240 or 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 or 1-800-457-4584 Opt 1 = First Steps, Opt 2 = Pharmacy	EDS Omni Help Desk (317) 488-5051 or 1-800-284-3548	
EDS TPL (317) 488-5046 or 1-800-457-4510 Fax (317) 488-5217	EDS Provider Enrollment and Waiver P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	EDS Provider Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	HCE Provider and Member Concern Line (Fraud and Abuse) (317) 347-4527 or 1-800-457-4515	
HCE SUR Department P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 or 1-800-457-4515	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	M.E.D. Works 1-866-273-5897 M.E.D. Works Payment Mailing Address PO Box 946 Indianapolis, IN 46206		
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 or 1-800-577-1278 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 or 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	
Enrollment Broker Helplines		Hoosier Healthwise Managed Care Organizations (MCOs)		
Hoosier Healthwise http://www.healthcareforhoosiers.com 1-800-889-9949 Care Select http://www.indianacareselect.com 1-866-963-7383 HIP http://www.HIP.in.gov 1-877-438-4479	Anthem http://www.anthem.com Claims 1-888-232-9613 Member Services 1-866-408-6131 PA 1-866-408-7187 or Fax: 1-866-406-2803 Provider Services 1-866-408-6132 or Fax: 1-866-408-7087 Prospective Providers 1-800-618-3141 or Fax: 1-866-408-7087 Transportation 1-800-508-7230 Pharmacy 1-866-629-1608 or PA Fax: 1-866-408-7103	MDwise http://www.mdwise.org Claims, Member Services PA/Medical Management, Provider Services, and Pharmacy (317) 630-2831 or 1-800-356-1204	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 Select – Care Management Organizations (CMOs)		Healthy Indiana Plan (HIP) Organizations		HIP – Enhanced Services Plan (ESP) Organizations
ADVANTAGE Health Solutions http://www.advantageplan.com/ Member Services 1-800-784-3981 Provider Services 1-866-504-6708 PA 1-800-784-3981 or Fax 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 1-866-440-2449 or Fax 1-877-822-7186 P.O. Box 44214 Indianapolis, Indiana 46244-0214	MDwise with AmeriChoice http://www.mdwise.org Claims, Member Services and Provider Services 1-877-822-7196 or 317-822-7196 Fax: 1-877-822-7192 or 317-822-7192 Medical Claims P.O. Box 31363 Salt Lake City, UT 84131-0363 Behavioral Health Claims 1-800-818-6872 3405 W. Dr. Martin Luther King, Jr., Ste 101 Tampa, FL 33607	ACS – Non Pharmacy P.O. Box 33077 Indianapolis, IN 46203-0077 1-866-674-1461 or 317-614-2032 Pharmacy PA ACS 1-866-879-0106 Fax 1-866-780-2198 EDS Pharmacy Claims P.O. Box 7268 Indianapolis, IN 46207-7268 1-800-577-1278 or 317-655-3240	
Pharmacy See Pharmacy Services Contact Information above	EDS Claims Providers (317) 655-3240 or 1-800-577-1278 Members (317)-713-9627 or 1-800-457-4584	Anthem Blue Cross and Blue Shield http://www.anthem.com Member Services 1-800-553-2019 Provider Inquiry 1-800-345-4344 P.O. Box 37010 Louisville, KY 40233-7180 PA 1-866-398-1922		
Paper 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-04 Inpatient Hospital, Home Health, Outpatient, and Nursing Home Claims P.O. Box 7271 Indianapolis, IN 46207-7271	
Check Submission				
To make refunds to IHCP: EDS Refunds P.O. Box 2303, Dept. 130 Indianapolis, IN 46206-2303	To make refunds for CA PRTF EDS/CA PRTF Refunds P.O. Box 7247 Indianapolis, IN 46207	To make refunds for MFP EDS/MFP Refunds P.O. Box 7194 Indianapolis, IN 46207	To Return Uncashed IHCP Checks: EDS Finance Department 950 N. Meridian St., Suite 1150 Indianapolis, IN 46204-4288	Pharmacy See Pharmacy Services Contact Information above