

# IHCP Provider

# Monthly News

Indiana Health Coverage Programs

<http://www.indianamedicaid.com>



## ***What's New Inside!***

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- Healthy Indiana Plan Presented at National Conference
- Implementation of NPI May 23, 2008
- Voids and Replacements
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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:

- [BT200811](#) – *Additional Modifiers Made Valid in IndianaAIM*
- [BT200812](#) – *Policy Change for Purchasing Incontinence, Ostomy, and Urological Supplies (Member Bulletin)*
- [BT200813](#) – *Policy Change for Purchasing Incontinence, Ostomy, and Urological Supplies (Member Bulletin)*
- [BT200814](#) – *Changes to the Preferred Drug List*
- [BT200815](#) – *Policy Changes for Incontinence, Ostomy, and Urological Supplies*
- [BT200816](#) – *Important Deadline for National Provider Identifier on Pharmacy Claims*
- [BT200817](#) – *Changes to the Preferred Drug List – Update to Provider Bulletin BT200814*
- [BT200818](#) – *2008 Healthcare Common Procedure Coding System Codes Updates*
- [BT200819](#) – *National Provider Identifier Mandate Effective May 23, 2008*
- [BT200820](#) – *Clarification of BT200719 – Managed Care Organization Behavioral Health Frequently Asked Questions*
- [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](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](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.

### Transition of Wards of the Court and Foster Children into the Indiana *Care Select* Program

Effective July 1, 2008, all wards of the court and foster children that are currently enrolled in Medicaid will begin transitioning to the Indiana *Care Select* program. Some of these members are currently

enrolled in other Medicaid programs and may already be receiving care from physicians enrolled in the IHCP provider network. The following aid categories will transition to *Care Select*:

- MA-3 (Wards not IVE eligible under 18)
- MA-4 (Title IVE foster children under 18)
- MA-8 (Children Receiving Adoption Assistance)
- MA-14 (Former Foster Children)

The Indiana *Care Select* Program is designed to improve the member's health status; enhance quality of life; improve member safety, member autonomy and adherence to treatment plans; and control fiscal growth. Through this program, the State will focus on the following objectives:

- Development of treatment regimens for chronic illnesses will conform to evidence-based guidelines.
- Primary care providers will be able to incorporate knowledge of functional assessments, behavioral changes, self-care strategies, and methods of addressing emotional or social distress into overall patient care.
- Care will be less fragmented and more holistic by addressing a member's physical and behavioral healthcare needs in addition to his or her medical and social needs.
- Communication will increase across settings and providers.
- Members will have greater involvement in their care management.

For more information on the *Care Select* program, refer to bulletins [BT200723](#) and [BT200804](#).

### Healthy Indiana Plan Presented at National Conference

On March 27 in Philadelphia, the Center for Best Practices - the technical assistance arm of the National Governors Association - sponsored a workshop for state health policy leaders on Defining Benefit Packages in Health Reform. As a featured speaker, Michael Collisi, director of Policy, Office of Medicaid Policy and Planning, presented the Healthy Indiana Plan (HIP) to directors and leaders from across the United States. Leaders from other states expressed a great deal of interest in Indiana's successful implementation of the program.

## 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 report the billing NPI. Also on that date, the legacy provider identifier (LPI) should no longer appear on paper or electronic claims. **Atypical providers are not affected by this change. Atypical providers should continue to submit their LPI.**

It is essential that the NPI, the billing provider office location ZIP Code™ + 4 and taxonomy code (when sent) 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](http://www.indianamedicaid.com).

Practitioners with prescribing authority are also required to provide their NPI to the dispensing pharmacy or durable medical equipment provider. This is necessary even when the prescriber is not enrolled in the IHCP.

Provider bulletin [BT200819](#) described how the IndianaAIM processing system uses the billing NPI, taxonomy (if sent), and billing provider office location ZIP Code + 4 to perform a crosswalk between the NPI and LPI. Beginning May 23, 2008, a second crosswalk process will be implemented, called the "progressive crosswalk."

IndianaAIM will employ the progressive crosswalk when the standard crosswalk fails to establish a one-to-one match between the billing NPI and LPI. The progressive crosswalk will use the following data elements in the following sequence:

- NPI only
- NPI and Taxonomy (if sent)
- NPI and Billing Provider Office Location ZIP Code + 4
- NPI and Billing Provider Office Location 5-Digit ZIP Code
- NPI and Taxonomy and Billing Provider Office Location 5-Digit ZIP Code

The progressive crosswalk will eliminate many of the NPI-related edit messages currently appearing on the remittance advice. Claims failing the standard and progressive crosswalk processes will be denied on and after May 23, 2008.

Table 1 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	<a href="#">BT200705</a>
Medical	33	<a href="#">BT200703</a>
Institutional	1	<a href="#">BT200702</a>

When submitting claims electronically, it is important to submit the billing provider office 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/Parser%20to%20Electronic%20Map%20for%20NPI%20Fields.pdf](http://www.indianamedicaid.com/ihcp/Misc_PDF/Parser%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](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.

## 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.

### Provider Enrollment Forms and NPI

Provider Enrollment is no longer accepting provider enrollment or update forms that are submitted without an NPI. If the NPI has not been reported, forms must be submitted with both the NPI and the LPI to ensure accurate and timely processing. Forms submitted without an NPI cannot be processed and are rejected and immediately returned to the submitter for resubmission with the appropriate NPI. Note, atypical providers are excluded from this requirement.

## Outpatient Surgery Providers

### Ambulatory Surgical Center Indicators and Revenue Code Linkage

EDS recently updated pricing information for surgical procedure codes in the range 10000-69900 when billed with revenue codes 360 – *Operating Room Services* or 490 – *Ambulatory Surgical Center*. Claims previously denied for error code 4108 – *No ASC on File* will be reprocessed or adjusted beginning the week of April 28, 2008.

The Current Procedural Terminology<sup>1</sup> (CPT) codes in Table 2 were updated with ambulatory surgical center (ASC) pricing and/or revenue code linkage.

Table 2 – Updated CPT Codes

15001	15170	15171	15175	15176	15340	15341
15360	15361	15365	15366	15431	15829	17311
17312	17313	17314	17315	22526	22527	24343
24344	24345	24346	25394	25430	25607	25608
25609	25651	25915	26340	43237	43238	43770
43771	43772	43773	43774	44901	46505	49324
49325	49326	49435	49436	50021	54865	55875
55876	56442	57106	57107	57109	57295	57296
57425	57558	58110	58541	58542	58543	58544
64449	64650	64653	64681	64910	64911	65781
65782	67225	67346	67912	68371		

Please refer to CPT publications for complete definitions of the procedure codes listed above.

*Note: Providers who have billed the service under a similar code and received payment may need to adjust the claim after the mass adjustment.*

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

## Hospital Providers

### Claims Denied for Edit 5009

Providers who have previously submitted inpatient crossover claims that have been denied inappropriately for edit 5009 – *suspect duplicate, different provider allowed* can submit claims for review of appropriate adjudication, along with a copy of this article, to the EDS Written Correspondence Unit. Claims for review must be submitted to the following address:

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

This edit commonly denied when a long-term care (LTC) facility billed appropriately for leave days and the claim paid prior to submission of the inpatient claim. Medicaid will continue to deny when two different hospitals are billing for the same date of service.

## Provider Workshops

### 2008 Second Quarter Medicaid Provider Workshops

The IHCP offers workshops free of charge. Sessions are offered at several locations in Indiana. Table 3 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 4. 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](http://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 3 – 2008 Second Quarter Workshop Session Times, Topics, and Descriptions

<b>Time</b>	<b>Topic</b>	<b>Description</b>
8 a.m. – 9 a.m.	<b>The IHCP Family Tree</b> 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.	<b>Web interChange – Advanced</b> 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. This session is ideal for all IHCP providers
11:30 a.m. – noon	<b>IHCP Updates</b> Presented by EDS	This session will provide updates to the mandatory NPI implementation and mail order incontinence supply change.
Noon – 1 p.m.	Lunch	
1 p.m. – 2 p.m.	<b>Indiana Care Select Roundtable</b> 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.	<b>Managed Care Roundtable</b> 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 4 – 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 <sup>th</sup> 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 <sup>nd</sup> 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.

<b>The IHCP Family Tree (8 a.m. – 9 a.m.)</b>		
<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
<b>Web interChange – Advanced (9:15 a.m. – 11:30 a.m.)</b>		
<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
<b>IHCP Updates (11:30 a.m. – noon)</b>		
<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
<b>Indiana Care Select Roundtable (1 p.m. – 2 p.m.)</b>		
<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
<b>Managed Care Roundtable (2:15 p.m. – 3:30 p.m.)</b>		
<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
<b>Registrant Information (One registrant per form)</b>		
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](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](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 – UB-04 Billing Providers
	Mona Green	(317) 488-5309	Marion – CMS-1500 Billing Providers
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
Illinois	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>

<b>Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization</b>				
<b>ADVANTAGE Health Solutions Prior Authorization – FFS</b> P.O. Box 40789 Indianapolis, IN 46240 1-800-269-5720 or Fax: 1-800-689-2759	<b>Automated Voice Response (AVR) System</b> (including eligibility verification) (317) 692-0819 or 1-800-738-6770	<b>EDS Administrative Review Written Correspondence</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>EDS Customer Assistance</b> (317) 655-3240 or 1-800-577-1278 Opt 1 = Pharmacy, Opt 2 = First Steps	
<b>EDS Electronic Solutions Help Desk</b> (317) 488-5160 or 1-877-877-5182 <a href="mailto:INXIXElectronicSolution@eds.com">INXIXElectronicSolution@eds.com</a>	<b>EDS Forms Requests</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>EDS Member Hotline</b> (317) 713-9627 or 1-800-457-4584 Opt 1 = First Steps, Opt 2 = Pharmacy	<b>EDS Omni Help Desk</b> (317) 488-5051 or 1-800-284-3548	
<b>EDS TPL</b> (317) 488-5046 or 1-800-457-4510 Fax (317) 488-5217	<b>EDS Provider Enrollment and Waiver</b> P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	<b>EDS Provider Written Correspondence</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>HCE Provider and Member Concern Line (Fraud and Abuse)</b> (317) 347-4527 or 1-800-457-4515	
<b>HCE SUR Department</b> P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 or 1-800-457-4515	<b>Premium Collection Services Package C Payment Line</b> 1-866-404-7113  <b>Package C Payment Mailing Address</b> Hoosier Healthwise P.O. Box 3127 Indianapolis, IN 46206-3127	<b>M.E.D. Works</b> 1-866-273-5897  <b>M.E.D. Works Payment Mailing Address</b> PO Box 946 Indianapolis, IN 46206		
<b>Pharmacy Services Contact Information</b>				
<b>ACS Drug Rebate ACS State Healthcare ACS – Indiana Drug Rebate</b> P. O. Box 2011332 Dallas, TX 75320-1332	<b>EDS Pharmacy Services Help Desk for POS Claims Processing</b> (317) 655-3240 or 1-800-577-1278 <a href="mailto:INXIXPharmacy@EDS.com">INXIXPharmacy@EDS.com</a>	<b>EDS Pharmacy Claims</b> P.O. Box 7268 Indianapolis, IN 46207-7268	<b>EDS Pharmacy Claims Adjustments</b> P.O. Box 7265 Indianapolis, IN 46207-7265	
<b>Pharmacy Benefit Management Inquiries</b> <a href="mailto:PDL@fssa.state.in.us">PDL@fssa.state.in.us</a>	<b>Indiana Administrative Review/ Pharmacy Claims</b> <b>EDS Pharmacy Claims Admin. Review</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>PA For Pro-DUR and Preferred Drug List – ACS Clinical Call Center</b> 1-866-879-0106 or Fax: 1-866-780-2198	<b>To make refunds to IHCP for pharmacy claims send check to:</b> <b>EDS Pharmacy Refunds</b> P.O. Box 2303, Dept 130 Indianapolis, IN 46206-2303	
<b>Enrollment Broker Helplines</b>		<b>Hoosier Healthwise Managed Care Organizations (MCOs)</b>		
<b>Hoosier Healthwise</b> <a href="http://www.healthcareforhoosiers.com">http://www.healthcareforhoosiers.com</a> 1-800-889-9949 <b>Care Select</b> <a href="http://www.indianacareselect.com">http://www.indianacareselect.com</a> 1-866-963-7383 <b>HIP</b> <a href="http://www.HIP.in.gov">http://www.HIP.in.gov</a> 1-877-438-4479	<b>Anthem</b> <a href="http://www.anthem.com">http://www.anthem.com</a> <b>Claims</b> 1-888-232-9613 <b>Member Services</b> 1-866-408-6131 <b>PA</b> 1-866-408-7187 or Fax: 1-866-406-2803 <b>Provider Services</b> 1-866-408-6132 or Fax: 1-866-408-7087 <b>Prospective Providers</b> 1-800-618-3141 or Fax: 1-866-408-7087 <b>Transportation</b> 1-800-508-7230 <b>Pharmacy</b> 1-866-629-1608 or PA Fax: 1-866-408-7103	<b>MDwise</b> <a href="http://www.mdwise.org">http://www.mdwise.org</a> <b>Claims, Member Services</b> <b>PA/Medical Management, Provider Services, and Pharmacy</b> (317) 630-2831 or 1-800-356-1204	<b>Managed Health Services (MHS)</b> <a href="http://www.managedhealthservices.com">http://www.managedhealthservices.com</a> <b>Claims, Member Services, PA/Medical Management, Provider Services, and Nursewise</b> 1-877-MHS-4U4U or 1-877-647-4848 <b>Pharmacy - US Script (PBM)</b> 1-800-460-8988 <b>Pharmacy PA</b> 1-866-399-0928 Fax: 1-866-399-0929	
<b>Care Select – Care Management Organizations (CMOs)</b>		<b>Healthy Indiana Plan (HIP) Organizations</b>		<b>HIP – Enhanced Services Plan (ESP) Organizations</b>
<b>ADVANTAGE Health Solutions</b> <a href="http://www.advantageplan.com/">http://www.advantageplan.com/</a> <b>Member Services</b> 1-800-784-3981 <b>Provider Services</b> 1-866-504-6708 <b>PA</b> 1-800-784-3981 or Fax 1-800-689-2759 P.O. Box 80068 Indianapolis, IN 46280 <b>Hospice Member Disenrollment</b> Fax: (317) 810-4488	<b>MDwise</b> <a href="http://www.mdwise.org">http://www.mdwise.org</a> <b>Member Services and Provider Services</b> 1-866-440-2449 <b>Member Services Fax:</b> 1-877-822-7188 <b>PA</b> 1-866-440-2449 or Fax 1-877-822-7186 P.O. Box 44214 Indianapolis, Indiana 46244-0214	<b>MDwise with AmeriChoice</b> <a href="http://www.mdwise.org">http://www.mdwise.org</a> <b>Claims, Member Services and Provider Services</b> 1-877-822-7196 or 317-822-7196 <b>Fax:</b> 1-877-822-7192 or 317-822-7192 <b>Medical Claims</b> P.O. Box 31363 Salt Lake City, UT 84131-0363 <b>Behavioral Health Claims</b> 1-800-818-6872 3405 W. Dr. Martin Luther King, Jr., Ste 101 Tampa, FL 33607	<b>ACS – Non Pharmacy</b> P.O. Box 33077 Indianapolis, IN 46203-0077 1-866-674-1461 or 317-614-2032 <b>Pharmacy</b> PA ACS 1-866-879-0106 <b>Fax</b> 1-866-780-2198 <b>EDS Pharmacy Claims</b> P.O. Box 7268 Indianapolis, IN 46207-7268 1-800-577-1278 or 317-655-3240	
<b>Pharmacy</b> See Pharmacy Services Contact Information above	<b>EDS Claims Providers</b> (317) 655-3240 or 1-800-577-1278 <b>Members</b> (317)-713-9627 or 1-800-457-4584	<b>Anthem Blue Cross and Blue Shield</b> <a href="http://www.anthem.com">http://www.anthem.com</a> <b>Member Services</b> 1-800-553-2019 <b>Provider Inquiry</b> 1-800-345-4344 P.O. Box 37010 Louisville, KY 40233-7180 PA 1-866-398-1922		
<b>Paper Claim Filing</b>				
<b>EDS 590 Program Claims</b> P.O. Box 7270 Indianapolis, IN 46207-7270	<b>EDS Adjustments</b> P.O. Box 7265 Indianapolis, IN 46207-7265	<b>EDS CCFs</b> P.O. Box 7266 Indianapolis, IN 46207-7266	<b>EDS Dental Claims</b> P.O. Box 7268 Indianapolis, IN 46207-7268	<b>EDS CMS-1500 Claims</b> P.O. Box 7269 Indianapolis, IN 46207-7269
<b>EDS Claim Attachments</b> P.O. Box 7259 Indianapolis, IN 46207-7259	<b>EDS Waiver Programs Claims</b> P.O. Box 7269 Indianapolis, IN 46207-7269	<b>EDS Medical Crossover Claims</b> P.O. Box 7267 Indianapolis, IN 46207-7267	<b>EDS Institutional Crossover/UB-04 Inpatient Hospital, Home Health, Outpatient, and Nursing Home Claims</b> P.O. Box 7271 Indianapolis, IN 46207-7271	
<b>Check Submission</b>				
<b>To make refunds to IHCP: EDS Refunds</b> P.O. Box 2303, Dept. 130 Indianapolis, IN 46206-2303	<b>To make refunds for CA PRTF EDS/CA PRTF Refunds</b> P.O. Box 7247 Indianapolis, IN 46207	<b>To make refunds for MFP EDS/MFP Refunds</b> P.O. Box 7194 Indianapolis, IN 46207	<b>To Return Uncashed IHCP Checks:</b> EDS Finance Department 950 N. Meridian St., Suite 1150 Indianapolis, IN 46204-4288	<b>Pharmacy</b> See Pharmacy Services Contact Information above