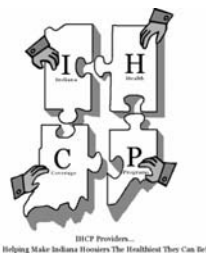


IHCP Provider Monthly News

Indiana Health Coverage Programs

<http://www.indianamedicaid.com>



What's New Inside!

- Resolving NPI Alerts
- Clarification on Billing Food Thickener, Healthcare Common Procedure Coding System Code B4100
- Billing Guidelines for Organ or Disease-Oriented Panels
- Billing Guidelines for Retroactive Eligibility
- Update to Bulletin BT200815 – Policy Change for Incontinence, Ostomy, and Urological Supplies
- Mass Adjustment of Medicare Part A Crossover Claims



Table of Contents

Table of Contents

What's New Inside!	1
Table of Contents	2
Common Abbreviations	2
All Provider News	3
New Bulletins Posted to the IHCP Web Site	3
Resolving NPI Alerts	3
Billing Guidelines for Retroactive Eligibility	3
Clarification on Billing Food Thickener, Healthcare Common Procedure Coding System Code B4100 ..	3
Billing Guidelines for Organ or Disease-Oriented Panels	3
Update to Bulletin BT200815 – Policy Change for Incontinence, Ostomy, and Urological Supplies	3
Mass Adjustment of Medicare Part A Crossover Claims	4
Provider Workshops	5
2008 Second Quarter Medicaid Provider Workshops	5
Provider Workshop Registration	7
Contact Information	8

Common Abbreviations

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 Posted to the IHCP Web Site

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

- [BT200821](#) – *Dial-Up Connectivity Deadline for Electronic Claim Submission*
- [BT200822](#) – *Policy Change for Purchasing Incontinence, Ostomy, and Urological Supplies, Member Version*
- [BT200823](#) – *Policy Change for Purchasing Incontinence, Ostomy, and Urological Supplies, Provider Version*

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.

Resolving NPI Alerts

A solution for resolving many national provider identifier (NPI) alerts is published on the IHCP Web site: <http://www.indianamedicaid.com/ihcp/ProviderServicesfa/npi.asp>. Providers receiving NPI-related edit messages on a RA statement or biller summary report (BSR) should review the document and the related form.

Billing Guidelines for Retroactive Eligibility

Utilize the following billing instructions when billing a claim that is past the filing limit and the member was awarded retroactive eligibility. In the case of retroactive member eligibility, claims must be submitted within one year of the eligibility determination date. Attach a letter behind the claim explaining the circumstances of the retroactive eligibility. EDS claims processing will review the eligibility award date in IndianaAIM for appropriate processing of the claim. Providers are not to contact the Division of Family Resources/Service Center for documentation of retroactive eligibility.

Clarification on Billing Food Thickener, Healthcare Common Procedure Coding System Code B4100

Nutritional supplements are not considered drugs or biologics. Please report them to the IHCP with the appropriate Healthcare Common Procedure Coding System (HCPCS) code on the CMS-1500 paper claim form or using the 837P electronic transaction. According to the Health Insurance Portability and Accountability Act (HIPAA), only drugs and biologics may be reported on the pharmacy claim form with a National Drug Code (NDC). The policy for billing changed effective April 3, 2003, and the IHCP discontinued coverage of nutritional supplements billed with an NDC when billed on a drug claim form. B4100 (Food Thickener, administered orally, per oz), requires prior authorization and must be billed on a CMS-1500 claim form.

Billing Guidelines for Organ or Disease-Oriented Panels

Organ or disease-oriented panels were developed to allow for coding of a group of tests. Providers are expected to bill the lab panel when all the tests listed within each panel are performed on the same date of service. When one or more of the tests within the panel are not performed on the same date of service, providers may bill each test individually. Providers may not bill for a panel and all the individual tests listed within that panel on the same day. However, tests performed in addition to those listed on the panel on the same date of service may be reported separately in addition to the panel code. Providers must follow Current Procedural Terminology (CPT)¹ coding guidelines when reporting multiple panels. For example, providers cannot report 80048 with 80053 on the same date of service because all the same lab codes in 80048 are components of 80053.

Update to Bulletin BT200815 – Policy Change for Incontinence, Ostomy, and Urological Supplies

This is an update to bulletin [BT200815](#) – *Policy Change for Incontinence, Ostomy, and Urological Supplies*. There are instances when the use of tapes, adhesives, gloves, and other supplies are not related

¹ *Current Procedural Terminology (CPT) is copyright 2007 American Medical Association. All Rights Reserved.*

to incontinence, ostomy, or urological conditions. The Office of Medicaid Policy and Planning (OMPP) has determined that the following codes are billable by all providers:

- A4364 (adhesive liquid)
- A4365 (adhesive remover wipes)
- A4402 (lubricant)
- A4450 and A4452 (tape)
- A4455 (adhesive remover)
- A4927 (gloves)
- A5120, A5121, and A5122 (skin barrier)

IHCP members will not be restricted to purchasing the above 10 supplies only through mail order from one of the three contracted vendors.

Mass Adjustment of Medicare Part A Crossover Claims

This is an update of a previous banner page article originally published in [BR200810](#), dated March 4, 2008. The mass adjustment announced at that time was delayed.

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 began appearing on the May 13, 2008, remittance advice (RA) statements for claims with dates of service from October 1, 2001, through December 31, 2001. Providers will be notified in a future banner page article the date the mass adjustment will occur for claims with dates of service January 1, 2002, through March 26, 2002. These claims will have an internal control number (ICN) starting with 56, which reflects a mass-adjusted claim. An accounts receivable (A/R) is 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 [IHCP Provider Manual](#).

Claims included in this mass adjustment that were billed and adjudicated during the specified time frame and contain details billed with services that are not included in the nursing facility per diem rate, such as lab or radiology services, may be resubmitted on paper or electronically for reimbursement consideration. Providers should resubmit these ancillary services as outpatient crossover claims with the appropriate type of bill. The IHCP will calculate the Medicaid allowed amount for each detail submitted and compare this amount to the Medicare paid amount. If the Medicare paid amount is less than the Medicaid allowed amount, a portion or all of the coinsurance and/or deductible amount will then be reimbursed.

Provider Workshops

2008 Second Quarter Medicaid Provider Workshops

The IHCP offers workshops free of charge. Sessions are offered at several locations in Indiana. Table 1 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 2. 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 1 – 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. This session is ideal for all IHCP providers
11:30 a.m. – noon	IHCP Updates 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.	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 2 – 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 – 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
10	Michael Chowning	(317) 488-5331	State-wide EPSDT Coordinator

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>

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 <i>Care Select</i> http://www.indianacareselect.com 1-866-963-7383 <i>HIP</i> 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