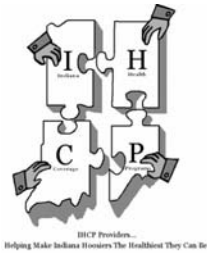


IHCP Provider Monthly News

Indiana Health Coverage Programs

<http://www.indianamedicaid.com>



What's New Inside!

- Web Maintenance of Provider Enrollment Profiles
- Prior Authorizations via Telephone for Traditional Fee-for-Service Medicaid and *Care Select*
- Requesting Member Reassignment to another Primary Medical Provider
- Auto-assignment of Members when Panel is Full or on Hold
- 2008 Third Quarter Medicaid Provider Workshops



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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:

- [BT200828](#) – *Prior Authorization Criteria for Spinal Cord Stimulators*
- [BT200829](#) – *Home Health Rates for State Fiscal Year 2009*
- [BT200830](#) – *Rate Increases – Home- and Community-Based Services Waiver*

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.

Web Maintenance of Provider Enrollment Profiles

Has your address or other information on your provider profile changed? Effective July 29, 2008, you can make your own updates through Web interChange quickly, easily, and securely without submitting paper forms.

You can make changes online that do not require supportive documentation. For example, you can change your specialty, address, or bank account information for electronic funds transfer (EFT). Examples of changes that cannot be made online include changing to a specialty that requires certification, such as waiver or nursing facility, or changing your home office or legal name, which requires a new W-9 form.

Terminations cannot be made online at this time because of managed care primary medical provider (PMP) considerations. For example, an accidental termination could result in the loss of a PMP's assigned patient panel causing confusion for members.

Online maintenance of your profile requires Web interchange access. If you haven't signed up for Web interChange, be sure to do so. To sign up, complete and mail the form found in the *How to Obtain an ID* section on the Web interChange Web site at <https://interchange.indianamedicaid.com>.

The Provider Profile update function is available to any user within the provider's organization who has been granted access by their Web interChange administrator. It is the administrator's responsibility to provide access to only the appropriate users. By limiting personnel that have access to this function, administrators can prevent unauthorized changes to the profile. Administrators should also ensure that users do not share their user IDs and passwords. Access to a specific function is available to anyone using that ID and password.

How to Maintain Profile Information

1. Log on to Web interChange.
2. From the *Navigation* menu select **Provider Profile**.
3. At the *Provider Profile* menu select **View/Edit a Profile**.

Note: If the user does not have access to maintain a profile, the menu option will only say View Profile.

4. On the *Profile Inquiry* page perform an inquiry on the Legacy Provider Identifier (LPI) or National Provider Identifier (NPI) to be maintained.
5. If the service location is active, or will be active in the future, and the user has provider maintenance access, an Edit button is displayed next to the service location(s).
6. Click **Edit**.

Don't miss out on this opportunity to make your provider profile updates quickly and easily. Sign up for Web interChange and obtain access for maintenance from your Web interChange administrator.

If you have any questions regarding provider profile maintenance, please contact EDS Provider Enrollment at 1-877-707-5750.

Prior Authorizations via Telephone for Traditional Fee-for-Service Medicaid and Care Select

All IHCP providers are reminded that most services requiring prior authorization (PA) should be faxed to the appropriate vendor. Listed below is information about when it is appropriate to request a PA over the telephone.

In accordance with 405 IAC 5-3-2, prior authorization for selected services is available by telephone when the request is initiated by a provider authorized to request PA. A *Medicaid Prior Review and Authorization Request* form is not necessary for these selected services. Additional written substantiation and documentation may be required by the office.

Notification of approval or denial will be given at the time the telephone call is made for the following services:

- Inpatient hospital admission and concurrent review, when required under this rule.
- Continuation of emergency treatment for those conditions listed in section 13 of this rule on an inpatient basis originally without prior authorization subject to retrospective medical necessity review.

PA may be obtained by telephone provided a properly completed PA request form is subsequently submitted for the following services:

- Medically reasonable and necessary services or supplies to facilitate discharge from or prevent admission to a general hospital.
- Equipment repairs necessary for life support or safe mobility of the patient.
- Services that if delayed, could reasonably be expected to result in a serious deterioration of the patient's medical condition.

In accordance with 405 IAC 5-3-6 a telephone review shall include the following:

- Initiation of phone request by a provider authorized to request prior authorization.
- The name, address, age, and Medicaid number (RID) of the recipient.
- The name, address, telephone number, and provider number of the provider.
- Diagnosis and related information (ICD-9-CM code).
- Services or supplies requested (CPT or HCPCS code).
- Name of suggested provider of services or supplies.

Recipient specific clinical information required to establish medical necessity, including the following:

- Prior history, including results of diagnostic studies
- Prior treatment
- Rationale for treatment plan
- Comorbid conditions
- Treatment plan
- Progress
- Date of onset of medical conditions

Additional information may be required as needed for clarification, including, but not limited to, the following:

- X-rays
- Photographs
- Other services being received

For emergency admissions, the following information is required, where applicable:

- Type of accident
- Accident date

For additional information, including telephone numbers for PA requests, please see Chapter 6, Section 2 of the IHCP Provider Manual. Telephone numbers are also listed on the IHCP Quick Reference that appears at the end of this newsletter.

HPV Claims for Ages 19 through 20

Between January 1, 2007, to the present, claims submitted to EDS for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services of procedure code 90649 – *Human Papilloma Virus (HPV) Vaccine* were denied inappropriately for IHCP members age 19 through 20 with explanation of benefits (EOB) code 4034 – *Procedure Code vs. Age Restriction*. In accordance with EPSDT guidelines, the HPV service is a covered service through age 20. Effective immediately, providers may resubmit denied claims with dates of service on or after January 1, 2007, to EDS for reprocessing. For claims beyond the one-year filing limit, submit the claims along with a copy of this newsletter to the following address:

**EDS HCFA 1500 Claims
P. O. Box 7269
Indianapolis, IN 46207-7269**

Coverage of Lucentis™ and Visudyne™

Effective January 1, 2008, the IHCP provides coverage of Lucentis (J2778) and Visudyne (J3396). Providers should indicate the appropriate National Drug Code (NDC) and the number of units administered on the claim, or the claim will be denied.

Maximum Fee Rates for Contrast Material

The revised IHCP Maximum Fee Rates for the Healthcare Common Procedure Coding System (HCPCS) codes listed below are effective for claims with dates of service on or after September 1, 2008. Claims submitted with a date of service prior to September 1, 2008, will continue to be manually priced.

Table 1 – Maximum Fee Rates for Contrast Material

| Code | Description | Maximum Fee |
|-------|---|---------------|
| Q9965 | Low osmolar contrast material, 100-199 mg/ml Iodine concentration, per ml | \$1.42 per ml |
| Q9966 | Low osmolar contrast material, 200-299 mg/ml Iodine concentration, per ml | \$0.41 per ml |
| Q9967 | Low osmolar contrast material, 300-399 mg/ml Iodine concentration, per ml | \$0.19 per ml |

Changes to Targeted Case Management Services

The Office of Medicaid Policy and Planning (OMPP) is submitting a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) detailing changes to Targeted Case Management (TCM) Services that are necessary to comply with the Federal Interim Final Rule published in the *Federal Register* December 4, 2007.

The OMPP will provide further communication regarding the specific changes being made to each TCM service in future bulletins, newsletters, and/or provider manual updates. Indiana has five TCM target groups. The TCM Groups, as specified within the State Plan, are those Medicaid enrollees determined by the following:

- High-risk pregnancies
- Human immunodeficiency virus (HIV)
- Diagnosis of serious mental illness or seriously emotionally disturbed (SED)
- Developmental disability (DD)
- Nursing facility level-of-care (LOC) criteria

All Optometrists

Changes to Healthcare Common Procedure Coding System Codes for Specialty 180

Providers with Specialty 180 may bill HCPCS code 92025 – *Corneal Topography* for claims with a date of service on or after January 1, 2007. Providers can resubmit claims that previously denied using the normal claims submission process. For claims that are past the one-year filing limit, submit the claims along with a copy of this newsletter page article to the following address:

EDS HCFA 1500 Claims
P. O. Box 7269
Indianapolis, IN 46207-7269

All Laboratory Providers

Rate Change for Test

The IHCP Max Fee Rate for Current Procedural Terminology (CPT®¹) 82274 – *Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations,*

will be modified to \$22.22. The new rate is effective for outpatient UB-04 and CMS-1500 claims with dates of service on or after August 15, 2008.

¹ CPT is a registered trademark of the American Medical Association. Copyright 2008 American Medical Association. All rights reserved.

All Care Select Primary Medical Providers

Requesting Member Reassignment to Another Primary Medical Provider

Per the MDwise & Advantage *Care Select* Provider Manuals and the IHCP Provider Agreement Addendum, *Care Select* primary medical providers (PMPs) are reminded that if they wish to request a member be reassigned to a different PMP, they **MUST** first complete the *Care Select* Member Reassignment Form. For MDwise PMPs, the form can be found in the MDwise Web site at <http://www.mdwise.org/careSelect/providers/forms/>

For Advantage PMPs, the form can be found at: <http://www.advantageplan.com/advcareselect/pdfs/ADVANTAGE%20Reassignment%20Request%20Form.pdf>.

PMPs must demonstrate just cause for the reassignment request and must submit supporting documentation. PMPs may not dismiss a member from their care unless the reassignment has been **reviewed and approved** by the respective *Care Select* Medical Director. Valid reassignment reasons include the following:

- Missed appointments
- Member fraud
- Threatening, abusive, or hostile behavior
- Medical needs better met by another PMP
- Breakdown of physician/patient relationship
- Member accessing care from another PMP
- Previously approved reassignment
- Obstetrical reassignment

Upon approval of the reassignment request, the current PMP must continue to provide PMP-related services for the assigned member for up to 30 days or until the member has been linked to another PMP, whichever comes first. PMP-related services include

but are not limited to, continuing to make appropriate referrals for necessary medical care for the *Care Select* member. *Care Select* members may request a PMP reassignment at any time and may contact MDwise *Care Select* Customer Service at 1-866-440-2449 or in the Indianapolis area at (317) 829-8189. Advantage *Care Select* Customer Service may be reached at 1-800-784-3961. Providers may reach Advantage by calling 1-866-504-6708.

Auto-assignment of Members When Panel is Full or on Hold

PMPs may receive auto-assigned *Care Select* members even though their panel roster exceeds the designated limit under the following circumstances:

- If the member had a previous relationship with the PMP
- If a family member with the same Medicaid case number is already assigned to the PMP (applies even when family member is enrolled in another program in which the PMP participates such as Hoosier Healthwise)
- If the PMP requests, in accordance with the procedures outlined in the MDwise &/or Advantage *Care Select* Manual, that the member be added to his or her panel, and such request is processed by MDwise or Advantage *Care Select*

Note: Any PMP can request his or her panel be placed on hold and can request a panel size of between 1 and 3,500 members. Panels that are placed on hold prohibit a member from selecting the PMP without the PMP's written approval. Written approval is submitted on a Panel Hold Request form to MDwise Customer Service or Advantage Provider Services. Panels on hold status are not guaranteed exemption from the auto-assignment process.

All Outpatient Providers

Mass Adjustment of Diagnostic Radiopharmaceutical Claims

Effective January 1, 2006, HCPCS code A9562 – *Technetium TC-99M MERTIATIDE, diagnostic, per study dose, up to 15 millicuries* has been linked to revenue code 343 – *Diagnostic radiopharmaceuticals*.

Outpatient claims that previously denied for EOB 520 – *Invalid revenue code and procedure code combination – please verify and resubmit* will be mass adjusted and reprocessed. Impacted claims appeared on remittance advice (RA) statements the week of June 30, 2008.

All Durable Medical Equipment, Speech Therapy, and Occupational Therapy Providers

Rate Change for Speech Generating Devices

Effective May 12, 2008, the IHCP increased the reimbursement rate for code E2506 – *Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time*. The previous rate was \$1,850.37; the revised rate is \$2,212.79. Prior authorization requirements remain the same.

All Durable Medical Equipment Providers

Changes to Healthcare Common Procedure Coding System Codes for Specialty 250

Providers with Specialty 250 may bill HCPCS code L3929 – *Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment* for claims with a date of service on or after January 1, 2008. Providers may also bill HCPCS code L3956 – *Addition of joint to upper extremity orthosis, any material; per joint* for claims with a date of service on or after November 1, 2004. Resubmit claims that previously denied using the normal claims submission process. For claims that are past the one-year filing limit, submit the claims along with a copy of this newsletter to the following address:

EDS HCFA 1500 Claims
P. O. Box 7269
Indianapolis, IN 46207-7269

Mass Adjustment of DME Claims – Incontinence, Ostomy, and Urological Supplies

Per bulletin [BT200815](#), the IHCP has contracted with three vendors to provide incontinence, ostomy, and urological supplies, effective June 1, 2008. Beginning May 28, 2008, claims submitted for these supplies by non-contracted providers may have denied inappropriately for edit 3001 – *Date(s) of service not on PA database*. These claims are being systematically adjusted and reprocessed. Providers began seeing affected claims on their RA statements June 10, 2008.

All Federally Qualified Health Centers and Rural Health Clinics

Encounter Code Updates

Effective June 16, 2008, the CPT and HCPCS codes shown in Table 2 were **added as valid** Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) encounter codes for dates of service on or after January 1, 2008.

Table 2 – Encounter Codes Added

| | | | | |
|-------|-------|-------|-------|-------|
| 0178T | 0179T | 0180T | 10121 | 11406 |
| 11732 | 21073 | 27267 | 27767 | 27768 |
| 32421 | 32422 | 32551 | 51100 | 51101 |
| 57455 | 60300 | 67229 | 68816 | 76817 |
| 76830 | 90769 | 90770 | 90771 | 90776 |
| 96150 | 96151 | 96152 | 96154 | 96155 |
| D9220 | | | | |

FQHC and RHC providers who have billed and received denials for these codes for claims with dates of service on or after January 1, 2008, should resubmit those claims.

Effective January 1, 2008, the following CPT and HCPCS codes **are no longer valid** FQHC/RHC encounter codes and will be removed from the list of valid codes: 32002, 32020, L1001, and S0180.

The valid FQHC/RHC encounter code list is reviewed periodically for new and end-dated CPT and HCPCS codes and is available on the Myers and Stauffer Web site at www.mslcindy.com. Please direct questions about the information in this article to Tim Guerrant, at Myers and Stauffer, LC at (317) 846-9521.

Provider Workshops

2008 Third 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 9 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 3 – 2008 Third Quarter Workshop Session Times, Topics, and Descriptions

| Time | Topic | Description |
|----------------------|---|--|
| 9 a.m. – 9:45 a.m. | IHCP Updates | This session will provide a first look at the new way to make updates to your provider profile using Web interChange. Other updates will include statistics regarding compliance with NPI requirements reporting NDCs for institutional claims, and the changes affecting incontinence supplies. |
| 10 a.m. – 10:45 a.m. | Managed Care Roundtable | Representatives from the three managed care organizations will respond to questions regarding Hoosier Healthwise. Program updates will also be discussed. |
| 11 a.m. – Noon | Early Periodic Screening, Diagnosis and Treatment (EPSDT) | Providers of many specialties utilize the EPSDT program. During this session providers will learn about covered services, covered specialties, member population, statistics, and outreach efforts. Providers will also meet the new EPSDT coordinator. |
| Noon – 1 p.m. | Lunch | |
| 1 p.m. – 1:45 p.m. | Care Select Roundtable | Representatives from the two care management organizations will respond to questions regarding the <i>Care Select</i> program. |
| 2 p.m. – 4 p.m. | Resolution to Common Claim Denials | This session will present case studies of claim denials affecting various provider types including hospital, physician, and dental. A live demonstration of Web interChange will be used to show how these claim denials can be corrected online. |

Table 4 – 2008 Third Quarter Workshop Dates, Registration Deadlines, and Locations

| Workshop Date | Registration Deadline | Location |
|-----------------|-----------------------|--|
| August 5, 2008 | July 22, 2008 | Reid Hospital Wallace Auditorium 1401 Chester Blvd. Richmond, IN 47374 |
| August 6, 2008 | July 23, 2008 | Deaconess Hospital Bernard Schnacke Auditorium 600 Mary St. Evansville, IN 47747 |
| August 13, 2008 | July 31, 2008 | Unity Healthcare Unity Medical Pavilion 1345 Unity Place Lafayette, IN 47905 |
| August 19, 2008 | August 5, 2008 | Wishard Hospital Myers Auditorium 1001 W. 10 th St. Indianapolis, IN 46237 |
| August 21, 2008 | August 7, 2008 | Union Hospital Landsbaum Center Auditorium 1433 N. 6 ½ St. Terre Haute, IN 47804 |
| August 26, 2008 | August 12, 2008 | St. Margaret Mercy Hospital North Campus 8 th Floor 5454 Hohman Ave. Hammond, IN 46320 |
| August 26, 2008 | August 12, 2008 | Parkview Hospital Administration Auditorium at the Corporate Offices 10501 Corporate Dr. Fort Wayne, IN 46845 |
| August 28, 2008 | August 14, 2008 | St. Joseph Regional Medical Center Education Center 801 E. LaSalle Ave. South Bend, IN 46617 |

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.

IHCP Updates (9 a.m. – 9:45 a.m.)

| | | |
|---|--|--|
| <input type="checkbox"/> Richmond, August 5, 2008 | <input type="checkbox"/> Lafayette, August 13, 2008 | <input type="checkbox"/> Hammond, August 26, 2008 |
| <input type="checkbox"/> Evansville, August 6, 2008 | <input type="checkbox"/> Indianapolis, August 19, 2008 | <input type="checkbox"/> Fort Wayne, August 26, 2008 |
| <input type="checkbox"/> Terre Haute, August 21, 2008 | <input type="checkbox"/> South Bend, August 28, 2008 | |

Managed Care Roundtable – Advanced (10:00 a.m. – 10:45 a.m.)

| | | |
|---|--|--|
| <input type="checkbox"/> Richmond, August 5, 2008 | <input type="checkbox"/> Lafayette, August 13, 2008 | <input type="checkbox"/> Hammond, August 26, 2008 |
| <input type="checkbox"/> Evansville, August 6, 2008 | <input type="checkbox"/> Indianapolis, August 19, 2008 | <input type="checkbox"/> Fort Wayne, August 26, 2008 |
| <input type="checkbox"/> Terre Haute, August 21, 2008 | <input type="checkbox"/> South Bend, August 28, 2008 | |

Early Periodic Screening, Diagnosis and Treatment (EPSDT) (11 a.m. – noon)

| | | |
|---|--|--|
| <input type="checkbox"/> Richmond, August 5, 2008 | <input type="checkbox"/> Lafayette, August 13, 2008 | <input type="checkbox"/> Hammond, August 26, 2008 |
| <input type="checkbox"/> Evansville, August 6, 2008 | <input type="checkbox"/> Indianapolis, August 19, 2008 | <input type="checkbox"/> Fort Wayne, August 26, 2008 |
| <input type="checkbox"/> Terre Haute, August 21, 2008 | <input type="checkbox"/> South Bend, August 28, 2008 | |

Indiana Care Select Roundtable (1 p.m. – 1:45 p.m.)

| | | |
|---|--|--|
| <input type="checkbox"/> Richmond, August 5, 2008 | <input type="checkbox"/> Lafayette, August 13, 2008 | <input type="checkbox"/> Hammond, August 26, 2008 |
| <input type="checkbox"/> Evansville, August 6, 2008 | <input type="checkbox"/> Indianapolis, August 19, 2008 | <input type="checkbox"/> Fort Wayne, August 26, 2008 |
| <input type="checkbox"/> Terre Haute, August 21, 2008 | <input type="checkbox"/> South Bend, August 28, 2008 | |

Resolution to Common Claim Denials (2:00 p.m. – 4:00 p.m.)

| | | |
|---|--|--|
| <input type="checkbox"/> Richmond, August 5, 2008 | <input type="checkbox"/> Lafayette, August 13, 2008 | <input type="checkbox"/> Hammond, August 26, 2008 |
| <input type="checkbox"/> Evansville, August 6, 2008 | <input type="checkbox"/> Indianapolis, August 19, 2008 | <input type="checkbox"/> Fort Wayne, August 26, 2008 |
| <input type="checkbox"/> Terre Haute, August 21, 2008 | <input type="checkbox"/> South Bend, August 28, 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.

Table 5 – 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 and Dental 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 |

Table 6 – 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.

Table 7 – 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.indianacaresselect.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 Providers 317-655-3240 or 1-800-577-1278 Option 1 ACS PA 1-866-879-0106 Members 317-713-9627 or 1-800-457-4584 Option 2 | 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 |