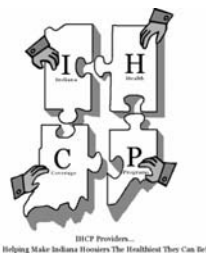


# IHCP Provider Monthly News

Indiana Health Coverage Programs

<http://www.indianamedicaid.com>



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

- Fee-for-Service and Risk-Based Managed Care Patients Receiving Concurrent Oral Risperidone and Oral Invega
- Environmental Lead Investigations
- Healthy Indiana Plan Enhanced Services Plan
- Centers for Medicare & Medicaid Services Issues Quarterly Updates
- 2008 IHCP Provider Seminar



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## Common Abbreviations

ACN	Attachment Control Number	LC	Limited Corporation
ADA	American Dental Association	LPI	Legacy Provider Identifier
ASC	Ambulatory Surgical Centers	MAC	Maximum Allowable Cost
AVR	Automated Voice Response	MAR	Management and Administrative Reporting
CFR	Code of Federal Regulations	MCO	Managed Care Organization
CMS	Centers for Medicare & Medicaid Services	MHS	Managed Health Services
COB	Coordination of Benefits	MRO	Medicaid Rehabilitation Option
CPS	Child Protective Services	NDC	National Drug Code
CPT	Current Procedural Terminology	NOA	Notice of Action
DCS	Department of Child Services	NPI	National Provider Identifier
DFR	Division of Family Resources	NPPES	National Plan and Provider Enumeration System
DME	Durable Medical Equipment	NTIOL	New Technology Intraocular Lenses
EDI	Electronic Data Interchange	NUBC	National Uniform Billing Committee
EDS	Electronic Data Systems	NUCC	National Uniform Claim Committee
EOB	Explanation of Benefits	OMPP	Office of Medicaid Policy and Planning
EOMB	Explanation of Medicare Benefits	PA	Prior Authorization
EPSDT	Early Periodic Screening, Diagnosis, and Treatment	PMP	Primary Medical Provider
EVS	Eligibility Verification Systems	PRTF	Psychiatric Residential Treatment Facility
HCE	Health Care Excel	RA	Remittance Advice
HCPCS	Healthcare Common Procedure Coding System	RBMC	Risk-Based Managed Care
HIP	Healthy Indiana Plan	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
		VAN	Value-Added Network
		V-CAN	Voluntary Community Assistance Network

## All Provider News

### New Bulletins and Updated Manuals Posted to the IHCP Web Site

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

- [BT200831](#) – *Billing Guidelines for Disaster Victims*
- [BT200832](#) – *Medicaid Coverage of K Codes for Power Mobility Devices*
- [BT200833](#) – *Blood Factor Products Included in State Maximum Allowable Cost Program*
- [BT200834](#) – *Tamper Resistant Prescription Pads – Additional Information*
- [BT200835](#) – *Changes to the Preferred Drug List*
- [BT200836](#) – *2008 IHCP Provider Seminar*
- [IHCP Provider Manual Chapters 1, 2, 3, 4, 5, 7 and 8.](#)

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.

### Environmental Lead Investigations

Effective August 1, 2008, for dates of service on or after August 1, 2005, the Indiana Health Coverage Programs (IHCP) will reimburse providers for an initial environmental lead investigation, a follow-up environmental lead investigation and case management services for members under the age of seven (7) with a confirmed elevated blood lead level (EBLL). Elevated blood lead level is defined by *Indiana State Department of Health; 410 IAC 29-1-13*, as a blood level of ten (10) µg/dL or higher. Providers may submit claims for services that have been rendered on or after August 1, 2005.

#### Prior Authorization Requirements

Environmental lead investigation and case management services currently do not require prior authorization for billing. However, providers must adhere to current *Indiana State Department of Health; 410 IAC* guidelines.

### Billing Requirements

Billing providers must be enrolled in the IHCP as provider type 13 - Public Health Agency and specialty 130 - County Health Department. Licensed risk assessors or lead inspectors, as defined in *410 IAC 29-1*, are not recognized as IHCP billing providers. These providers must work with the appropriate health departments.

These services are considered to be 'carved out' from Risk Based Managed Care and all claims must be submitted for billing to EDS using the following guidelines for appropriate reimbursement.

### Environmental Lead Investigations

Please refer to Table 1 below for procedure codes and rates. Effective for dates of service on or after August 01, 2005, the Healthcare Common Procedure Coding System (HCPCS) code T1029- *Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling* has been assigned for the initial lead investigation and reimburses at a rate of \$282.85. Follow-up investigation, is billed using T1029 and modifier TS, *follow-up service*, and reimburses at a rate of \$101.32. Providers may begin billing these procedure codes for date of service on or after August 1, 2005.

### Lead Case Management

Please refer to Table 1 below for procedure codes and rates. Effective for dates of service on or after August 1, 2005, the HCPCS code T1016- *Case Management, each 15 Minutes- Lead* with modifier EP has been assigned specifically for lead case management. Providers may begin billing this procedure code along with the modifier for date of service on or after August 1, 2005. Reimbursement is limited to 6 units or less for the initial home visit. For the additional case management services, reimbursement is limited to no more than 4 units per month for a period equal to the lesser of a) 6 months from the date of confirmed EBLL is documented or b) case closure as set out in *410 IAC 29-2-2*. A reimbursement rate of \$8.84 per unit has been assigned for this service.

Table 1 – Procedure Codes and Rates

Procedure Code	Description of Service	Reimbursement Rate
T1029	Comprehensive environmental lead investigation, not including laboratory	\$282.85

Procedure Code	Description of Service	Reimbursement Rate
	analysis, per dwelling (initial)	
T1029 TS	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling (follow-up)	\$101.32
T1016 EP	Case management each 15 minutes (lead)	\$8.84 per unit

Effective August 1, 2008, providers may resubmit denied claims with dates of service on or after August 1, 2005 to EDS. For claims beyond the one year filing limit, providers must attach a copy of this newsletter article to each claim for proper processing.

### Healthy Indiana Plan Enhanced Services Plan

Bulletin [BT200730](#) introduced the Healthy Indiana Plan (HIP) implemented January 1, 2008. This article is intended to clarify that all IHCP-enrolled providers can accept and treat patients enrolled in the Enhanced Services Plan (ESP) component of the HIP.

Providers do not sign any contracts with the HIP plan insurers in order to accept HIP ESP patients. Therefore, all IHCP-enrolled providers are included in the “network” for ESP members and are encouraged to accept new patients enrolled in the HIP ESP.

Mail claims for ESP members to Affiliated Computer Services (ACS) at the following address:

**ACS – Attention ESP Claims Processing**  
**P.O. Box 33077**  
**Indianapolis, IN 46203-0077**

Services to ESP members are reimbursed generally at Medicare rates. Additional information regarding the HIP can be found at [www.hip-esp.org](http://www.hip-esp.org), and in the *IHCP Provider Manual, Chapter 2, Section 7*. The manual can be found on the Web at <http://www.indianamedicaid.com/ihcp/Publications/manuals.htm>. You may also send questions by e-mail to [hipinfo@fssa.in.gov](mailto:hipinfo@fssa.in.gov).

### Centers for Medicare & Medicaid Services Issues Quarterly Updates

The Centers for Medicare & Medicaid Services (CMS) has published the July Quarterly Updates with new and revised codes. Tables 2 through 4 outline the coverage and pricing for each of the codes. Table 2 shows the deleted codes effective December 31, 2007; Table 3 shows the new HCPCS coverage and pricing; and Table 4 is the modifier.

Table 2 – Deleted Codes

HCPCS Code	Description	End Date
G0377	Administration of vaccine for Part D drug	December 31, 2007
G0297	Insertion of single chamber pacing cardioverter defibrillator pulse generator	December 31, 2007

Table 3 – New HCPCS Coverage and Pricing

HCPCS Code	Description	IHCP Rate	Comments
C9242	Injection, fosaprepitant, 1mg	\$1.90	Effective July 1, 2008 NDC 00006-3884-32
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (Tenoglide Tendon Protector Sheet), per square centimeter	Manual pricing	Effective July 1, 2008
C9357	Dermal substitute, granulated cross-linked collagen and glycosaminoglycan matrix (flowable Wound Matrix), 1cc	Manual pricing	Effective July 1, 2008
C9358	Dermal substitute, native, non-denatured	Manual pricing	Effective July 1, 2008

HCPCS Code	Description	IHCP Rate	Comments
	collagen (SurgiMend Collagen Matrix), per 0.5 square centimeter		
G0398	Home sleep study test (HST) with Type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort, and oxygen saturation	Not covered	Effective July 1, 2008
G0399	Home sleep test (HST) with Type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation	Not covered	Effective July 1, 2008
G0400	Home sleep test (HST) with Type IV portable monitor, unattended; minimum of 3 channels	Not covered	Effective July 1, 2008

Table 4 – Modifier

HCPCS Code	Description	Coverage	Effective Date
CG	Policy Criteria Applied	C	July 1, 2008

## All Pharmacy Providers and Prescribing Practitioners

### Fee-for-Service and Risk-Based Managed Care Patients Receiving Concurrent Oral Risperidone and Oral Invega

As of Friday, October 10, 2008, claims that involve concurrent use of oral risperidone and oral Invega® will be denied. The Mental Health Quality Advisory Committee (MHQAC) reviewed the matter and determined that concurrent use of the products is not recommended and currently no clinical justification exists for the concurrent use of these products. Prior authorization (PA) requests for concurrent use, except for requests involving “false positives,” will be denied. If a “false positive” occurs, pharmacy providers may contact the appropriate plan for a prior authorization. This policy will be implemented for Traditional Medicaid fee-for-service and risk-based managed care programs.

Table 5 – PA Contact Information

Traditional Medicaid	Anthem
Telephone: 1-866-879-0106 Fax: 1-866-780-2198	Telephone: 1-877-652-1223 Fax: 1-866-408-7103
Managed Health Services	MDwise
Telephone: 1-800-460-8988 Fax: 1-866-399-0909	Telephone: 1-800-558-1655 Fax: 1-877-234-4274

## 2008 IHCP Provider Seminar

### Seminar Overview

The Office of Medicaid Policy and Planning (OMPP), the Children's Health Insurance Program (CHIP), and EDS invite Indiana Health Coverage Programs (IHCP) providers to attend the **2008 IHCP Provider Seminar October 6–8, 2008**. There is no cost for the seminar.

Seminar sessions are offered at various times during the three-day event. EDS provider field consultants and representatives from ADVANTAGE Health Solutions<sup>SM</sup>, insurers for the Healthy Indiana Plan, Health Care Excel (HCE), provider associations, other EDS departments, and managed care organizations (MCOs) will be present.

The seminar will be held at the following location:

**Indianapolis Marriott East**

**7202 E. 21<sup>st</sup> St.**

**Indianapolis, IN 46219**

**1-800-228-9290 (for hotel reservations only)**

**(317) 352-1231 (for hotel information only)**

*Important: Please do not call the hotel to register for seminar sessions.*

**To receive the special rate of \$92 plus tax, per night, seminar attendees must indicate they are attending the EDS 2008 IHCP Provider Seminar and must reserve on or before September 30, 2008.**

### Additional Information

Additional information, including session descriptions and schedules, is available in bulletin [BT200836](#).

**Web registration is available.** Providers may register for the 2008 IHCP Provider Seminar online from the IHCP Web site at <http://www.indianamedicaid.com>. To access online registration, select **Provider Services, Education Opportunities, Workshop Registration**. The registration page provides instructions, including the *Workshop Registration Tool Quick Reference*. Those who register online receive immediate enrollment confirmation. **Bring your confirmation page to the seminar and present it at the EDS registration table.**

In addition to online registration, registrants may enroll in seminar sessions using the paper registration form contained in this newsletter. **The deadline for paper registration forms is September 22, 2008.** Registrations may be faxed or mailed. Registrations sent by mail must be postmarked no later than September 22, 2008. The IHCP will not accept registrations postmarked after September 22, 2008. Only two individuals will be allowed to register per IHCP legacy provider number. Providers who are not enrolled with the IHCP may also register for the seminar. Each registrant must submit his or her own registration form (only one name per form). Individuals can also register in person at the seminar walk-in table. Walk-in registration is not recommended; registrants are permitted to attend sessions on a space-available basis only.

Paper registration forms are accepted in the order received. Once processed, a confirmation letter will be mailed to the registrant. This letter confirms that the registrant was either successfully registered for at least one session or was denied for one or more sessions due to seating capacity. Each registrant is encouraged to bring the confirmation letter to the seminar registration table to alleviate possible discrepancies.

Registered individuals must check in to the session meeting room no later than five minutes before the start of their assigned sessions or their seats could be reassigned. Walk-in registration for those not pre-registered begins five minutes before the start of each session. Failure to pre-register may result in sessions not being available due to space limitation.

If there are any questions, please call EDS at (317) 488-5072. Calls will be returned within 48 hours.

## 2008 INDIANA HEALTH COVERAGE PROGRAMS PROVIDER SEMINAR REGISTRATION FORM

Name of Registrant:		Provider Number:	
Provider Name:			
Provider Address:			
City:		State:	ZIP+4:
Provider Telephone Number:		Fax Number:	E-mail Address:
<b>Seminar Sessions – Monday, October 6, 2008</b>		<b>Seminar Sessions – Tuesday, October 7, 2008</b>	
UB -04 8:00 a.m. to 1:30 p.m. <i>Select individual sessions</i>		CMS-1500 Physician Billing – 8:00 a.m. to 1:30 p.m. <i>Select individual sessions</i>	
<input type="checkbox"/> 8:00 a.m. to 9:30 a.m.	UB-04 (EDS)	<input type="checkbox"/> 8:00 a.m. to 9:30 a.m.	CMS-1500 (EDS)
<input type="checkbox"/> 9:45 a.m. to 10:45 a.m.	UB-04 (MHS)	<input type="checkbox"/> 9:45 a.m. to 10:45 a.m.	CMS-1500 (MDwise)
<input type="checkbox"/> 11:00 a.m. to Noon	UB-04 (Anthem)	<input type="checkbox"/> 11:00 a.m. to Noon	CMS-1500 (MHS)
<input type="checkbox"/> 12:30 p.m. to 1:30 p.m.	UB-04 (MDwise)	<input type="checkbox"/> 12:30 p.m. to 1:30 p.m.	CMS-1500 (Anthem)
Prior Authorization Adjustments Appeals/DME – 11:30 a.m. to 5:30 p.m. – <i>Select individual sessions</i>		Transportation 10:15 a.m. to 1:00 p.m. – <i>Select individual sessions</i>	
<input type="checkbox"/> 12:30 p.m. to 2:00 p.m.	PA Adjustments (Anthem)	<input type="checkbox"/> 10:15 a.m. to 11:00 a.m.	Transportation (EDS)
<input type="checkbox"/> 2:15 p.m. to 3:45 p.m.	PA Adjustments (MHS)	<input type="checkbox"/> 11:15 a.m. to Noon	Transportation – Anthem (Subcontractor)
<input type="checkbox"/> 4:00 p.m. to 5:30 p.m.	PA Adjustments (MDwise)	<input type="checkbox"/> 12:15 p.m. to 1:00 p.m.	Transportation – MHS (Subcontractor)
<input type="checkbox"/> 8:00 a.m. to 9:30 a.m.	Prior Authorization (ADVANTAGE – Traditional and Care Select)	<input type="checkbox"/> 8:00 a.m. to 10:00 a.m.	Waiver Billing/CA PRTF and MFP Demonstration (EDS)
<input type="checkbox"/> 8:15 a.m. to 10:00 a.m.	Web interChange – Advanced (EDS)	<input type="checkbox"/> 8:15 a.m. to 9:15 a.m.	Vision Care Roundtable (EDS, MDwise, VSP, and OptiCare)
<input type="checkbox"/> 9:45 a.m. to 10:45 a.m.	Restricted Card (ADVANTAGE)	<input type="checkbox"/> 9:30 a.m. to 11:00 a.m.	Prior Authorization for Home Health (Division of Aging)
<input type="checkbox"/> 10:15 a.m. to 11:15 a.m.	Member Eligibility (DFR Contractor)	<input type="checkbox"/> 11:30 a.m. to 12:30 p.m.	Care Select (ADVANTAGE)
<input type="checkbox"/> 11:00 a.m. to Noon	Prior Authorization (MDwise Care Select)	<input type="checkbox"/> 1:15 p.m. to 2:15 p.m.	Provider Enrollment (EDS)
<input type="checkbox"/> 11:30 a.m. to 12:15 p.m.	Adjustments (EDS)	<input type="checkbox"/> 1:45 p.m. to 2:45 p.m.	Medical Policy (EDS)
<input type="checkbox"/> 12:15 p.m. to 1:15 p.m.	Restricted Card (MDwise)	<input type="checkbox"/> 2:00 p.m. to 3:30 p.m.	Member Eligibility (DFR Contractor)
<input type="checkbox"/> 1:30 p.m. to 2:30 p.m.	Healthy Indiana Plan/ESP (Anthem & MDwise)	<input type="checkbox"/> 2:30 p.m. to 3:30 p.m.	Hoosier Healthwise Open Enrollment (EDS)
<input type="checkbox"/> 1:45 p.m. to 2:45 p.m.	MRT (EDS)	<input type="checkbox"/> 3:00 p.m. to 4:00 p.m.	Care Select (MDwise)
<input type="checkbox"/> 2:45 p.m. to 4:15 p.m.	Third Party Liability (EDS)	<input type="checkbox"/> 3:45 p.m. to 4:30 p.m.	Transportation (MDwise)
<input type="checkbox"/> 3:00 p.m. to 4:00 p.m.	Spend-down (EDS)	<input type="checkbox"/> 3:45 p.m. to 5:15 p.m.	Web interChange Advanced (EDS)
<input type="checkbox"/> 4:15 p.m. to 5:15 p.m.	Hoosier Healthwise Open Enrollment (EDS)	<input type="checkbox"/> 4:15 p.m. to 5:15 p.m.	Common Denials CMS-1500 (EDS)



Seminar Sessions Wednesday, October 8, 2008		
Managed Care Forms Review – 9:15 p.m. to 1:30 p.m. – <i>Select individual sessions</i>		Prior Authorization Adjustments Appeals/DME – Noon to 5:00 p.m. – <i>Select individual sessions</i>
<input type="checkbox"/>	9:15 a.m. to 10:15 a.m.	Managed Care Forms (MHS)
<input type="checkbox"/>	10:30 a.m. to 11:30 a.m.	Managed Care Forms (Anthem)
<input type="checkbox"/>	12:30 p.m. to 1:30 p.m.	Managed Care Forms (MDwise)
<input type="checkbox"/>	Noon to 1:30 p.m.	PA Adjustments (Anthem)
<input type="checkbox"/>	1:45 p.m. to 3:15 p.m.	PA Adjustments (MDwise)
<input type="checkbox"/>	3:30 p.m. to 5:00 p.m.	PA Adjustments (MHS)
<input type="checkbox"/>	7:45 a.m. to 9:30 a.m.	Dental (w/EPSTD) (EDS)
<input type="checkbox"/>	8:00 a.m. to 9:00 a.m.	DME (EDS)
<input type="checkbox"/>	8:00 a.m. to 8:45 a.m.	Mental Health (EDS)
<input type="checkbox"/>	9:00 a.m. to 10:30 a.m.	Mental Health (All Subcontractors)
<input type="checkbox"/>	9:45 a.m. to 10:45 a.m.	Healthy Indiana Plan/ESP (ADVANTAGE and MDwise)
<input type="checkbox"/>	10:45 a.m. to 11:45 p.m.	Member Eligibility (DFR Contractor)
<input type="checkbox"/>	11:00 a.m. to Noon	Third Party Liability (EDS)
<input type="checkbox"/>	12:15 p.m. to 1:45 p.m.	Family Tree (EDS)
<input type="checkbox"/>	1:45 p.m. to 2:45 p.m.	Post Payment Auditing (HCE)
<input type="checkbox"/>	2:00 p.m. to 4:30 p.m.	EPSTD/Immunization Registry (EDS and ISDH)
<input type="checkbox"/>	3:00 p.m. to 4:00 p.m.	LTC Auditing (EDS)
<input type="checkbox"/>	4:15 p.m. to 5:00 p.m.	PASRR (EDS)



## 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.

Table 6 – 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	Statewide EPSDT Coordinator

Table 7 – 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 8 – 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 <a href="mailto:INXIXElectronicSolution@eds.com">INXIXElectronicSolution@eds.com</a>	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 <a href="mailto:INXIXPharmacy@EDS.com">INXIXPharmacy@EDS.com</a>	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 <a href="mailto:PDL@fssa.state.in.us">PDL@fssa.state.in.us</a>	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 <a href="http://www.healthcareforhoosiers.com">http://www.healthcareforhoosiers.com</a> 1-800-889-9949 <i>Care Select</i> <a href="http://www.indianacareselect.com">http://www.indianacareselect.com</a> 1-866-963-7383 <i>HIP</i> <a href="http://www.HIP.in.gov">http://www.HIP.in.gov</a> 1-877-438-4479	Anthem <a href="http://www.anthem.com">http://www.anthem.com</a> 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 Pharmacy PA 1.877.652.1223 or Fax: 1-866-408-7103	MDwise <a href="http://www.mdwise.org">http://www.mdwise.org</a> Claims, Member Services PA/Medical Management, Provider Services, and Pharmacy (317) 630-2831 or 1-800-356-1204	Managed Health Services (MHS) <a href="http://www.managedhealthservices.com">http://www.managedhealthservices.com</a> 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 <a href="http://www.advantageplan.com/">http://www.advantageplan.com/</a> 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 <a href="http://www.mdwise.org">http://www.mdwise.org</a> 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 <a href="http://www.mdwise.org">http://www.mdwise.org</a> 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 <a href="http://www.anthem.com">http://www.anthem.com</a> 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