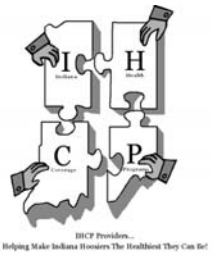
IHCP Provider

Monthly News

Indiana Health Coverage Programs

http://www.indianamedicaid.com



What's New Inside!

Table of Contents

Common Abbreviations

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

All Providers

New Bulletins on the IHCP Web Site

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

- *BT200837 – Reimbursement of Blood Factor Claims*
- *BT200838 – Procedure for Medicaid Replacement Bed Exceptions*

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/mailing_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.

Provider Seminar Presentations

Couldn't get away to attend the Annual Provider Seminar? You can view presentation graphics from the October seminar on the IHCP Web site – from the convenience of your office or home. Included are links to more than 40 presentations from the seminar now posted online:

For Traditional Medicaid:
http://www.indianamedicaid.com/ihcp/ProviderServices/provider_seminar.asp

From the Managed Care Organizations:
http://www.indianamedicaid.com/ihcp/ProviderServices/provider_seminar_MCO.asp

From the Care Management Organizations:
http://www.indianamedicaid.com/ihcp/ProviderServices/provider_seminar_CMO.asp

What Does Home Office Address Represent on Your Enrollment Profile?

Based on the number of documents Provider Enrollment returns to providers, the Home Office (Legal) Address on enrollment profiles and on enrollment and maintenance forms causes confusion.

IHCP Provider Profiles have four address types that contain provider information. The four address types are as follows:

- *Service Location* – the Billing Provider Office Location where services are performed and claim documentation is kept
- *Pay To* – where checks and remittance advices are sent
- *Mail To* – where correspondence and items such as bulletins and newsletters are sent
- *Home Office* – your legal address

The Home Office (Legal) address is the address where all 1099 information and any other legal or tax information is sent. (See "*Update Your Address for Tax Forms*" below.) Other factors to keep in mind about your Home Office (Legal) address:

- The Home Office (Legal) address must match the address on the W-9 form that Provider Enrollment has on file. The Home Office address must be the same for every location using the same federal employer identification number (FEIN), Social Security number (SSN), or tax identification number (TIN), which includes other provider numbers (LPIs) using the same FEIN, SSN, or TIN.
  - Do not submit different addresses on the W-9 for additional service locations.
  - If you submit an address that differs from what is on the original W-9 in your provider profile, Provider Enrollment will return the submission or enter the W-9 address as a revision to your profile.
- The Home Office (Legal) address is not where your checks or remittance advices (RAs) are sent. Checks and RAs are sent only to the *Pay To* address on your provider profile.
- Large corporations that have multiple provider numbers under one TIN or FEIN will have one W-9 on file with one legal address listed.

Update Your Address for Tax Forms

On January 2, 2009, EDS will begin preparing the 2008 1099 income reporting for all Medicaid providers. Your 1099 form will be mailed to the Home Office Address that is on file with EDS as of December 31, 2008. If your Home Office Address has changed, please submit an updated Form W-9, along with an IHCP Name and Address Maintenance form. Mail W-9 forms to the following address:

EDS Provider Enrollment
P.O. Box 7263
Indianapolis, IN 46207-7263

Annual Update of the International Classification of Diseases

The annual update of the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* was effective for the IHCP beginning October 1, 2008. You may see the new, revised, and discontinued codes at the following Web site: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp. To ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA), the 90-day grace period no longer applies to ICD-9-CM updates. Providers must use the appropriate ICD-9-CM diagnosis and procedure codes that are valid for the dates of service. Codes not valid for dates of service will deny. The new ICD-9-CM diagnosis and procedure codes are billable and reimbursable as of October 1, 2008.

However, all patient (AP) diagnosis-related group (DRG) Mapper for inpatient claims is not available at this time. Therefore, inpatient claims submitted with the new codes will deny for explanation of benefit code 4116 – *Diagnosis code is not valid for DRG pricing*. After completing the component linkage, EDS will systematically reprocess all inpatient claims with the new ICD-9-CM diagnosis and procedure codes. Please watch future banner pages for the claim reprocess date.

The ICD-9-CM diagnosis codes in Table 1 will be added to the *Emergency Diagnosis Codes* table in the *IHCP Provider Manual*, *Chapter 8, Section 2*. These codes are effective for dates of service as of October 1, 2008.

Table 1 – ICD-9-CM Diagnosis Codes
Effective for Dates of Service as of October 1, 2008

(**Additions** to the *Emergency Diagnosis Codes* table in the *IHCP Provider Manual*)

136.2	136.2	209.2	249.1	249.2	249.2	249.3
249.3	249.4	249.4	249.5	249.5	249.6	249.6
249.7	249.7	249.8	249.8	249.9	249.9	279.5
279.5	279.5	279.5	289.8	339.0	339.0	339.0
339.0	339.0	339.0	339.0	339.1	339.1	339.1
339.2	339.2	339.2	339.3	339.4	339.4	339.4
339.4	339.8	339.8	339.8	339.8	339.8	339.8
346.0	346.0	346.1	346.1	346.2	346.2	346.3
346.3	346.3	346.3	346.4	346.4	346.4	346.4
346.5	346.5	346.5	346.5	346.6	346.6	346.6
346.6	346.7	346.7	346.7	346.7	346.8	346.8
346.9	346.9	349.3	414.3	511.8	511.8	530.1
535.7	535.7	569.4	599.7	599.7	599.7	695.1
695.1	695.1	695.5	695.5	695.5	695.5	695.5
707.2	707.2	707.2	707.2	733.9	733.9	760.6
760.6	760.6	760.6	777.5	777.5	777.5	777.5
780.6	780.6	780.6	780.6	780.6	780.6	997.3
997.3	998.3	998.3	999.8	999.8	999.8	999.8
V87.0	V87.0	V87.1	V87.1	V87.1	V87.2	V87.3
V87.3						

The ICD-9-CM diagnosis codes in Table 2 will be removed from the *Emergency Diagnosis Codes* table in the *IHCP Provider Manual, Chapter 8, Section 2*. These codes are invalid for dates of service as of October 1, 2008.

Table 2 – ICD-9-CM Diagnosis Codes
Invalid for Dates of Service as of October 1, 2008

(**Deletions** from the *Emergency Diagnosis Codes* table in the *IHCP Provider Manual)*

136.2	511.8	599.7	695.1	777.5	780.6	997.3
999.8						

The ICD-9-CM diagnosis codes in Table 3 will be added to the *High-Risk Pregnancy – ICD-9-CM Diagnosis Codes* table in the *IHCP Provider Manual*, *Chapter 8, Section 4*. These codes are effective for dates of service as of October 1, 2008.

Table 3 – ICD-9-CM Diagnosis Codes
Effective for Dates of Service as of October 1, 2008

(**Additions** to the *High-Risk Pregnancy – ICD-9-CM Diagnosis Codes* table in the *IHCP Provider Manual*)

199.2	203.0	203.1	203.8	204.0	204.1	204.2
204.8	204.9	205.0	205.1	205.2	205.3	205.8
205.9	206.0	206.1	206.2	206.8	206.9	207.0
207.1	207.2	207.8	208.0	208.1	208.2	208.8
208.9	209.0	209.0	209.0	209.0	209.1	209.1
209.1	209.1	209.1	209.1	209.1	209.1	209.1
209.2	209.2	209.2	209.2	209.2	209.2	209.2
209.2	209.2	209.3	209.4	209.4	209.4	209.4
209.5	209.5	209.5	209.5	209.5	209.5	209.5
209.5	209.6	209.6	209.6	209.6	209.6	209.6
209.6	209.6	209.6	238.7	259.5	259.5	259.5
289.8	482.4	649.7	649.7	678.1	678.1	V23.8
V23.8	V45.1	V45.1	V61.0	V61.0	V61.0	V61.0
V61.0	V61.0	V61.0	V62.2	V62.2	V62.2	

The ICD-9-CM diagnosis code in Table 4 will be removed from the *High-Risk Pregnancy – ICD-9-CM Diagnosis Codes* table in the *IHCP Provider Manual*, *Chapter 8, Section 4*. This code is invalid for dates of service as of October 1, 2008.

Table 4 – ICD-9-CM Diagnosis Codes
Invalid for Dates of Service as of October 1, 2008

(**Deletion** from the *High-Risk Pregnancy ICD-9-CM Diagnosis Codes* table in the *IHCP Provider Manual*

V45.1						

Get Your Money Faster with Electronic Funds Transfer

EDS offers you the option of receiving reimbursements via physical checks or through electronic funds transfer (EFT). Enrollment in EFT offers a number of benefits:

- Significantly reduced time for receiving payment for IHCP services
- More efficient and cost-effective accounts receivable management
- Improved cash flow
- No more lost, misplaced, voided, and stale-dated checks
- No more trips to the bank to deposit the funds
- No more bank delays in crediting funds to your account

Providers may enroll online for EFT using Web interChange. Select **Provider Profile** from the menu and select the **EFT** tab. Online enrollment requires Edit access, so contact your Web interChange administrator to gain Edit access.

The provider EFT application is also available for download from the IHCP Web site at http://www.indianamedicaid.com/ihcp/ProviderServices/Forms/IHCP%20Electronic%20Funds%20Transfer%20Addendum.dot.

To request an EFT form by mail, please call the EDS Provider Enrollment Unit at 1-877-707-5750.

Screening and Brief Intervention Services

Beginning October 1, 2008, the IHCP will reimburse providers for screening and brief intervention (SBI) services. SBI identifies and intervenes with individuals who are at risk for substance abuse-related problems or injuries.

SBI services use established systems, such as trauma centers, emergency rooms, community clinics, and school clinics, to screen patients who are at risk for substance abuse and, if necessary, provide them with brief interventions or referrals to appropriate treatment.

The IHCP reimburses you when you bill the following Current Procedural Terminology (CPT®[1]) codes:

- 99408 – Alcohol and/or substance abuse structured screening and brief intervention services, 15-30 minutes
- 99409 – Alcohol and/or substance abuse structured screening and brief intervention services, greater than 30 minutes

These codes were developed by the American Medical Association (AMA) to make it possible for the healthcare system to "efficiently report screening services for drug and alcohol abuse."

Initial screening is included in Evaluation and Management services. Bill procedure code 99408 or 99409 only after a positive finding from an initial screen for alcohol or drug abuse by a healthcare professional indicates the member needs more intensive screening.

SBI services currently do not require prior authorization. You may submit claims for services rendered for dates of service beginning October 1, 2008.

[1] *CPT® is a registered trademark of the American Medical Association.*

Medicare D and Low-income Subsidy

As we approach the close of the year, members are receiving letters concerning their eligibility for Medicare low-income subsidy (LIS) for 2009. The letters are printed on colored paper; the link below explains what each color means to make it easier for you to help members:

http://www.cms.hhs.gov/LimitedIncomeandResources/downloads/2008mailings.pdf

Remember – just because a member was full dual (Medicare and Medicaid) for 2008 and qualified for LIS does not necessarily mean that he or she meets the requirements for 2009. It is always good to encourage members to reapply. **Not everyone is eligible for LIS just because they have Medicaid and Medicare.**

For more information concerning LIS requirements and Medicare D, please contact Social Security at 1-800-772-1213.

A Reminder About Billing Members on Spend-down

Please remember that for members on spend-down, only state-mandated copayments may be collected at the time of service. You may not bill a member for any part of your charges for services billed to Medicaid until Medicaid has adjudicated your claim for the service and has notified you of the portion of a claim that is credited to the member's spend-down.

All providers, including optometry, dental, and durable medical equipment, may bill members for the amounts listed as *Amount Applied to Spend-down*; however, with the exception of point-of-sale (POS)

pharmacy claims, members are not required to pay you until they receive the Medicaid Spend-down Summary Notice listing the amount applied to spend-down. Pharmacists will be notified of the amount members owe at the time POS claims adjudicate, so pharmacists can collect from members at the time of service.

Medicaid Spend-down Summary Notices are mailed to members on the second business day of the month following the month in which a claim is adjudicated. When you are permitted to bill a member, you may not apply a more restrictive collection policy to spend-down members than to other patients or customers. If you have a general policy to refuse service to patients or customers with unpaid bills, that policy may not be applied to spend-down members before members receive the Medicaid Spend-down Summary Notice for the bills in question. You must bill your usual and customary charges to Medicaid.

Centers for Medicare & Medicaid Services Issues Quarterly Updates

The Centers for Medicare & Medicaid Services (CMS) has published the October quarterly updates with new codes. The following table outlines the coverage for each of the codes.

Table 5 – New Healthcare Common Procedure Coding System Coverage and Pricing

HCPCS Code	Description	Coverage/Requirements	Comments
C9243	Injection, bendamustine hcl, 1 mg	Covered all programs No PA requirements	Effective October 1, 2008 NDC 63459-0391-20
C9244	Injection, regadenoson, 0.4 mg	Covered all programs No PA requirements	Effective October 1, 2008 NDC 00469-6501-89
C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc	Covered all programs No PA requirements	Effective October 1, 2008
C9898	Radiolabeled product provided during a hospital inpatient stay	Not covered	Effective January 1, 2008

All Durable Medical Equipment Providers

Medicaid Coverage of K Codes

CMS recently released new K codes, which provide reimbursement for power mobility devices, including power wheelchairs. The IHCP made the codes effective January 1, 2007. Please refer to *BT200832*, dated July 17, 2008, for additional information.

Providers Submitting Batch Electronic Claims

Viewing the Biller Summary and 997 Functional Acknowledgement Reports

Note: This article does not pertain to providers using Web interChange for claim submission.

Rejected claims contain errors that prevent them from continuing through the claim-processing cycle. Biller Summary Reports (BSRs) and 997 Functional Acknowledgement Reports describe the results of preadjudication edits which verify compliance with the Health Insurance Portability and Accountability Act (HIPAA). In addition, BSRs display Indiana Medicaid-specific edits for medical, institutional, and dental claim transactions. BSRs and 997s are produced for every batch file received from trading partners that contains 837 claims transactions.

If you transmit 837 claims transactions directly to EDS, you can download the report from your home directory on File Exchange within two hours after your batch submissions. If you use a clearinghouse to submit your electronic claims, the clearinghouse receives the reports and returns them to the provider. Be sure to verify with the clearinghouse that you are receiving the results of the BSR and 997.

It is very important to download and view the BSR and 997. These reports are the only means of viewing

rejected claims. Rejected claims are not viewable on Web interChange Claim Inquiry.

Common BSR Codes

The following are the most common error codes encountered:

- 132 – *Rejection Error* – indicates that a noncompliant HIPAA transaction was received. Review your 997 Functional Acknowledgement transaction to determine the cause for the compliance error.
- 258 – *Rejection Message* – indicates that the Billing National Provider Identifier (NPI) submitted on the claim is tied to multiple Legacy Provider Numbers (LPIs). Claim is rejected and will not be processed.
- 259 – *Rejection Message* – indicates that the Billing NPI submitted on the claim is not tied to an LPI. Claim is rejected and will not be processed.
- 260 – *Rejection Message* – indicates that the Billing NPI must be submitted on the claim. Claim is rejected and will not be processed.
- 804 – *Warning Message* – indicates that the claim will be processed using the default location you choose.

The entire listing of BSR codes can be found in the *IHCP Companion Guide for EDI Reports and Acknowledgements* found at http://www.indianamedicaid.com/ihcp/TradingPartner/CompanionGuides/EDI_Reports.pdf

If you need additional help with rejected claims, contact the EDI Solutions Help Desk at 317-488-5160 or call toll free at 1-877-877-5182.

Home Health Providers

Evaluations for Physical, Occupational, and Speech Therapy in Home Settings

This is a follow-up to banner page *BR200832*, dated August 5, 2008, regarding reimbursement of therapy evaluations performed by licensed therapists in home settings. The Office of Medicaid Policy and Planning (OMPP) has determined that reimbursement for therapy evaluations should be billed using one of the Common Procedural Terminology (CPT®) codes in Table 6 in conjunction with the appropriate Revenue Code.

The rates in Table 6 reflect the current reimbursement for CPT 97001, 97003, and 92506 evaluations when performed in home settings. Prior authorization is not required for initial therapy evaluations. One unit of service equals one evaluation.

You may submit claims for dates of service beginning with October 16, 2003, and forward for processing. For claims beyond the one-year filing limit, you must attach a copy of banner page *BR200842*, dated October 14, 2008, to each claim for proper processing.

Note: Occurrence code 53 (Therapy Evaluation – HHA) is no longer required when billing for evaluations.

Table 6 – CPT Codes for Reimbursement of Therapy Evaluations in Home Settings

Therapy	CPT/ Description	Revenue Code/ Description	Rate
Physical	97001 – Physical Therapy Eval	424 – Physical Therapy Eval or Re-Eval	$60.72
Occupational	97003 – Occupational Therapy Eval	434 – Occupational Therapy Eval or Re-Eval	$60.48
Speech	92506 – Speech Therapy Eval	444 – Speech Pathology Eval or Re-Eval	$62.80

Dental Providers

Clarification of Dental Paper Claim Form Billing

Provider bulletin *BT200705*, dated February 13, 2007, outlined the new American Dental Association (ADA) 2006 paper claim form changes and requirements. All ADA 2006 Dental claim forms must contain the billing provider NPI in form locator 49. Group practices (those with multiple dentists) are required to indicate the rendering provider NPI in

form locator 54. *BT200705* states form locator 50, which is labeled *License Number*, is to contain the billing provider LPI. Claims that contain any number other than the billing provider LPI are returned to the provider unprocessed.

Hospital Providers

Reimbursement of Inpatient Blood Factor

Reimbursement of blood factor products administered during inpatient hospital stays has changed. This change is effective for blood factor product claims with administration dates of October 12, 2008, and later.

Submitting Inpatient Claims

Indiana Medicaid will reimburse providers for claims for blood factor products administered during inpatient hospital stays at the lowest of the following:

- The Estimated Acquisition Cost (84 percent of the Average Wholesale Price)
- Inpatient blood factor – State maximum allowable cost (MAC) or
- Submitted charge

Effective for claims with administration dates on or after October 12, 2008, blood factor that is used during inpatient hospital stays should be billed separately from the inpatient hospital diagnosis-related group or level-of-care claim. If a patient is admitted prior to October 12, 2008, and blood factor is administered prior to October 12, 2008, the charges should remain on the inpatient claim.

For details about billing blood factor claims, please refer to the following bulletins:

- *BT200837* – Reimbursement of Inpatient Blood Factor Claims
- *BT200833* – Blood Factor Products Included in State Maximum Allowable Cost Program
- *BT200731* – Federal Deficit Reduction Act of 2005, National Drug Codes Required for Billing Procedure Codes on Institutional Outpatient Claims
- *BT200713* – Federal Deficit Reduction Act of 2005, NDCs Required for Billing Procedure Codes

For More Information

Myers and Stauffer, as contractor to the OMPP, develops and maintains the State MAC rates, including those for blood factor products. All questions regarding the State MAC program, including those about product availability, rates, or related aspects, should be directed to the Myers and Stauffer Pharmacy Unit at (317) 816-4136 or 1-800-591-1183 weekdays between 8 a.m. and 5 p.m. The State MAC product and rate information can be accessed at http://www.mslcindy.com/.

For members enrolled in Risk-Based Managed Care (RBMC), providers must contact the managed care organization (MCO) to obtain billing instructions for blood factor administered during inpatient hospital stays.

If you have questions about this article, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278.

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 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 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 (MAXIMUS)	**Hoosier Healthwise Managed Care Organizations (MCOs)**		
Hoosier Healthwise http://www.healthcareforhoosiers.com 1-800-889-9949 *Care Select* http://www.indianacareselect.com 1-866-963-7383 HIP http://www.HIP.in.gov 1-877-438-4479	Anthem http://www.anthem.com Claims 1-888-232-9613 Member Services 1-866-408-6131 PA 1-866-408-7187 Fax: 1-866-406-2803 Provider Services 1-866-408-6132 Fax: 1-866-408-7087 Prospective Providers 1-800-618-3141 Fax: 1-866-408-7087 Transportation 1-800-508-7230 Pharmacy 1-866-629-1608 PA: 1-877-652-1223 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 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 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 1-877-822-7186 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 1-800-577-1278 Members (317)-713-9627 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

Restricted Card Program		
ADVANTAGE Health Solutions – FFS Attn: Restricted Card Program P.O. Box 40789 Indianapolis, IN 46240 1-800-784-3981 Fax: 1-800-689-2759	ADVANTAGE Health Solutions – Care Select Attn: Restricted Card Program P.O. Box 40789 Indianapolis, IN 46240 1-800-784-3981 Fax: 1-800-689-2759	MDwise – Care Select Attn: Restricted Card Program 1099 N. Meridian St., Suite 320 P.O. Box 44214 Indianapolis, IN 46204 1-866-440-2449 or Fax: 1-877-822-7188

Additional 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.