

# IHCP Provider Monthly News

**April 2009**

Indiana Health Coverage Programs

<http://www.indianamedicaid.com>



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

- IHCP Seeking Provider Feedback
- National Provider Identifier Crosswalk Issues May Cause Claims to Deny
- Electronic Claim Submission Batch Billing
- Presumptive Eligibility and Notification of Pregnancy
- Implementation of MDS 3.0 Delayed

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## Common Abbreviations

ACN	Attachment Control Number	MAC	Maximum Allowable Cost
ADA	American Dental Association	MAR	Management and Administrative Reporting
ASC	Ambulatory Surgical Centers	MCO	Managed Care Organization
AVR	Automated Voice Response	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 and Periodic Screening, Diagnosis, and Treatment	PRTF	Psychiatric Residential Treatment Facility
EVS	Eligibility Verification Systems	RA	Remittance Advice
HCPCS	Healthcare Common Procedure Coding System	RBMC	Risk-Based Managed Care
HIPAA	Health Insurance Portability & Accountability Act	SSN	Social Security Number
ICN	Internal Control Number	SUR	Surveillance and Utilization Review
IHCP	Indiana Health Coverage Programs	TIN	Tax Identification Number
LPI	Legacy Provider Identifier	TPL	Third-Party Liability
		VAN	Value-Added 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:

- [BT200902](#) – Wards of the Court and Foster Children Auto-assigned to Indiana *Care Select*
- [BT200903](#) – Autoclosure Billing
- [BT200904](#) – Mental Health Screening
- [BT200905](#) – Updates to the 2009 Healthcare Common Procedure Coding System
- [BT200906](#) – Changes to the Preferred Drug List
- [BT200907](#) – Modifier Review
- [BT200908](#) – National Drug Code Changes for Compound Drugs and Multiple NDC Codes

A complete list of bulletins is available on the IHCP Web site at [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.

### IHCP Seeking Provider Feedback

Indiana's Office of Medicaid Policy and Planning (OMPP) is committed to maintaining excellence in provider enrollment, claims processing, and customer assistance to those who provide goods and services to the IHCP's nearly 900,000 members.

We invite you to participate in the IHCP's online provider survey. You can access the survey by clicking on the following link:  
[http://www.surveymonkey.com/s.aspx?sm=aDQ\\_2fXOwkXDaf03mu7OSHcA\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=aDQ_2fXOwkXDaf03mu7OSHcA_3d_3d)

If you are unable to access the survey by clicking on the link, you may type the URL in the address bar of your Internet browser.

Your feedback is important and will be used to improve customer service in Indiana Medicaid and other health programs.

### National Provider Identifier Crosswalk Issues May Cause Claims to Deny

Can you believe it's been almost a year since the mandate of the National Provider Identifier (NPI)? Some providers who submit claims electronically are continuing to receive claim rejections and denials because of NPI to Legacy Provider Identifier (LPI) crosswalk issues. The LPI is the Indiana Medicaid Legacy Provider Identifier and is used in the adjudication of claims.

Claims rejecting for NPI crosswalk conflicts receive the following errors on the Biller Summary Report:

- 258 – Billing NPI tied to multiple LPIs
- 259 – Billing NPI not tied to an LPI
- 260 – Billing NPI must be submitted

These claims are not accepted into the claims processing system. Please check your Biller Summary Report.

Additionally, claims may be denying for NPI-related conflicts. Please check your Remittance Advice to determine if claims are being denied because of NPI crosswalk conflicts.

If you are receiving NPI-related rejections or denials, please contact the EDS Electronic Solutions Help Desk at (317) 488-5160 or toll-free at 1-877-877-5182 for assistance.

### Electronic Claim Submission – Batch Billing

The March 2009 [IHCP Provider Monthly Newsletter](#) contained an article about electronic claim submission using Web interChange. This article also contains information about electronic claim submission using batch billing, which is an additional method of submitting claims electronically.

Batch claim submission is performed by creating a Health Insurance Portability and Accountability Act (HIPAA) compliant claim file using a billing software process and uploading the file through secure file transfer with File Exchange. Additional information about File Exchange can be found in the *File Exchange How To Guide*, which is available on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/TradingPartner/pdf/FileExchg.pdf>.

Batch claim submission is available 24 hours a day, seven days a week, 365 days a year.

A Biller Summary Report (BSR), which contains claim rejection or acceptance status, is created and posted on File Exchange for each batch file. A 997 Functional Acknowledgement, which contains claim rejection or acceptance status at the HIPAA compliance level, is also posted for each batch file. Claims received via batch billing and accepted for processing are available for viewing on Web interChange in approximately two hours.

Providers must use an IHCP-approved software vendor, billing service, clearinghouse, or Value Added Network to exchange data. A list of IHCP-approved software developers is available on the EDI Solutions page of the IHCP Web site (<http://www.indianamedicaid.com/ihcp/tradingpartner/approvedvendors.pdf>). There is no affiliation between the IHCP and any of the companies on the approved vendor list. It is the responsibility of the provider to select a vendor based on specific business needs.

Providers developing their own software must follow the Software Testing Procedures, which are also available on the Web site.

For additional information or assistance with electronic claim submission, contact the EDS Electronic Solutions Help Desk at [INXIXElectronicSolution@eds.com](mailto:INXIXElectronicSolution@eds.com). You may also call (317) 488-5160 or toll-free 1-877-877-5182.

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## Clarification of W-9 and Home or Legal Address

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

- Service Location, which is the billing provider office location where services are performed or claim documentation is kept.
- Pay To address, which is where checks and Remittance Advices (RAs) are sent.
- Mail To address, which is where correspondence and communications, such as provider bulletins and newsletters, are sent.
- Home Office, which is the legal address for the provider. The Home (Legal) Address appears to cause a lot of confusion, based on the number of documents Provider Enrollment returns to providers.

What does the Home Address represent on a provider's enrollment profile, and on the enrollment or maintenance forms?

- The Home (Legal) Address is the legal address where all 1099 information and any other legal or tax information is sent.
- The Home (Legal) Address must match the address on the W-9 form that Provider Enrollment has on file for you.
- The Home (Legal) Address must be the same on every location using the same federal employer identification number (FEIN), Social Security number (SSN), or taxpayer identification number (TIN), which includes additional service locations or even other provider numbers (LPIs) using the same FEIN, SSN, or TIN.
  - Do not submit a different address on the W-9 for additional service locations.
  - If you submit a different address than what is on file for the original W-9, Provider Enrollment will return the submission or enter the W-9 address on file in the Home Address field.
- The Home (Legal) Address is not where your checks or RAs are sent. Checks and RAs are sent only to the Pay To address on your provider profile.
- Large corporations having multiple provider numbers under one TIN or FEIN are going to have one W-9 on file with one legal address listed; therefore, all home addresses under the same taxpayer identification number must be updated when making a change to the Home Office.

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## The Indiana State Department of Health Offers Free Immunization Training for Healthcare Professionals

The Indiana State Department of Health (ISDH) immunization program offers free training for healthcare professionals that encompasses all aspects of immunization practices. The *Immunizations from A to Z* training program is for anyone who provides immunizations or is interested in learning more about vaccine-preventable diseases. Past participants include nurse practitioners (NPs), registered nurses (RNs), licensed practical nurses (LPNs), certified nursing assistants (CNAs), medical doctors (MDs), medical assistants (MAs), physician assistants (PAs), and faculty and students in the medical field. Topics covered during the four-hour training include:

- Principles of Vaccination
- Vaccine Preventable Diseases
- Child and Adolescent Immunizations
- Adult Immunizations
- General Recommendations
- Safe and Effective Vaccine Administration
- Vaccine Storage and Handling
- Vaccine Misconceptions
- Reliable Resources

For a schedule of *Immunizations from A to Z* training sessions, please visit our Web site at <http://www.in.gov/isdh/17193.htm>.

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### Individual Cases of Varicella (Chickenpox) Are Now Reportable

As of December 12, 2008, all primary cases of varicella (chickenpox) are reportable to the local health department under 410 IAC 1-2.3-47. Healthcare providers should report all individual cases of chickenpox to the local health department within 72 hours for investigation by department staff.

Cases of varicella should be reported to the local health department using the Report of Confidential Communicable Diseases Form available at <http://www.in.gov/isdh/files/43823.pdf>.

The complete revised Communicable Disease Control Rule is available at <http://www.in.gov/legislative/iac/T04100/A00010.PDF>.

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### Outpatient Claims Reprocessing – Revenue Code 636 and HCPCS Codes J2323, Q4098, and Q4088

The IHCP is performing a systematic reprocessing of outpatient claims billed with revenue code 636 and the following Healthcare Common Procedure Coding System (HCPCS) codes. These codes previously denied for edit 0520 – *Invalid revenue code/procedure code combination* with the effective dates:

- J2323 – *Injection, Natalizumab*, 1 mg, January 1, 2008
- Q4098 – *Injection, Iron Dextran*, 50 mg, April 1, 2008
- J1569 – *Injection, Immune Globulin (Gammagard Liquid), Intravenous, Non-Lyophilized (for example, Liquid)*, 500 mg, January 1, 2008
- Q4088 – *Injection, Immune Globulin (Gammagard), Intravenous, Non-Lyophilized (for example, Liquid)*, 500 mg, July 1, 2007

The reprocessed claims appeared on the Remittance Advice (RA) dated March 17, 2009. Providers that have claims for these revenue-code and procedure-code combinations that have not been submitted for processing should submit their claims for payment consideration. Providers that have claims for these revenue-code and procedure-code combinations that are past the one-year filing limit can submit the claims with a copy of this banner page article as documentation to waive the filing limit.

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## Medical and Outpatient Hospital Providers

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### Presumptive Eligibility and Notification of Pregnancy

Effective July 1, 2009, the IHCP will implement two programs: Presumptive Eligibility for Pregnant Women and Notification of Pregnancy.

Presumptive Eligibility (PE) is a program that offers immediate health coverage for pregnant women who meet the basic eligibility requirements for Hoosier Healthwise (HHW). PE allows pregnant women coverage for ambulatory prenatal services while the women are in the process of applying for HHW coverage. A pregnant woman's PE coverage will be initiated by Medicaid providers who are designated as Qualified Providers (QPs). Providers must meet the following requirements to be considered QPs:

- Enrolled in the IHCP
- Capable of verifying pregnancy (home-administered tests do not meet this requirement)
- Currently provide outpatient hospital, rural health clinic, or clinic services
- Attend a QP training session and enter into an agreement with the Office of Medicaid Policy and Planning (OMPP) before performing QP duties
- Have Web interChange access and allow PE applicants to use an office phone and fax machine to facilitate the PE and HHW enrollment process.

Providers who become QPs will benefit from PE by having patients with Medicaid coverage earlier in their pregnancies, which will result in providers

receiving earlier Medicaid reimbursement for more patients.

Training sessions are planned across the state to educate QPs, including primary-care providers, outpatient hospitals, local health departments, and clinics. More specific information about enrollment and training for QPs will be published at a later date.

### Notification of Pregnancy

The Notification of Pregnancy (NOP) program will provide reimbursement to medical providers who submit an NOP via Web interChange. Physicians will be eligible for reimbursement when the electronic submission is completed within five calendar days of

the prenatal visit. Other details about submission guidelines will be available in future IHCP publications.

The purpose of the NOP is to identify health risks in the earliest stage of pregnancy. Information gathered from the NOP may result in tailored services being offered to the member (for example, home visits and prenatal case management). The OMPP will use the reported data to monitor identified risk factors and outcomes for Medicaid pregnancies. More information will soon be published regarding these exciting new programs.

## Dental Providers

### Billing Member Claims for Dental Emergency Services

When billing dental claims for “Emergency Services Only” members, it is required that “Emergency” is noted in form locator 2 on the American Dental Association (ADA) 2006 dental claim form, or that the emergency indicator is marked “yes” for 837D and Web interChange transactions. This is in addition to billing emergency codes from Table 1 in Bulletin [BT200839](#), dated October 21, 2008. Using a code from Table 1 on the claim does not eliminate the need for providers to document “Emergency” on the claim form or electronic transaction.

All claims not submitted with both the form locator 2 completed and the appropriate emergency procedure code will deny with explanation of benefits (EOB) code 2047 – *Package E Members Eligible for Dental Emergency Services Only*.

### Dental Workshop Scheduled for April

EDS Provider Relations is offering workshops for the dental provider community. This is an excellent opportunity to become more familiar with Medicaid dental policies, procedures, and billing tools and methodology. Details about the workshops follow:

**April 8, 2009, 1 to 5 p.m.**  
**Union Hospital**  
**Landsbaum Center, Classroom 2**  
**1433 6½ Street**  
**Terre Haute, IN 47804**

**April 13, 2009, 8 a.m. to 12 noon**  
**Floyd Memorial Hospital**  
**1950 Bono Rd.**  
**New Albany, IN 47150**

The agenda includes the following:

- National Provider Identifier (NPI) information and updates
- Dental billing and rendering provider information
- Working with the dental cap
- Dental policies
- Live demonstration and discussion of all facets of Web interChange
- An extensive question-and-answer period

Providers may enroll in the workshop at [www.indianamedicaid.com](http://www.indianamedicaid.com) under Provider Services, Education Opportunities, Workshop Registration. If you have questions, please call Provider Relations at (317) 488-5072.

## Care Select Providers

### Care Select Primary Medical Providers' 2008 Remittance Advices

The summary page of the 2008 Remittance Advices (RAs) for *Care Select* primary medical providers (PMPs) shows incorrect subtotals. The subtotal amounts appearing as "Net Payment" and "Net

Earnings" are incorrect for the "Year to Date Amount" column. The individual line items are correctly reported; however, the "Year to Date Amount" subtotals include the amount for "Managed Care Administrative Payments" twice. This affects the "Year to Date" subtotals only for "Net Payment" and "Net Earnings" (the "Current Amount" subtotals are not affected).

## CA-PRTF Grant Providers

### Mass Reprocessing of Claims for Community Alternatives to Psychiatric Residential Treatment Facilities Demonstration Grant Service Providers

Claims submitted for Community Alternatives to Psychiatric Residential Treatment Facility (CA-PRTF) services that have previously denied for error code 1047 – *Certification Code Missing – Care Select* and error code 1049 – *Care Select Member's PMP is Missing* were reprocessed the week of March 24, 2009.

## Vision/DME/HME Providers

### Use Modifier U8 When Billing for Replacement Frames and Lenses

Effective December 31, 2008, the Centers for Medicare & Medicaid Services (CMS) end-dated modifier RP – replacement and repair, as announced in provider bulletin [BT200843](#), dated December 30, 2008. Vision providers must use modifier U8 when billing for replacement frames and lenses when medical necessity guidelines are met or when replacement is necessary because of loss, theft, or damage beyond repair. Modifier RP should not be used for dates of service on or after January 1, 2009. Vision, durable medical equipment (DME), or home medical equipment (HME) providers that billed with the RP modifier for dates of service on or after January 1, 2009, must adjust claims to correct the modifier. Refer to *Chapter 11* of the *IHCP Provider Manual* for additional information on the paid claim-adjustment options and process.

## Long-term Care and Related Providers

### Implementation of MDS 3.0 Delayed

The Centers for Medicare & Medicaid Services (CMS) has announced a delay of the MDS 3.0 implementation, with a revised target date of October 2010.

Please remember that any MDS 3.0 training currently offered in the industry is based on a draft version and not the final version of MDS 3.0.

Long-term Care (LTC) Supportive Documentation Guidelines (SDG) training has not been updated to reflect any changes from MDS 3.0 and will not do so until the changes are finalized through CMS. To date, CMS has neither scheduled nor authorized any training on the MDS 3.0.

Facilities will be notified when state training on the new MDS 3.0 is available.

## Provider Workshops

*Note: The Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Workshop originally scheduled for January 28, 2009, at Daviess Community Hospital in Washington, Indiana, was cancelled because of weather. The seminar has been rescheduled for April 29, 2009. The workshop agenda includes how to check eligibility, how to file a claim, how to bill services, what causes claims to deny, and more. For more information, please call Provider Relations at (317) 488-5072.*

### The IHCP Offers Second-quarter Medicaid Provider Workshops

The IHCP is again offering quarterly provider workshops free of charge – see Table 1 for topics, times, and descriptions. The schedule allows for lunch; however, lunch is not provided. Registrations are processed in the order received, and registration does not guarantee a spot at the workshop – seating is limited in all locations, and only two registrants are allowed per provider number. Confirmation letters are sent upon receipt of registrations. If you do not receive a confirmation letter, the workshop is full.

Remaining workshop dates, registration deadlines, and locations are listed in Table 2. Addresses of

workshop locations are available on the IHCP Web site at

<http://www.indianamedicaid.com/ihcp/ProviderServices/workshops.asp>.

Register online at <http://www.indianamedicaid.com>. Click on Provider Services, then Education Opportunities. Another registration option is the form on page 10. Fax completed registration forms to EDS at (317) 488-5376. EDS processes registrations chronologically based on the date of the workshop. The Provider Workshop Registration form is also available on the Forms page of the IHCP Web site.

If you have questions about a workshop, please contact a field consultant at (317) 488-5072.

Table 1 – Second-quarter Provider Workshop Topics, Times, and Descriptions

Time	Topic	Description
8-9:45 a.m.	IHCP Family Tree, presented by EDS	This session provides an overview of the IHCP as a whole. Explanation is given to the functions performed by each contractor in the traditional Medicaid, <i>Care Select</i> , Healthy Indiana Plan, and Risk-Based Managed Care programs. In addition, the payable services and populations served by each program are explained. This session is ideal for those who need a greater familiarity with the IHCP.
10-10:45 a.m.	Electronic Transactions, The Green Alternative, presented by EDS	Indiana is moving toward 100 percent electronic claim billing and 100 percent electronic Remittance Advices. Come and learn about the many benefits of retrieving your Remittance Advices, sending claims, verifying claim status, and correcting claims – all online. Let's go electronic!
11 a.m.-noon	Vaccines for Children (VFC), presented by the Indiana State Department of Health	This session welcomes the Indiana State Department of Health. Providers will learn how to navigate through and use the VFC program. Providers can expect to learn how the VFC program benefits children under age 21. This session is ideal for all primary medical specialties.
Noon-1 p.m.	Lunch	

1-2 p.m.	Presumptive Eligibility/ Notification of Pregnancy, presented by EDS	This session introduces a strategic new program that will benefit uninsured pregnant women. Providers will learn how to participate in the new program and how to use Web interChange to help pregnant women apply for Hoosier Healthwise. This session is a must for those who treat pregnant women.
2:10-3:30 p.m.	Roundtable: Managed Care and Healthy Indiana Plan (HIP), presented by representatives from the three managed care organizations and two HIP plans	Representatives from the managed care organization (MCO) and HIP plans will discuss plan-specific program updates relating to topics such as Vaccines for Children (VFC), billing, E-billing, the Health Plan Employer Data and Information Set (HEDIS) audit with specific areas of focus, prior authorization, and behavioral health. In addition, providers will have an opportunity for an open Q&A segment.
3:35-4:30 p.m.	Hoosier Healthwise Open Enrollment, presented by EDS	This session provides an overview of the new enrollment platform that allows members to remain with a single MCO for a one-year period. This session highlights an improvement to Hoosier Healthwise and is ideal for all providers.

Table 2 – Dates, Registration Deadlines, and Locations

Workshop Date	Registration Deadline	Location
May 5, 2009	April 21, 2009	Parkview Hospital Corporate Office, 10501 Corporate Drive, Fort Wayne, IN 46845
May 8, 2009	April 24, 2009	Floyd Memorial Hospital, Paris Education Center, 1850 State Street, New Albany, IN 47150
May 13, 2009	April 29, 2009	St. Joseph Regional Hospital, Education Center, 801 E. LaSalle Avenue, South Bend, IN 46617
May 20, 2009	May 6, 2009	St. Catherine's Professional Office Building, 4321 Fir Street, East Chicago, IN 46312
May 26, 2009	May 12, 2009	Wishard Hospital, Myers Auditorium, 1001 W. 10 <sup>th</sup> Street, Indianapolis, IN 46237
June 2, 2009	May 19, 2009	Reid Hospital, Lingle Auditorium, 1100 Reid Parkway, Richmond, IN 47374
June 4, 2009	May 21, 2009	Unity Hospital, Unity Medical Pavilion, 1345 Unity Place, Lafayette, IN 47905
June 9, 2009	May 26, 2009	Good Samaritan Hospital, Eva Hill Auditorium, 520 S. 7 <sup>th</sup> Street, Vincennes, IN 47592
June 18, 2009	June 4, 2009	Bloomington Hospital, Wagmiller Auditorium, 601 W. 2 <sup>nd</sup> Street, Bloomington, IN 47403

INDIANA HEALTH COVERAGE PROGRAMS



# PROVIDER WORKSHOP REGISTRATION

Indicate the workshop you will attend in Indiana. Print or type the information on this form and fax it to (317) 488-5376.

**IHCP Family Tree (8-9:45 a.m.)**

<input type="checkbox"/> Fort Wayne, May 5, 2009	<input type="checkbox"/> East Chicago, May 20, 2009	<input type="checkbox"/> Lafayette, June 4, 2009
<input type="checkbox"/> New Albany, May 8, 2009	<input type="checkbox"/> Indianapolis, May 26, 2009	<input type="checkbox"/> Vincennes, June 9, 2009
<input type="checkbox"/> South Bend, May 13, 2009	<input type="checkbox"/> Richmond, June 2, 2009	<input type="checkbox"/> Bloomington, June 18, 2009

**Electronic Transactions, The Green Alternative (10-10:45 a.m.)**

<input type="checkbox"/> Fort Wayne, May 5, 2009	<input type="checkbox"/> East Chicago, May 20, 2009	<input type="checkbox"/> Lafayette, June 4, 2009
<input type="checkbox"/> New Albany, May 8, 2009	<input type="checkbox"/> Indianapolis, May 26, 2009	<input type="checkbox"/> Vincennes, June 9, 2009
<input type="checkbox"/> South Bend, May 13, 2009	<input type="checkbox"/> Richmond, June 2, 2009	<input type="checkbox"/> Bloomington, June 18, 2009

**Vaccines for Children (VFC) (11 a.m.-noon)**

<input type="checkbox"/> Fort Wayne, May 5, 2009	<input type="checkbox"/> East Chicago, May 20, 2009	<input type="checkbox"/> Lafayette, June 4, 2009
<input type="checkbox"/> New Albany, May 8, 2009	<input type="checkbox"/> Indianapolis, May 26, 2009	<input type="checkbox"/> Vincennes, June 9, 2009
<input type="checkbox"/> South Bend, May 13, 2009	<input type="checkbox"/> Richmond, June 2, 2009	<input type="checkbox"/> Bloomington, June 18, 2009

**Presumptive Eligibility/Notification of Pregnancy (1-2 p.m.)**

<input type="checkbox"/> Fort Wayne, May 5, 2009	<input type="checkbox"/> East Chicago, May 20, 2009	<input type="checkbox"/> Lafayette, June 4, 2009
<input type="checkbox"/> New Albany, May 8, 2009	<input type="checkbox"/> Indianapolis, May 26, 2009	<input type="checkbox"/> Vincennes, June 9, 2009
<input type="checkbox"/> South Bend, May 13, 2009	<input type="checkbox"/> Richmond, June 2, 2009	<input type="checkbox"/> Bloomington, June 18, 2009

**Managed Care and HIP Roundtable (2:10-3:30 p.m.)**

<input type="checkbox"/> Fort Wayne, May 5, 2009	<input type="checkbox"/> East Chicago, May 20, 2009	<input type="checkbox"/> Lafayette, June 4, 2009
<input type="checkbox"/> New Albany, May 8, 2009	<input type="checkbox"/> Indianapolis, May 26, 2009	<input type="checkbox"/> Vincennes, June 9, 2009
<input type="checkbox"/> South Bend, May 13, 2009	<input type="checkbox"/> Richmond, June 2, 2009	<input type="checkbox"/> Bloomington, June 18, 2009

**Hoosier Healthwise Open Enrollment (3:35-4:30 p.m.)**

<input type="checkbox"/> Fort Wayne, May 5, 2009	<input type="checkbox"/> East Chicago, May 20, 2009	<input type="checkbox"/> Lafayette, June 4, 2009
<input type="checkbox"/> New Albany, May 8, 2009	<input type="checkbox"/> Indianapolis, May 26, 2009	<input type="checkbox"/> Vincennes, June 9, 2009
<input type="checkbox"/> South Bend, May 13, 2009	<input type="checkbox"/> Richmond, June 2, 2009	<input type="checkbox"/> Bloomington, June 18, 2009

**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

Table 3 – Provider Relations Field Consultants

<b>Territory Number</b>	<b>Provider Relations Consultant</b>	<b>Telephone</b>	<b>Counties Served</b>
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

Table 4 – Provider Relations Field Consultants for Bordering States

<b>State</b>	<b>City</b>	<b>Provider Relations Consultant</b>	<b>Telephone</b>
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 5 – For Provider Concerns

<b>Name</b>	<b>Title</b>	<b>Telephone</b>
Tina King	Provider Relations Supervisor	(317) 488-5154



## Indiana Health Coverage Programs Quick Reference

Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization			
<b>ADVANTAGE Health Solutions<sup>SM</sup> Prior Authorization – FFS</b> P.O. Box 40789 Indianapolis, IN 46240 1-800-269-5720 Fax: 1-800-689-2759	<b>Automated Voice Response (AVR) System</b> (including eligibility verification) (317) 692-0819 or 1-800-738-6770	<b>EDS Administrative Review Written Correspondence</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>EDS Customer Assistance</b> (317) 655-3240 or 1-800-577-1278 Opt 1 = Pharmacy Opt 2 = First Steps
<b>EDS Electronic Solutions Help Desk</b> (317) 488-5160 or 1-877-877-5182 <a href="mailto:INXIXElectronicSolution@eds.com">INXIXElectronicSolution@eds.com</a>	<b>EDS Forms Requests</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>EDS Member Hotline</b> (317) 713-9627 or 1-800-457-4584 Opt 1 = First Steps Opt 2 = Pharmacy	<b>EDS Omni Help Desk</b> (317) 488-5051 or 1-800-284-3548
<b>EDS TPL</b> (317) 488-5046 or 1-800-457-4510 Fax: (317) 488-5217	<b>EDS Provider Enrollment and Waiver</b> P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	<b>EDS Provider Written Correspondence</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>IHCP Provider and Member Concern Line (Fraud and Abuse)</b> (317) 347-4527 or 1-800-457-4515
<b>IHCP SUR Department</b> P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 or 1-800-457-4515	<b>Premium Collection Services</b> <b>Package C Payment Line</b> 1-866-404-7113 <b>Package C Payment Mailing Address</b> Hoosier Healthwise P.O. Box 3127 Indianapolis, IN 46206-3127	<b>M.E.D. Works</b> 1-866-273-5897 <b>M.E.D. Works Payment Mailing Address</b> P.O. Box 946 Indianapolis, IN 46206	
Pharmacy Services Contact Information			
<b>ACS Drug Rebate</b> <b>ACS State Healthcare</b> <b>ACS – Indiana Drug Rebate</b> P. O. Box 2011332 Dallas, TX 75320-1332	<b>EDS Pharmacy Services Help Desk for POS Claims Processing</b> (317) 655-3240 or 1-800-577-1278 <a href="mailto:INXIXPharmacy@EDS.com">INXIXPharmacy@EDS.com</a>	<b>EDS Pharmacy Claims</b> P.O. Box 7268 Indianapolis, IN 46207-7268	<b>EDS Pharmacy Claims Adjustments</b> P.O. Box 7265 Indianapolis, IN 46207-7265
<b>Pharmacy Benefit Management Inquiries</b> <a href="mailto:PDL@fssa.state.in.us">PDL@fssa.state.in.us</a>	<b>Indiana Administrative Review/Pharmacy Claims EDS Pharmacy Claims Admin. Review</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>PA For Pro-DUR and Preferred Drug List – ACS Clinical Call Center</b> 1-866-879-0106 Fax: 1-866-780-2198	<b>To make refunds to the IHCP for pharmacy claims, send check to:</b> EDS Pharmacy Refunds P.O. Box 2303, Dept 130 Indianapolis, IN 46206-2303
Enrollment Broker Helplines (MAXIMUS)	Hoosier Healthwise Managed Care Organizations (MCOs)		
<b>Hoosier Healthwise</b> <a href="http://www.healthcareforhoosiers.com">http://www.healthcareforhoosiers.com</a> 1-800-889-9949 <b>Care Select</b> <a href="http://www.indianacareselect.com">http://www.indianacareselect.com</a> 1-866-963-7383 <b>HIP</b> <a href="http://www.HIP.in.gov">http://www.HIP.in.gov</a> 1-877-438-4479	<b>Anthem</b> <a href="http://www.anthem.com">http://www.anthem.com</a> <b>Claims</b> 1-888-232-9613 <b>Member Services</b> 1-866-408-6131 <b>PA</b> 1-866-408-7187 Fax: 1-866-406-2803 <b>Provider Services</b> 1-866-408-6132 Fax: 1-866-408-7087 <b>Prospective Providers</b> 1-800-618-3141 Fax: 1-866-408-7087 <b>Transportation</b> 1-800-508-7230 <b>Pharmacy</b> 1-866-629-1608 PA: 1-877-652-1223 PA Fax: 1-866-408-7103	<b>MDwise</b> <a href="http://www.mdwise.org">http://www.mdwise.org</a> <b>Claims, Member Services, PA/Medical Management, Provider Services, and Pharmacy</b> (317) 630-2831 or 1-800-356-1204	<b>Managed Health Services (MHS)</b> <a href="https://www.managedhealthservices.com">https://www.managedhealthservices.com</a> <b>Claims, Member Services, PA/Medical Management, Provider Services, and Nursewise</b> 1-877-MHS-4U4U or 1-877-647-4848 <b>Pharmacy – US Script (PBM)</b> 1-800-460-8988 <b>Pharmacy PA</b> 1-866-399-0928 Fax: 1-866-399-0929



## Indiana Health Coverage Programs Quick Reference

Care Select – Care Management Organizations (CMOs)		Healthy Indiana Plan (HIP) Organizations	HIP – Enhanced Services Plan (ESP) Organizations	
ADVANTAGE Health Solutions <sup>SM</sup> <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 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 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: 1-877-822-7186 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 <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 the 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