

IHCP Provider Monthly News

June 2009

Indiana Health Coverage Programs

<http://www.indianamedicaid.com>



What's New Inside!

- Recent Updates to the *ICHCP Provider Manual*
- Presumptive Eligibility: Early Prenatal Care for Low-Income Women
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- IHCP to Implement Paperless Communications

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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 the past month:

- [BT200909](#) – Notice of Privacy Practices
- [BT200910](#) – Presumptive Eligibility for Pregnant Women (PE)

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 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.

Recent Updates to the *IHCP Provider Manual*

The following chapters of the [IHCP Provider Manual](#) have been updated:

- *Chapter 4 – Provider Enrollment, Eligibility, and Responsibilities*
- *Chapter 6 – Prior Authorization*
- *Chapter 7 – Reimbursement Methodologies*
- *Chapter 10 – Claims Processing Procedures*
- *Chapter 12 – Financial Services*

Presumptive Eligibility: Early Prenatal Care for Low-Income Women

With Presumptive Eligibility (PE), low-income pregnant women can be determined to be presumptively eligible for Medicaid through a simplified application process. Women who are presumptively eligible will have coverage for ambulatory prenatal services while the application and determination process for Medicaid is completed. A woman's presumptive eligibility period begins on the date a qualified provider (QP) determines the woman to be presumptively eligible, using the process outlined in [BT200910](#), dated April 30, 2009. The woman's Medicaid eligibility determination will subsequently be completed by the Division of Family Resources (DFR). Failure on behalf of the patient to cooperate with the DFR to complete the Hoosier Healthwise application process will result in termination of PE benefits.

PE does not cover hospice, long-term care, inpatient care, labor and delivery services, abortion services, postpartum services, sterilization, and services unrelated to the pregnancy or birth outcome. These services, if determined to be pregnancy-related, may be covered if the woman is later determined to be eligible for Hoosier Healthwise benefits. Refer to bulletin [BT200910](#) for a list of services not covered by PE.

This initiative will allow pregnant women to receive earlier coverage of prenatal care while their Hoosier Healthwise applications are in process. A new aid

category known as PE (presumptive eligibility) will be implemented effective July 1, 2009.

Presumptive Eligibility Requirements

To be eligible for presumptive eligibility, a pregnant woman must meet the following eligibility requirements:

- Be pregnant, as verified by a professionally administered pregnancy test
- Not be a current Medicaid member
- Be an Indiana resident
- Be a U.S. citizen or qualified noncitizen
- Not be currently incarcerated
- Have a gross family income less than 200 percent of the federal poverty level

Note: A detailed description of each member eligibility requirement is listed in [BT200910](#), Appendix C.

Qualified Provider

Only a qualified provider (QP) or designee can determine eligibility for PE. Detailed descriptions of qualified provider requirements are listed in [BT200910](#). A QP is a provider who meets the following criteria:

- Enrolled as a provider in the Indiana Health Coverage Programs (IHCP)
- Capable of verifying pregnancy via a professionally administered pregnancy test (home-administered tests do not meet this requirement)
- Currently provide outpatient hospital, rural health clinic, or clinic services
- Participated in a qualified provider training session provided by the Family and Social Services Administration (FSSA) or designee
- Have in-office access to a printer, fax machine, and Web interChange. Providers must allow PE applicants to use an office phone to facilitate the PE and Hoosier Healthwise enrollment process.

*Note: A qualified provider may designate PE duties to other staff at the provider's location. For example, the physician may send a staff person to the qualified provider training. A staff person who has been trained may complete the PE Member Application at the qualified provider location. Refer to bulletin [BT200910](#) for a list of training dates, or contact the Provider Relations Field Consultant for PE. The online tool to register for the qualified provider training sessions is at <http://www.indianamedicaid.com> – click on **Provider Services**, then **Education Opportunities** and choose **PE Workshops**.*

Based on the above definition, a QP may be one of the following provider types:

- A family or general practitioner
- A pediatrician
- An internist
- An obstetrician or gynecologist
- A certified nurse midwife

- An advanced practice nurse practitioner
- A Federally Qualified Health Center
- A medical clinic
- A rural health clinic
- An outpatient hospital
- A local health department
- A family planning clinic

Note: Qualified providers answer 16 questions using an easy, user-friendly tool to complete the PE Member Application on Web interChange. PE member enrollment services are performed on a voluntary basis. Although QP functions are not reimbursable, QPs are reimbursed for covered healthcare services (for example, pregnancy tests) provided to women determined to be presumptively eligible. The claims for PE members should be sent to the managed care organization (MCO) selected by the member on the date she was determined to be eligible for PE. Providers will not be reimbursed for services provided to women determined to be ineligible for PE.

Other Helpful Resources for Presumptive Eligibility

- You may email questions about PE to Pehelp@fssa.in.gov.
- EDS will post a list of Frequently Asked Questions (FAQs) on the www.indianamedicaid.com Web site in early June 2009.
- Assistance with Web interChange is available by contacting the EDI Help Desk at (317) 488-5160 or toll-free at 1-877-877-5182.

Web interChange Password Rule Changes

Beginning June 30, 2009, the security rule for Web interChange passwords will be enhanced. Web interChange users will not be allowed to change their passwords using the *Change Password* function more than once each day. If users change their passwords and attempt to change them a second time during the

same day, they will receive a message indicating the password change is not allowed. The user must wait until the following day to change the password.

Additionally, Web interChange users will not be able to reset their own passwords using the *Automated Password Reset* function more than three times each

day. If users reset their passwords three times in the same day and attempt to reset them a fourth time, they will receive a message indicating that the password reset is not allowed. The user must wait until the following day to reset the password.

Password Change or Reset Assistance

If users need to change their passwords more than once in the same day, or reset their passwords more than three times in the same day, they must contact their Web interChange administrator. The administrator can reset the password. Users must

answer their two security questions before the administrator will reset the password.

Users who are not sure who the Web interChange administrator is for their organizations can use the *Administrator Listing* function, available on the Web interChange log-on screen at

<https://interchange.indianamedicaid.com>.

If you have questions regarding this enhancement to Web interChange password security, contact the EDS EDI Solutions Help Desk toll-free at 1-877-877-5182 or locally at (317) 488-5160.

The IHCP Implements Paperless Provider Communications

Live greener! Cut paper waste before you need to recycle it! Continue your Earth Day and World Environment Day celebrations!

Welcome to the Indiana Health Coverage Programs (IHCP) paperless provider communications.

Effective September 1, 2009, the IHCP will implement paperless communications. The IHCP will no longer print and mail provider Remittance Advices (RAs), banner pages, bulletins, and newsletters. These publications will only be available online. Currently, Claim Correction Forms (CCFs) are included with paper RAs. Effective September 1, 2009, the IHCP will also cease printing CCFs. Providers can resubmit denied claims with corrections through the existing claims billing process.

Benefits include:

- Quicker access to your IHCP communications
- The ability for multiple people within your organization to access the communications
- Reduced risk of sensitive information going to the wrong entity
- Paperless RAs are not limited to the pay-to address, as current paper RAs are.
- Less office file storage for banner pages, bulletins, and newsletters
- Copies of the communications can be printed

and/or saved to your personal electronic storage device for future reference.

Begin a new "Go Green" initiative at your office before the rest of the crowd! If you have not done so already, sign up now for the IHCP E-mail Notifications and enroll in Web interChange.

- To sign up for IHCP E-mail Notifications, go to http://www.indianamedicaid.com/ihcp/mailling_list/default.asp, choose **Open New Account**, and follow the online instructions.
- To sign up for Web interChange, go to <https://interchange.indianamedicaid.com>, and click on the link under **First Time Here?**
- E-mail notifications will be the only method used to let you know of the availability of online banner pages, bulletins, and newsletters.
- A rolling four-week history of RAs will be provided on Web interChange.

Did you know?

- Printing banner pages, bulletins, and newsletters each year uses approximately 1,078 trees per year.
- Printing RAs each year uses more than 1,600 trees per year.

Watch future banner pages, bulletins, and newsletters (paper or online) for more information on this exciting news. Thanks to all providers who have shown their support.

Removal of Prior Authorization for Kyphoplasty

Banner page [BR200621](#), dated May 23, 2006, stated that effective July 1, 2006, prior authorization (PA) was required for kyphoplasty. Effective May 1, 2009, PA for kyphoplasty is no longer required. Providers are required to maintain documentation that supports medical necessity for completion of kyphoplasty. The

documentation must include evidence that standard medical therapy has failed to alleviate the member's symptoms. Claims for kyphoplasty are subject to audit to verify medical necessity. Healthcare Common Procedure Coding System (HCPCS) codes for kyphoplasty include 22523, 22524, and 22525.

Medicare Payer Identification Code Update

The Indiana Health Coverage Programs (IHCP) has performed a system upgrade to valid Medicare Payer Identification (ID) Codes. The new codes are valid as of April 17, 2009. The old codes will be valid until May 15, 2009.

The new code list is available at http://www.indianamedicaid.com/ihcp/Misc_PDF/Medicare_Payer_IDs.pdf. Please direct questions regarding the update to the EDI Solutions Help Desk at (317) 488-5160 or 1-877-877-5182.

Current Procedural Terminology Codes 92507 and 92508 Linked to Modifier HM

The Indiana Health Coverage Programs (IHCP) has identified procedures that can be performed by speech language pathologist aides and that are eligible for reimbursement. Providers must bill Current Procedural Terminology (CPT®) codes 92507 – *Treatment of speech, language, voice, communication, and/or auditory processing disorder;*

individual and 92508 – *Group, 2 or more individuals with the modifier HM – Less than a bachelor's degree*. Pricing for these services will reimburse at 75 percent of the reimbursement level for a speech pathologist. The effective date of this linkage is January 1, 2009.

Vision Providers

Polycarbonate Lenses Now Reimbursable for Members Age 19 and Younger

Effective June 1, 2009, Indiana Health Coverage Programs (IHCP) will routinely reimburse providers for polycarbonate lenses for members age 19 and younger. Providers may submit claims for services rendered for dates of service beginning June 1, 2009, using procedure code V2784 – *Lens, polycarbonate*

or equal, any index, per lens with the appropriate corresponding lens procedure code. Polycarbonate lenses do not now require prior authorization and will no longer be subject to specific medical conditions for members age 19 and younger.

Home and Community-Based Waiver Providers

Special Processing Required for Home and Community-Based Services Overlapping Hospice Level-of-Care or Long-Term Care Discharge Dates

It is appropriate for transition-related Home and Community-Based Services (HCBS) Waiver services to be provided on the same day as long-term care client discharges. Provision of certain HCBS Waiver services to clients with hospice level of care may also be appropriate. Payment for services provided under either of these circumstances will be systematically denied unless specially handled. Providers submitting claims for waiver services on the client's date of

discharge from the long-term care facility or during a period of hospice level of care should contact their EDS field consultant for special claim handling. Providers who have had claims previously denied for these reasons should also contact their field consultant for special handling. To locate the EDS field consultant assigned to your area, follow the Provider Services links from the IHCP Web page: <http://www.indianamedicaid.com/ihcp/index.asp>.

Provider Workshops

Dental Workshop Scheduled for June

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:

Dental Workshop
June 11, 2009, 1-3 p.m.
St. Catherine's Professional Office Building
4321 Fir Street
East Chicago, IN 46312

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 on <http://www.indianamedicaid.com/ihcp/index.asp> under Provider Services, Education Opportunities, Workshop Registration. If you have questions, please call Provider Relations at (317) 488-5072.

Correction!

IHCP provider workshops will take place across the state during June. Workshop descriptions on page 8 of the April IHCP provider newsletter, [NL200904](#),

incorrectly stated that the Vaccines for Children (VFC) Program benefits children under age 21. The VFC program benefits children ages 18 and younger.

The IHCP Offers Second-quarter Medicaid Provider Workshops

The IHCP is 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 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 9 of this newsletter. Fax completed registration forms to EDS at (317) 488-5376. 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, including 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 18 and under. 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 and Locations

Workshop Date	Location
June 18, 2009	Bloomington Hospital, Wagmiller Auditorium, 601 W. 2 nd 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

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, Hendricks, Johnson, 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	Relia Manns	(317) 488-5363	Presumptive Eligibility and Notice of Pregnancy for the Entire State of Indiana

Table 4 – 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 5 – For Provider Concerns

Name	Title	Telephone
Tina King	Provider Relations Supervisor	(317) 488-5154



Indiana Health Coverage Programs Quick Reference

Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization			
ADVANTAGE Health SolutionsSM 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
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 = Member Services Opt 2 = Pharmacy Opt 3 = First Steps	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	IHCP Provider and Member Concern Line (Fraud and Abuse) (317) 347-4527 or 1-800-457-4515
IHCP 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 P.O. 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.in.gov	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 the 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) https://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



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 SM 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 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