

# IHCP Provider Monthly News

**August 2009**

Indiana Health Coverage Programs

<http://www.indianamedicaid.com>



## What's New Inside!

- Action Required to Access Remittance Advices After September 1, 2009
- National Provider Identifier Update
- Workshop Session on Presumptive Eligibility/Notification of Pregnancy



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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 recently posted to the Indiana Health Coverage Programs (IHCP) Web site:

- [BT200917](#) – Hospice Rate Revision Effective October 1, 2008
- [BT200918](#) – Assisted Living Service through the Medicaid Aged and Disabled Waiver
- [BT200919](#) – New Required Attachments with Submissions of Annual Financial Reports
- [BT200920](#) – Presumptive Eligibility for Pregnant Women
- [BT200921](#) – Notification of Pregnancy (NOP)
- [BT200922](#) – Healthy Indiana Plan Reimbursement to Federally Qualified Health Centers and Rural Health Clinics

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

<http://provider.indianamedicaid.com/news,-bulletins,-and-banners/bulletins.aspx>. E-mail notifications are sent to subscribers as new bulletins are posted. To subscribe, visit the IHCP Web site at [http://provider.indianamedicaid.com/ihcp/mailling\\_list/default.asp](http://provider.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 Update to the IHCP Provider Manual

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

- *Chapter 11 – Paid Claim Adjustment Procedures*
- *Chapter 14 – Long Term Care*

### Action Required to Access Remittance Advices after September 1, 2009

The implementation date for paperless provider communications is less than a month away – September 1, 2009. Be sure to sign up for Web interChange **today**, so you can access your electronic Remittance Advices (RAs). Remember – it takes seven to 10 business days for the Web interChange approval process.

As of September 1, 2009, the IHCP will no longer print and mail provider Remittance Advices (RAs) generated from EDS, banner pages, bulletins, or newsletters (including the Drug Utilization Review Board newsletters). These publications will only be available online.

The paper checks that are mailed with current RAs will continue to be mailed on or after September 1, 2009, for providers not enrolled in Electronic Funds Transfer (EFT).

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.

The following advantages are gained by going paperless:

- Quicker access to your IHCP communications
- 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
- Ability to print and save copies of the communications to your personal electronic storage device for future reference.

#### How to Sign Up

- To sign up for **Web interChange**, go to <https://interchange.indianamedicaid.com>, and click the link under **First Time Here?**
- To sign up for **IHCP E-mail Notifications**, go to [http://provider.indianamedicaid.com/ihcp/mailling\\_list/default.asp](http://provider.indianamedicaid.com/ihcp/mailling_list/default.asp), choose **Open New Account**, and follow the online instructions.



- E-mail notifications will be the only method used to let you know of the publication of new banner pages, bulletins, and newsletters.



## Accessing Paperless RAs Through Web interChange – Three Easy Steps

As of September 1, 2009, paperless RAs may be accessed on Web interChange:

**Step 1** – From the Web interChange Home page, on the left-side menu, select **Check/RA Inquiry**. On the Check/RA Inquiry page, enter the desired search criteria and click **Submit**. A list of checks and RAs (most recent first) displays. See Figure 1.

- The link to download the RA displays regardless of check availability
- If no check was issued in conjunction with the RA, the check number displays as “000000000.”
- The Provider/National Provider Identifier (NPI) fields populate based on the user’s security.

**Step 2** – Click on the PDF icon to the right of the check number (in the Download RA column).

**Check/RA Inquiry**

Search Criteria

Search For: ☒ NPI ☐ Legacy Provider ID

NPI:

Check Number:  From Date: 05/10/2009 To Date: 06/10/2009

**Search** **Reset**

Date	Provider ID	Service Loc	Check #	Type	Status	Amount	Download RA
06/10/2009		A		EFT	Issued	\$425.00	
06/03/2009		A		EFT	Issued	\$3,172.27	
05/27/2009		A		EFT	Cleared	\$851.47	
05/20/2009		A		EFT	Cleared	\$345.00	
05/13/2009		A		EFT	Cleared	\$118.75	

**Note:** A rolling four weeks of RAs are available.

**Helpful Hints**

- Use the [NPI Reporting Tool](#) to report your National Provider Identifier (NPI) to IHCP.
- Click on any field label to get more information about the field.
- Review the [Help Page](#) to find more information about how to use this site.
- Please direct comments, problems or suggestions concerning using this site to [Indiana Medicaid](#).

Done Local intranet | Protected Mode: Off 100%

Figure 1 – Example of Check/RA Inquiry Display for Providers

A PDF of the RA opens in a new window. Downloaded RAs have a Family and Social Services Administration (FSSA) watermark. If users wish to save copies of RAs for their records, they can use the “Save a Copy” feature of Adobe Acrobat Reader. RAs can also be printed from Adobe Acrobat Reader.

**Step 3** – If the desired RA is not displayed, change the search criteria at the top of the Check/RA Inquiry page.

Please keep in mind that once posted, an RA will only be available in Web interChange for four weeks.



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## National Provider Identifier Update

To help providers obtain timely claims payment without having to resubmit denied claims due to National Provider Identifier (NPI) edits, all claims submission media (paper, Web interChange, and electronic data interchange or EDI) will be updated effective October 1, 2009, to allow only NPI entry for healthcare providers. Non-healthcare, atypical providers, including all Home and Community-Based Services (HCBS) waiver providers, will continue to submit their Legacy Provider Identifier (LPI) numbers. Claims received on or after October 1, 2009, will be rejected if healthcare providers do not submit their NPIs on the claims. Non-healthcare, atypical providers will continue to bill using their Legacy Provider Identifiers (LPIs).

All healthcare providers must report their NPIs on all claims and establish a one-to-one match with the service location where the patient was treated, or the claim will be rejected.

Three data elements are used for the standard NPI crosswalk:

- Billing NPI
- Billing taxonomy code
- Billing provider office location ZIP Code + 4 on file in IndianaAIM

Please watch for future provider bulletins containing more information.

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## Quarterly Update to MHQAC Utilization Edits

On June 19, 2007, the Mental Health Quality Advisory Committee's (MHQAC) recommended utilization edits for mental health medications were implemented. Refer to Bulletin [BT200709](#), dated May

3, 2007. The utilization edits are reviewed quarterly, and the following additions will be made on August 28, 2009:

Table 1 – First-quarter 2009 MHQAC Utilization Edits

Name of Medication and Strength	Utilization Edit
Venlafaxine HCl 37.5mg tab OSM 24 Oral	1/day
Venlafaxine HCl 75mg tab OSM 24 Oral	2/day
Venlafaxine HCl 150mg tab OSM 24 Oral	1/day
Venlafaxine HCl 225 mg tab OSM 24 Oral	1/day

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## Acute Care Hospitals

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### Present on Admission Indicator for Hospital-acquired Conditions

The Centers for Medicare & Medicaid Services (CMS) has authorized that hospitals will not receive additional payment for cases in which one of the following hospital-acquired conditions (HAC) was not present on admission (POA):

- Pressure ulcer – stages III and IV
- Falls and trauma
- Surgical site infections after bariatric surgery for obesity, certain orthopedic procedures, and bypass surgery (mediastinitis)
- Vascular-catheter urinary tract infection

- Administration of incompatible blood
- Air embolism
- Foreign object unintentionally retained after surgery

Effective October 1, 2009, hospital discharge claims will require a POA indicator assigned to principal and secondary diagnoses to identify whether these conditions were present on admission.

Watch for more information about hospital-acquired conditions and POA indicators in upcoming provider bulletins and in the September provider newsletter.



## Primary Medical Providers, Clinics, and Hospitals

### Reimbursement for Tobacco Cessation Counseling

Earlier this year, the federal tax on cigarettes and all other tobacco products increased. Providers are encouraged to discuss tobacco cessation with members. The IHCP covers tobacco cessation counseling and prescription cessation aids.

Providers may refer any Indiana patient to the Indiana Tobacco Quitline, 1-800-QUIT-NOW, which offers education and coaching over the telephone, similar to the toll-free smoking quit lines across the country. The services offered by the Quitline are confidential and provided free of charge to Indiana residents.

Telephone counseling has proved effective in improving overall quit rates (a 15 percent quit rate when phone counseling is provided, versus a 10 percent quit rate with no phone counseling). The quit rate further improves when phone counseling is combined with pharmacotherapy – a 28 percent quit rate for phone counseling plus medications versus a 23 percent rate with medication alone). (Source: Surgeon General's Treating Tobacco Use and Dependence: 2008 Update, <http://www.surgeongeneral.gov/tobacco/>.)

The Quitline also has online resources for tobacco users, healthcare providers, family or friends, and employers at <http://www.indianatobaccoquitline.net>. The Indiana Tobacco Quitline is a program of the Indiana Tobacco Prevention and Cessation Agency (ITPC). Contact ITPC at (317) 234-1787 if you have any questions about Quitline services.

The Quitline is designed so you can easily refer clients to the program and is staffed by professionally trained smoking cessation Quit Coaches. The Indiana Tobacco Quitline offers a fax referral program for Indiana residents and physicians. Providers can simply ask, advise, and refer tobacco users to the Indiana Quitline using the fax referral form found at [http://www.indianatobaccoquitline.net/documents/QL\\_faxreferral.pdf](http://www.indianatobaccoquitline.net/documents/QL_faxreferral.pdf). Instructions are also available at [http://www.indianatobaccoquitline.net/documents/H\\_Cproviderinstructions.pdf](http://www.indianatobaccoquitline.net/documents/H_Cproviderinstructions.pdf).

The Quitline staff will even fax back a report to your office to tell you if the client was reached, enrolled in services, and planned to quit.

The effectiveness of counseling is comparable to pharmacotherapy alone. Counseling plus medication provides additive benefits. Preferred tobacco deterrent agents include bupropion SR 150, Chantix, Commit lozenges, Nicoderm, Nicorette, nicotine gum, and nicotine patches.

Even brief counseling is effective for facilitating quit attempts. If you choose to counsel patients in your office, the IHCP covers tobacco cessation counseling with Healthcare Common Procedure Coding System (HCPCS) code S9075 – *Smoking – Smoking cessation treatment*. One unit of S9075 is 15 minutes of service. Further instructions can be found in the *IHCP Provider Manual, Chapter 8*.

## Optometrists

### Updates to Vision Code Sets

The Common Procedural Terminology (CPT®<sup>1</sup>) codes listed in Table 2 have been removed from the Optometrist Code Set – Provider Specialty 180. These codes fall under the definition of a surgical procedure, as defined by Indiana Code IC 25-22.5-1-1(a), sub-section (C), and are outside the scope of

practice for optometrists. The codes are invalid for reimbursement to provider specialty types 180 (optometrists).

<sup>1</sup>CPT is a registered trademark of the American Medical Association.

Table 2 – Updated Vision Codes

CPT Code	Description
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)



CPT Code	Description
65600	<i>Multiple punctures of anterior cornea (e.g., for corneal erosion, tattoo)</i>
67825	<i>Correction of trichiasis; epilation by other than forceps (e.g., by electrosurgery, cryotherapy, laser surgery)</i>
67938	<i>Removal of embedded foreign body, eyelid</i>
80048 through 89356	<i>Pathology and laboratory procedures, as allowed by provider CLIA certification on file</i>
92230	<i>Fluorescein angiography with interpretation and report</i>
92235	<i>Fluorescein angiography (includes multiframe imaging) with interpretation and report</i>
92240	<i>Indocyanine-green angiography (includes multiframe imaging) with interpretation and report</i>
92265	<i>Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with interpretation and report</i>

## CMS-1500 Billing Providers

### CMS-1500 Medical Paper Claim Submissions for Emergency Services

Effective February 1, 2009, EDS moved to a new scanning system for CMS-1500 paper claim forms. From February 1, 2009, to June 11, 2009, if the emergency indicator (form locator 24C) at the detail level of the claim was marked "Y" (yes) for emergency, the system defaulted the indicator to "N" (no). This may have caused inappropriate claim denials or payments.

For claims that completely denied, EDS requests that providers resubmit paper claim forms that were

processed during this time period and that have an emergency indicator of "Y" in field 24 C. If the claim was partially paid or if a copay was inappropriately deducted, please submit a Paid Claim Adjustment form to EDS and state in Box 10, "Emergency Indicator Correction." This will help ensure that paid claim adjustments are processed as expected.

*Note: This affected only paper claims; claims submitted electronically were not affected.*

## Provider Workshops

### Addition!

The third-quarter provider workshops feature a session on Presumptive Eligibility for Pregnant Women and Notification of Pregnancy, two new programs that began July 1, 2009. The Presumptive Eligibility/Notification of Pregnancy session runs from 2:40-4:45 p.m. This information did not appear on the paper registration form included in the July newsletter, NL200907. Providers are encouraged to register online instead of using the paper registration form. Workshop registration is available at <http://www.indianamedicaid.com/ihcp/index.asp>. Click on **Provider Services > Educational Opportunities > Workshop Registration**.



## The IHCP Offers Third-quarter Medicaid Provider Workshops

The IHCP is offering quarterly provider workshops free of charge – see Table 3 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 e-mailed or faxed upon receipt of registrations. If you do not receive a confirmation letter, the workshop is full.

Workshop dates, registration deadlines, and locations are listed in Table 4. Addresses of workshop

locations are also available on the IHCP Web site at <http://provider.indianamedicaid.com/general-provider-services/provider-education/workshop-registration.aspx>.

Register online at <http://www.indianamedicaid.com>. Click **Provider Services**, then **Education**

**Opportunities**. Another registration option is the form on page 10 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 3 – Third-quarter Provider Workshop Topics, Times, and Descriptions

Time	Topic	Description
8-8:45 a.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. The session highlights an improvement to Hoosier Healthwise and is ideal for all providers.
8:50-10:20 a.m.	<i>Care Select</i> , presented by EDS and the <i>Care Select</i> care management organizations	This session thoroughly covers the <i>Care Select</i> program. Topics include PMP rosters and how they are used; referrals to specialist and ancillary providers; identifying primary medical providers and care management organizations on Web interChange; prior authorization; the Restricted Card Program; how care coordination conferences work; billing; and more. Providers will leave with a complete understanding of the <i>Care Select</i> program. This session is ideal for all providers.
10:30-11:30 a.m.	Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), presented by EDS and the managed care organizations	This session familiarizes primary care providers with the EPSDT program, its higher reimbursement structure, program-specific billing requirements, and program goals for targeted children. The focus is on a program overview, covered services and specialties, outreach strategies, and current trends. Information about the Vaccines for Children Program and immunization registry will complete this session. This session is ideal for primary care, dental, vision, behavioral health, and hearing specialist providers.
11:30 a.m.-12:30 p.m.	Lunch	
12:30-1:15 p.m.	Roundtable: Managed care and Healthy Indiana Plan (HIP), presented by representatives from the three managed care organizations and two HIP plans	The contractors for managed care and HIP provide program updates and answer questions during this roundtable session.



Time	Topic	Description
1:30-2:30 p.m.	Blood Lead Testing: How Are We Doing? Presented by the Indiana State Department of Health	While all Medicaid-eligible children are required to receive a blood lead test at 12 and 24 months, less than one-third receive the test. This session provides an overview of the blood lead-testing requirements set forth in the EPSDT Program, the barriers to testing, resources for testing, and reporting requirements. The session also briefly highlights the prevalence of lead hazards in the environment and the medical case management that local health departments must provide if an elevated blood lead level is identified.
2:40-4:45 p.m.	Presumptive Eligibility/ Notification of Pregnancy, presented by EDS	This session introduces a strategic new program that benefits 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. The session is a must for those who treat pregnant women.

Table 4 – Dates, Registration Deadlines, and Locations

Workshop Date	Registration Deadline	Location
August 4, 2009	July 21, 2009	Elkhart General Hospital, Auditorium B, 600 East Blvd., Elkhart, IN 46514
August 10, 2009	July 27, 2009	Decatur County Memorial Hospital, Classroom D, 720 N. Lincoln Street, Greensburg, IN 47240
August 12, 2009	July 29, 2009	St. Margaret Mercy Healthcare Center, Conference Room 4, 8th Floor, 5454 Hohman Ave., Hammond, IN 46320
August 14, 2009	July 31, 2009	Ball Memorial Hospital, Outpatient Medical Pavilion, Lower Level, 2401 W. University Ave., Muncie, IN 47303
August 18, 2009	August 4, 2009	Lutheran Hospital, Kachmann Auditorium, 7950 E. Jefferson Blvd., Fort Wayne, IN 46804
August 20, 2009	August 6, 2009	Deaconess Hospital, Auditorium, 600 Mary Street, Evansville, IN 47747
August 26, 2009	August 12, 2009	Wishard Hospital, Myers Auditorium, 1001 W. 10th Street, Indianapolis, IN 46237
September 1, 2009	August 18, 2009	Purdue Research Park, Innovation Center Training Room, 3400 Kent Avenue, West Lafayette, IN 47906
September 3, 2009	August 20, 2009	Union Hospital, Landsbaum Center Auditorium, 1433 6½ Street, Terre Haute, IN 47804



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.

## Hoosier Healthwise Open Enrollment (8-8:45 a.m.)

<input type="checkbox"/> Elkhart, August 4, 2009	<input type="checkbox"/> Muncie, August 14, 2009	<input type="checkbox"/> Indianapolis, August 26, 2009
<input type="checkbox"/> Greensburg, August 10, 2009	<input type="checkbox"/> Fort Wayne, August 18, 2009	<input type="checkbox"/> W. Lafayette, September 1, 2009
<input type="checkbox"/> Hammond, August 12, 2009	<input type="checkbox"/> Evansville, August 20, 2009	<input type="checkbox"/> Terre Haute, September 3, 2009

## Care Select (8:50-10:20 a.m.)

<input type="checkbox"/> Elkhart, August 4, 2009	<input type="checkbox"/> Muncie, August 14, 2009	<input type="checkbox"/> Indianapolis, August 26, 2009
<input type="checkbox"/> Greensburg, August 10, 2009	<input type="checkbox"/> Fort Wayne, August 18, 2009	<input type="checkbox"/> W. Lafayette, September 1, 2009
<input type="checkbox"/> Hammond, August 12, 2009	<input type="checkbox"/> Evansville, August 20, 2009	<input type="checkbox"/> Terre Haute, September 3, 2009

## Early and Periodic Screening, Diagnosis, and Treatment (10:30-11:30 a.m.)

<input type="checkbox"/> Elkhart, August 4, 2009	<input type="checkbox"/> Muncie, August 14, 2009	<input type="checkbox"/> Indianapolis, August 26, 2009
<input type="checkbox"/> Greensburg, August 10, 2009	<input type="checkbox"/> Fort Wayne, August 18, 2009	<input type="checkbox"/> W. Lafayette, September 1, 2009
<input type="checkbox"/> Hammond, August 12, 2009	<input type="checkbox"/> Evansville, August 20, 2009	<input type="checkbox"/> Terre Haute, September 3, 2009

## Roundtable: Managed Care and Healthy Indiana Plan (12:30-1:15 p.m.)

<input type="checkbox"/> Elkhart, August 4, 2009	<input type="checkbox"/> Muncie, August 14, 2009	<input type="checkbox"/> Indianapolis, August 26, 2009
<input type="checkbox"/> Greensburg, August 10, 2009	<input type="checkbox"/> Fort Wayne, August 18, 2009	<input type="checkbox"/> W. Lafayette, September 1, 2009
<input type="checkbox"/> Hammond, August 12, 2009	<input type="checkbox"/> Evansville, August 20, 2009	<input type="checkbox"/> Terre Haute, September 3, 2009

## Blood Lead Testing (1:30-2:30 p.m.)

<input type="checkbox"/> Elkhart, August 4, 2009	<input type="checkbox"/> Muncie, August 14, 2009	<input type="checkbox"/> Indianapolis, August 26, 2009
<input type="checkbox"/> Greensburg, August 10, 2009	<input type="checkbox"/> Fort Wayne, August 18, 2009	<input type="checkbox"/> W. Lafayette, September 1, 2009
<input type="checkbox"/> Hammond, August 12, 2009	<input type="checkbox"/> Evansville, August 20, 2009	<input type="checkbox"/> Terre Haute, September 3, 2009

## Presumptive Eligibility (2:40-4:45 p.m.)

<input type="checkbox"/> Elkhart, August 4, 2009	<input type="checkbox"/> Muncie, August 14, 2009	<input type="checkbox"/> Indianapolis, August 26, 2009
<input type="checkbox"/> Greensburg, August 10, 2009	<input type="checkbox"/> Fort Wayne, August 18, 2009	<input type="checkbox"/> W. Lafayette, September 1, 2009
<input type="checkbox"/> Hammond, August 12, 2009	<input type="checkbox"/> Evansville, August 20, 2009	<input type="checkbox"/> Terre Haute, September 3, 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 5 – 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, 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 6 – 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 7 – 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
<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 = Member Services – English Opt 2 = Member Services – Spanish	<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:PD@fssa.in.gov">PD@fssa.in.gov</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> Claims 1-888-232-9613 Member Services 1-866-408-6131 <b>PA</b> 1-866-408-7187 Fax: 1-866-406-2803 Provider Services 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> Claims, Member Services, PA/Medical Management, Provider Services, and Pharmacy (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> Claims, Member Services, PA/Medical Management, Provider Services, and Nursewise 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 P.O. Box 33049 Indianapolis, Indiana 46203 Payer ID MDWIS	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