

IHCP Provider Monthly News

December 2009

Indiana Health Coverage Programs

<http://www.indianamedicaid.com>



What's New Inside!

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- Consolidation of Pharmacy Benefits
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Common Abbreviations

ACN	Attachment Control Number	MAR	Management and Administrative Reporting
ADA	American Dental Association	MCO	Managed Care Organization
ASC	Ambulatory Surgical Centers	MHS	Managed Health Services
AVR	Automated Voice Response	MRO	Medicaid Rehabilitation Option
CMS	Centers for Medicare & Medicaid Services	NDC	National Drug Code
COB	Coordination of Benefits	NOA	Notice of Action
CPS	Child Protective Services	NPI	National Provider Identifier
CPT	Current Procedural Terminology	NPPES	National Plan and Provider Enumeration System
DCS	Department of Child Services	NTIOL	New Technology Intraocular Lenses
DFR	Division of Family Resources	NUBC	National Uniform Billing Committee
DME	Durable Medical Equipment	NUCC	National Uniform Claim Committee
EDI	Electronic Data Interchange	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
HIP	Healthy Indiana Plan	RCP	Restricted Card Program, The Right Choices Program
HIPAA	Health Insurance Portability & Accountability Act	SSN	Social Security Number
HP	Hewlett Packard	SUR	Surveillance and Utilization Review
ICN	Internal Control Number	TIN	Tax Identification Number
IHCP	Indiana Health Coverage Programs	TPL	Third-Party Liability
LPI	Legacy Provider Identifier	VAN	Value-Added Network
MAC	Maximum Allowable Cost		

All Providers

New Bulletins on the IHCP Web Site

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

- [BT200936](#) – Minimum Data Set Audit Frequency Changes
- [BT200937](#) – Pharmacy Benefit Consolidation Effective January 1, 2010
- [BT200938](#) – Annual Hospice Rates Effective October 1, 2009
- [BT200939](#) – Pricing Updates for Enteral Codes
- [BT200940](#) – Manually Priced Current Procedural Terminology Codes

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 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 5 – Third Party Liability*
- *Chapter 6 – Prior Authorization*
- *Chapter 7 – Reimbursement Methodologies*

Be Sure to Check the IHCP Web Site for Recent Bulletins

Numerous bulletins were recently posted to the IHCP Web site (see list above for details). Be sure to check

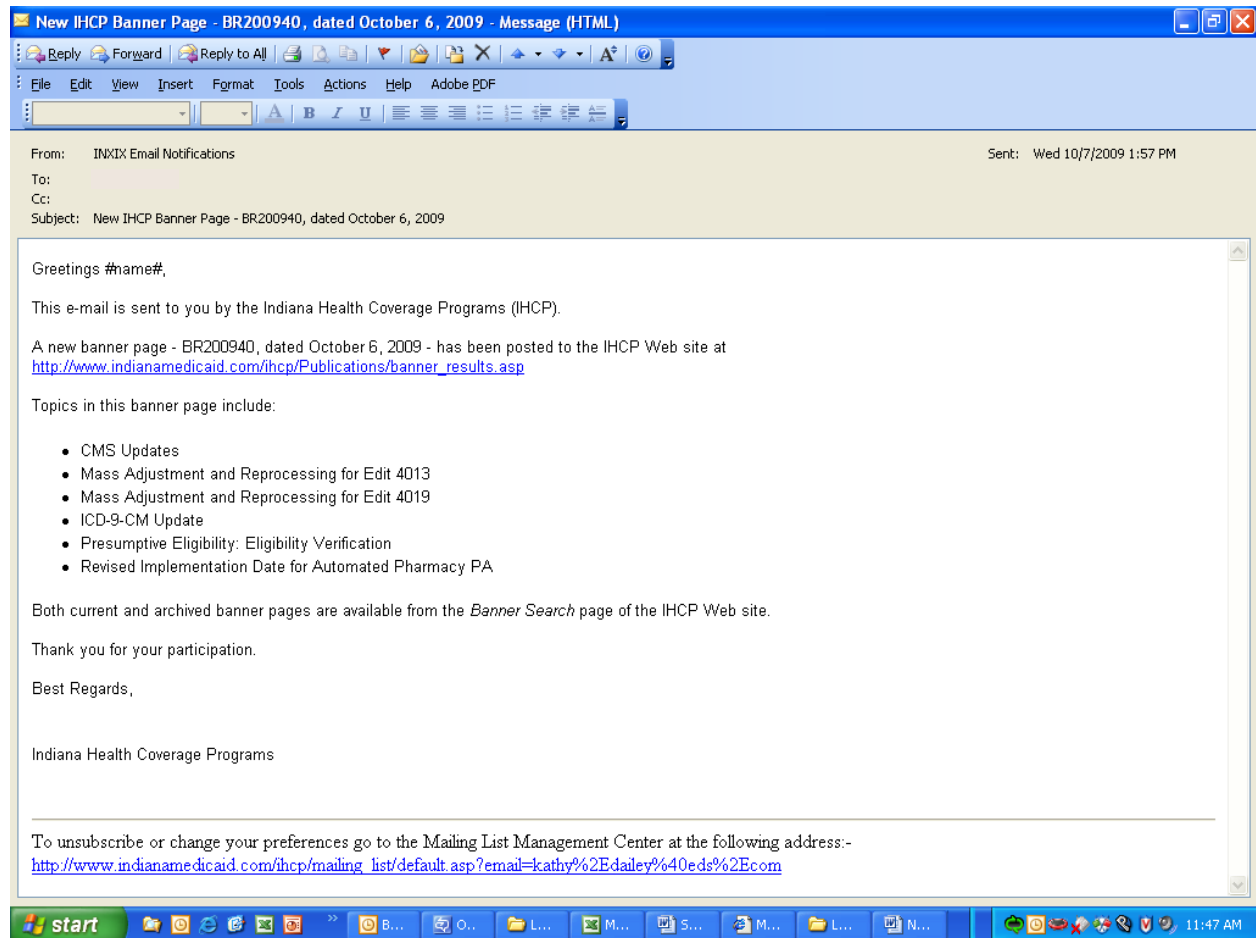
these bulletins for the latest information about upcoming changes in IHCP policies and programs.

Sign Up Today for E-mail Notification of New Bulletins, Banner Pages, and Newsletters Posted to the IHCP Web Site

Because bulletins, banner pages, and newsletters from the IHCP are now available only in electronic form on the IHCP Web site, it is more important than ever that you sign up for e-mail notification of new publications posted to the Web site.

When you sign up for the notifications, you'll receive an e-mail like the one in Figure 1 each time a bulletin, banner page, or newsletter is posted. You can choose your e-mail delivery format (HTML or plain text) and which kinds of notifications (banner page, bulletin, and so forth) you would like to receive.

Figure 1 – Sample E-mail Notification of New Banner Page Posted to the Web Site



The IHCP will use your e-mail address only to send e-mail notices regarding publications posted to the Web site – we will not provide anyone else with your e-mail address. If for some reason, you prefer to stop

receiving the notifications, it is simple to unsubscribe. To sign up for e-mail notifications, go to http://provider.indianamedicaid.com/ihcp/mailling_list/default.asp and click **Open New Account**.

The IHCP Introduces The Right Choices Program

The IHCP is pleased to announce The Right Choices Program (RCP), formerly known as Indiana Medicaid's Restricted Card Program. The IHCP has redesigned the program to safeguard against unnecessary or inappropriate use of Medicaid services. Effective January 1, 2010, the RCP will be administered by the health plans within Hoosier Healthwise, *Care Select*, and Healthy Indiana Plan (HIP), as well as ADVANTAGE for Traditional Medicaid, using uniform criteria and policies established by the State.

The RCP case managers will provide intensive member education, care coordination, and utilization management for members enrolled in the RCP. Case managers will also support providers in the management of their RCP members.

In order to achieve the goal of delivering quality healthcare for RCP members, RCP stakeholders will collaborate to create a medical home for RCP members. RCP members will be assigned and "locked-in" to a team of experts consisting of one primary medical provider (PMP), one pharmacy, and

one hospital. If a member requires specialty services, or needs to see any practitioner other than the PMP (including office partners), the PMP must make a written referral for those services to be authorized for reimbursement. This includes situations of self-referral (for example, dentists and psychiatrists).

The objectives of the RCP are to:

- Improve the individual's health status by increasing the level of care coordination and utilization control for members enrolled in the RCP.
- Reduce inappropriate outpatient hospital use, especially use of the emergency room.
- Reduce inappropriate use of pharmacy services, especially controlled substances and other items with potential for misuse or abuse.
- Reduce medical expenditures related to inappropriate use and/or overuse of services
- Increase provider participation and improve provider satisfaction with RCP.

Providers will receive a notification letter when they have been selected to participate on the member's team of experts. Information regarding the member's authorized providers will also be available via Web interChange. Please refer to [Chapter 13](#) of the *IHCP Provider Manual* in the near future for additional information on the Right Choices Program.

Members will be notified in writing of their enrollment into the RCP program. The letter will indicate the member's assigned or chosen PMP, pharmacy, and hospital. RCP member enrollment information will be entered into Web interChange so that providers can identify the individual as a member of the Right Choices Program when they check a patient's Medicaid eligibility. A member's RCP enrollment will stay intact, regardless of member movement between programs or health plans.

For additional information, contact one of the RCP administrators listed below:

- MDwise
Care Select – 1-866-440-2449
Hoosier Healthwise – 1-800-356-1204
HIP – 1-877-822-7196
- ADVANTAGE Health SolutionsSM
Care Select – 1-800-784-3981
Traditional Medicaid – 1-800-784-3981
- Anthem
Hoosier Healthwise – 1-866-408-6131
HIP – 1-800-553-2019
- Managed Health Services
Hoosier Healthwise – 1-877-647-4848

Please Mail Claims to the Appropriate Address

The IHCP reminds providers of the importance of mailing paper claims to the appropriate address. Claims mailed to the incorrect post office box cause

an unnecessary delay in claims processing. Mail paper claims to the address as indicated in Table 1.

Table 1 – Correct Post Office Boxes for Claims

Type of Claim	Correct Post Office Box
CMS-1500	P.O. Box 7269 Indianapolis, IN 46207-7269
CMS-1500 Crossovers	P.O. Box 7267 Indianapolis, IN 46207-7267
UB-04, Including Crossovers	P.O. Box 7271 Indianapolis, IN 46207-7271
Dental Claims	P.O. Box 7268 Indianapolis, IN 46207-7268

For your convenience, the addresses for paper claims can be found on the [Quick Reference Guide](#) included

in each edition of the IHCP Monthly Newsletter (see page 10 of this issue). Paper claims should not be mailed to the post office box for Written Correspondence inquiries (P.O. Box 7263).

Use National Provider Identifier When Submitting Claims via Web interChange

Bulletin [BT200926](#), dated August 19, 2009, announced the changes that occurred as a result of the full implementation of the National Provider Identifier (NPI) mandate. Healthcare providers are required to submit all Health Insurance Portability and Accountability (HIPAA) transactions, including claims, using the NPI instead of the legacy provider identifier (LPI).

Providers who submit medical (CMS-1500 format) claims via Web interChange have encountered an error message when both the LPI and NPI are entered for the referring or rendering provider. To resolve the

error, remove the LPI from all fields on Web interChange; report only the NPI for the referring or rendering provider.

Providers who submit institutional (UB-04 format) claims via Web interChange have encountered an error message when entering the attending physician license number in the Attending Prov NPI field. Please note that only the NPI is accepted in this field; the license number of the attending physician should not be entered on the claim.

Physicians, Hospitals, Clinics, Mental Health, and Pharmacy Providers

VFC Flu Vaccine

The flu season has started. To address the need for immunizations and to deal with the potential shortage of available influenza vaccine, the IHCP is not limiting reimbursement for any influenza vaccine, regardless of the availability from the Vaccines for Children (VFC) program. Thus, effective September 1, 2009, providers may obtain reimbursement for privately purchased influenza vaccines for eligible VFC members when VFC vaccines are not available and supplies are delayed.

Providers are reminded that when a free VFC vaccine is administered, the appropriate Current Procedural Terminology (CPT^{®1}) vaccine procedure code and the lesser of the usual and customary administration fee or \$8 should be billed. A separate CPT administration code should not be billed for a VFC-administered vaccine.

When administering a privately purchased influenza vaccine, providers may bill for both the vaccine and its administration (CPT codes 96372-96374). If an evaluation and management (E/M) service code is billed with the same date of service as an office-administered immunization, providers should not bill the vaccine administration code separately.

Reimbursement for the administration is included in the E/M code allowed amount. Separate reimbursement is allowed when the administration of the drug is the only service billed by the practitioner. In addition, if more than one vaccine is administered on the same date of service and no E/M code is billed, providers may bill an administration fee for each injection.

Additionally, providers are reminded that claims should be submitted to the appropriate delivery system – HP or managed care organization (MCO) – for each member, regardless of the source of the vaccine stock. Claims are eligible for postpayment review, and therefore, providers must maintain documentation and invoices related to private stock when substituting for VFC vaccine.

Rural health clinic (RHC) and Federally Qualified Health Center (FQHC) rates include payment for the vaccine and administration fee, and cannot be billed separately on claims submitted to HP. RHCs and FQHCs must separately verify the billing policy for each MCO to which they submit claims.

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

Providers of Obstetric Care

How to Enroll as a Qualified Provider for the Presumptive Eligibility Program

The Presumptive Eligibility (PE) for Pregnant Women Program has helped more than 5,000 low-income pregnant women receive access to coverage

earlier in pregnancy. Since July 1, 2009, PE has provided pregnant women with coverage under

Hoosier Healthwise while the women’s Medicaid application is in process.

To continue the success of the PE program, we are recruiting additional providers to serve as qualified providers for the PE program. Enrollment as a QP will allow your organization to improve access to early prenatal care, which can improve birth outcomes.

In addition, PE is different from “pending” Medicaid, as providers are eligible for reimbursement at the time services are rendered, versus waiting for retroactive coverage. Pregnant women found to be presumptively eligible even have coverage for their first prenatal visits to qualified providers. PE covers

ambulatory prenatal services until the Hoosier Healthwise/Medicaid application is processed.

The following counties do not currently have QP coverage. Providers in these counties with a qualifying provider type/specialty are encouraged to contact Relia Manns at (317) 488-5363 to schedule training after completing the enrollment process outlined in bulletin [BT200910](#), dated April 30, 2009.

More information about PE can be found at a special Web site:

<http://provider.indianamedicaid.com/provider-specific-information/managed-care/presumptive-eligibility.aspx>.

Table 2 – Counties Where Qualified Providers Are Needed

Adams	Franklin	Montgomery	Posey	Switzerland
Benton	Gibson	Morgan	Pulaski	Tipton
Blackford	Hamilton	Newton	Randolph	Union
Boone	Hancock	Noble	Rush	Warren
Brown	Jasper	Ohio	Shelby	Whitley
Fayette	Martin	Owen	Spencer	Washington
Fountain				

Table 3 – Specialties/Types Allowed To Be Qualified Providers for Presumptive Eligibility

Family or General Practitioner	Advanced Practice Nurse Practitioner
Pediatrician	Federally Qualified Health Center (FQHC) and Rural Health Center (RHC)
Internist	Medical Clinic
OB/GYN	Outpatient Hospital
Certified Midwife	Health Department
Family or General Practitioner	Family Planning Clinic

Presumptive Eligibility Process Update: Enrollment Center Referrals and Avoiding Duplicate Applications

Enrollment centers that are not qualified providers for the PE program can assist a pregnant woman by helping complete and submit a Hoosier Healthwise (HHW) Application and providing a referral to a qualified provider. However, it is critical that only ONE HHW Application be submitted for a member. To avoid duplicate applications, an enrollment center that completes an HHW application should provide a

copy of that application to the member. Qualified providers should verify that the pregnant woman has submitted an HHW application. Qualified providers should not submit an additional application or fax a duplicate application to the Division of Family Resources (DFR) if the member has already submitted an application.

Hospice Providers

Noncancerous Hospice

The policy for noncancerous hospice has been revised to reflect recent updates. In addition, the cardiac and pulmonary portions of the document have been combined to reflect cardiopulmonary disease.

The current noncancerous hospice policy is now available in *Chapter 6* of the [Hospice Provider Manual](#).

Prescribing Providers and Pharmacy Providers

Consolidation of Pharmacy Benefits

Effective for claims with dates of service of January 1, 2010, and later, the Office of Medicaid Policy and Planning (OMPP) will assume responsibility for the administration of managed care and HIP pharmacy benefits. This is referred to as a consolidation, or “carve out,” of pharmacy benefits. All Hoosier Healthwise pharmacy claims that are currently processed by Anthem, MDwise, or Managed Health Services will be processed by the fee-for-service claims processor, HP.

At the same time, HIP claims that are currently processed by Anthem/Blue Cross-Blue Shield and MDwise/AmeriChoice will also begin being processed by HP. Additional information will be provided in subsequent provider bulletins and banner pages.

Contact Information

Table 4 – 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 5 – 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 6 – 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	HP Administrative Review Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	HP Customer Assistance (317) 655-3240 or 1-800-577-1278 Opt 1 = Pharmacy
HP Electronic Solutions Help Desk (317) 488-5160 or 1-877-877-5182 INXIXElectronicSolution@hp.com	HP Forms Requests P.O. Box 7263 Indianapolis, IN 46207-7263	HP Member Hotline (317) 713-9627 or 1-800-457-4584 Opt 1 = Member Services – English Opt 2 = Member Services – Spanish	HP Omni Help Desk (317) 488-5051 or 1-800-284-3548
HP TPL (317) 488-5046 or 1-800-457-4510 Fax: (317) 488-5217	HP Provider Enrollment and Waiver P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	HP 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	HP Pharmacy Services Help Desk for POS Claims Processing (317) 655-3240 or 1-800-577-1278 INXIXPharmacy@hp.com	HP Pharmacy Claims P.O. Box 7268 Indianapolis, IN 46207-7268	HP Pharmacy Claims Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265
Pharmacy Benefit Management Inquiries PDL@fssa.in.gov	Indiana Administrative Review/Pharmacy Claims HP 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: HP 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	
<p>ADVANTAGE Health SolutionsSM 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</p>	<p>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, IN 46244-0214</p>	<p>MDwise Healthy Indiana Plan http://www.mdwise.org Member Services and Provider Services P.O. Box 44236 Indianapolis, IN 46244-0236 1-877-822-7196 or (317) 822-7196 Fax: 1-877-822-7192 or (317) 822-7192 Medical Claims P. O. Box 33049 Indianapolis, IN 46203 Payer ID: MDWIS Behavioral Health Claims/HIP 1-800-818-6872 P.O. Box 33049 Indianapolis, IN 46203 Payer ID MDWIS Customer Service/Provider Service 1-877-822-7196 or 317-822-7196</p>	<p>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 HP Pharmacy Claims P.O. Box 7268 Indianapolis, IN 46207-7268 1-800-577-1278 or (317) 655-3240 PA – Medical 1-877-217-7150</p>		
<p>Pharmacy See Pharmacy Services Contact Information above</p>	<p>HP Claims Providers (317) 655-3240 1-800-577-1278 Members (317) 713-9627 1-800-457-4584</p>	<p>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</p>			
Paper Claim Filing					
<p>HP 590 Program Claims P.O. Box 7270 Indianapolis, IN 46207-7270</p>	<p>HP Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265</p>	<p>HP CCFs P.O. Box 7266 Indianapolis, IN 46207-7266</p>	<p>HP Dental Claims P.O. Box 7268 Indianapolis, IN 46207-7268</p>	<p>HP CMS-1500 Claims P.O. Box 7269 Indianapolis, IN 46207-7269</p>	
<p>HP Claim Attachments P.O. Box 7259 Indianapolis, IN 46207-7259</p>	<p>HP Waiver Programs Claims P.O. Box 7269 Indianapolis, IN 46207-7269</p>	<p>HP Medical Crossover Claims P.O. Box 7267 Indianapolis, IN 46207-7267</p>	<p>HP Institutional Crossover/UB-04 Inpatient Hospital, Home Health, Outpatient, and Nursing Home Claims P.O. Box 7271 Indianapolis, IN 46207-7271</p>		
Check Submission					
<p>To make refunds to the IHCP HP Refunds P.O. Box 2303, Dept. 130 Indianapolis, IN 46206-2303</p>	<p>To make refunds for CA-PRTF HP/CA-PRTF Refunds P.O. Box 7247 Indianapolis, IN 46207</p>	<p>To make refunds for MFP HP/MFP Refunds P.O. Box 7194 Indianapolis, IN 46207</p>	<p>To Return Uncashed IHCP Checks HP Finance Department 950 N. Meridian St., Suite 1150 Indianapolis, IN 46204-4288</p>	<p>Pharmacy See Pharmacy Services Contact Information above</p>	
Restricted Card Program					
<p>ADVANTAGE Health Solutions – FFS Attn: Restricted Card Program P.O. Box 40789 Indianapolis, IN 46240 1-800-784-3981 Fax: 1-800-689-2759</p>		<p>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</p>		<p>MDwise – Care Select Attn: Restricted Card Program 1099 N. Meridian St., Suite 320 P.O. Box 44214 Indianapolis, IN 46204 1-866-440-2449 Fax: 1-877-822-7188</p>	