IHCP Provider
Monthly News

January 2010

Indiana Health Coverage Programs

http://www.indianamedicaid.com

What's New Inside!

➢ Corrected Service Hours for Pharmacy Consolidation Inquiries

➢ The IHCP Introduces the Right Choices Program

➢ Enhanced Spend-down Information on the Eligibility Verification Systems

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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
		RA	Remittance Advice
EVS	Eligibility Verification Systems	RBMC	Risk-Based Managed Care
HCPCS	Healthcare Common Procedure Coding System	RCP	Right Choices Program (formerly Restricted Card Program)
HIP	Healthy Indiana Plan		
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:

• *BT200942* – Coverage of Mental Health Codes for Children's Health Insurance Program

• *BT200943* – Reduction in Reimbursement for Inpatient and Outpatient Hospital Services

• *BT200944* – Changes to the Preferred Drug List

• *BT200945* – Automation of Pharmacy Prior Authorization for Fee-for-Service Claims

• *BT200946* – Medical Education Reimbursement Change

• *BT200947* – Revised – "Carve Out" of the Managed Care and Healthy Indiana Plan (HIP) Pharmacy Benefits – Revised Effective Date, Now December 31, 2009

• *BT200948* – Revised – Revised Effective Date for Pharmacy Benefit Consolidation, Now Effective December 31, 2009

• *BT200949* – Revised – Member Letter – Pharmacy Benefit Consolidation

• *BT200950* – Enhanced Spend-down Information on the Eligibility Verification Systems

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/mailing_list/default.asp and click **Open New Account**. To access the Explanation of Benefits (EOB) codes from the IHCP Web site, click **Provider Services** and then click **EOB Descriptions**. Follow the directions at the top of the EOB Web page to print or download the EOB list.

Recent Updates to the *IHCP Provider Manual*

The following chapters of the *IHCP Provider Manual* has been updated:

• *Chapter 4 – Provider Enrollment, Eligibility, and Responsibilities*

• *Chapter 8 – Billing Instructions*

• *Chapter 10 – Claims Processing Procedures*

Enhanced Spend-down Information on the Eligibility Verification Systems

Beginning January 1, 2010, providers can access enhanced information on the Eligibility Verification Systems (EVS) for members enrolled under the spend-down provision. When a provider verifies member eligibility using EVS – including Web interChange, Omni, the Automated Voice Response (AVR), and the HIPAA 270/271 transaction – for a member who has a spend-down, the EVS displays the dollar amount of the remaining spend-down

obligation for the month. Providers can use the enhanced spend-down information to assist members with financial planning for payment of the spend-down.

For more information, see *BT200950*, dated December 29, 2009; and *BT200527*, dated November 15, 2005, which announced changes resulting from the automation of spend-down processing.

2010 Healthcare Common Procedure Coding System Updates Are Available

The 2010 Healthcare Common Procedure Coding System (HCPCS) updates are available for download on the following Web site: http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS.

The new codes, deleted codes, codes with description

changes, and new modifiers are currently under review. HP Enterprise Services will publish a provider bulletin containing information about IHCP coverage, prior authorization requirements, and pricing, as applicable.

Hysteroscopic Sterilization Procedure

Reimbursement is available for hysteroscopic sterilization with an implant device, which provides a nonincision permanent sterilization option. The IHCP covers this procedure for eligible female members 21 years old and older. This procedure can be performed in the office, as an outpatient procedure, or in an ambulatory surgical center (ASC).

Providers should bill the procedure using Current Procedural Terminology (CPT[®1]) code 58565 – *Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants*. CPT code 58579 – *Unlisted hysteroscopy procedure, uterus*, is not appropriate

billing for the procedure, and claims will suspend for manual review.

The implant device must be billed separately on the CMS-1500 claim form using HCPCS code A9900 – *Miscellaneous supply, accessory, and/or service component of another HCPCS code*. This is the only code billable for the device.

An outpatient hospital or ASC must adhere to the following billing instructions to receive reimbursement for the implant device in addition to the outpatient ASC rate. No additional reimbursement is available for the implant device if performed in an inpatient setting. Table 1 provides billing instructions for these services.

Table 1 – Billing Instructions for the Hysteroscopic Sterilization Procedure with Implant Device

Provider	Claim Type	Bill for the Procedure and the Supply	Additional Billing Requirements
Outpatient Hospital or ASC	UB-04	58565 with appropriate revenue code	• Print the name of the implant device in the body of the claim form or on the accompanying invoice.
	CMS-1500 bill for the device under the professional or durable medical equipment (DME) provider number	Bill the device using A9900 – include a cost invoice with the claim to support the actual cost of the device	• Submit a valid, signed Sterilization Consent Form with the claim.
Physician	CMS-1500	58565	• Enter **ICD-9 CM V25.2-Sterilization** as the primary diagnosis on the claim.
		Bill the device on a separate line using A9900 – include a cost invoice	

Providers must submit a cost invoice with the claim to support the cost of the device. The IHCP reimburses 130 percent of the amount listed on the manufacturer's cost invoice, up to a statewide maximum of $686.

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

Updated Pricing for Procedure Codes Previously Denying for "No Pricing on File"

For *Care Select* and Traditional Medicaid, the IHCP has established rates for the HCPCS codes listed in Table 2. These are covered procedures that were previously denying (primarily error codes 4209, 4205, 4014) for no pricing segment on file. The pricing changes have been made retroactive to the effective date of the code. Providers may rebill claims with these procedure codes if the claims have denied due to no rate on file. Similarly, the codes in Table 3 will be covered by *Care Select* and

Traditional Medicaid retroactive to the effective date of the code with the listed rate changes. Providers may rebill claims with these procedure codes if the claims have been denied due to noncoverage. Providers may submit this article along with the claims to waive the one-year filing limit. Table 4 lists codes that are covered but nonreimbursable. *BT200734*, dated December 27, 2007, previously identified these codes as covered rather than nonreimbursable.

Table 2 – Codes with No Rates on File

Procedure Code	Code Description	New Rate	Effective Date of Code
A5083	Continent device, stoma absorptive cover for continent stoma	Max Fee rate of $0.50	January 1, 2008
E0856	Cervical traction device, cervical collar with inflatable air bladder	Max Fee rate of $154.03 NU and $15.42 RR	January 1, 2008
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	Max Fee rate of $1,569.13 NU and $156.93 RR	January 1, 2008
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	Max Fee rate of $936.26 NU and $93.62 RR	January 1, 2008
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	Max Fee rate of $1.10	January 1, 2004
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	Max Fee rate of $6.36	January 1, 2004
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	Max Fee rate of $0.57	January 1, 2004
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	Max Fee rate of $6.09	January 1, 2004

Table 3 – Codes Previously Noncovered

Procedure Code	Code Description	New Rate	Effective Date of Code
L7007	Electric hand, switch, or myoelectric controlled, adult	Max Fee rate of $3,072.89	January 1, 2007
L7008	Electric hand, switch, or myoelectric controlled, pediatric	Max Fee rate of $4,765.16	January 1, 2007
L7009	Electric hook, switch, or myoelectric controlled, adult	Max Fee rate of $3,143.94	January 1, 2007

Table 4 – Nonreimbursable Codes

Procedure Code	Code Description	Effective Date of Code
1127F	New episode for condition (ML)5	January 1, 2008
1128F	Subsequent episode for condition (ML)5	January 1, 2008

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 is administered by the health plans within Hoosier Healthwise, *Care Select*, and Healthy Indiana Plan (HIP), as well as ADVANTAGE Health Solutions™ for Traditional Medicaid, using uniform criteria and policies established by the State.

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

To achieve the goal of delivering quality healthcare for RCP members, RCP stakeholders collaborate to create a medical home for RCP members. RCP members are 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 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 is also available via Web interChange. Members are notified in writing of their enrollment into the RCP program. The letter indicates the member's assigned or chosen PMP, pharmacy, and hospital. RCP member enrollment information is entered into Web interChange so 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 stays 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 Solutions℠

  Care Select – 1-800-784-3981

  Traditional Medicaid – 1-800-784-3981

- Anthem

  Hoosier Healthwise – 1-866-408-6132

  HIP – 1-800-345-4344

- Managed Health Services

  Hoosier Healthwise – 1-877-647-4848

Notification of Pregnancy Billing Procedures for UB-04

Effective December 1, 2009, hospitals can submit claims for Notification of Pregnancy (NOP). Submit claims for NOP using the UB-04 claim form to the appropriate managed care organization following the guidelines below for reimbursement. NOPs previously completed by hospitals that have not yet been reimbursed can also be submitted using the date of service when the NOP was completed.

To be eligible for reimbursement of an NOP:

1. The NOP must be submitted via Web interChange no more than five calendar days from the date the risk assessment was completed. The NOP cannot be a duplicate of a previously submitted NOP, and the member's gestation must be 29 weeks or less.

2. NOP claim forms must be coded with:

   • Revenue Code 960

   • CPT code 99354 **and** modifier TH

Note: *The revenue code, CPT code, and the modifier must be billed together to be reimbursed the NOP fee when billed on the UB claim. Duplicate NOPs will not be reimbursed.*

Anesthesia Providers

Reimbursement for Procedure Codes 01952 and 01953

Effective for claims with dates of service on or after February 1, 2010, the IHCP will reimburse anesthesia codes 01952 – *Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; one percent to nine percent total body surface area* and 01953 – *Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; each additional nine percent total body surface area* when billed on the same claim form.

The complete time for the entire procedure must be included in the time reported for 01952. When multiple units are performed for procedure code 01953 (that is, each additional 9 percent), bill all the units on the same detail line. Providers will be reimbursed one base unit for each additional 9 percent of the total body surface area. The current base rate for anesthesia services is $13.88 per unit.

Prescribing Providers and Pharmacy Providers

Please Note Corrected Service Hours for Pharmacy Consolidation Inquiries

The correct hours of service for provider and member inquiries regarding ADVANTAGE Health Solutions™ are listed in Tables 5 through 9. These hours were listed incorrectly in the original IHCP bulletin, BT200937, dated November 17, 2009, which provided an update about the pharmacy consolidation. The correct toll-free number for provider services inquiries for the Right Choices Program is also listed in Table 6. For more information regarding the pharmacy benefit consolidation, please see *BT200947* and *BT200948*, dated December 22, 2009.

Table 5 – Provider Services Inquiries for the Right Choices Program

Vendor	Provider Services Phone Number	Web Site	Hours of Operation
ADVANTAGE Health Solutions – all IHCP and HIP members excluding MDwise *Care Select*	1-800-784-3981	www.advantageplan.com	M – F: 8 a.m. – 6 p.m.

Table 6 – Member Services Inquiries for the Right Choices Program

Vendor	Member Services Phone Number	Web Site	Hours of Operation
ADVANTAGE Health Solutions – FFS and *Care Select*	1-800-784-3981	www.advantageplan.com	M – F: 8 a.m. – 6 p.m.

Table 7 – Drug and Drug Related Supply PA Request for IHCP and HIP Members

Vendor	Provider Services Phone Number	Web Site	Hours of Operation
ADVANTAGE Health Solutions – FFS	1-800-269-5720	www.advantageplan.com	M – F: 7 a.m. – 7 p.m.

Table 8 – Medical Services (Non-Pharmacy or Drug and Drug Related Supply) Inquiries

Vendor	Provider Services Phone Number	Web Site	Hours of Operation
ADVANTAGE Health Solutions – *Care Select*	1-866-504-6708	www.advantageplan.com	M – F: 7 a.m. – 7 p.m.

Table 9 – Medical Services (Non-Pharmacy or Drug and Drug Related Supply) PA Requests

Vendor	Medical Services Phone Number	Web Site	Hours of Operation
ADVANTAGE Health Solutions – FFS	1-800-269-5720	www.advantageplan.com	M – F: 8 a.m. – 6 p.m.
ADVANTAGE Health Solutions – *Care Select*	1-800-784-3981	www.advantageplan.com	M – F: 7 a.m. – 7 p.m.

Mental Health Quality Advisory Committee Utilization Edits

On June 19, 2007, the Mental Health Quality Advisory Committee's (MHQAC's) recommended utilization edits for mental health medications were implemented (refer to provider bulletin *BT200709*, dated May 3, 2007). The utilization edits are reviewed quarterly, and the additions in Table 10 will be effective February 1, 2010. These updates were approved at the Fourth Quarter 2009 MHQAC meeting and at the November 2009 Drug Utilization Review (DUR) Board meeting.

Table 10 – Updates to MHQAC Utilization Edits

Name of Medication and Strength	Utilization Edit
Edluar 10mg SL tablet	1/day
Edluar 5mg SL tablet	1/day
Invega ER 1.5mg tablet	1/day
Invega Sustenna 39mg prefilled syringe	1/28 days
Invega Sustenna 78mg prefilled syringe	1/28 days
Invega Sustenna 117mg prefilled syringe	1/28 days
Invega Sustenna 156mg prefilled syringe	1/28 days
Invega Sustenna 234mg prefilled syringe	1/28 days

Name of Medication and Strength	Utilization Edit
Nuvigil 50mg	2/day
Nuvigil 150mg	1/day
Nuvigil 200mg	1/day
Nuvigil 250mg	1/day
Oxazepam 15mg tablet	4/day; max quantity 120
Risperidone 0.25mg ODT	2/day
Risperidone 1mg/1mL solution	8mL/day
Saphris 5mg sublingual tablet	2/day
Saphris 10mg sublingual tablet	2/day
Sarafem 15mg tablet	1/day
Thiothixene 20mg capsule	3/day

Outpatient Providers

Positron Emission Tomography Claims Denying with Audit 6288

Positron Emission Tomography (PET) scan imaging claims have denied with audit 6288 – *PET scan imaging limited to specific diagnosis codes* when more than one diagnosis code was reported on a claim. This occurred because only the first diagnosis code on the claim was considered during processing. As a workaround, providers were required to remove the PET scan procedure code from the claim and submit it separately on a new claim. Effective January 1, 2010, the IHCP will consider all diagnosis codes reported on PET scan claims during processing. Providers with dates of service that are more than one year old should submit claims with this article to waive the filing limit.

New Audit 6290 for Hyperbaric Oxygen Therapy

Hyperbaric Oxygen Therapy (HBO) claims may have paid inappropriately because some of the diagnosis codes on the claims were not considered during processing. Effective January 1, 2010, providers billing HBO services may see a new audit 6290 – *HBO limited by diagnosis code*. This will prevent claims from paying inappropriately.

Provider Workshops

Regional Workshops for Dental, Home Health, and Hospice Providers

HP Enterprise Services Provider Relations will present regional workshops for home health/hospice providers and dental providers. Providers may choose any of the following dates to attend. The morning session covers the home health/hospice education, and the afternoon is for the dental provider community.

Date: January 20, 2010

Location: Indiana University School of Dentistry
1121 W. Michigan St.
Room DS 114
Indianapolis, IN 46202

Date: January 28, 2010
Location: Bloomington Hospital Auditorium
601 West 2nd Street
Bloomington, IN 47403

Date: February 2, 2010
Location: Union Hospital
Landsbaum Center
1433 6 ½ Street
Terre Haute, IN 47804

Home Health/Hospice Providers

Home Health: 9 – 10 a.m.

Hospice: 10:10 – 11:30 a.m.

This is an excellent opportunity to become more familiar with Medicaid home health and hospice policies, procedures, and billing tools and methodology.

The agenda includes the following:

- Benefit coverage

- Prior authorization requirements

- Billing procedures

- Eligibility requirements

- Reimbursement methodology

- Hospice process

- Common denials

Dental Providers

1:00 – 3:30 p.m.

This is an excellent opportunity to become more familiar with Medicaid dental policies, procedures, and billing tools and methodology.

The agenda includes a live demonstration and discussion of all facets of Web interChange, including:

- Spend-down

- Managed care

- Third-party liability and qualified Medicare beneficiary eligibility

- Dental cap

- Benefit limitations

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

IHCP Offers First-quarter Medicaid Provider Workshops

The IHCP is again offering quarterly provider workshops free of charge – see Table 11 for topics, times, and descriptions. Sessions on IHCP Updates, the Pharmacy Benefit Consolidation, and Medical Review Team (MRT) are scheduled for the morning; afternoon sessions include the IHCP Family Tree, Outpatient Behavioral Health Services, *Care Select* Services, and Medicaid Rehabilitation Option. 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.

Workshop dates, registration deadlines, and locations are listed in Table 12. General directions to workshop locations are 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 on Provider Services, then Education Opportunities. Another registration option is the form on page 12. Fax completed registration forms to HP at (317) 488-5376. HP processes registrations chronologically based on the date of the workshop. The Provider Workshop Registration form is also available on the Forms page of the IHCP Web site.

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

Table 11 – First-Quarter Provider Workshops – Topics, Times, and Descriptions

Time	Topic	Description
8 – 9 a.m.	IHCP Updates, presented by HP	The new year brings updates to the IHCP. During this session, providers learn about a highly anticipated enhancement to the spend-down information available on the eligibility verification systems. Also covered is the Right Choices Program, which replaces the Restricted Card Program. In addition, providers will learn more about the 5 percent reimbursement reduction affecting hospital providers, the determination of new rates for manually priced services, and a change to the medical education payment applicable to managed care claims.
9:15 – 9:45 a.m.	Pharmacy Benefit	Effective December 31, 2009, the pharmacy benefit has been

	Consolidation, presented by HP	carved out of the risk-based managed care delivery system. HP is now the processor for all pharmacy claims. Prescribers and pharmacy providers learn about the impact of this change.
10 – 10:45 a.m.	Medical Review Team, presented by HP	This session provides an overview of the billing requirements for Medical Review Team (MRT) claims. The discussion reviews how the member eligibility process works, the types of exams and services performed, and obtaining authorization for additional services. The top reasons for MRT claim denials is also discussed, along with methods of resolution.
11 – Noon	Lunch	
12:10 – 12:30 p.m.	IHCP Family Tree	The afternoon sessions are specifically designed for clinical and nonclinical staff with a mental health specialty. The IHCP Family Tree presentation provides an overview of the structure of the IHCP and a foundation for the afternoon workshop sessions. Behavioral health providers learn the main functions performed by each IHCP contractor.
12:30 – 2 p.m.	Transition from Inpatient Behavioral Health Services to Outpatient Services, presented by Hoosier Healthwise and *Care Select* health plans	This session focuses on actions that behavioral health providers (inpatient and outpatient) can take to ensure that patients transition from inpatient care to home, school, or workplace setting after discharge. The discussion is framed by the National Committee for Quality Assurance (NCQA) Health Plan Employer Data and Information Set (HEDIS®) measure for follow-up care within seven days of discharge from an inpatient behavioral health facility. Statewide and regional performance data is also provided. After this session, providers will understand the importance of follow-up visits and be aware of available solutions for ensuring follow-up during the seven days following discharge. The session includes pertinent clinical information and billing instructions for both inpatient and outpatient behavioral health providers.
2:15 – 3:15 p.m.	*Care Select* Services, presented by ADVANTAGE Health Solutions™ and MDwise	This session provides education for providers with patients enrolled in *Care Select*. The discussion includes a description of *Care Select* goals, behavioral health integration into *Care Select*, current clinical quality improvement projects, and care management services provided by *Care Select*.
3:30 – 4:30 p.m.	Medicaid Rehabilitation Option Transformation, presented by the Office of Medicaid Policy and Planning and the Division of Mental Health and Addiction	This session welcomes representatives from the Office of Medicaid Policy and Planning and the Division of Mental Health and Addiction. The session provides an overview of changes to MRO services that will be implemented in 2010.

Table 12 – Workshop Dates, Registration Deadlines, and Locations

Workshop Date	Registration Deadline	Location
February 16, 2010	February 2, 2010	Parkview Hospital Corporate Office, 10501 Corporate Drive, Fort Wayne, IN 46845
February 22, 2010	February 8, 2010	Ball Memorial Hospital, Auditorium, 2401 W. University Blvd., Muncie, IN 47303
February 25, 2010	February 11, 2010	Wishard Hospital, Myers Auditorium, 1001 W. 10th Street, Indianapolis, IN 46237

March 4, 2010	February 18, 2010	Columbus Regional Hospital, Kroot Auditorium, 2400 E. 17th Street, Columbus, IN 47201
March 9, 2010	February 23, 2010	Bloomington Hospital, Wagmiller Auditorium, 601 W. 2nd Street, Bloomington, IN 47402
March 11, 2010	February 25, 2010	St. Catherines Professional Office Building, 4321 Fir Street, East Chicago, IN 46312
March 18, 2010	March 4, 2010	Unity Hospital, Unity Medical Pavilion, 1345 Unity Place, Lafayette, IN 47905
March 25, 2010	March 11, 2010	St. Mary's Medical Center, 3700 Washington Ave., Evansville, IN 47750

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 Updates (8 – 9 a.m.)

☐ Fort Wayne, February 16, 2010	☐ Columbus, March 4, 2010	☐ Lafayette, March 18, 2010
☐ Muncie, February 22, 2010	☐ Bloomington, March 9, 2010	☐ Evansville, March 25, 2010
☐ Indianapolis, February 25, 2010	☐ East Chicago, March 11, 2010	

Pharmacy Benefit Consolidation (9:15 – 9:45 a.m.)

☐ Fort Wayne, February 16, 2010	☐ Columbus, March 4, 2010	☐ Lafayette, March 18, 2010
☐ Muncie, February 22, 2010	☐ Bloomington, March 9, 2010	☐ Evansville, March 25, 2010
☐ Indianapolis, February 25, 2010	☐ East Chicago, March 11, 2010	

Medical Review Team (10 – 10:45 a.m.)

☐ Fort Wayne, February 16, 2010	☐ Columbus, March 4, 2010	☐ Lafayette, March 18, 2010
☐ Muncie, February 22, 2010	☐ Bloomington, March 9, 2010	☐ Evansville, March 25, 2010
☐ Indianapolis, February 25, 2010	☐ East Chicago, March 11, 2010	

IHCP Family Tree (12:10 – 12:30 p.m.)

☐ Fort Wayne, February 16, 2010	☐ Columbus, March 4, 2010	☐ Lafayette, March 18, 2010
☐ Muncie, February 22, 2010	☐ Bloomington, March 9, 2010	☐ Evansville, March 25, 2010
☐ Indianapolis, February 25, 2010	☐ East Chicago, March 11, 2010	

Transition from Inpatient Behavioral Health Services to Outpatient Services (12:30 – 2 p.m.)

☐ Fort Wayne, February 16, 2010	☐ Columbus, March 4, 2010	☐ Lafayette, March 18, 2010
☐ Muncie, February 22, 2010	☐ Bloomington, March 9, 2010	☐ Evansville, March 25, 2010
☐ Indianapolis, February 25, 2010	☐ East Chicago, March 11, 2010	

Care Select Services (2:15 – 3:15 p.m.)

☐ Fort Wayne, February 16, 2010	☐ Columbus, March 4, 2010	☐ Lafayette, March 18, 2010
☐ Muncie, February 22, 2010	☐ Bloomington, March 9, 2010	☐ Evansville, March 25, 2010
☐ Indianapolis, February 25, 2010	☐ East Chicago, March 11, 2010	

Medicaid Rehabilitation Option Transformation 3:30 – 4:30 p.m.)

☐ Fort Wayne, February 16, 2010	☐ Columbus, March 4, 2010	☐ Lafayette, March 18, 2010
☐ Muncie, February 22, 2010	☐ Bloomington, March 9, 2010	☐ Evansville, March 25, 2010
☐ Indianapolis, February 25, 2010	☐ East Chicago, March 11, 2010	

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 13 – 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
5	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 14 – 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 15 – For Provider Concerns

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

Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization			
ADVANTAGE Health Solutions℠ Prior Authorization – Medical FFS P.O. Box 40789 Indianapolis, IN 46240 1-800-269-5720 Fax: 1-800-689-2759 **Prior Authorization – Pharmacy FFS** 1-866-879-0106 Fax: 1-866-780-2198	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 **Pharmacy Customer Assistance** (317) 655-3240 or 1-800-577-1278 Opt 1 = **Pharmacy**	Anthem http://www.anthem.com **Claims** 1-888-232-9613 **Member Services** 1-866-408-6131 Medical **PA** 1-866-408-7187 Fax: 1-866-406-2803 **Pharmacy PA** 1-866-879-0106 Fax: 1-866-780-2198 **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	MDwise http://www.mdwise.org **Claims, Member Services** Medical **PA /Medical Management, and Provider Services** (317) 630-2831 or 1-800-356-1204 **Pharmacy PA** 1-866-879-0106 Fax: 1-866-780-2198	Managed Health Services (MHS) https://www.managedhealthservices.com **Claims, Member Services,** Medical **PA/Medical Management, Provider Services, and Nursewise** 1-877-MHS-4U4U or 1-877-647-4848 **Pharmacy PA** 1-866-879-0106 Fax: 1-866-780-2198

Care Select – Care Management Organizations (CMOs)		Healthy Indiana Plan (HIP) Organizations	HIP – Enhanced Services Plan (ESP) Organizations
ADVANTAGE Health Solutions℠ http://www.advantageplan.com/ **Member Services** 1-800-784-3981 **Provider Services** 1-866-504-6708 **Medical PA** 1-800-784-3981 Fax: 1-800-689-2759 P.O. Box 80068 Indianapolis, IN 46280 **Pharmacy PA** 1-866-879-0106 Fax: 1-866-780-2198 **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 **Medical PA** 1-866-440-2449 Fax: 1-877-822-7186 P.O. Box 44214 Indianapolis, IN 46244-0214 **Pharmacy PA** 1-866-879-0106 Fax: 1-866-780-2198	**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 **Pharmacy PA** 1-866-879-0106 Fax: 1-866-780-2198	**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
Pharmacy See Pharmacy Services Contact Information above	**HP 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 **Medical PA** 1-866-398-1922 **Pharmacy PA** 1-866-879-0106 Fax: 1-866-780-2198	

Paper Claim Filing				
HP 590 Program Claims P.O. Box 7270 Indianapolis, IN 46207-7270	**HP Adjustments** P.O. Box 7265 Indianapolis, IN 46207-7265	**HP Medical Crossover Claims** P.O. Box 7267 Indianapolis, IN 46207-7267	**HP Dental Claims** P.O. Box 7268 Indianapolis, IN 46207-7268	**HP CMS-1500 Claims** P.O. Box 7269 Indianapolis, IN 46207-7269
HP Claim Attachments P.O. Box 7259 Indianapolis, IN 46207-7259	**HP Waiver Programs Claims** P.O. Box 7269 Indianapolis, IN 46207-7269		**HP 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 HP Refunds P.O. Box 2303, Dept. 130 Indianapolis, IN 46206-2303	**To make refunds for CA-PRTF** HP/CA-PRTF Refunds P.O. Box 7247 Indianapolis, IN 46207	**To make refunds for MFP** HP/MFP Refunds P.O. Box 7194 Indianapolis, IN 46207	**To Return Uncashed IHCP Checks** HP Finance Department 950 N. Meridian St., Suite 1150 Indianapolis, IN 46204-4288	**Pharmacy** See Pharmacy Services Contact Information above

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