

# Provider Monthly Newsletter

NL200603

March 2006

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## Abbreviations in this Newsletter

ACS	Affiliated Computer Services	ICD-9	International Classification of Diseases, 9th Revision
AVR	Automated Voice Response	ICES	Indiana Client Eligibility System
CCF	Claim Correction Form	IHCP	Indiana Health Coverage Programs
CHIP	Children's Health Insurance Plan	MAC	maximum allowable cost
CMHC	community mental health center	MCO	Managed Care Organization
CMS	Centers for Medicare and Medicaid Services	MHS	Managed Health Service
COBA	Coordination of Benefits Agreement	MRN	Medicare Remittance Notice
COBC	Coordination of Benefits Contractor	OMPP	Office of Medicaid Policy and Planning
DUR	Drug Utilization Review	PA	prior authorization
E1	eligibility inquiry	RA	Remittance Advice
EDS	Electronic Data Systems	PCCM	Primary Care Case Management
EVS	Eligibility Verification System	PMP	primary medical provider
HCE	Health Care Excel	POS	place of service
HCPCS	Healthcare Common Procedure Coding System	ProDUR	Prospective Drug Utilization Review
HIPAA	Health Insurance Portability and Accountability Act	SUR	Surveillance and Utilization Review

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## Provider News

### New Bulletins on the IHCP Web Site

A complete list of bulletins is available on the IHCP Web site at [www.indianamedicaid.com/ihcp/Publications/bulletin\\_results.asp](http://www.indianamedicaid.com/ihcp/Publications/bulletin_results.asp).

The following are bulletins posted to the IHCP Web in February:

- **BT200602** – First Steps Processor Change – outlining the claims processing changes for First Steps providers.
- **BT200603** – SUR Recommended Internal Audit Guidelines for CMHCs.

As new bulletins are posted to the IHCP Web site, IHCP E-mail Notifications are sent to subscribers. To learn more about this feature and subscribe to it visit [http://www.indianamedicaid.com/ihcp/mailing\\_list/default.asp](http://www.indianamedicaid.com/ihcp/mailing_list/default.asp).

### CMS Web Links

In January 2006, the CMS redesigned its Web site. As a result of the redesign, some of the information presented on the site has changed. Old links are not automatically redirected to new locations; however, they continue to link to the CMS Web site. IHCP bulletin **BT200602**, dated February 3, 2006, contained an expired link to POS codes posted on the CMS Web site. To access the POS code listing directly, go to <http://new.cms.hhs.gov/PlaceofServiceCodes/Downloads/POSDatabase.pdf>.

### HCPCS Codes Non-Covered by Medicare

The 2006 annual code and modifier updates to the HCPCS identified the codes in Table 3.1 as non-covered by Medicare. EDS added these codes to the Medicare bypass table in *IndianaAIM*. Claims with these codes bypass Medicare third party liability edits and process for appropriate adjudication.

Table 3.1 – HCPCS Codes Non-Covered by Medicare, Effective February 7, 2006

92630	92633	A6530	A6533	A6534	A6535	A6536
A6537	A6538	A6539	A6540	A6541	A6542	A6543
A6544	A6549	E0172	E0641	J7306	S2078	S2079

### Update to 2006 Annual HCPCS Codes

The CMS released corrections to the 2006 Annual HCPCS Update, published in provider bulletins **BT200528** and **BT200601**. The following tables list corrections to the 2006 new and deleted codes. These corrections are effective retroactively to January 1, 2006. Providers can access the 2006 Annual HCPCS new and deleted code updates on the IHCP Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

### Reinstated Codes, Effective January 1, 2006

Table 3.2 lists codes that CMS initially deleted in the 2006 Update, but have now determined to be valid codes. These codes remain active in the *IndianaAIM* claims processing system, so that providers can bill and be reimbursed appropriately for these services.

### Replacement Codes, Effective January 1, 2006

Table 3.3 lists codes CMS deleted in the 2006 Update. In Table 3.3 the *Replacement Code* column shows the corrected replacement code(s).

Table 3.2 – Corrections to the New and Deleted 2006 HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	PA Requirements	Modifiers	Program Coverage
E1239	Power wheelchair, pediatric size, not otherwise specified	Yes		Covered for all programs
J7317	Sodium hyaluronate, per 20 to 25 mg dose for intra-articular injection			Covered for all programs
J7320	Hylan G-F 20, 16 mg, for intra-articular injection			Covered for all programs

Table 3.3 – Corrections to the Deleted 2006 HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	Replacement Code
15342	Application of bilaminar skin substitute/neodermis; 25 sq cm	15170, 15175, 15340, 15360, 15365
15343	Application of bilaminar skin substitute/neodermis; each additional 25 sq cm (list separately in addition to code for primary procedure)	15171, 15176, 15341, 15361, 15366
21493	Closed treatment of hyoid fracture; without manipulation	Use appropriate Evaluation and Management code
21494	Closed treatment of hyoid fracture; with manipulation	Use appropriate Evaluation and Management code
31585	Treatment of closed laryngeal fracture; without manipulation	Use appropriate Evaluation and Management code
31586	Treatment of closed laryngeal fracture; with closed manipulative reduction	Use appropriate Evaluation and Management code
37730	Ligation and division and complete stripping of long and short saphenous veins	37718, 37722
76375	Coronal, sagittal, multiplanar, oblique, 3-dimensional and/or holographic reconstruction of computed tomography, magnetic resonance imaging, or other tomographic modality	76376, 76377
92330	Prescription, fitting, and supply of ocular prosthesis (artificial eye), with medical supervision of adaptation	Use appropriate Evaluation and Management code
92335	Prescription of ocular prosthesis (artificial eye) and direction of fitting and supply by independent technician, with medical supervision of adaptation	Use appropriate Evaluation and Management code
92510	Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming	92601, 92602, 92603, 92604, 92630, 92633
99311	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 15 minutes at the bedside and on the patient's facility floor or unit.	Use appropriate Evaluation and Management code
99312	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.	Use appropriate Evaluation and Management code

(Continued)

Table 3.3 – Corrections to the Deleted 2006 HCPCS Codes, Effective January 1, 2006

Procedure Code	Description	Replacement Code
99313	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.	Use appropriate Evaluation and Management code
K0670	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	L5858

### COBA Implementation

This article explains a major change in the way crossover claims are processed. Crossovers are medical claims that must be processed first by Medicare, then by Medicaid. The federal government is making a major change in their method of crossover processing in March 2006. If your technical staff or billing personnel follow these instructions, it may speed up your reimbursements for these claims. Failure to follow these instructions may cause the system to deny claims that would otherwise pay. Review the following article for the technical details.

Effective March 2006, the CMS is consolidating the Medicare claims crossover process. CMS has chosen a single entity, the COBC to handle crossing supplemental claims to supplemental payers including Medicaid. Therefore; the IHCP has signed a COBA initiative to allow the COBC to transmit claims information for processing.

With the implementation of COBA, the COBC automatically crosses over claims to the IHCP based on the eligibility information the IHCP submits to the COBC. The IHCP submits eligibility files to the COBC weekly. The COBC processes eligibility files within five days of receipt and provides a detail-level report to IHCP. If there are discrepancies in reporting, the IHCP internally coordinates with ICES to resolve.

The COBC only submits crossover claims in the 837 Institutional and 837 Professional formats. Providers can help ensure proper adjudication of the crossover claims by providing the information needed by the IHCP when submitting claims to Medicare. The 837 transactions provide the capability of submitting the IHCP provider number (billing and rendering) in

addition to the Medicare provider numbers. Refer to the IHCP *Companion Guide: 837 Institutional Claims and Encounters Transaction* and *Companion Guide: 837 Professional Claims and Encounters Transaction* for the instructions regarding submission to Medicare with the IHCP required information. These Companion Guides are located at [http://www.indianamedicaid.com/ihcp/TradingPartner/tp\\_companion\\_guides.asp](http://www.indianamedicaid.com/ihcp/TradingPartner/tp_companion_guides.asp)

For crossover claims to pass preadjudication and pay, providers must supply information needed by the IHCP for adjudication. The following information must be submitted in the 837 transaction.

- Medicaid provider ID must be included on the claim to Medicare
- Member first and last name
- Medicaid member ID number
- COB Loop with the IHCP pertinent information (use 70035 as the Payer ID for the IHCP)
- The following information, if applicable:
  - Other payer (COB) adjudication information for payers *other* than Medicaid and Medicare
  - Rendering provider ID
  - Referring provider ID
  - Pregnancy indicator
  - Referral number
  - Attending physician state license number
  - Operating physician state license number
  - Other provider state license number
  - Modifiers used by IHCP for processing

The IHCP Payer ID in the COB Loop is important when transmitting the claim electronically to Medicare. Include a COB Loop for the IHCP-required information with Payer ID 70035.

The 837 transaction allows providers to submit claims with the specifications outlined in Table 3.4.

Table 3.4 – 837 Transaction Specifications

Specification	Explanation
Number of details	<ul style="list-style-type: none"> <li>• UB* service lines increase to 450.</li> <li>• Medical claims service lines increase to 50.</li> </ul>
Modifiers	<ul style="list-style-type: none"> <li>• UB claims can include as many as four modifiers.</li> <li>• Medical claims can include as many as four modifiers.</li> </ul>
ICD-9 Diagnosis Codes	<p>UB claims can submit as many as 27 diagnosis codes.</p> <ul style="list-style-type: none"> <li>• This includes the admit diagnosis, primary diagnosis, E-code, and 24 additional codes.</li> <li>• Medical claims can include as many as eight diagnosis codes at the claims level and four diagnosis indicators per service line.</li> </ul>
Units	UB and medical claims expand the length of the unit field to 10 digits, including three decimal places.
Dollar amounts fields	<p>UB and medical claims expand the length of the dollar field to 10 total digits, including two decimal places.</p> <ul style="list-style-type: none"> <li>• This applies to all dollar amount fields.</li> </ul>
Patient account number	UB and medical claims allow as many as 20 characters for the account number.
ICD-9 Procedure Codes	UB claims allow as many as 25 ICD-9 procedure codes and corresponding dates.
Type of bill	UB claims allow four characters.
Occurrence Codes and span dates	UB claims allow as many as 12 occurrence codes and corresponding dates.

\* UB is a standard term used for institutional claims.

CMS advises providers to allow 15 business days after receipt of Medicare’s payment before submitting a claim to a supplemental payer. If a paper submission is required; submit the claim along with the official MRN or HIPAA electronic 835 Remittance Advice as outlined in the *Companion Guide: 835 Remittance Advice Transaction*.

The COBA initiative does not impact providers submitting crossover claims via Web interChange.

For more details, visit the CMS Web site at <http://www.cms.hhs.gov/COBGeneralInformation/>.

Direct questions about electronic transactions processing to EDS Electronic Solutions Help Desk, (317) 488-5150, Indianapolis local, or 1-877-877-5182.

### **IHCP E-mail Notifications Program**

On January 17, 2006, EDS and the IHCP launched the IHCP E-Mail Notifications Program. This program automatically issues e-mails to notify subscribers whenever IHCP publications and announcements are posted to the IHCP Web site.

This service is **free** and available to both providers and non-providers. It is possible to have multiple subscriptions to provide notifications at office, home, or to other e-mail addresses for associates and staff. To subscribe to the service, visit the IHCP Web site at [http://www.indianamedicaid.com/ihcp/mailling\\_list/default.asp](http://www.indianamedicaid.com/ihcp/mailling_list/default.asp).

On the *IHCP E-mail Notifications* page, click the **Open New Account** button, complete the profile information, and select the publications for e-mail notifications. You will receive a Welcome e-mail asking you to activate your subscription. You must reply to the Welcome e-mail to activate your registration.

Publications are posted to the Web site on Tuesdays and Thursdays of each week. For a period of time *both* e-mail notifications and paper copies of the publications will be provided.

You may subscribe or unsubscribe at any time. Each notification e-mail contains a link for updating your subscription profile or unsubscribing to the service.

## Pharmacy Services

### Medicare Prescription Drug Benefit

The IHCP continues to provide information about Medicare Part D in banner pages, the IHCP provider newsletter, bulletins, and on the IHCP Web site.

### E1 Transaction Tips

Information about the E1 transaction and its benefit to pharmacy providers is contained in the letter, *Eligibility Tips for Pharmacies*, from Scott MacKenzie of Per-Sé Technologies and is available on the IHCP Web site at [http://www.indianamedicaid.com/ihcp/ProviderServices/pdf/Pharmacy\\_Tips.pdf](http://www.indianamedicaid.com/ihcp/ProviderServices/pdf/Pharmacy_Tips.pdf).

To sign up for the *Medicare Rx Update*, visit the CMS Mailing Lists page of the CMS Web site at <http://new.cms.hhs.gov/apps/maillinglists/>.

### Documents for Medicare Prescription Drug Coverage Page

As of February 9, 2006, the documents available from the *Medicare Prescription Drug Coverage* page on the IHCP Web site moved to their own page. To access the

new *Documents for Medicare Prescription Drug Coverage* page, go to <http://www.indianamedicaid.com/ihcp/ProviderServices/MedicareD.asp> and click on **Documents**, or go directly to the documents page at [http://www.indianamedicaid.com/ihcp/ProviderServices/MedicareD\\_Documents.asp](http://www.indianamedicaid.com/ihcp/ProviderServices/MedicareD_Documents.asp).

As new documents are added, IHCP E-mail Notifications are sent to subscribers. Subscribe to the IHCP E-mail Notifications service by going to [http://www.indianamedicaid.com/ihcp/mailling\\_list/default.asp](http://www.indianamedicaid.com/ihcp/mailling_list/default.asp).

### State Maximum Allowable Cost Legend Drug Rate List Updates

Effective March 31, 2006, the drug groups in Table 3.5 will be added to the State MAC for legend drugs rate list.

Direct questions about the State MAC for legend drugs to the Myers and Stauffer Pharmacy Unit at (317) 816-4136 in the Indianapolis local area or 1-800-591-1183, or by e-mail at [pharmacy@mslc.com](mailto:pharmacy@mslc.com).

Table 3.5 – State MAC Rate List Added, Effective March 31, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
CALCITRIOL 1 MCG/ML SOLUTION	10.81170	FEXOFENADINE HCL 60 MG TABLET	1.24840
CEFTRIAZONE 2 GM VIAL	18.49570	GANCICLOVIR 500 MG CAPSULE	7.15980
CEFTRIAZONE 500 MG VIAL	5.45400	GLIMEPIRIDE 2 MG TABLET	0.21500
CHOLESTYRAMINE LIGHT PACKET	1.00560	GLIMEPIRIDE 4 MG TABLET	0.35640
DIDANOSINE 250 MG DR CAPSULE	5.59890	SULFADIAZINE 500 MG TABLET	1.35200
DIDANOSINE 400 MG DR CAPSULE	8.74440		

Effective February 14, 2006, State MAC rates for the drugs in Table 3.6 increase.

Table 3.6 – State MAC Rate Increase Effective February 14, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
AMITRIPTYLINE HCL 50 MG TAB	0.03880	THEOPHYLLINE ER 300 MG TABLET	0.16670
CLINDAMYCIN PH 1% SOLUTION	0.09540	TRIAMCINOLONE 0.1% CREAM	0.04930
SULFAMETHOXAZOLE/TMP DS TAB	0.09450		

Effective March 31, 2006, State MAC rates for the drugs in Table 3.7 decrease.

Table 3.7 – State MAC Rate Decrease Effective March 31, 2006

Drug Name	State MAC Rate	Drug Name	State MAC Rate
BACLOFEN 10 MG TABLET	0.14210	METOPROLOL 50 MG TABLET	0.02960
BUSPIRONE HCL 15 MG TABLET	0.12260	MIRTAZAPINE 30 MG TABLET	0.26390
CLARITHROMYCIN 500 MG TABLET	1.32770	MORPHINE SULF 60 MG TAB SA	1.29620
ETH ESTRADIOL/DESOGEST 30/0.15 TAB	0.78170	NORTRIPTYLINE HCL 10 MG CAP	0.03620
GABAPENTIN 600 MG TABLET	1.03100	PREDNISONE 5 MG TABLET	0.02390
GABAPENTIN 800 MG TABLET	1.21460	PROMETHAZINE W/COD SYRUP	0.01620
HYDROCODONE/APAP 10/325 TAB	0.21010	RANITIDINE 150 MG TABLET	0.05020
HYDROXYZINE 10 MG/5 ML SYRUP	0.01020	TORSEMIDE 20 MG TABLET	0.36920
HYDROXYZINE PAM 50 MG CAP	0.07710	TRAMADOL HCL-ACETAMINOPHEN TAB	0.61280
KETOCONAZOLE 2% CREAM	0.52590		

## Provider Workshops

### 2006 First Quarter Medicaid Provider Workshops

The OMPP, CHIP, and EDS offer IHCP 2006 first quarter workshops free of charge. Sessions are offered at several locations in Indiana. Table 3.8 lists the time, session topic, and description. The schedule allows for a lunch period from noon until 1 p.m.; however, lunch is not provided. **Seating is limited in all locations. Registrations are processed in the order received and registration does not guarantee a spot at the workshop.** Confirmation letters are sent upon receipt of registrations. If a confirmation letter is not received, the workshop seating capacity has been reached.

All workshops begin promptly at 8:45 a.m., local time. General directions to workshop locations are available on the IHCP Web site at <http://www.indianamedicaid.com/ihcp/ProviderServices/workshops.asp>. Consult a map or

other location tool for specific directions to the exact location.

Workshops are presented free of charge to providers.

Seating for the workshops is limited to two registrants per provider number.

A copy of the *Provider Workshop Registration* form is included as Attachment 2 of this newsletter. Print or type the information requested on the registration form. List one registrant per form. Fax completed registration forms to EDS at (317) 488-5376. EDS processes registrations chronologically based on the date of the workshop. A letter or fax confirming registration is sent before the workshop.

Direct questions about the workshop to a field consultant at (317) 488-5072.

For comfort, business casual attire is recommended. Consider bringing a sweater or jacket due to possible room temperature variations.

Table 3.8 – 2006 First Quarter Workshop Session Times, Topics, and Descriptions

Time	Topic	Description
8:45 a.m. – 9 a.m.	HIPAA and EDS Updates Presented by EDS provider field consultants	This session provides an overview of recent updates and information about the next phase of the HIPAA implementation. This session is designed for providers, vendors, and clearinghouses.
9 a.m. – 10:30 a.m.	Spend-down	<b>For All Providers:</b> This is a comprehensive presentation that contains information about the automation of spend-down. This course includes agenda topics such as <i>Claims Submission and Adjudication, Medicare Crossovers, RA, EVS, Member Monthly Obligation Notice</i> , and other key points related to the automation of spend-down.

(Continued)

Table 3.8 – 2006 First Quarter Workshop Session Times, Topics, and Descriptions

Time	Topic	Description
10:45 a.m. – Noon	CMS-1500 Physician Billing Presented by EDS provider field consultants	This session provides an overview of recent updates and topics about billing on the CMS-1500 claim form. There will also be time to address general questions from the audience. An EDS field consultant will lead the opening session. Following the lunch break, each MCO will provide a 30-minute individual presentation. See the following for other MCO times.
Noon – 1 p.m.	Lunch Break	Lunch is not provided.
1 p.m. – 1:30 p.m.	CMS-1500 Physician Billing Presented by Harmony Health Plan representatives	Harmony Health Plan presents information about claim and prior authorization requirements.
1:30 p.m. – 2 p.m.	CMS-1500 Physician Billing Presented by Molina Healthcare, Inc. representatives	Molina Healthcare, Inc. presents information about claim and prior authorization requirements.
2 p.m. – 2:30 p.m.	CMS-1500 Physician Billing Presented by CareSource representatives	CareSource presents information about claim and prior authorization requirements.
2:45 p.m. – 3:15 p.m.	CMS-1500 Physician Billing Presented by MHS representatives	MHS presents information about claim and prior authorization requirements.
3:45 p.m. – 4:15 p.m.	CMS-1500 Physician Billing Presented by MDwise representatives	MDwise presents information about claim and prior authorization requirements.

Table 3.7 lists the dates and Indiana locations for each workshop.

Table 3.9 – 2006 First Quarter Workshop Dates, Registration Deadlines, and Locations

Workshop Date	Registration Deadline	Location
Tuesday, March 7, 2006	Tuesday, February 28, 2006	Union Hospital – Landsbaum Center 1433 N. 6 ½ St. Terre Haute, IN
Wednesday, March 8, 2006	Wednesday, March 1, 2006	St. Mary’s Hospital – St. Mary Manor Auditorium 3700 Washington Ave. Evansville, IN
Thursday, March 9, 2006	Thursday, March 2, 2006	Reid Hospital – Wallace Auditorium 1401 Chester Blvd. Richmond, IN
Friday, March 17, 2006	Friday, March 10, 2006	Columbus Learning Center 4555 Central Ave., Suite 21 Columbus, IN

## Contact Information

### Provider Field Consultants, Effective October 1, 2005

Territory Number	Provider Consultant	Telephone	Counties Served
1	Jenny Atkins (temp)	(317) 488-5071	Jasper, Lake, LaPorte, Newton, Porter, Pulaski, Starke
2	Susan Bresson	(317) 488-5080	Allen, Dekalb, Elkhart, Fulton, Kosciusko, Lagrange, Marshall, Noble, St. Joseph, Steuben, Whitley
3	Jenny Atkins (temp)	(317) 488-5071	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	Natalie Snow	(317) 488-5356	Marion
6	Tina King	(317) 488-5123	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington
7	Lori Bishop	(317) 488-5148	Clay, Greene, Johnson, Hendricks, Lawrence, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo
8	Cynthia Spear-Duncan	(317) 488-5153	Crawford, Daviess, Dubois, Gibson, Knox, Martin, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick
9	Tina King (temp)	(317) 488-5123	Out-of-State

### Field Consultants for Bordering States

State	City	Representative	Telephone
Illinois	Chicago/Watseka	Jenny Atkins (temp)	(317) 488-5312
	Danville	Lori Bishop	(317) 488-5148
Kentucky	Owensboro	Cynthia Spear-Duncan	(317) 488-5153
	Louisville	Tina King	(317) 488-5123
Michigan	Sturgis	Susan Bresson	(317) 488-5080
Ohio	Cincinnati/Hamilton/Harrison/Oxford	Tina King	(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.

### Member and Provider Relations Leaders, Effective February 1, 2006

Title	Name	Telephone
Director of Member and Provider Relations	Marcia Meece-Bagwell	(317) 488-5345
Provider Relations Supervisor	Phyllis Salyers	(317) 488-5154

Note: For a map of provider representative territories or for updated information about the provider field consultants, visit the IHCP Web site: [http://www.indianamedicaid.com/ihcp/ProviderServices/pr\\_list\\_frameset.htm](http://www.indianamedicaid.com/ihcp/ProviderServices/pr_list_frameset.htm).

## Indiana Health Coverage Programs Quick Reference, Effective February 1, 2006

<b>Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization</b>				
<b>AVR System</b> (including eligibility verification) (317) 692-0819 1-800-738-6770	<b>EDS Administrative Review</b> Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	<b>EDS Customer Assistance</b> (317) 655-3240 1-800-577-1278 Opt 1 = Pharmacy, Opt 2 = First Steps	<b>EDS Electronic Solutions Help Desk</b> (317) 488-5160 or 1-877-877-5182 <a href="mailto:INXIXElectronicSolution@eds.com">INXIXElectronicSolution@eds.com</a>	
<b>EDS Forms Requests</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>EDS Member Hotline</b> (317) 713-9627 1-800-457-4584 Opt 1 = First Steps	<b>EDS Provider Written Correspondence</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>EDS Provider Enrollment/Waiver</b> P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	
<b>EDS Third Party Liability (TPL)</b> (317) 488-5046 1-800-457-4510 Fax (317) 488-5217	<b>HCE Medical Policy Department</b> P.O. Box 53380 Indianapolis, IN 46253-0380 (317) 347-4500	<b>HCE Prior Authorization Department</b> P.O. Box 531520 Indianapolis, IN 46253-1520 (317) 347-4511 or 1-800-457-4518	<b>HCE SUR Department</b> P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 1-800-457-4515	
<b>HCE Provider and Member Concern Line (Fraud and Abuse)</b> (317) 347-4527 or 1-800-457-4515		<b>IHCP Web Site</b> <a href="http://www.indianamedicaid.com">www.indianamedicaid.com</a>		
<b>Pharmacy Benefit Manager</b>				
<b>ACS Drug Rebate</b> ACS State Healthcare ACS – Indiana Drug Rebate P. O. Box 2011332 Dallas, TX 75320-1332	<b>EDS Pharmacy Services Helpdesk for POS claims processing</b> 317-655-3240 1-800-577-1278 or <a href="mailto:INXIXPharmacy@EDS.com">INXIXPharmacy@EDS.com</a>	<b>EDS Pharmacy Claims</b> P.O. Box 7268 Indianapolis, IN 46207-7268	<b>Indiana DUR Board</b> <a href="mailto:INXIXDURQuestions@acs-inc.com">INXIXDURQuestions@acs-inc.com</a>	
<b>EDS Pharmacy Claims Adjustments</b> P.O. Box 7265 Indianapolis, IN 46207-7265	<b>Indiana Administrative Review/ Pharmacy Claims</b> EDS Pharmacy Claims Admin. Review 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 IHCP for pharmacy claims send check to:</b> EDS Pharmacy Refunds P.O. Box 2303, Dept 130 Indianapolis, IN 46206-2303	
<b>Hoosier Healthwise (Managed Care Organizations and PCCM) and Medicaid Select</b>				
<b>CareSource Claims</b> <a href="http://www.caresource-indiana.com">www.caresource-indiana.com</a> 1-866-930-0017 <b>Member Services</b> 1-800-488-0134 <b>PA</b> 1-866-930-0017 <b>Provider Services</b> 1-866-930-0017	<b>Harmony Health Plan</b> <a href="http://www.harmonyhmi.com">www.harmonyhmi.com</a> <b>Claims</b> 1-800-504-2766 <b>Member Services</b> 1-800-608-8158 TTY: 1-877-650-0952 <b>PA/Medical Management</b> 1-800-504-2766 <b>Provider Services</b> 1-800-504-2766 <b>Pharmacy</b> 1-800-608-8158	<b>Managed Health Services (MHS)</b> <a href="http://www.managedhealthservices.com">www.managedhealthservices.com</a> <b>Claims</b> 1-800-414-9475 <b>Member Services</b> 1-800-414-5946 <b>PA/Medical Management</b> 1-800-464-0991 <b>Provider Services</b> 1-800-414-9475 <b>Nursewise</b> 1-800-414-5946 <b>ScripSolutions (PBM)</b> 1-800-555-8513	<b>MDwise</b> <a href="http://www.mdwise.org">www.mdwise.org</a> <b>Claims</b> 1-800-356-1204 or (317) 630-2831 <b>Member Services</b> 1-800-356-1204 or (317) 630-2831 <b>PA/Medical Management</b> 1-800-356-1204 or (317) 630-2831 <b>Provider Services</b> 1-800-356-1204 or (317) 630-2831 <b>Pharmacy</b> (317) 630-2831 or 1-800-356-1204	
<b>Molina Healthcare</b> <a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a> <b>Claims</b> 1-800-642-4509 <b>Member Services</b> 1-800-642-4509 <b>PA</b> 1-800-642-4509 <b>Provider Services</b> 1-800-642-4509	<b>PrimeStep (PCCM)</b> <a href="http://www.healthcareforhoosiers.com">www.healthcareforhoosiers.com</a> <b>Claims - EDS Customer Assistance</b> 1-800-577-1278 or (317) 655-3240 <b>Member Services</b> 1-800-889-9949, Option 1 <b>Prior Authorization</b> HCE: 1-800-457-4518 or (317) 347-4511 <b>Provider Services for PMPs</b> 1-800-889-9949, Option 3 <b>Pharmacy</b> – see Pharmacy Benefit Manager section above	<b>Medicaid Select</b> <a href="http://www.medicaidselect.com">www.medicaidselect.com</a> <b>Claims - EDS Customer Assistance</b> 1-800-577-1278 or (317) 655-3240 <b>Member Services</b> 1-877-633-7353, Option 1 <b>PA</b> HCE: 1-800-457-4518 (317) 347-4511 <b>Provider Services for PMPs</b> 1-877-633-7353, Option 3 <b>Pharmacy</b> – see Pharmacy Benefit Manager section above		
<b>Claim Filing</b>				
<b>EDS 590 Program Claims</b> P.O. Box 7270 Indianapolis, IN 46207-7270	<b>EDS Adjustments</b> P.O. Box 7265 Indianapolis, IN 46207-7265	<b>EDS CCFs</b> P.O. Box 7266 Indianapolis, IN 46207-7266	<b>EDS Dental Claims</b> P.O. Box 7268 Indianapolis, IN 46207-7268	<b>EDS CMS-1500 Claims</b> P.O. Box 7269 Indianapolis, IN 46207-7269
<b>EDS Claim Attachments</b> P.O. Box 7259 Indianapolis, IN 46207-7259	<b>EDS Waiver Programs Claims</b> P.O. Box 7269 Indianapolis, IN 46207-7269	<b>EDS Medical Crossover Claims</b> P.O. Box 7267 Indianapolis, IN 46207-7267	<b>EDS Institutional Crossover/UB-92 Inpatient Hospital, Home Health, Outpatient, and Nursing Home Claims</b> P.O. Box 7271 Indianapolis, IN 46207-7271	
<b>Check Submission (Non-Pharmacy)</b>				
<b>To make refunds to IHCP: EDS Refunds</b> P.O. Box 2303, Dept. 130 Indianapolis, IN 46206-2303		<b>To Return Uncashed IHCP Checks: EDS Finance Department</b> 950 N. Meridian St., Suite 1150 Indianapolis, IN 46204-4288		

**INDIANA HEALTH COVERAGE PROGRAMS**



**PROVIDER WORKSHOP REGISTRATION**

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

**HIPAA and Medicaid Updates**

<input type="checkbox"/> Terre Haute, March 7, 2006	<input type="checkbox"/> Evansville, March 8, 2006	<input type="checkbox"/> Richmond, March 9, 2006
<input type="checkbox"/> Columbus, March 17, 2006		

**Spend-down**

<input type="checkbox"/> Terre Haute, March 7, 2006	<input type="checkbox"/> Evansville, March 8, 2006	<input type="checkbox"/> Richmond, March 9, 2006
<input type="checkbox"/> Columbus, March 17, 2006		

**CMS-1500 Physician Billing**

Terre Haute, March 7, 2006 <input type="checkbox"/> EDS <input type="checkbox"/> Molina Healthcare, Inc. <input type="checkbox"/> Managed Health Services <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> CareSource <input type="checkbox"/> MDwise	Evansville, March 8, 2006 <input type="checkbox"/> EDS <input type="checkbox"/> Molina Healthcare, Inc. <input type="checkbox"/> Managed Health Services <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> CareSource <input type="checkbox"/> MDwise
Richmond, March 9, 2006 <input type="checkbox"/> EDS <input type="checkbox"/> Molina Healthcare, Inc. <input type="checkbox"/> Managed Health Services <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> CareSource <input type="checkbox"/> MDwise	Columbus, March 17, 2006 <input type="checkbox"/> EDS <input type="checkbox"/> Molina Healthcare, Inc. <input type="checkbox"/> Managed Health Services <input type="checkbox"/> Harmony Health Plan <input type="checkbox"/> CareSource <input type="checkbox"/> MDwise

**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: \_\_\_\_\_