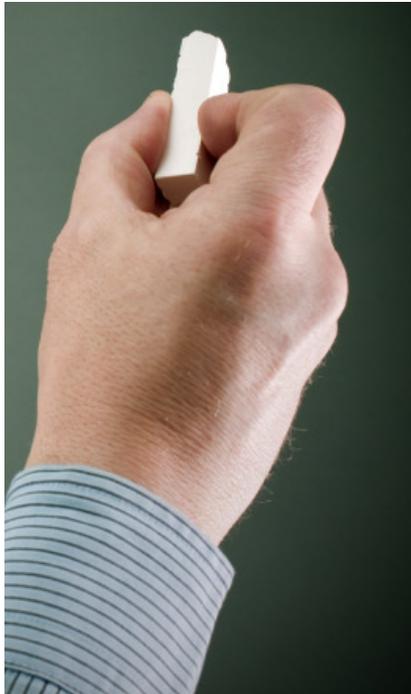


Submitting Secondary *CMS-1500* Claims and IHCP Updates

Indiana Health Coverage Programs
DXC Technology
Summer Workshop 2018



Agenda



- When is the primary explanation of benefits (EOB) required for third-party liability (TPL) insurance – commercial versus Medicare/Medicare Replacement Plan?
- How to complete *Other Insurance* or TPL on the IHCP Provider Healthcare Portal (Portal)
- How to complete Medicare crossover claims on the IHCP Portal
- How to add attachments on the IHCP Portal
- IHCP update
- IHCP vendors and stakeholders
- Helpful tools
- Questions



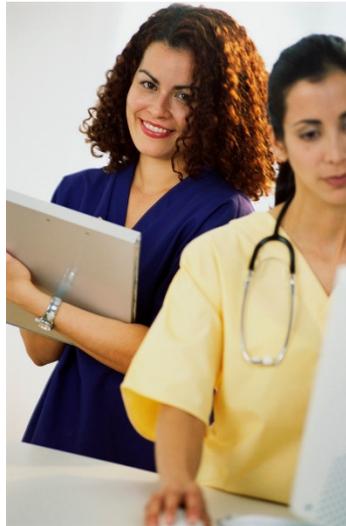
**When is the primary EOB required
for TPL insurance – commercial?**



When is the primary EOB required for TPL insurance – commercial?

EOB needed

- When the TPL has denied the service as noncovered
- When TPL has applied the entire amount to the copay, coinsurance, or deductible, and no payment is made.



EOB not needed

- The primary insurance *COVERS* the service and has *PAID* on the claim.
- Actual dollars were received.

When a member has other insurance, and the primary insurer *denies payment for any reason or applies the payment in full to the deductible*, the provider must provide proof that the service was submitted to the primary payer by attaching the EOB.



How to complete *Other Insurance* (TPL) on the IHCP Portal



Step 1: *Other Insurance* (TPL) at the header

Claim Information

Claim Header Instructions

Hospital From Date	<input type="text"/>	Hospital To Date	<input type="text"/>
Date Type	<input type="text" value="v"/>	Date of Current	<input type="text"/>
Accident Related	<input type="text" value="v"/>	Authorization Number	<input type="text"/>
*Patient Number	<input type="text"/>	Special Program	<input type="text" value="v"/>
Medical Record Number	<input type="text"/>		

*Does the provider have a signature on file? Yes No

*Does the provider accept assignment for claim processing? Yes No Clinical Lab Services Only

*Are benefits assigned to the provider by the patient or their authorized representative? Yes No N/A

*Does the provider have a signed statement from the patient releasing their medical information? Yes No

Include Other Insurance

Total Charged Amount \$0.00

IMPORTANT – If the primary insurance does not cover the services rendered, do **NOT** check the *Include Other Insurance* box.



Step 2: *Other Insurance* (TPL) header

If the primary insurance is listed, click on the line-item number to open the window.

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
1				\$25.00	-	Remove

[Back to Step 1](#) [Continue](#) [Cancel](#)



Step 2: *Other Insurance* (TPL) header

If insurance is not listed, click on the “+” sign to add the insurance payment to be reported.

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
<input type="button" value="+"/>	Click to add a new other insurance.					

[Back to Step 1](#) [Continue](#) [Cancel](#)

Step 3: *Other Insurance* (TPL) header

Carrier Name	HUMANA INSURANCE COMPANY	Carrier ID	0017799				
*Policy Holder Last Name	XXXXXXXX	*First Name	XXXXXXXX	MI	<input type="checkbox"/>		
Policy Holder Address							
City		State		ZIP Code		Country Code	
*Policy ID	001	SSN		*Claim Filing Code	CI-Commercial Insurance Co.		
*Relationship to Patient	18-Self	Policy Name					
Group ID							
TPL/Medicare Paid Amount	\$25.00	Paid Date					
Claim ID							
Referral Number	Authorization Number						

- When the *Other Insurance Details* window opens, complete all items that have asterisks. “*”

NOTE: The TPL/Medicare Paid Amount field does not have an asterisk but is a required field.



Step 4: *Other Insurance* (TPL) header

Click the **Remove** link to remove the entire row.

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
1				\$25.00	-	Remove

After you save and see the information in the *Other Insurance Details* window, click **Continue**.

Step 1: *Other Insurance* (TPL) detail

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date
1				\$25.00	-

Service Details -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
Click to collapse.							
*From Date <input type="text" value="04/01/2018"/>		To Date <input type="text" value="04/01/2018"/>		*Place of Service <input type="text" value="11-Office"/>			
*Procedure Code <input type="text" value="99213"/>				*Diagnosis Pointers <input type="text" value="1"/>			
Modifiers <input type="text"/>				<input type="text"/>			
Charge Amount <input type="text" value="\$125.00"/>		*Units <input type="text" value="1.00"/>		*Unit Type <input type="text" value="Unit"/>		EPSDT <input type="checkbox"/> Family Plan <input type="checkbox"/> EMG <input type="checkbox"/>	
Rendering Provider ID <input type="text" value="XXXXXXXXXX"/>		ID Type <input type="text" value="NPI"/>		Rendering Taxonomy <input type="text"/>			
Line Item Control# <input type="text"/>							
NDC for Service Detail +							
Note for Service Detail +							

- Click on the Service Detail line, complete service information.
- Click **Add**
 - **The Service Detail lines will collapse.**

Step 2: *Other Insurance* (TPL) detail

Service Details ▾

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	04/01/2018	04/01/2018	11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$125.00	1.00 Unit	Remove

Click to add service detail.

Attachments ▾

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
---	---------------------	------	-----------	-----------------	--------

Click to add attachment.

Claim Note Information ▾

Click the **Remove** link to remove the entire row.

#	Note Reference Code	Note Text	Action
---	---------------------	-----------	--------

Click to collapse.

Note Reference Code

Note Text

Click on the “1” for the service detail to open the “Other Insurance Details” window



Step 3: *Other Insurance* (TPL) detail

Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
Click to collapse.				
	*Other Carrier			
	*TPL/Medicare Paid Amount	\$25.00	*Paid Date	04/17/2018

Add **Cancel**

Use the drop-down menu to choose the insurance that was added at the header level, then add the payment received for that detail line and date of primary EOB.

***Red asterisks** indicate required fields.

Other Insurance (TPL) additional details

Service Details							
Select the row number to edit the row. Click the Remove link to remove the entire row.							
#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	04/01/2018	04/01/2018	11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$125.00	1.00 Unit	Remove
2	04/01/2018	04/01/2018	11-Office	92502-EAR AND THROAT EXAMINATION	\$100.00	1.00 Unit	Remove
+ Click to add service detail.							
Attachments							
Click the Remove link to remove the entire row.							
#	Transmission Method	File	Control #	Attachment Type	Action		
+ Click to add attachment.							

Repeat these steps for EACH detail line to report the payment for each detail individually.



**When is the primary EOB required
for TPL insurance – Medicare or
Medicare Replacement Plan?**



When is the primary Medicare or Medicare Replacement Plan EOB required?

EOB needed

Only when Medicare or the Medicare Replacement Plan denies the service



EOB not needed

The Medicare or Medicare Replacement Plan *COVERS* the service

- ✓ Actual dollars were received
- ✓ Zero-paid claim
 - Entire or partial amount was applied to deductible, coinsurance, or copay

A zero-paid claim IS NOT a denied claim.

How to complete crossover claims on the IHCP Portal



Step 1: Medicare or Medicare Replacement Plan crossover claim at the header

Claim Information

Claim Header Instructions

Hospital From Date	<input type="text"/>	Hospital To Date	<input type="text"/>
Date Type	<input type="text" value="v"/>	Date of Current	<input type="text"/>
Accident Related	<input type="text" value="v"/>	Authorization Number	<input type="text"/>
*Patient Number	<input type="text"/>	Special Program	<input type="text" value="v"/>
Medical Record Number	<input type="text"/>		

*Does the provider have a signature on file? Yes No

*Does the provider accept assignment for claim processing? Yes No Clinical Lab Services Only

*Are benefits assigned to the provider by the patient or their authorized representative? Yes No N/A

*Does the provider have a signed statement from the patient releasing their medical information? Yes No

Include Other Insurance

Total Charged Amount \$0.00

IMPORTANT – If Medicare does not cover the services rendered, do not check this box. The claim is not a crossover claim.



Step 2: Medicare or Medicare Replacement Plan crossover claim header

If Medicare or the Medicare Replacement Plan is not listed, click on the “+” sign to add the insurance payment to be reported

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
<input type="button" value="+"/>	Click to add a new other insurance.					

[Back to Step 1](#) [Continue](#) [Cancel](#)

Step 3: Medicare or Medicare Replacement Plan crossover claim header

The screenshot shows a claim header form with the following fields and annotations:

- Carrier Name**: Red arrow pointing to the field.
- Carrier ID**: Red arrow pointing to the field.
- *Policy Holder Last Name**: Red arrow pointing to the field containing "XXXXXXXX".
- *First Name**: Red arrow pointing to the field containing "XXXXXXXX".
- MI**:
- Policy Holder Address**: Two empty text boxes.
- City**: Empty text box.
- State**: Dropdown menu.
- ZIP Code**: Empty text box.
- Country Code**: Dropdown menu.
- *Policy ID**: Red arrow pointing to the field containing "001".
- SSN**: Empty text box.
- *Relationship to Patient**: Red arrow pointing to the dropdown menu containing "18-Self".
- *Claim Filing Code**: Red box around the dropdown menu.
- Group ID**: Empty text box.
- Policy Name**: Empty text box.
- TPL/Medicare Paid Amount**: Red arrow pointing to the field containing "\$25.00".
- Paid Date**: Empty text box with a calendar icon.
- Claim ID**: Empty text box.
- Referral Number**: Empty text box.
- Authorization Number**: Empty text box.

Traditional Medicare = MB
Medicare Replacement Plan = 16

- When the *Other Insurance Details* window opens, complete all items marked with asterisks. “*”

NOTE: The TPL/Medicare Paid Amount does not have an asterisk but is still a required field.

Step 4: Medicare or Medicare Replacement Plan crossover claim header

Other Insurance Details -

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
<u>1</u>	Medicare	08102		\$25.00	-	Remove

Click to add a new other insurance.

After you save and see the information in the *Other Insurance Details* window, click on the insurance line number again to add the coinsurance and deductible information in the *Claim Adjustment Details* window.



Step 5: Medicare or Medicare Replacement Plan crossover claim header

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
Click to collapse.					
	*Claim Adjustment Group Code	PR-Patient Responsibility			
		*Reason Code	2		
		*Adjustment Amount	20.00	Adjusted Units	



Click to add a new other insurance.



1 = Deductible

Reason codes

2 = Coinsurance

3 = Copayment

Step 6: Medicare or Medicare Replacement Plan crossover claim header

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
[-] Click to collapse.						
*Carrier Name		Medicare	*Carrier ID		08102	
*Policy Holder Last Name		XXXXXX	*First Name		XXXXXX	MI <input type="checkbox"/>
Policy Holder Address						
City						
State						
ZIP Code						
Country Code						
*Policy ID		XXXXXXXXXX	SSN			
*Relationship to Patient		18-Self	*Claim Filing Code		MB-Medicare Part B	
Group ID			Policy Name			
TPL/Medicare Paid Amount		25.00	Paid Date			
Claim ID			Authorization Number			
Referral Number						
Add		Cancel				

Claim Adjustment Details [-]

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
1	PR-Patient Responsibility	2-Coinsurance Amount	\$75.00		Remove

[+] Click to add a new claim adjustment.

 [Save](#) [Cancel](#)

After the *Claim Adjustment Details* window is completed, click **Save** and **Continue**.



Step 1: Medicare or Medicare Replacement Plan crossover claim at detail

Other Insurance Details					
#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date
1	Medicare	08102		\$25.00	-

Service Details							
Select the row number to edit the row. Click the Remove link to remove the entire row.							
#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	04/01/2018	04/01/2018	11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$125.00	1.00 Unit	Remove
2	04/01/2018	04/01/2018	11-Office	92502-EAR AND THROAT EXAMINATION	\$100.00	1.00 Unit	Remove

Click to add service detail.

- Click on the Service Detail line
- The Service Detail line will expand
- Enter the Service Detail information and Click Add



Step 2: Medicare or Medicare Replacement Plan crossover claim at detail

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	04/01/2018	04/01/2018	11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$125.00	1.00 Unit	Remove

*From Date To Date *Place of Service

*Procedure Code *Diagnosis Pointers

Modifiers

Charge Amount *Units *Unit Type EPSDT Family Plan EMG

Rendering Provider ID ID Type Rendering Taxonomy

Line Item Control#

Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
<input type="checkbox"/>	<input type="text" value="08102-Medicare"/>	<input type="text" value="25.00"/>	<input type="text" value="04/17/2018"/>	

Click to collapse.

- Use the drop-down menu to choose the insurance that was added at the header level.
- Add the payment received for that detail line and date of primary EOB.
- Click **Add**.



Step 3: Medicare or Medicare Replacement Plan crossover claim at detail

Service Details -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	04/01/2018	04/01/2018	11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$125.00	1.00 Unit	Remove

***From Date** 04/01/2018 **To Date** 04/01/2018 ***Place of Service** 11-Office

***Procedure Code** 99213-OFFICE/OUTPATIENT VISIT EST ***Diagnosis Pointers** 1

Modifiers

Charge Amount \$125.00 ***Units** 1.00 ***Unit Type** Unit **EPSDT** **Family Plan** **EMG**

Rendering Provider ID **ID Type** **Rendering Taxonomy**

Line Item Control#

Other Insurance for Service Detail -

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
1	08102	\$25.00	04/17/2018	Remove

Click to add a new other insurance.

NDC for Service Detail +

Note for Service Detail +

2	04/01/2018	04/01/2018	11-Office	92502-EAR AND THROAT EXAMINATION	\$100.00	1.00 Unit	Remove
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- Click on the line item with the insurance that you added to open it again.



Step 4: Medicare or Medicare Replacement Plan crossover claim at detail

Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
1	08102	\$25.00	04/17/2018	Remove

*Other Carrier: 08102-Medicare

*TPL/Medicare Paid Amount: \$25.00 *Paid Date: 04/17/2018

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
Click to collapse.					
	*Claim Adjustment Group Code	PR-Patient Responsibility			
	*Reason Code	2-Coinsurance Amount			
	*Adjustment Amount	100.00	Adjusted Units		

Add **Cancel**

Save **Cancel**

- Use the drop-down menu to choose PR - Patient Responsibility.
- Choose the appropriate reason code.
- Add amount of coinsurance/deductible/copayment.
- Click **Add** and **Save**.



Step 5: Medicare or Medicare Replacement Plan crossover claim at detail

Other Insurance for Service Detail -

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
1	08102	\$12.50	03/10/2017	Remove

***Other Carrier**

***TPL/Medicare Paid Amount** ***Paid Date**

Claim Adjustment Details -

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
1	PR-Patient Responsibility	2-Coinsurance Amount	\$10.00		Remove

Click to add a new claim adjustment.

➔

Click to add a new other insurance.

Click **Save**.



Step 6: Medicare or Medicare Replacement Plan – additional details

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
<input type="checkbox"/> Click to collapse.					
<p>*Claim Adjustment Group Code <input type="text" value="PR-Patient Responsibility"/></p> <p>*Reason Code <input type="text" value="2-Coinsurance Amount"/></p> <p>*Adjustment Amount <input type="text" value="75.00"/> Adjusted Units <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Cancel"/></p>					

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	04/01/2018	04/01/2018	11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$125.00	1.00 Unit	Remove
2	04/01/2018	04/01/2018	11-Office	92502-EAR AND THROAT EXAMINATION	\$100.00	1.00 Unit	Remove

Click to add service detail.



Step 7: Medicare or Medicare Replacement Plan – additional details

Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
<u>1</u>	08102	\$12.50	03/10/2017	Remove

*Other Carrier: 08102-Medicare

*TPL/Medicare Paid Amount: \$12.50 *Paid Date: 03/10/2017

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
<u>1</u>	PR-Patient Responsibility	2-Coinsurance Amount	\$10.00		Remove

+ Click to add a new claim adjustment.

 [Save](#) [Cancel](#)

+ Click to add a new other insurance.

Repeat these steps for EACH detail line to report the payment for each detail individually.



How to add attachments on the IHCP Portal



Adding claim attachments

When the primary EOB is required, use the “Attachments” feature

Attachments

Click the Remove link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
---	---------------------	------	-----------	-----------------	--------

Click to collapse.

*Transmission Method

*Upload File Scanned from ...n Device.pdf

*Attachment Type

Claim Note Information

Click the Remove link to remove the entire row.

Note Reference	Action
----------------	--------

Click to collapse.

Note Reference Code

Note Text

“Upload File” by choosing a document stored on your computer. Choose the “Attachment Type” from the drop down

Choose “Add”, “Save” and “Submit”

- 5 MB total allowed
- Document types allowed: PDF, BMP, GIF, JPG/JPEG, PNG, and TIFF/TIF

Submit the claim

Diagnosis Codes											
Other Insurance Details											
#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date						
1				\$0.00	-						
Condition Codes											
Service Details											
#	From Date	To Date	Revenue Code	HCPCS/Procedure Code	Charge Amount	Units					
1						1 Unit					
Attachments											
#	Transmission Method	File	Control #	Attachment Type							
1	FT-File Transfer	Scanned from a Xerox Multifunction Device.pdf (42K)		EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer)							
No Occurrence Codes exist for this claim											
No Value Codes exist for this claim											
No Surgical Procedures exist for this claim											
No Claim Notes exist for this claim											
Back to Step 1		Back to Step 2		Back to Step 3		Print Preview		Confirm		Cancel	



Claim Status and Claim ID

The screenshot displays the Indiana Medicaid for Providers web portal. At the top left is the logo for SA SERVICES AND SUPPORT. The main header reads "INDIANA MEDICAID for Providers" with links for "Contact Us | FAQs | Logout" on the right. A navigation bar includes "My Home", "Eligibility", "Claims", "Care Management", "Resources", and "Switch Provider". The breadcrumb trail shows "Claims > Claim Receipt". Below this is a "Delegate for" section with a dropdown menu set to "Role IDs" and "Provider - In Network". The main content area is titled "Submit Institutional Claim: Confirmation" and contains the following text: "Institutional Claim Receipt", "Your Institutional Claim was successfully submitted. The claim status is FinalizedPayment.", "The Claim ID is", and instructions to click "Print Preview", "Copy", "Edit", or "New". At the bottom of the content area are four buttons: "Print Preview", "Copy", "Edit", and "New".

IHCP update



Claim filing limit

- The IHCP will mandate a 180-day filing limit for fee-for-service (FFS) claims, effective January 1, 2019 (tentative date)
- The 180-day filing limit will be effective based on date of service:
 - Any services rendered on or after January 1, 2019, will be subject to the 180-day filing limit
 - Dates of service before January 1, 2019, will be subject to the 365-day filing limit

Watch for future communications!



Claim filing limit

The following remain unchanged by the revised claim timely filing limit:

- Circumstances for exclusions, extensions, and waivers
- Claim submission, corrections/resubmissions, and adjustment guidance
- Processes and timeframes for requests for claim administrative review and appeals

January

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20



IHCP vendors and stakeholders



IHCP vendors

- Posted on the Quick Reference Guide (QRG) on the [Contact Us](#) page at indianamedicaid.com

Provider | General Provider Services | Provider-Specific Information | News, Bulletins, and Banners | **QUICK LINKS**

[Provider Home](#) / [About Indiana Medicaid](#) / [Contact Us](#)

CONTACT US

Do you need to get in touch with the Indiana Health Coverage Programs (IHCP)? Here are the best ways to contact us:

★ THE IHCP QUICK REFERENCE GUIDE ★

The best way to find the right person to answer your question is to check the [IHCP Quick Reference Guide](#). Whether your question relates to members or providers, or you are looking for answers about claims, provider enrollment, pharmacy, or managed care, the IHCP Quick Reference Guide can help. The quick reference also provides the telephone number for IHCP Customer Service.

QUICK LINKS

- [Contact Us](#)
- [Verify Member Eligibility](#)
- [Check Claims Status](#)
- [Access Provider Profile](#)
- [Code Sets/Tables](#)
- [Electronic Data Interchange](#)
- [Professional Fee Schedule](#)
- [Outpatient Fee Schedule](#)
- [Forms](#)
- [Provider Reference Materials](#)
- [Pharmacy Services](#)

IHCP stakeholders

FSSA

OMPP

Fee-for-Service	HIP	Hoosier Healthwise	Hoosier Care Connect
DXC	Anthem CareSource MDwise MHS	Anthem CareSource MDwise MHS	Anthem MHS
CMCS Prior Authorization			
Myers & Stauffer			
OptumRx			



Helpful tools



Other helpful tools

- IHCP website at indianamedicaid.com
 - [IHCP Provider Reference Modules](#)
 - [Medical Policy Manual](#)
- Customer Assistance:
 - 8 a.m.-6 p.m. EST
 - Monday – Friday
 - 1-800-457-4584
- IHCP Provider Relations field consultants
 - See the [Provider Relations Field Consultants](#) page at indianamedicaid.com
- Secure correspondence via the Provider Healthcare Portal
- Written Correspondence:
 - DXC Technology Provider Written Correspondence
 - P.O. Box 7263
 - Indianapolis, In 46207-7263



Questions

