Durable and Home Medical Equipment (DME and HME)

Fee-for-Service

Indiana Health Coverage Programs
DXC Technology
Annual Seminar – October 2019

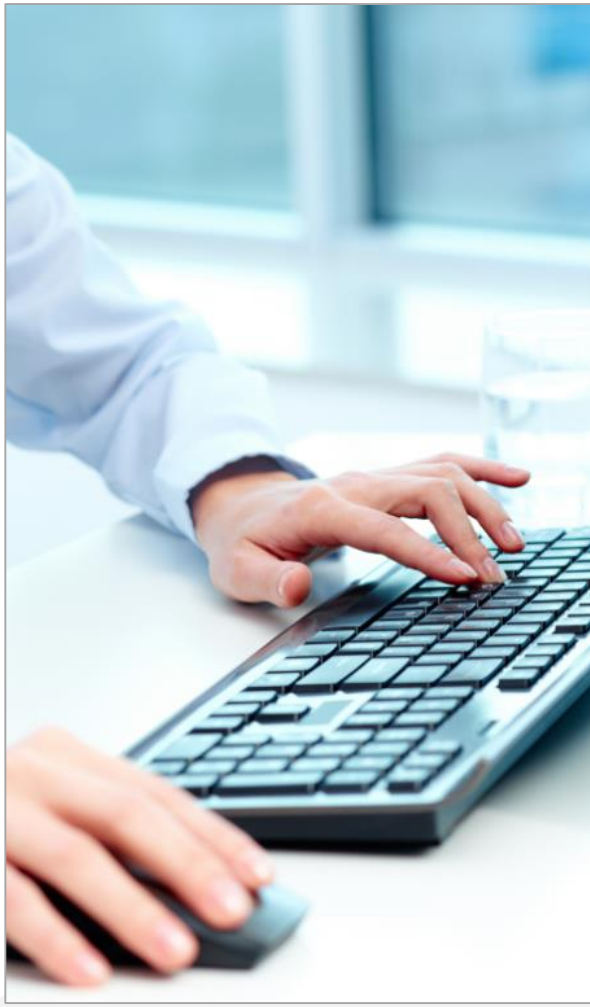
Agenda

- Provider Reference Materials
- IHCP Provider Healthcare Portal
- DME, HME, and Supplies
- Manual Pricing
- Reminder
- Helpful Tools
- Questions

Provider Reference Materials

How to Find Information on the IHCP Website

- Provider Reference Modules:
  - Durable and Home Medical Equipment and Supplies
  - Provider Enrollment
  - Claim Submission and Processing
- Code Sets
  - Durable and Home Medical Equipment and Supplies
  - Procedure Codes That Require Attachments
- Fee Schedule
  - Professional Fee Schedule

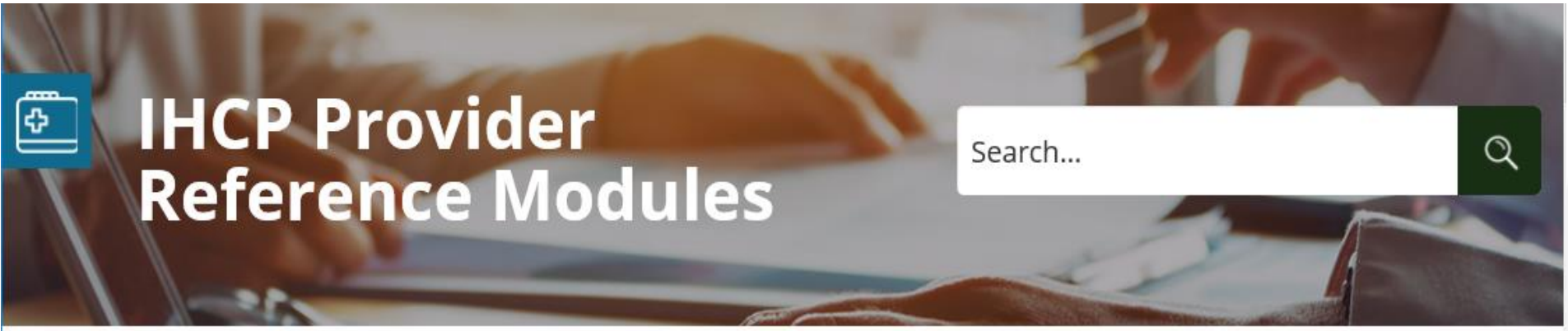


Provider References

Find policy and other guidance in Indiana Health Coverage Programs (IHCP) provider news announcements, publications, and primary reference documents.

- News, Bulletins, and Banner Pages
  - Current IHCP News
  - Bulletins
  - Banner Pages
- IHCP Email Notifications
- Provider Reference Materials
  - IHCP Provider Reference Modules

Where to Find Reference Modules



INDIANA MEDICAID / IHCP PROVIDERS / PROVIDER REFERENCES / PROVIDER REFERENCE MATERIALS / IHCP PROVIDER REFERENCE MODULES

The Indiana Health Coverage Programs (IHCP) Provider Reference Modules are the primary reference for billing and reimbursement guidance for providers conducting business with the IHCP. Modules include instructions for submitting IHCP claims and prior authorization (PA) requests, as well as other related topics.

Changes to policies and procedures that occur after the effective date noted for each module are announced in IHCP provider Banner Pages and Bulletins.

- Jump to Eligibility and Benefits Modules
- Jump to Claims and Billing Procedures Modules
- Jump to Service- and Provider-Specific Modules
- Jump to Program-Specific Modules

Durable and Home Medical Equipment and Supplies

Documentation Required for Medical Supplies and Equipment .....
- Documentation Requirements for Prescribers of DME, HME, and Medical Supplies ..
- Documentation Requirements for Suppliers of DME, HME, and Medical Supplies .....

Prior Authorization Requirements for Medical Equipment and Supplies .....

Reimbursement for DME, HME, and Medical Supplies .....
- Manually Priced DME, HME, and Supplies .....

Coverage and Billing for DME, HME, and Medical Supplies .....
- Repair and Replacement .....
- Rental versus Purchase .....
- Used DME Not Reimbursed by Medicaid .....
- Customized Items .....
- Capped Rental Items .....
- Items Requiring Frequent or Substantial Servicing .....
- Drug-Related Medical Supplies and Medical Devices .....
- Orthotic and Prosthetic Codes in the Outpatient Setting .....
- Medical and Surgical Supplies .....

Where to Find Code Sets and Fee Schedules

MENU | IN.gov | BUSINESS & AGRICULTURE | RESIDENTS | GOVERNMENT | EDUCATION | TAXES & FINANCE | VISITING & PLAYING | FAMILY & HEALTH

INDIANA MEDICAID *for Providers*

Provider Enrollment | Provider References | Provider Education | Business Transactions | Clinical Services | About IHCP Programs | Contact Information

- IHCP Provider Healthcare Portal
- Eligibility Verification
- Qualified Provider Presumptive Eligibility (PE)
- Electronic Visit Verification
- [illegible] (EDI) Solutions
- Billing and Remittance
- Program Integrity
- Health Insurance Portability and Accountability Act (HIPAA)
- Indiana Medicaid Promoting Interoperability Program

IHCP Provider Healthcare Portal

The IHCP Provider Healthcare Portal is an internet-based solution that offers enhanced reliability, speed, ease of use, and security to providers and other partners doing business with the IHCP.

Find information here about conducting business transactions with the Indiana Health Coverage Programs (IHCP), including member eligibility, billing, reimbursement, and recordkeeping.

- IHCP Provider Healthcare Portal
- Eligibility Verification
- Qualified Provider Presumptive Eligibility (PE)
  - Presumptive Eligibility for Inmates
  - Presumptive Eligibility Process FAQs
- Electronic Visit Verification

Where to Find Code Sets and Fee Schedules

MENU | IN.gov | BUSINESS & AGRICULTURE | RESIDENTS | GOVERNMENT | EDUCATION | TAXES & FINANCE | VISITING & PLAYING | FAMILY & HEALTH

INDIANA MEDICAID *for Providers* | Provider Enrollment | Provider References | Provider Education | Business Transactions | Clinical Services | About IHCP Programs | Contact Information

- Trading Partner Registration Procedure
- Software Testing Procedures
- Common Compliance Errors Detected by the IHCP Translator
- FAQs - EDI

- Billing and Remittance
  - Code Sets
  - IHCP Fee Schedules
  - Long Term Care Per Diem Table
  - APR-DRG
  - Explanation of Benefits (EOB)
  - Best Practices for Nonpharmacy Claims
  - Claim Administrative Review and Appeal
- Program Integrity
  - Medicaid Recovery Audit Contractor (RAC) Overview
  - Protocol for Voluntary Self-Disclosure of Provider Overpayments
- Health Insurance Portability and Accountability Act (HIPAA)

Durable and Home Medical Equipment and Supplies Codes

Table 1 – Durable Medical Equipment (DME) Code Set for DME Providers (Specialty 250)

Table 2 – Home Medical Equipment (HME) Code Set for HME Providers (Specialty 251)

Table 3 – Procedure Codes for DME/HME Capped Rental Items

Table 4 – Procedure Codes for Equipment and Supplies Classified by the IHCP as Needing Frequent and Substantial Servicing

Table 5 – Drug-Related Medical Supplies and Medical Devices Reimbursed as Fee-for-Service

Table 6 – Procedure Codes for Diabetic Testing Supplies

Table 7 – Incontinence, Ostomy, and Urological Supplies Available Only through Contracted Vendors for Fee-for-Service Members

Table 8 – Procedure Codes for Parenteral Nutrition Solution/Kit/Pump

Table 9 – Procedure Codes for Enteral Nutrition Formula/Kit/Tubing/Pump

Table 10 – Procedure Codes for Trend Event Monitoring and Apnea Monitors

Table 11 – Procedure Codes for Respiratory Assist Devices (CPAP and BiPAP)

Procedure Codes That Require Attachments

Procedure Code	Description	Attachment
E0232	Warming card for use with the noncontact wound-warming device and noncontact wound-warming wound cover	MSRP or cost invoice if no MSRP is available for the item
E0240	Bath/shower chair, with or without wheels, any size	MSRP or cost invoice if no MSRP is available for the item
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress	MSRP or cost invoice if no MSRP is available for the item
E0273	Bed board	MSRP or cost invoice if no MSRP is available for the item
E0350	Control unit for electronic bowel irrigation/evacuation system	MSRP or cost invoice if no MSRP is available for the item
E0352	Disposal pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system	MSRP or cost invoice if no MSRP is available for the item
E0481	Intrapulmonary percussive ventilation system and related accessories	MSRP or cost invoice if no MSRP is available for the item
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment	MSRP or cost invoice if no MSRP is available for the item

Professional Fee Schedule

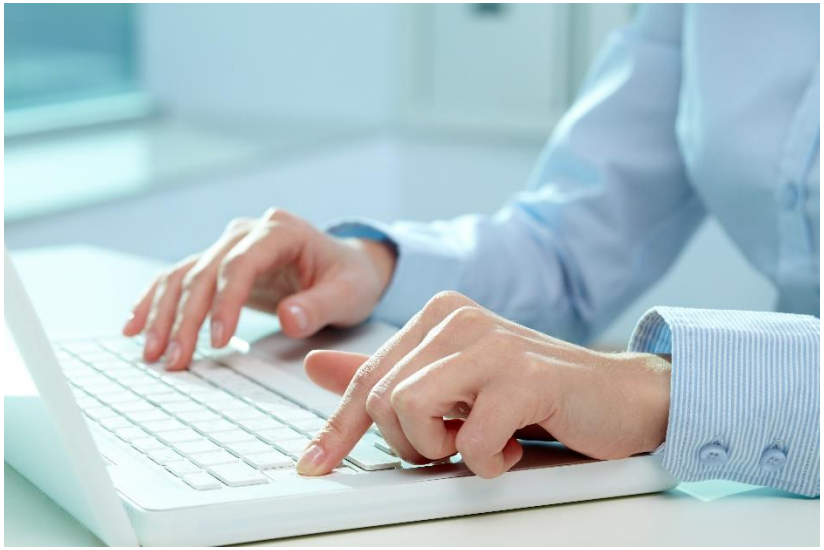
IHCP Professional Fee-For-Service Fee Schedule - Search

Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Category	Service Category Desc	Rate Type	Pricing Method	Pricing Effective Date	Pricing End Date	PA Req'd	Attach Req'd	Gender
E0273					DME	Durable Medical	Def	SYSMAN			Y	Y	
Min-Max Units					Fee Schedule Amt:			Base Units:		Age Min-Max:		ASC Code:	
Procedure Desc:			BED BOARD					CMS Add Date:		1/1/1986	CMS Term Date:		

IHCP Provider Healthcare Portal

Provider Healthcare Portal

- What can you do in the Provider Healthcare Portal?
  - Submit, copy, edit, and void claims
  - Check status of claims
  - Verify eligibility
  - View and print Remittance Advices (RAs)
  - Request prior authorization (PA)
  - Enroll, recertify, and revalidate
  - Submit secure correspondence



Provider Healthcare Portal Login

INDIANA MEDICAID *for Providers*

Contact Us | FAQs | Login

Home

Home

Sunday 07/16/2017 11:21 AM

Login

*User ID

Log In

Forgot User ID?

Register Now

Where do I enter my password?

Protect Your Privacy!
Always log off and close all of your browser windows

Would you like to enroll as a Provider?

Provider Enrollment

Drug Resources

View Drug Formulary

Fee Schedule

Search Fee Schedule

WHAT CAN YOU DO IN THE PROVIDER HEALTHCARE PORTAL?

Through the Indiana Health Coverage Programs (IHCP) secure and easy-to-use internet portal, healthcare providers can:

- Submit claims
- Check on the status of their claims
- Inquire on a patient's eligibility
- View their Remittance Advices
- Request prior authorization

Managed Care Entities can:

- Enroll, disenroll, and update primary medical providers
- Review their encounter claims
- Inquire on a managed care member's eligibility

In addition, the Portal provides access to a wide variety of IHCP information and resources.

Website Requirements

Notify Me

Provider Healthcare Portal User Access

Search Payment History

Claims | Care Management

- Search Claims
- Submit Claim Dental
- Submit Claim Inst
- Submit Claim Prof
- Search Payment History

Claims

- Search Claims
- Submit Claim Dental
- Submit Claim Institutional
- Submit Claim Professional
- Search Payment History

Search Payment History

INDIANA MEDICAID *for Providers*

Contact Us | FAQs | Logout

My Home | Eligibility | Claims | Care Management | Resources

Claims > Search Payment History

Search Payment History

Provider Information

Provider ID | ID Type NPI | Name

* Indicates a required field.

Enter a From and To Issue Date that does not span more than 90 days. To further refine the search, select a Payment Method and/or enter a Payment ID.

Payment Method All | Payment ID

Issue Date *From | *To

Search | Reset

Search Results

To see payment details, click on the Payment ID link.
To access a copy of the Remittance Advice, select the RA icon. Access to the RA will require Adobe Acrobat Reader.

Total Records: 2

Issue Date	Payment Method	Payment ID	Total Paid Amount	RA Copy (PDF)
	EFT			
	EFT			

PDF Files require Adobe Acrobat Reader

Portal – Benefit Limit Details

Example:

- Benefit limit details listed on the Portal *Eligibility* page:
  - 6085 incontinence supplies limited to $1,950/per rolling year
  - 6113 DME limited to $2,000 per recipient per calendar year
  - 6114 DME limited to $5,000 per recipient per lifetime

* ***If the limitation does not appear on the eligibility screen, the service is available (based on fee-for-service claim data only)***

Portal – Benefit Limit Details

Limit Details

The Dollar Limits and Service Limits may not reflect recent claims.

Dollar Limits	Limit	Remaining
Durable Medical Equipment	$2,000.00	-
Incontinence Supplies	$1,950.00	$1,754.37
Service Limits	**Limit**	**Remaining**
Chiropractic Office Visits	5	-
Transportation Services	20	14

Benefit limit details are found on the *Eligibility* page

Provider Healthcare Portal Self-Paced Education

Web-based training

- Provider Healthcare Portal Overview
- Provider Healthcare Portal Overview for Provider Delegates
- Provider Healthcare Portal Online Registration
- *Quick Reference Guide: Provider Healthcare Portal: Managing Delegate Assignments*
- Provider Healthcare Portal: Portal Account Maintenance
- Provider Healthcare Portal: Online Enrollment
- Provider Healthcare Portal: Viewing Member Eligibility
- Provider Healthcare Portal: Payments and Remittance Advice (RA)
- Provider Healthcare Portal: Prior Authorization
- Provider Healthcare Portal: Professional Claims
- Provider Healthcare Portal: Dental Claims
- Provider Healthcare Portal: Institutional Claims
- Provider Healthcare Portal: Submitting Secure Correspondence
- Provider Healthcare Portal Demonstration: Right Choices Program (RCP) Member Management for Health Plans

DME, HME, and Supplies

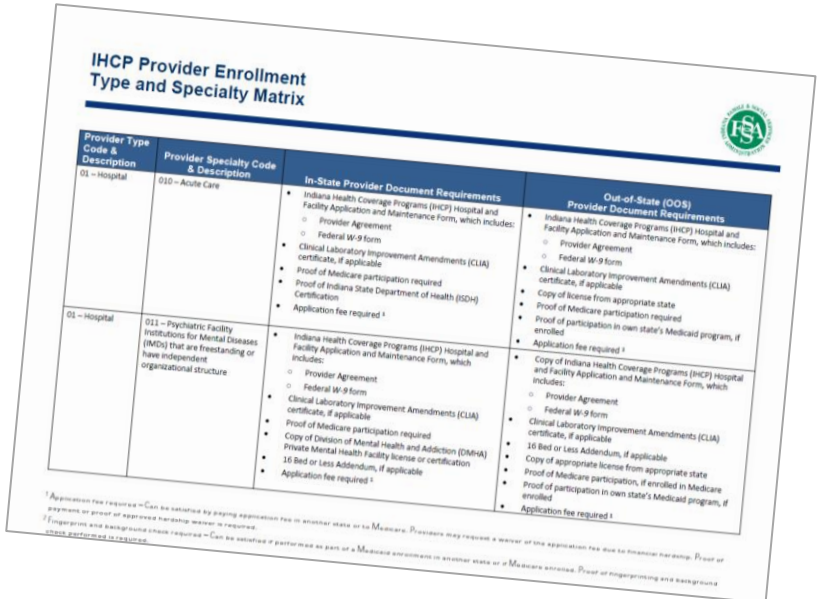
Provider Type

Provider Type 25

- Specialty 250 – DME
- Specialty 251 – HME

  *Must have HME license

Each specialty has its own code set



IHCP Provider Enrollment
Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State (OOS) Provider Document Requirements
01 – Hospital	010 – Acute Care	• Indiana Health Coverage Programs (IHCP) Hospital and Facility Application and Maintenance Form, which includes: ○ Provider Agreement ○ Federal W-9 form • Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Proof of Medicare participation required • Proof of Indiana State Department of Health (ISDH) Certification • Application fee required [1]	• Indiana Health Coverage Programs (IHCP) Hospital and Facility Application and Maintenance Form, which includes: ○ Provider Agreement ○ Federal W-9 form • Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Copy of license from appropriate state • Proof of Medicare participation required • Proof of participation in own state's Medicaid program, if enrolled • Application fee required [1]
01 – Hospital	011 – Psychiatric Facility Institutions for Mental Diseases (IMDs) that are freestanding or have independent organizational structure	• Indiana Health Coverage Programs (IHCP) Hospital and Facility Application and Maintenance Form, which includes: ○ Provider Agreement ○ Federal W-9 form • Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Proof of Medicare participation required • Copy of Division of Mental Health and Addiction (DMHA) Private Mental Health Facility license or certification • 16 Bed or Less Addendum, if applicable • Application fee required [1]	• Copy of Indiana Health Coverage Programs (IHCP) Hospital and Facility Application and Maintenance Form, which includes: ○ Provider Agreement ○ Federal W-9 form • Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • 16 Bed or Less Addendum, if applicable • Copy of appropriate license from appropriate state • Proof of Medicare participation, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled • Application fee required [1]

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required.
[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or of Medicare enrollee. Proof of fingerprinting and background check performed is required.

Revalidation required every 3 years:

- Application fee and background check
- Fingerprinting

See the IHCP Provider Type and Specialty Matrix at in.gov/medicaid/providers for additional requirements

Description of Service

- Equipment that:
  - Can withstand repeated use
  - Is primarily and customarily used to serve a medical purpose
  - Is generally not useful to a recipient in absence of illness or injury
- Order required in writing by a physician
  - The written order must be kept on file by physician and rendering provider

DME and HME Requirements

Items include but are not limited to the following:

- Capped rental items
- Inexpensive or other routinely purchased items
- Items requiring frequent or substantial servicing
- Customized items
- Prosthetic and orthotic devices
- Oxygen and oxygen equipment

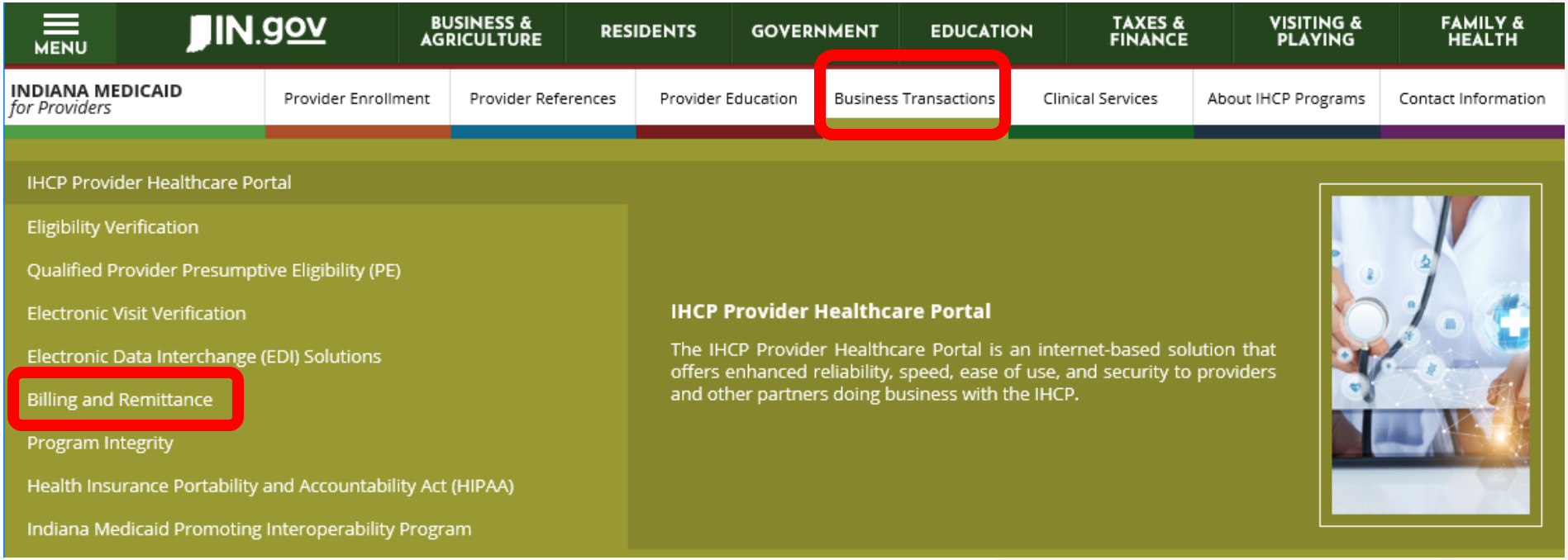
Capped Rental Items

- Capped rental items are procedure codes limited to 15 months of continuous rental:
  - Continuous rental: Rental without interruption for a period of more than 60 days
  - Capped rental items are subject to prior authorization
  - If rental period exceeds 60 days, and the interruption reasons are justified, a new PA request must be submitted to begin a new 15-month rental period
    - Justification could change with medical necessity, hospitalization, or nursing facility stay
    - A change in provider does not cause an interruption in rental period

Items Requiring Frequent or Substantial Servicing

For items requiring frequent or substantial servicing, the IHCP reimburses providers for rental payments only, as long as equipment is deemed medically necessary.

- Claims for the purchase of these items are denied
- Repair of the rental items is the responsibility of rental provider



Custom Equipment

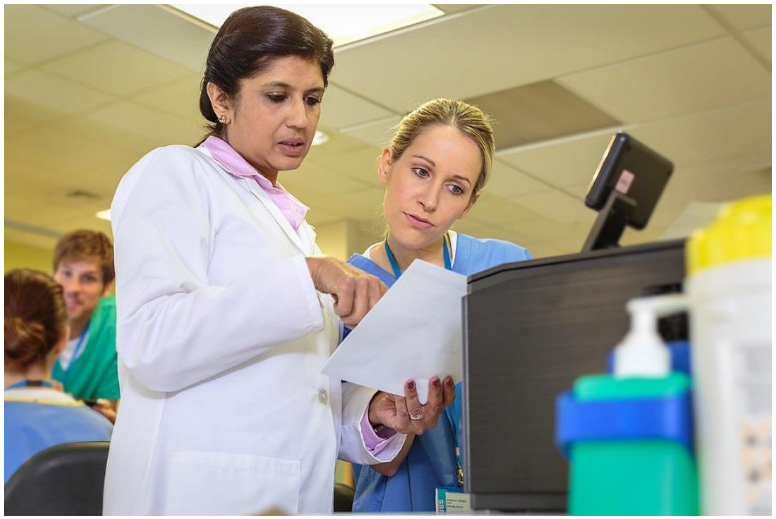
- Custom equipment: Equipment uniquely constructed or substantially modified to meet specific needs of an individual patient, according to description and orders of the member's treating physician
  - Due to their unique aspects, these items cannot be grouped with similar items for purposes of payment
  - Suppliers must submit documentation of the cost of item, including cost of labor and types of materials used in customizing the equipment
  - All claims must be submitted with the appropriate assigned code for the item provided to the member
  - Customized equipment must be billed using Healthcare Common Procedure Coding System (HCPCS) code E1399:
    - ❖ Requires PA
    - ❖ Exempt from long-term care per diem

Prosthetic and Orthotic Devices

- All prosthetic and orthotic devices billed under HCPCS "*L*" codes are paid in lump sum amounts and may not be rented
- Prior authorization (PA) is required:
  - Beginning November 1, 2019, DXC Technology will assume the responsibility of the fee-for-service PA services, previously provided by Cooperative Managed Care Services
    - BT201957
  - PA approval is based on medical necessity

Manual Pricing

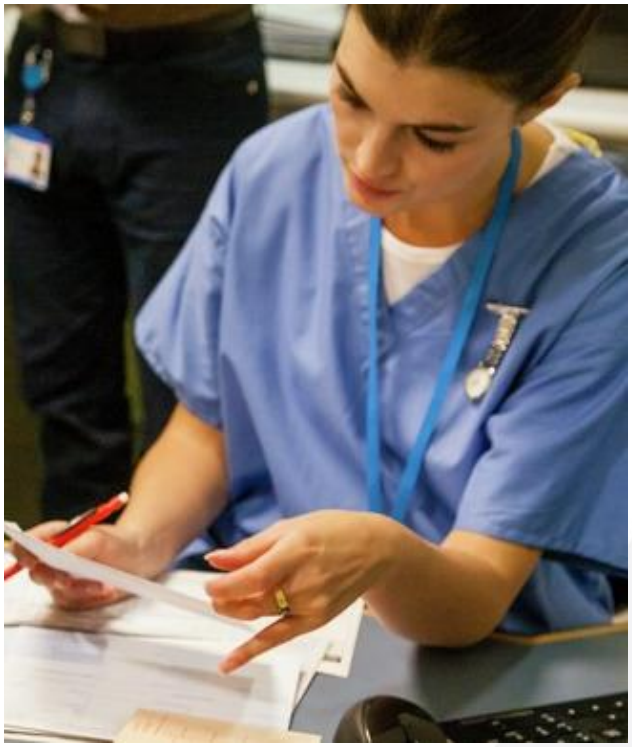
Manually Priced Items



Reimbursement for many DME services and supplies, including those that are billed with a nonspecific HCPCS code with a description such as unspecified, unclassified, or miscellaneous, are based on manufacturer's suggested retail price (MSRP)

Manually Priced Items

- Documentation submitted with each claim may be monitored or subject to a post-payment review
- Manually priced DME, medical supply, and hearing aid procedure codes will continue to be reimbursed at 75% of the MSRP
- Codes without the MSRP will be reimbursed at provider's cost plus 20%



Manually Priced Items

Manufacturer's suggested retail price (MSRP) is required:

- Obtain the MSRP from:
  - Manufacturer's invoice
  - Manufacturer's quote
  - Manufacturer's catalog
    - ❖ Publication date of catalog must clearly show on documentation
  - Manufacturer's website
    - ❖ Manufacturer's web address must be visible on printed documentation from its website
  - All documentation must be dated within a year of the date of service of the claim

Manufacturer's Suggested Retail Price

MSRP documentation must include:

- Manufacturer's name clearly visible on header of documentation
- MSRP pricing (for example, MSRP/Retail) typed from manufacturer
  - **No handwritten notes or pricing will be accepted**
- Description of item
- Specific HCPCS code

* **ALL** documents MUST state "Manufacturer's Suggested Retail Price" or "MSRP"

Approved MSRP Documentation

Manufacturer's Logo

Manufacturer's Name

10/1/2019

www.companyname.com

Email: customerservice@companyname.com

If no HCPCS on document, write in

No.	Description	MSRP
M50737	BILATERAL SOFT BAND BEIGE	$79.00
M51734	PONTO PLUS POWER, L, CBE	$5,250.00
M51735	PONTO PLUS POWER, R, CBE	$5,250.00

Approved MSRP Documentation – Quote

Company Logo

Provider Name
Provider Address
Provider City, State, ZIP Code

This quotation is confidential to Provider Name and addressee. Disclosure is strictly prohibited without prior written consent of Provider Name.

Quotation

Sold-To-Party

Ship-To-Party

Information
Quotation No.
Document Date
Customer No.
Currency USD
Validity Start Date
Validity End Date
Primary Sales Rep

Header Information

Purchase Order No.	QUOTE	**Purchase Order Date**	
Gross Weight	77.522 LB	**Net Weight**	77.246 LB
Volume	17.328 FT3		
Terms of payment :	Within 15 days 1.000 % cash discount		
	Within 90 days without deduction		
Terms of Delivery :	FOB PLANT		

Material	MSRP	Price	Quantity	Extended Amount
HOY-ADVANCE-H	$ 1710.22	$ 750.00 USD	1.000 EA	$ 750.00
HOYER ADVANCE LIFTER 50625 A				
NA1069	$ 388.77	$ 198.27 USD	1.000 EA	$ 198.27
SLING,FULL BACK,6-PT,MED				
Items Subtotal (0.00)				$ 948.27
Final amount:				$ 948.27

Approved MSRP Documentation – Catalog Page

Company Logo

Company Name

www.companyname.com Email: customerservice@companyname.com

Catalog page must have publication date

SEATING				
SOLID SEATS				
EE1	SEAT-ECONO-EZE	EA.	[illegible]	E2609
EE1-NO HARDWARE	SEAT ECONO-EZE T-NUTS NO HARDWARE E2609 B	EA.	$221.00	E2609
EE1-MICRO	SEAT-ECONO-EZE -MICRO - ONLY AVAILABLE 14W SYSTEM & UNDER	EA.	$603.00	E2609
EE1-PK1	SEAT - ECONO EZE w/ADJUSTABLE HARDWARE - PACKAGE	EA.	$685.00	E2609
EASY CLAMP 1	SEAT - 2 EASY CLAMPS, 2 SPLIT COLLARS AND 2 30° CLAMPS	EA.	$457.00	E2609
EZ LITE1	SEAT w/2 EZ LITE CLAMPS, 2 - 30° CLAMPS/HINGE	EA.	$440.00	E2609
EZ LITE1-EXT.	SEAT w/2 LONG EZ LITE CLAMPS, 2 - 30° CLAMPS/HINGE	EA.	$440.00	E2609
FASTCLAMP1	SEAT w/2 FASTCLAMPS	EA.	$413.00	E2609
SNAP-LOCK1	SEAT w/2 SNAPLOCKS, 2 - 30° CLAMPS/HINGE	EA.	$440.00	E2609
GLIDE1	SEAT w/2 GLIDELOCKS/HINGE	EA.	$440.00	E2609
LOCK DH1	SEAT - 2 LOCKING DROP HOOKS AND 30° CLAMPS	EA.	$553.00	E2609
ROTATE 1	SEAT w/ROTATE CLAMPS FRONT	EA.	$431.00	E2609
101-1000	SEAT INSERT-SPECIFY SIZE	EA.	$161.00	E2609
101-1000A	SEAT INSERT w/T-NUTS	EA.	$210.00	E2609
101-2000	SEAT-1" DRP. HK w/#436 - 30° CLAMPS	EA.	$369.00	E2609
101-3000	SEAT-1", 2", 3", DRP. HKS w/#403 SPLIT COLLAR CLAMPS	EA.	$418.00	E2609
101-4000	SEAT-ADJ. BRACKETS - J/L w/SPLIT COLLAR CLAMPS	EA.	$443.00	E2609
[illegible]	SEAT-J/L BRACKETS	[illegible]	[illegible]	[illegible]

Approved MSRP Documentation – Website

Item number Description

102063

Search Search Tips

Number of items found: 9

Nr.	Assembly	Item number	Description	Price (USD)
1	QUICK RELEASE AXLES	102063	QR AXLE MAG W/M-12 NUT	50.00
2	QUICK RELEASE AXLE MATRIX	102063	QR AXLE MAG W/M-12 NUT	50.00
3	QUICK RELEASE AXLES	102063	QR AXLE MAG W/M-12 NUT	50.00
4	QUICK RELEASE AXLES MATRIX	102063	QR AXLE MAG W/M-12 NUT	50.00
5	QUICK RELEASE AXLES MATRIX (GTX)	102063	QR AXLE MAG W/M-12 NUT	50.00
6	QUICK RELEASE AXLES MATRIX	102063	QR AXLE MAG W/M-12 NUT	50.00

Do the math!

x 2

50.00 X 2 = 100.00

- When the documentation has different information than the claim, providers must show how they arrived at the amount and the units being billed
- Be sure the website is listed on the MSRP documentation submitted to the IHCP

Reminder

Claim Filing Limit

The IHCP mandated a 180-day filing limit for fee-for-service (FFS) claims, effective January 1, 2019. Refer to *BT201829*, published on June 19, 2018, for additional details.

- The 180-day filing limit is based on date of service:
  - Any services rendered on or after January 1, 2019, are subject to the 180-day filing limit
  - Dates of service before January 1, 2019, are subject to the 365-day filing limit

Helpful Tools

Helpful Tools

Provider Relations Consultants

REGION	FIELD CONSULTANT	EMAIL	TELEPHONE	COUNTIES SERVED
1 Illinois Michigan	Jean Downs	INXIXRegion1@dxc.com	(317) 488-5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St.Joseph, Starke, Steuben, Whitley Chicago, Watseka Sturgis
2 Illinois	Shari Galbreath	INXIXRegion2@dxc.com	(317) 488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware Fountainm Grant, Howard, Hutington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White Danville
3	Crystal Woodson	INXIXRegion3@dxc.com	(317) 488-5324	Boonem Hamilton, Hendricks, Johnson, Marion, Morgan
4 Kentucky	Ken Guth	INXIXRegion4@dxc.com	(317) 488-5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderbirgh, Vermillion, Vigo, Warrick Owensboro
5 Kentucky Ohio	Virginia Hudson	INXIXRegion5@dxc.com	(317) 488-5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Hancock, Henry, Jackson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne Louisville Cincinnati, Harrison, Hamilton, Oxford
	Judy Green		(317) 488-5026	All other out of state areas not previously listed
Team Lead	Jenny Atkins		(317) 488-5032	

Helpful Tools

IHCP website at in.gov/medicaid/providers:

- *IHCP Provider Reference Modules*
- *Medical Policy Manual*
- Contact Us – Provider Relations Field Consultants

Customer Assistance available:

- Monday – Friday, 8 a.m. – 6 p.m. Eastern Time
- 1-800-457-4584

Secure Correspondence:

- Via the Provider Healthcare Portal

  *(After logging in to the Portal, click the **Secure Correspondence** link to submit a request)*

Questions

Please review your schedule for the next session you are registered to attend

Session Survey

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.

https://tinyurl.com/fssa1053