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## ADVANTAGE CARE SELECT QUICK REFERENCE GUIDE

<http://www.advantageplan.com/advcaresselect>

### Member Services & Disease Management Contact Information

#### Member Services

1-800-784-3981  
 Prompt 1, Prompt 1  
 Monday–Friday 8:00am to 5:00pm

#### Member Transportation Services

1-800-784-3981  
 Prompt 1, Prompt 7  
 Monday–Friday 8:00am to 5:00pm

#### ADVANTAGE Care Select Disease Management

1-800-784-3981  
 Prompt 1, Prompt 5  
 Monday–Friday 8:00am to 5:00pm

Both members and providers may contact Member Services for Care Select member questions

#### Member TTY Line

1-866-859-7812

PMP's may refer patients for disease management.

### Member Inquiries/Grievances/Nurse Line and Administrative Reviews

#### Member Inquiries

Monday–Friday 8:00 am to 5:00 pm  
 Toll Free: 1-800-784-3981

#### Care Select Nurse-Line

24 hours per day / 7 days per week  
 Ph: 1-800-244-1896

#### Grievances

Monday–Friday 8:00 am to 5:00 pm  
 Local: 317-816-6737  
 Toll Free: 1-866-591-6737  
 Mail: ADVANTAGE Care Select  
 P.O. Box 40999  
 Indianapolis, IN 46240-0999

#### Administrative Reviews

Monday–Friday 8:00 am to 5:00 pm  
 Local: 317-810-4473  
 Toll Free: 1-866-726-2470  
 Mail: ADVANTAGE Care Select  
 Attn: Administrative Reviews  
 P.O. Box 40789  
 Indianapolis, IN 46240

### Prior Authorization

#### ADVANTAGE Care Select Prior Authorization

Monday – Friday 8:00am to 5:00pm  
 Ph: 1-800-784-3981  
 Fax: 1-800-689-2759  
 Mail: ADVANTAGE Care Select  
 P.O. Box 80068  
 Indianapolis, IN 46280

#### Traditional Medicaid FFS Prior Authorization

Monday – Friday 8:00am to 5:00pm  
 Ph: 1-800-269-5720  
 FFS Fax: 1-800-689-2759  
 Mail: ADVANTAGE Traditional FFS  
 P.O. Box 40789  
 Indianapolis, IN 46240

#### MRO

#### Prior Authorization

Monday – Friday 8:00am to 5:00pm  
 Ph: 1-800-269-5720  
 MRO Fax: 1-866-541-3977  
 Mail: ADVANTAGE Health Solutions, Inc  
 MRO Prior Authorization  
 P.O.Box 40789  
 Indianapolis, IN 46240

### ADVANTAGE Care Select Provider Relations Contact Information

**Provider Relations Line: (866)504-6708**

**Provider Relations Fax: (317)587-8411**

**\*Providers may contact the Provider Relations Department at anytime with questions or concerns.**

Name & Title	Phone	Email
Kelvin Orr- Director of Network Development	(317)573-6572	korr@advantageplan.com
Katie Tucker – Provider Relations Specialist	(317)573-2795	ktucker@advantageplan.com
Daniel Green – Provider Relations Contract Specialist	O: (317)816-6760 C: (765)336-9297	dgreen@advantageplan.com



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### Enrollment

- Any **primary care physician** who participates in Indiana Medicaid may enroll in *Care Select* by signing an Addendum agreement. Call 1-866-504-6708 for enrollment information.
- All **specialty providers** who participate in Indiana Medicaid may provide services to *Care Select* members through the open referral network.

### Prior Authorization

- Submit all Prior Authorization requests using an *Indiana Prior Review and Authorization Request* form (available at [www.indianamedicaid.com](http://www.indianamedicaid.com)) or submit PAs via web interChange (IHCP Provider Manual Chapter 6, Section 1, page 6-8).
- All PA system updates must be submitted on the *Prior Authorization System Update Request* form, also available at [www.indianamedicaid.com](http://www.indianamedicaid.com).
- Forms which are not complete or not signed will be suspended.
- ADVANTAGE recommends faxing PAs for the best turn-around time. Fax *Care Select* & Traditional Medicaid PA's to 1-800-689-2759.
- Verify that the patient is an ADVANTAGE *Care Select* member or participating in Traditional Medicaid in order to submit the PA correctly. Submit the PA to the correct CMO in order to be processed in a timely manner.
- The CMO which receives an original PA request processes submissions of additional information, related to a suspended PA, and finalizes the PA decision. Providers whose PA is suspended, have 30 days to respond to requests for additional information or the PA will be denied. Physician authorization, as well as a PA, may be required for some specialty services (refer to BT200804).
- A complete list of all procedures or medical necessities which require a PA is available at:
  - [http://www.indianamedicaid.com/ihcp/Publications/MaxFee/fee\\_schedule.asp](http://www.indianamedicaid.com/ihcp/Publications/MaxFee/fee_schedule.asp)
    - Pharmacy PA's are processed by ACS
      - Ph: 1-866-879-0106 Fax: 1-866-780-2198

### Certification Code (Cert Code)

- Providers are responsible for verifying patient eligibility prior to providing services. The primary medical provider's (PMP) certification code and NPI number are used to authorize the referral of a *Care Select* member for necessary specialty services.
- Specialty providers must contact the member's PMP to request a certification code PRIOR to providing services. This includes non-emergency services provided in an emergency room, as well as all services related to an inpatient admission.
- The following services do not require a PMP referral: Chiropractic, Community mental health and Mental health (by provider type and specialty), Dental, Family Planning, Home and community-based, Methadone maintenance (refers to the drug methadone, not methadone treatment programs), Nonsurgical Ophthalmology, Pharmacy, Podiatry, true medical emergency, Transportation, Vision care (optometry and eyeglasses), Human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) targeted case management services, Immunizations, Diabetes self-management. For complete information on PA requirements: [www.indianamedicaid.com](http://www.indianamedicaid.com) -BT200804

### Billing Claims

- ADVANTAGE Health Solutions, Inc does *not process Care Select* claims.
- *Care Select* claims are processed the same as Traditional Medicaid and are paid per the current IHCP Provider Fee Schedule.
- *Care Select* Medical and Pharmacy Claims are processed by HP
  - Ph: 317-655-3240 or 1-800-577-1278
  - [www.indianamedicaid.com](http://www.indianamedicaid.com)

### Right Choices Program

- Members who show a pattern of potential misuse or over-utilization of services may be placed in the Right Choices Program.
- These members are assigned to one primary medical provider, one pharmacy and one hospital. Specialty providers must receive written authorization, from the PMP to treat a Right Choices member. Right Choices members are eligible for all medically necessary IHCP services.
- Right Choices Contact information:

#### **ADVANTAGE Care Select & Traditional Medicaid FFS**

P.O. Box 40789 Indianapolis, IN 46240

Ph: 1-800-784-3981 Fax: 1-800-689-2759