

# Health Advantage Provider Manual

For the Health Advantage Networks:

- Wishard Advantage
- Citizens Advantage
- Gennesaret Advantage
- Healthnet Advantage
- Raphael Advantage
- Shalom Advantage
- St Francis Advantage
- St Vincent Advantage

## Welcome to Health Advantage

The **Health and Hospital Corporation** of Marion County has the responsibility to ensure all indigent residents of Marion County receive health care. In 1997, the Health and Hospital Administration realized that some residents of Marion County were receiving care, but frequently received only emergency treatment. That system did not promote preventive health care nor did it encourage an ongoing relationship with just one doctor. A “managed care program”, called Wishard Advantage, was developed. Wishard Advantage became one of the first managed care programs in the nation open to persons who do not qualify for Medicaid but whose income falls at or below 200 percent of the federal poverty guidelines.

In 2001, the Health and Hospital Corporation began the process of expanding the network of primary care providers. The expanded network provides greater access to primary care. Along with the network expansion came the new ‘umbrella’ name, Health Advantage. Greater access to primary care allows better coordination of health care services for low income patients by encouraging them to develop a relationship with a primary care doctor close to their home. The focus of Health Advantage is on primary and preventive health care.

Health Advantage is a health cost assistance program, not an insurance plan. Primary Care Physicians manage a patient’s primary care, while inpatient and specialty health care is provided through Wishard Health Services.

For more information about the Health Advantage Program, please contact:

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The Health and Hospital Corporation contracts with IU Medical Group to provide administrative services for Health Advantage. This includes, but is not limited to, marketing, customer services, membership, provider relations, claims processing, medical management, information services, medical economics and quality management.

The Health and Hospital Corporation and IU Medical Group hope that this Provider Manual will provide assistance for our Health Advantage Participating Providers.

## Eligibility

### A. Application Process for Health Advantage

An electronic application, Ind-E-App, is now implemented at each Health Advantage Enrollment Site. The paper process is no longer in use. The electronic application shortens turn-around time, provides retrievable data and allows for application to other assistance programs without undergoing a separate interview or process.

### B. Eligibility Standards

There are two tests that must be satisfied when eligibility for Health Advantage is determined: Residency and Income. All application material is considered confidential and should not be shared outside the clinical setting.

#### 1. Marion County Residency

Verification of Residency - Advantage is limited to Marion County residents. Residency begins when one “acquires” an address. The length of residency is immaterial. If an applicant reports he or she “intends” to reside in Marion County, Advantage can be awarded only when an address is “acquired.” Proof of Residency can include a lease agreement, a mortgage statement, a rent receipt with address, a utility bill with applicant’s name and address, copy of delivered mail other than advertisements, Marion County library card, or voter registration card. A signed statement from a person providing room and/or board in Marion County will suffice as proof of residency as long as the street address is on the statement. Drivers Licence, State ID Card or a blank Personal Check is not sufficient proof of residency.

Post Office Box - It is not uncommon for patients to request that business mail such as an award letter, membership cards, bills, etc be mailed to a Post Office box. However, with the application there must be proof of the actual Marion County address. Homeless persons can use a Post Office box, but must still provide a letter from a mission proving they stay primarily in Marion County.

Citizenship - Advantage does not require proof of US citizenship, nor a Social Security Number.

## 2. Income Verification - Sources

Cash payments from earnings, support received from family members, organizations or even strangers is considered income. Verification of the support must be given in written form - signed by the giver with a date and a phone number for clarification, if necessary.

Child support payments are included as income. Verification of support paid through the courts can be obtained at the Marion County Clerk's Office - first floor of City/County Building. If necessary, receipts may be used as proof of payment. If the applicant reports no child support is received, it is not necessary to verify there are no payments. However, if the Financial Need Statement reveals greater expenses than reported income, child support may account for the difference. In such case, verification of no child support would be requested and can be obtained at the County Clerk's Office.

One copy of a Child Support check is sufficient as proof if it includes the increment of payments on the face. Some payments are made weekly, others biweekly and some are paid monthly. When calculating the income, it is presumed the payments are received as ordered by the court. If the payments are not regularly received, provide proof of variation.

Earnings from Employment are obviously counted as income. Check stubs showing gross pay are sufficient verification of earnings. For the most accurate estimation of earnings, three consecutive months of check stubs should be collected.

- Average the gross weekly earnings then multiply by the number of weeks in a year (52) to arrive at annual salary.
- Annual income can also be calculated using the Year-to-Date gross earnings. In order to have an accurate estimation, the most recent check stub should be used. It is crucial that the date employment began be recorded and the actual number of weeks worked must be counted. The calculation should be as follows: YTD earnings divided by weeks worked is average weekly income. Average weekly income multiplied by weeks in a year (52) equals estimate of annual income.

In-Kind support should be verified in a general way to reconcile expenses against income. If someone other than the applicant pays the applicant's bills, then written explanation is necessary. The amount is not considered income, but is necessary to understand the financial arrangements within the household. If someone other than the applicant refuses to provide verification, the application should be sent to the Health and Hospital - Advantage manager for review.

Interest on Bank Accounts is counted as income. The total sum in the bank account is not added into the annual income. Monthly interest earned is considered income and should be calculated into the household budget. Three months of checking account statements and/or one quarterly savings account statement should be used as verification. If the account is over \$20,000, send to Health and Hospital - Advantage manager for review.

Interest on Money Market Funds, Certificates of Deposit is counted as income. Statements are necessary to prove the amount of interest earned on money deposited therein. If the account has over \$20,000, the application should be sent to Health and Hospital - Advantage Manager for review.

Non-Working Family Members should present some proof that they are not working, such as an unemployment statement from iNET or doctor's order restricting work. Proof of pending application for Social Security Disability or SSI is also sufficient. If applicant is on medical leave, request documentation from employer indicating when leave started and any salary or benefits paid during the period.

Part-time Employment is verified in the same way full-time employment is verified. Applicants' should be questioned about more than one source of income. Day workers and those working for temporary services must prove income with check stubs or statement from employer.

Pensions - Many patients receive pensions along with social security or SSI payments. All income must be verified. Often patients have a checking account for direct deposit. Bank statements reflecting the amount of the pension and social security payment can be used to verify such income. If there is over \$20,000 in the savings or checking account, please send application for Health and Hospital - Advantage Manager for review.

Self Employment income is verified by quarterly/yearly income tax records, company income/expenses information or ledger books. Self employed persons must provide copies of bank statements because frequently business and personal funds are intermingled.

Social Security payments are obviously income. Beneficiaries pay a monthly premium which is deducted from their social security checks to obtain Medicare Part B coverage. In an effort to encourage patients to continue to carry Part B, calculate their income using net income rather than gross income.

Student Grants and Loans - are counted somewhat like self employment. Proof of the total amount of loan or grant must be supplied. The cost of tuition, books, and school related items can be deducted and are not included in calculating the yearly income. Housing and food allowance is not counted as relating to education.

Persons without a Valid Social Security Number - must verify earnings and support just as citizens. If working, it is not necessary for the patient to prove his Social Security Number is legal. If an adult applicant is not working, he or she must obtain a statement of support from the person who is paying room and board on the applicant's behalf.

Unemployment Compensation is income and must be counted as such. If applicant has pay stub, it can be assumed that each installment will be the same amount. On the face of the stub there is a column with the actual total amount of compensation awarded. Each consecutive stub should show the total less that week's increment.

## C. Program Guidelines

Application for Advantage- it is expected that the Indeapp interview will be completed in its entirety. By answering each question, preliminary eligibility for several programs can be determined.

Dependents - in order to include a dependent in the household, applicants must prove the dependent is living with them in the home. Items of proof could include Social Security Card, Birth Certificate, Tax Records, or court papers. Guardians can count the ward as a dependent. Payees cannot count the SSI recipient as a dependent unless the payee is the parent and the SSI recipient is under 22 years old.

Family defined - household composition does not necessarily indicate familiar relationships. In the Advantage program, only legal relationships are counted. Social arrangements including long-term common law marriage, significant others, boyfriend/girlfriend, etc should be counted as two separate households. The test becomes binding legal agreements. If couple has a legal relationship, then they are considered family. Guardianship constitutes familiar relationship while payee status does not. Adult siblings who live together are considered separate households.

Family members who do not have a Wishard Medical Record Number in the registration system (RIS) can be awarded Advantage. Include the family member in the household and the Health and Hospital reviewers can obtain a medical record number. Be sure to include the person's Race, Marital Status and Mother's First Name so a medical record number can be secured.

Payable Programs - patients must comply with requirements of any payor program for which they may qualify before Advantage is awarded. Approval will be contingent upon the patient cooperation in securing the other coverage through application.

Outpatient and Inpatient Coverage - Advantage is one program and we strive to have uniformity in the Inpatient and Outpatient venues. If Advantage is awarded through the outpatient venue and the patient is then admitted to the hospital, the WHS inpatient financial counselor will make only cursory assessment for a payable program. Example: Patient's health is stable until this admission. Now patient shows a worsening or terminal condition that may qualify for Medicaid Disability.

If the patient is awarded Advantage during an inpatient hospitalization, the outpatient clinic should make only cursory assessment for a payable program. Example: Patient is admitted for gallstones and released. In two months, patient schedules appointment at clinic because she is pregnant. Pregnancy Medicaid coverage would be primary payor above Advantage coverage.

Primary Care Physician- All Advantage patients choose, or are assigned, a primary care provider network. The PCP at that site provides or coordinates all medical care for the Advantage patient.

Reapplication after denial- a patient can reapply ninety (90) days from the last date of denial. If the patient can substantiate a "significant change"; ie job loss, divorce, then the Health and Hospital - Advantage Director can waive the 90 day rule.

Significant Change - A patient is awarded Advantage for one year. If the patient can substantiate a "significant change" in his financial circumstances, the percentage of Advantage can be adjusted to reflect the change. Household composition change would also apply as "significant change." The change must continue for 90 days before the Advantage award will be effected.

Veterans - if the veteran has never been in the VA system, temporary approval for Advantage may be necessary. The term should not extend beyond six (6) months. It is appropriate to award for only one service also, for example an ambulance transport and emergency room visit.

#### **D. Fast Track to Advantage Eligibility**

In an effort to expedite the eligibility process, the following categories require only one piece of verification:

Food Stamp Recipients - need only present a copy of their award letter delivered to a Marion county address. The patient may not receive 100% Advantage because Food Stamps regulations use 130% and 165% of poverty level. Please include the Food Stamp budget calculations provided by Caseworker along with the award letter.

Supplemental Security Income Recipients - need only present a copy of their award letter delivered to a Marion county address.

Trustee Assistance Recipients - need only present a copy of their Poor Relief letter delivered to a Marion County address.

Homeless Shelter Residents - need only present a letter from a Marion county shelter attesting to their status as homeless to enroll in Advantage.

#### **E. Primary Care Provider Changes**

##### **Primary Care Provider Change Requests :**

- Wishard Advantage Members / sites may either call IUMG Customer Services, 871-8814, or complete the Form on the next page and fax the form to Fax# 879-1664.
- All other Health Advantage Members / Sites call Susan Jo, 630-7889, or complete the Form on the next page and fax the form to Fax# 630-6032.



## Participating Providers

### A. Referrals for Emergency and Inpatient Evaluations

A Primary Care Physician may refer his Advantage patient to the Emergency Department for evaluation and possible Inpatient Care. The PCP can expect ongoing communication with the IUMG Staff Physician to whom he transferred his patient's care. The goal is to provide a seamless continuum of health care services to the Advantage patient. Two phone calls will need to be made to assure a smooth referral process.

1. Referral for Inpatient care will begin in the Emergency Department with the Physician Coordinator. The Primary Care Physician should contact the Physician Coordinator and communicate the reason for transfer to the Emergency Department. **Physician Coordinator Phone Number: 630-8647**
2. A staff member from the Primary Care office should call the ED, Emergency Department, Charge Nurse. The nurse most familiar with the patient will give a report, convey approximate arrival time and any other relevant information to the ED Charge Nurse. **ED Charge Nurse Phone Number: 630-6622**
3. If at all possible, the Primary Care staff should provide the patient with copies of relevant medical records to be transported with the patient to the ED. If this is not possible, the Primary Care staff member should send by facsimile the relevant medical records. **ED Fax Phone Number: 630-6406**
4. The Emergency Department staff will verify demographic and insurance information in the registration system (RIS) when the patient arrives. In addition, Nursing Staff will assess patient's immediate needs and triage the patient to the appropriate area.
5. Upon completion of the evaluation, the Physician Coordinator or Attending Staff Physician will contact the PCP and report findings and recommendations. The admission information and test results will also be available to the Primary Care staff through the registration system (RIS). If the patient is admitted for care, the PCP can use the registration system (RIS) to ascertain the name and pager number of the Inpatient Staff Doctor. Discharge Planning Staff will send the Discharge Summary to the Primary Care site. If the Staff Physician writes a prescription, or orders additional tests, these services can be provided by Wishard Health Services. Care that is routinely provided by the Primary Care site will continue to be the responsibility of the Primary Care site.

## B. Referrals for Specialty Care

A successful referral will maintain ongoing communication between the Specialist and the patient's Primary Care Provider. The goal is to provide a seamless continuum of services to the Advantage patient. All referrals should be directed Clinical Practice Guidelines when appropriate.

1. Referral to Specialty Care Physicians will begin at the Primary Care site. Staff from the Primary Care office should call the specific clinic to which they are making the referral. **(See attached Specialty Referral Information listing clinic names, location, phone and fax numbers )** Ideally, this will occur while the patient is present to confirm the appointment time. If not possible, the Primary Care or Specialty Clinic staff should make the appointment. Patients should not make their own appointment.
2. After the appointment is set, the Primary Care staff member will send by facsimile the "Consultation Request & Report Form". The Primary Care Physician will identify the patient, the diagnosis and the reason for consultation by completing the top half of the consultation form. **(See Consultation Request & Report)**
3. The Specialty Care staff will verify demographic and insurance information in the registration system (RIS) when the patient arrives. Upon completion of the visit, the Specialty Care Physician will complete a report of findings and recommendations by completing the bottom half of the consultation form. Specialty Care staff will send by facsimile the completed consultation form to the Primary Care site.
4. If the Specialist writes a prescription or orders additional tests, these services can be provided by Wishard Health Services. Results from any tests performed at the Specialty Clinic will be available to the Primary Care staff via the registration system (RIS). Care that is routinely provided by the Primary Care site will continue to be the responsibility of the Primary Care site.
5. A Specialty Care Physician must follow the same Medical Management guidelines and policies as the Primary Care Physician. On occasion, Advantage patients may need tests, procedures, or surgeries that are not available through the Advantage program. Please notify the IUMG MM department if such circumstances arise and the MM Case Manager will make the appropriate referral and arrangements. The patient will be responsible for any charges incurred.

**C. Specialty Referral Information**

**[RHC is the Regenstrief Health Center]**

**[PCC is the Primary Care Center]**

Specialty Clinic	Location	Phone	Fax #
Allergy	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Ambulance	Wishard	327-6600	
Ambulatory Surgery	Wishard, West Bldg	630-8282	630-2686
Anesthesiology	Wishard	630-7525	630-6106
Audiology	RHC 3 <sup>rd</sup> Floor	630-7418	287-3166
Bell Flower	Bell Flower	221-8310	221-8330
Cardiac Rehab	NIFS	274-4482	274-4492
Cardiology	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Center of Hope	Wishard ER	630-7644 day 630-6622 eve	630-6406
Dental	RHC 3 <sup>rd</sup> Floor	630-6873	630-2424
Dermatology	RHC 3 <sup>rd</sup> Floor	630-7064	630-6371
Diabetes	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Diabetes Education			
DME – A Plus DME		630-8393	
Ears, Nose and Throat (ENT)	RHC 3 <sup>rd</sup> Floor	630-7418	630-8958
Emergency Room	Wishard ER	630-6243	630-7622
Endocrinology	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Eye	RHC 5 <sup>th</sup> Flr	630-7518	630-6012
Gastroenterology (GI)	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Gynecology (GYN)	PCC, 3 <sup>rd</sup> Floor	692-2333	692-2352
GYN Outpatient Surgery	Wishard F4	630-6021	630-6524
Heart – Cardiology	Krannert Institute	630-8064	656-7160
Hematology	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Infectious Diseases	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Nephrology	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Neurology	RHC 6 <sup>th</sup> Floor	630-7004	630-7906
Neurosurgery	RHC 6 <sup>th</sup> Floor	630-7004	630-7906
Obstetrics (OB)	PCC 3 <sup>rd</sup> Floor	692-2333	692-2353
OB High Risk (II Care)	PCC 3 <sup>rd</sup> Floor	692-2365	692-2353
OB / GYN Ultrasound	PCC 3 <sup>rd</sup> Floor	692-2911	692-2319
Occupational Therapy	Wishard, East	630-7211	630-7647
Oncology	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Ophthalmology	RHC 5 <sup>th</sup> Flr	630-7518	630-6012
Orthopaedics	RHC Main Floor	630-7318	630-7288
Pediatric Cardiology	PCC 2 <sup>nd</sup> Floor	692-2363	656-3971
Pediatric Dermatology	RHC 3 <sup>rd</sup> Floor	630-7064	630-6371
Pediatric Neurology	PCC 2 <sup>nd</sup> Floor	692-2363	656-3971

Pharmacy		656-3992	656-3999
Physical Therapy	Wishard, East	630-7211	630-7647
Plastic Surgery	RHC 3 <sup>rd</sup> Floor	630-7266	630-7885
Podiatry	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Pulmonary	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Pulmonary Function Lab			
Radiology	RHC Main Floor	630-6401	630-7053
Rehab Medicine	Wishard, East	630-7211	630-7647
Renal	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Respiratory Care		630-7058	630-8374
Rheumatology	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Special Medicine	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Stop Smoking Program	Wishard	630-7410	630-8670
Speech Pathology	RHC 3 <sup>rd</sup> Floor	630-7418	630-8958
Surgery	RHC 3 <sup>rd</sup> Floor	630-7266	630-7885
Thoracic clinic	RHC 3 <sup>rd</sup> Floor	630-7266	630-7885
Truama clinic	RHC 3 <sup>rd</sup> Floor	630-7266	630-7885
Urology	Myers Main Floor	630-7569	630-7896
Vascular Diagnostics Center	RHC 3 <sup>rd</sup> Floor	630-7266	630-7885
Weight Loss Clinic (for obesity)	RHC 4 <sup>th</sup> Floor Ctr for Women's Health	630-6523	
Well Women's Clinic	Wishard F4	630-6021	630-6524
Women's Immediate Care Center	Wishard, Myers 3 <sup>rd</sup> Floor	630-7398	

#### **D. Referrals for Diagnostic Studies and Laboratory Tests**

A successful referral will maintain ongoing communication between the diagnostic facility and the patient's Primary Care Provider. Tests that are routinely provided by the Primary Care site will continue to be the responsibility of the Primary Care site. For services not currently offered at the Primary Care site, the Advantage patient can be referred to Wishard Health Services using the following guidelines.

1. Referral to the diagnostic facility will begin at the Primary Care site. Staff from the Primary Care office should call the specific area to which they are requesting a service. **(See attached Diagnostic Testing Information listing testing site, location, phone and fax numbers)**. Ideally, this will occur while the patient is present to confirm the appointment time. If not possible, it is still mandatory that the Primary Care staff make the appointment at the diagnostic facility. Patient cannot make their initial appointment.
2. After the appointment is set, the Primary Care staff member will send by facsimile the appropriate request to Radiology. The Primary Care Physician should be sure to complete the *Exam, Diagnosis and History* section of the request. There is no appointment necessary for laboratory (blood tests) and the patient should have the appropriate Lab request with him when he arrives at the Primary Care Center – First Floor Blood Draw station.
3. Some diagnostic studies require authorization from IUMG Medical Management. A Primary Care Physician must follow the Medical Management guidelines and policies beginning on page 16 of this Manual. The Primary Care staff is responsible for obtaining prior authorization. The Authorization Number should accompany the request for services to the Wishard Diagnostic Facility.
4. The Wishard Diagnostic Facility staff will verify demographic and insurance information in the registration system (RIS) when the patient arrives. Upon completion of the visit, the diagnostic facility staff will enter the test findings in the registration system (RIS) as per routine. Upon request, the Diagnostic Facility staff can send by facsimile the diagnostic or laboratory report to the Primary Care site.
5. If the Specialist writes a prescription or orders additional tests, these services can be provided by Wishard Health Services. Results from any tests performed at the Specialty Clinic will be available to the Primary Care staff via the registration System (RIS).
6. On occasion, Advantage patients may need tests, procedures, or surgeries that are not available through the Advantage program. Please notify the IUMG MM department if such circumstances arise and the MM Case Manager will assist in making the appropriate referral and arrangements. The patient will be responsible for any charges incurred.

### Diagnostic Testing Services

<b>Site</b>	<b>Location</b>	<b>Hours of Operation</b>	<b>Phone Number</b>	<b>Fax Number</b>
GI and GU Studies	Lower Level Dunlop Bldg	7 AM – 4 PM	630-7382	656-4123
Ultrasounds	Lower Level Dunlop Bldg	8 AM – 5 PM	630-6555	656-4123
X-Rays	First Floor Regenstrief	8 AM – 4:30 PM	630-6401	656-4213
CT Scans	Radiology		630-6997	630-7053
MRIs	Radiology		630-6997	630-7053
Laboratory	First Floor Primary Care Ctr	8 AM – 4 PM	692-2309	
Laboratory	Main Lab Wishard		630-7442	
Mammography – St Margaret's Breast Ctr	First Floor Primary Care Ctr	8 AM – 4 PM	656-3900	656-3982

## Health Advantage Benefits and Patient Co-Pays

Note: Benefits Only Apply IF Services Are Provided at Wishard Hospital or the Primary Care offices. For coverage status and criteria for services or tests that are not explicitly stated in this document, please contact the Advantage Director.

### I. PROGRAM BENEFITS

Service/Procedure	Coverage Status	Coverage Criteria
Abortions-elective	Not Covered	
Acupuncture	Not Covered	
Allergy Testing & Treatment	Covered	Primary Medical Provider referral
Ambulance <ul style="list-style-type: none"> <li>• If this results in an authorized ER or inpatient admission; or</li> <li>• If this is a transport between hospitals</li> </ul>	Covered	Wishard Ambulance Only
Audiograms (Audiometry)	Covered	Primary Medical Provider referral
Bone Densitometry	Covered	Medical Management precertification required
Brain Stem Evoked Response	Not Covered	
Cardiac Electrophysiology Studies	Not Covered	
Cardiac Rehabilitation	Covered	Medical Management authorization
Cardiovascular Surgery	Not Covered	
Care Coordination	Provided by Wishard	Primary Medical Provider order
Chemotherapy <ul style="list-style-type: none"> <li>• Adult</li> <li>• Pediatric</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> <li>• Not Covered</li> </ul>	
Chiropractic Services	Not Covered	
Consultations by Specialist	Covered	Primary Medical Provider refers

<b>Service/Procedure</b>	<b>Coverage Status</b>	<b>Coverage Criteria</b>
Contact Lenses (unless medically indicated)	Not Covered	
Contraceptive Services <ul style="list-style-type: none"> <li>• Depo-Provera</li> <li>• Tubals (inpatient &amp; outpatient)</li> <li>• Norplant</li> <li>• Norplant Removal</li> <li>• Birth Control Pills</li> <li>• IUD</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> <li>• Covered</li> <li>• Not Covered</li> <li>• Covered</li> <li>• Covered</li> <li>• Not Covered</li> </ul>	<ul style="list-style-type: none"> <li>• Covered by title X</li> </ul>
Cosmetic Surgery	Not Covered	
Court Ordered Services	Not Covered	
CT Scan	Covered	Medical Management authorization
CV Stress Test	Covered	Medical Management authorization
Dental Services	Covered (provided through carve out with IU School of Dentistry)	Provided by Wishard @ Regenstrief, Grassy Creek and Cottage Corner
Dialysis (outpatient)	Not Covered	
DME	Covered items are: Hospital Beds * Bedside Commodes * Wheelchairs * Canes Crutches Walkers Orthotics Prosthetics Oxygen & Masks CPAP for Sleep Studies	Provided through Wishard A Plus DME Sliding fee scale * Require prior-authorization
ECHO	Covered	Provider order

EEG <ul style="list-style-type: none"> <li>• Regular</li> <li>• Prolonged EEG with Video Monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> <li>• Not Covered</li> </ul>	<ul style="list-style-type: none"> <li>• PMP or Specialist order</li> </ul>
EKG	Covered	Primary or Specialty Medical Provider order
Electronystagmograms	Not Covered	
Electrooculograms	Not Covered	
Electroretinograms	Not Covered	
Epilepsy Surgery	Not Covered	
Emergency Room Visit	Covered for Wishard ER	Health Connections or Primary Medical Provider referral required
ERCP/Motility Studies	Not Covered	
Evoke Otacoustic Emissions	Not Covered	
Evoke Potentials (hearing/sight)	Covered	Primary or Specialty Medical Provider order
Experimental Procedures	Not Covered	
Gamma Knife Procedures	Not Covered	
GI procedures in office or outpatient setting	Covered	Medical Management authorization required
Glasses	Not Covered	Discounted glasses available
Gynecology Services <ul style="list-style-type: none"> <li>• Primary</li> <li>• Preventative</li> </ul>	Covered	Primary or Specialty Medical Provider order
Hair Analysis	Not Covered	
Hearing Aids	Not Covered	

Holter monitoring/Event Recording	Covered	Primary or Specialty Medical Provider order
Home Health	Not Covered	
Hospice (inpatient and outpatient)	Not Covered	
Hospital Short Stays (23 hr observation)	Covered at Wishard	Medical Management authorization
Hyperbaric Oxygen Therapy	Not Covered	
Infertility Workups & Treatment	Not Covered	
Immunization Serums <ul style="list-style-type: none"> <li>• Pediatric</li> <li>• Adolescents</li> <li>• Adult</li> </ul>	Covered as follows: <ul style="list-style-type: none"> <li>• If not covered by VFC</li> <li>• Varicella</li> <li>• Pneumococcal Flu- 65+ or w/chronic disease</li> <li>Hepatitis B</li> <li>Tetanus</li> <li>Rubella</li> <li>Varicella - high risk adults</li> </ul>	Primary or Specialty Medical Provider order
Inpatient Services by PMP	Covered	
Joint Replacement (complicated)	Not Covered	
Laboratory Testing-routine	Covered	Primary or Specialty Medical Provider order
Laser Surgery <ul style="list-style-type: none"> <li>• Retinal</li> </ul>	Not Covered	
Lithotripsy	Not Covered	
Mammography	Covered	Primary or Specialty Medical Provider order
Mental Health Services (outpatient & inpatient)	Provided by Midtown	Depends on catchment area
MOHS Microsurgery	Not Covered	

<b>MRI</b> <ul style="list-style-type: none"> <li>• Regular</li> </ul> [Note: Open sided – not available in program]	<ul style="list-style-type: none"> <li>• Covered</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Management auth no longer required eff 1/1/2003</li> </ul>
<b>Neurointerventional Radiology Procedures</b>	Not Covered	
<b>Obstetrical Services</b> <ul style="list-style-type: none"> <li>• Pregnancy test</li> <li>• Prenatal care</li> <li>• Ultrasound (2 per pregnancy)</li> <li>• Routine labs</li> <li>• Treatment for ectopic preg. Or miscarriage</li> <li>• Post partem checkup</li> </ul>	Covered	Primary or Specialty Medical Provider order
<b>Office Procedures by PMP</b>	Covered	Primary Medical Provider order
<b>Office Visits</b> <ul style="list-style-type: none"> <li>• PMP</li> <li>• Specialist</li> </ul>	Covered Covered	Primary Medical Provider makes appointment
<b>Penile Prosthesis</b>	Not Covered	
<b>PET Scan</b>	Not Covered	
<b>Phlebotomy - therapeutic</b>	Not Covered	
<b>Physicals</b>	Covered	Provided by Primary Medical Provider
<b>Prescriptions</b>	Covered – Generic and/or Wishard Formulary	Written by PMP/Specialist and provided at Wishard Clinics only
<b>Preventative Care Services</b> <ul style="list-style-type: none"> <li>• Physical &amp; Examination</li> <li>• Women’s health</li> <li>• Pediatric EPSDT</li> </ul>	Covered	
<b>Pulmonary Functions</b>	Covered	Medical Management authorization

Pulmonary Rehabilitation	Covered	Medical Management authorizatoon
Radiation Therapy/Oncology • Outpatient	Not Covered	
Retinal Photos & Angiograms	Not Covered	
Sex Change/Transformation	Not Covered	
Smoking Cessation	Covered	Primary or Specialty Medical Provider order
Sleep Studies	Not Covered	
Sterilization Reversal	Not Covered	
Surgery • Inpatient • Outpatient • Pediatric	<ul style="list-style-type: none"> <li>• Covered</li> <li>• Covered</li> <li>• Complicated Surgeries not covered</li> </ul>	
Therapy (speech and physical)	Covered	Medical Management retrospective authorization
Transplants	Not Covered	
Transportation (non-emergency)	Not Covered	
Ultrasounds • 2 per pregnancy	Covered	Primary or Specialty Medical Provider order
Urgent Visit Center and Womens Urgent Visit Center	Covered	PMP / Health Connections referral OR Life threatening emergency
Urinary Reconstruction (Pediatric)	Not Covered	
Vascular Studies (dopplers)	Covered	IUMG MM authorization
Vestibular Rehab	Not Covered	
Vision Screening	Covered	
Weight Control Programs	Covered	Primary or Specialty Medical Provider order
X-rays (routine)	Covered	Primary or Specialty Medical Provider order

## Claims

### Restrictions on Billing Members

***Participating Providers may not seek payment directly from Members, except for required co-payment, or payment for services that are not Covered Benefits.***

Members **may not be billed** for services where the claim has been denied for lack of authorization (EX 67) or lack of timeliness in receiving claims. In addition, Members may not be billed for services when IUMG has not received information requested from the Provider and necessary for proper claim processing (EX 62, 63). Contracts with all in-network providers preclude billing Advantage Members in situations other than those listed in the paragraph above and the following paragraph.

Members **should be billed** for applicable co-pays and deductibles (EX 20, 24), ineligibility at time of service (EX 26) and non-covered services (EX 90, 91).

Members who self-refer for services that should be coordinated through their PCP, or request services that have been determined to be NOT medically necessary, may be billed for those services **ONLY IF** they have signed the Form at the end of this section. This Form must be specific to the service being requested on that date and must be signed by the Member.

**Provider Claims** : All attempts should be made to submit clean claims within 90 days of the date of service. Please submit claims on standard UB92 or HCFA 1500 forms. Please complete *all fields* on the claim forms as appropriate. This includes, but is not limited to the following:

- Patient name
- Patient ID# [for Health Advantage, this is the Member's Wishard Medical Record number, complete with any preceding zeros and dash (-) prior to the number's last digit.
- Patient's Insurance Plan: Enter \_\_\_\_\_ Advantage, even though it is not an 'insurance' plan
- Patient Address
- Patient Date of birth
- Date of Service
- Authorization number, if applicable
- Diagnosis and Procedure codes [ICD9 and CPT, HCPC, or Revenue Codes]
- Provider name and Tax I.D.#

### **Submit Claims to the Following Addresses :**

Send Health Advantage Claims to:

IU Medical Group-WA  
3901 West 86<sup>th</sup> Street, Suite 230  
Indianapolis, IN 46268

\*These claims are eligible for electronic billing for most in-plan providers. Contact Mike Moulton at 860-2732 for further information.

**Electronic Claims** : IU Medical Group is in the process of implementing HIPAA compliant electronic data interchange systems. In anticipation of changes required for compliance, IU Medical Group is preparing to accept electronic claims in the HIPAA compliant transaction

format (ASC X12N 837 Version 4010). As you may know, the deadline for HIPAA compliance is currently 10/16/2002. Rather than divert resources to work on file formats which will soon be rendered obsolete by HIPAA, IU Medical Group will be going straight to the X12 format.

Working in concert with our providers, IU Medical Group would like to be able to accept your claims electronically, in the X12 format, by the end of the 2nd quarter of 2003.

Providers currently sending electronic claims to IU Medical Group, for certain lines of business, will be transitioned to the X12 format.

For more information on our HIPAA plans, contact IU Medical Group Information Services or Provider Relations.

**Claims Processing:** Each provider contract is entered into the IUMG claim system and is unique to that provider. Due to the highly-automated nature of the claims system, it is important to bill IUMG under the codes and terms agreed to in your contract. Every effort is made to process clean claims within the time period noted in the Provider's Agreement for Services.

**Claim Reimbursement and Explanation of Payment:** IU Medical Group will process claims for eligible Members' Medically Necessary Covered Benefits, in accordance with applicable provider Agreements and benefits of Advantage. The Explanation of Payment (EOP) explains the disposition of each claim submitted by the provider. The system used to process claims and generate the EOP is called Amisys, which is a state of the art managed-care system.

Indianapolis, IN 46268

Any additional information the provider wishes to have considered should be submitted with the grievance. The grievance should be sent within 180 days of the initial determination. A Grievance Panel will review the grievance and make a determination within 20 business days.

**3. Second Level, Provider Request for Further Reconsideration:** If the provider remains unsatisfied, the provider retains the right for further reconsideration by the Member's HMO within 30 business days after written notification of the first request's determination. For our own IU Health Plan HMO, this request for further reconsideration may be given verbally or in writing to the phone number or address above. Determination of the outcome of the request will be made within 45 days of the receipt of the appeal.

**Coordination of Benefits:** It is common to have more than one insurance plan in a household. Payment for services that are covered under both plans are coordinated between Advantage and the patient's other plan. As patients check in to any office for service, they should be asked about their current insurance and whether they have any other coverage. Because it is not an "insurance", Health Advantage is the program addressed for the patient.

**Information and questions :**

Claims Status Inquiry: 871-8814

## Primary Care Physician Responsibilities

Primary Care Physicians, (PCP) are physicians who specialize in General Internal Medicine, Pediatrics, Adolescent or Family Practice. The PCP provides or coordinates a member's health care. Below is a detailed listing of responsibilities of a PCP.

### Responsibilities

- Providing primary care services to members
- Maintaining centralized medical records for applicable members
- Coordinating all aspects of members' health care
- Making referrals to appropriate contracted specialty providers, ancillary services and facilities
- Obtaining IUMG Medical Management authorization for all services that require approval, including, but not limited to: inpatient admissions, 23 hour OBS, DME, prosthetics, orthotics, outpatient rehabilitation, any out-of-network or out-of-plan services, home health, diagnostic services requiring authorization such as colonoscopies. (please see MM Section of Manual)
- Providing 24 hour coverage with appropriate call coverage arrangements to ensure that health care services are available to members in the primary care physician's absence
- Obtaining and maintaining Wishard Hospital Medical Staff privileges.
- Following IUMG 's Medical Management/Quality Management guidelines and adhering to its policies and procedures
- Notifying IUMG of any changes in address, licenses, liability insurance or any other issue that could affect his or her ability to render medical care
- Participating in and supporting IUMG's products, procedures and other delivery system requirements

### Access Standards

Routine Services	90% of patients should be seen within 10 business days, unless unacceptable to patient in which case seen same day or within 24 hours
Emergency Services	Patients should be seen immediately by the physician or sent to ER
Urgent Services	90% of patients should be seen the same day or within 24 hours
Adult Initial/routine	90% of the patients should be seen within 30 business days
Child Initial/routine	90% of the patients should be seen within 20 business days
Office Wait time	80% of the patients should be seen within 30 minutes 100% of the patients should be seen within 60 minutes

**Notification of Changes:** To continue to serve our patients in a customer friendly manner and provide the most accurate information, Provider Relations must be notified of any significant changes in physician practice. This includes, but is not limited to, terminations, additions, changes in office location, phone, and hours. Notification should be made 60 days in advance of the change when possible.

## Specialty Care Physician Responsibilities

Specialty Care Physicians see patients that are referred to them by a Primary Care Physician. Advantage specialists are faculty physicians at the IU Medical Center. Below is a detailed listing of the responsibilities of a Specialty Care Physician.

### Responsibilities

- Obtaining and maintaining Wishard Hospital Medical Staff privileges.
- Following IUMG's Medical Management guidelines and adhering to its policies and procedures
- Obtaining authorization from IUMG Medical Management for all services that require MM prior-authorization such as: inpatient admissions, 23 hour Obs services, DME, prosthetics, orthotics, outpatient rehabilitation, any out-of-network or out-of-plan services, home health, all diagnostic services requiring authorization, including but not limited to colonoscopies (please see MM Section of Manual)
- Notifying IUMG of changes in address, licenses, liability insurance or any other issue that could affect his or her ability to render medical care
- Participating in and supporting IUMG's products, procedures and other delivery system requirements
- Maintain ongoing communication with patient's PCP regarding specialist's treatment of referred patient

### Access Standards

Routine Services	90% of patients should be seen within 10 business days, unless unacceptable to patient in which case seen same day or within 24 hours
Emergency Services	Patients should be seen immediately by the physician or sent to ER
Urgent Services	90% of patients should be seen the same day or within 24 hours
New OB patient services	90% of the patients should be seen within 20 business days
Routine/non-emergent GYN Services	90% of the patients should be seen within 30 business days
Adult Initial/routine	90% of the patients should be seen within 30 business days
Child Initial/routine	90% of the patients should be seen within 20 business days
Office Wait time	80% of the patients should be seen within 30 minutes 100% of the patients should be seen within 60 minutes

## Patient Rights and Responsibilities

### **Member Rights:**

An active role in your health care and communication with your health care providers is very important. This will help us give you the best possible medical care. As a member of Health Advantage, you **have the right to:**

- Have respect for your privacy, dignity, and spiritual and cultural identity.
- Have access to care without regard to age, sex, religion, race origin, disability, or sexual orientation.
- File a grievance or appeal about the program or your medical care.
- Have any papers you are asked to sign explained to you.
- Bring someone to be with you (i.e., friend, clergy, family) if you don't understand a treatment or procedure or can't explain your medical care wishes.
- Be informed that you may create and sign Advance Directives and may change or revoke them at any time.
- Know the physician directing your care and to be given the names, positions, and functions of all other staff involved.
- Help make decisions about your care and to take part in that care as is medically advisable.
- Ask for and receive information about your diagnosis, treatment, choices, risks, and discharge instructions in words that you understand.
- Accept or refuse treatment and to understand the possible results.
- Change your mind about a procedure you have agreed to any time before it takes place.
- Understand and use these rights. If you do not, your provider and staff will provide assistance.

### **Member Responsibilities:**

Members of Health Advantage, **have the responsibility to:**

- Tell Health Advantage staff of special needs you may have if you are disabled.
- Give accurate answers and complete medical history information.
- Call your PCP before any non-emergency care.
- Follow plan referral and authorization procedures.
- Ask about procedures or papers that you are asked to sign if you do not understand them.
- Tell your provider if you do not understand your care or what is asked of you.
- Follow your health care provider's instructions for care to which you have agreed.
- Be aware of and accept the risks if you refuse treatment or do not follow your provider's instructions.
- Be considerate by limiting noise, the number of visitors you have in the office, and by observing the "No Smoking" policy.
- Be responsible for items you bring into the office.
- Respect your PCP office and Wishard Hospital property and the property of others.
- Pay for your office visit and/or emergency room copayments at time of service.

**Member Grievances:**

The Health Advantage program strives to deliver the quality of service our patients deserve. Health Advantage members are encouraged to contact Customer Services at (317) 871-8814 for benefit questions or service inquiries. If Members are not satisfied with the help or decisions given by Customer Services, Members may file a grievance by calling (317) 871-8814 or by writing to the following address:

Health Advantage Customer Services  
3901 W. 86<sup>th</sup> Street, Suite 230  
Indianapolis, Indiana 46268

## Quality Management

**Policy Statement:** The purpose of the Quality management program is to assure members and patients a comprehensive therapeutic and preventive health care delivery system encompassing both inpatient and outpatient care.

Advantage will maintain an ongoing quality management program to assure continuous improvement of care and services in order to meet the needs of Advantage patients.

The overall goal of the Quality Management Program is to impact the quality of care received by Advantage patients in order to meet their needs and enhance their health status.

**Quality management activities** for the entire Advantage network population include:

- **Response to Quality Issues:** quality issue monitoring and reporting on a quarterly basis (while working with the Customer Services Department).
- **Credentialing:** To assure a quality network of primary care providers in Health Advantage and to assure a seamless system for the members, all primary care providers must be approved for privileges at Wishard Memorial Hospital. Applications for Wishard Hospital privileges are obtained through the Medical Staff Affairs Office. Privileges are reviewed every two years.
- **Quality management activities** are expanded with the Wishard Advantage population to include the following:
  - **Effectiveness of Care:** Measure network performance through WAHPR (Wishard Advantage Health Program Report)
  - **Patient Satisfaction:** Member satisfaction survey (VSQ) measures patient satisfaction with their physician, office access and office.
  - **Practice Guidelines:** Promote development and adherence to defined standards of care and clinical practice guidelines
  - **Wellness Programs:** Develop and promote programs for member wellness
  - **Chronic Disease Improvement:** Improve health status of Advantage members with chronic diseases (asthma, diabetes)
  - **Service:** Ensure that cost-containment efforts do not adversely affect quality of care and services
  - **On-going Monitor of Quality:** Monitor quality of care and services provided

**HEALTH ADVANTAGE PRIMARY CARE PHYSICIAN  
DIRECTORY**

- I. Citizens Network**  
Citizens Health Center  
Barton Health Center
  
- II. Gennesaret**  
Gennesaret Free Clinics at the Blue Triangle Center
  
- III. Healthnet Network**  
Barrington Health Center  
Peoples Health Center  
Martindale – Brightwood Health Center  
Southeast Health Center  
Southwest Health Center
  
- IV Raphael Health Center**
  
- V Shalom Network**  
Jubilee Clinic  
Eagledale Clinic
  
- VI St Francis Neighborhood Health Clinic**
  
- VII St Vincent Primary Care Network**
  
- VIII Wishard / IU Medical Group Primary Care Network**  
IUMG – Banta Road  
IUMG - Blackburn  
IUMG – Broad Ripple  
IUMG – Castleton  
IUMG – Center for Senior Health (Geriatrics)  
IUMG – Center for Women’s Health  
IUMG – Cottage Corner  
IUMG – Eagle Highlands  
IUMG – Forest Manor  
IUMG – Grassy Creek  
IUMG – Medical Center  
IUMG – Medicine Clinical Practice  
IUMG – North Arlington  
IUMG – Pediatric Clinical Practice  
IUMG - Westside

\* = Current Patients Only

## I. CITIZENS NETWORK

<b>Citizens Health Center</b> (Amisys code: HSCZ) (RIS Site Code: CITIZENS)	1650 N College Avenue Indianapolis, IN 46202  924-6351	Dima Rifai, MD      Pediatrics Sabrina Williams, MD      Family Practice
<b>Barton Apartments Health Center</b> Site eff in Citizens Network 3/1/2003 (Amisys code: HSBT)	555 Massachusetts Avenue Indianapolis, IN 46204  630-7798	Barton, Primary Care      Internal Medicine Group

## II. GENNESARET NETWORK

<b>Gennesaret Free Clinics at the Blue Triangle Center</b> (Amisys code: HSTW)	725 N. Pennsylvania Street Indianapolis, IN 46204  955-0217	Mark Douglas, FNP
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## III. HEALTHNET NETWORK

<b>Barrington Health Center</b> (Amisys code: HSBH)	3401 E Raymond Street Indianapolis, IN  781-4994	Pratima Choudhary, MD      Family Practice Tamara Dickerson, MD      Pediatrics Russell Daughtery, MD (PT)      Family Practice
<b>Martindale / Brightwood Health Center</b> (Amisys code: HSMB)	2502 E 28 <sup>th</sup> Street Indianapolis, IN  920-5760	Beth LaRosa, MD      Family Practice Roderick Rhyant, MD      Family Practice Sharmeen Rizvi, MD      Family Practice
<b>Peoples Health Center</b> (Amisys code: HSPH)	2340 E 10 <sup>th</sup> Street Indianapolis, IN  633-7364	Mark Fakhoury, MD      Family Practice Monique Howard, MD      Adolescent Med Martha Yoder, MD      Family Practice
<b>Southeast Health Center</b> (Amisys code: HSSE)	901 S Shelby Street Indianapolis, IN  488-2041	Philip Johnston, MD      Family Practice Lee Anne Osborn, MD      Pediatrics Mary Jo Stine, MD      Pediatrics Don Trainor, MD      Med / Peds
<b>Southwest Health Center</b> (Amisys code: HSSW)	2202 W Morris Street Indianapolis, IN  488-2021	Kathleen Cohenour, MD      Med / Peds Richard Reifenberg, MD      Med / Peds William Van Osdol, MD      Pediatrics John C Williams, MD      Internal Medicine

#### IV. RAPHAEL NETWORK

<b>Raphael Health Center</b> (Amisys code: HSRH) (RIS Site Code: RAPHAEL)	401 E 34 <sup>th</sup> Street Indianapolis, IN 46205  926-1507	Timothy Kratzer, MD Lewis Winterheimer, MD	Internal Medicine Pediatrics
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#### V. SHALOM NETWORK

<b>Jubilee Clinic</b> (Amisys code: HSJC)	2301 N. Park Avenue Indianapolis, IN 46205  924-4978	Jubilee, Primary Care	
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<b>Eagledale Clinic</b> (Amisys code: HSEC)	Farrington Middle School 4326 Patricia Street Indianapolis, IN 46222  226-4194	Eagledale, Primary Care	
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#### VI. ST FRANCIS NETWORK

<b>St Francis Neighborhood Clinic</b> (Amisys code: HSST)	Garfield Park Family Practice 234 E. Southern Avenue Indianapolis, IN 46225  791-9052	Mercy O'Beime, MD	Family Practice
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#### VII. ST VINCENT NETWORK

<b>St Vincent Primary Care Center</b> (Amisys code: HSSN)	St Vincent Primary Care Ctr 8220 Naab Road Indianapolis, IN 46260  338-7510	Lynett Jones-Brown, MD Cathy Bryant, MD Dianna Dye, MD Maria Fletcher, MD David Harsha, MD Shannon Joyce, MD Robert Love, MD Robert Lubitz, MD Maryam Massoumi, MD Judith Monroe, MD Deborah Radecki, MD Debra Zancanaro, MD	Pediatrics Family Practice Internal Medicine Family Practice OB/GYN OB/GYN Internal Medicine Internal Medicine Internal Medicine Family Practice Pediatrics Pediatrics
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## VIII. WISHARD – IU MEDICAL GROUP NETWORK

<b>IUMG – Banta Road</b>  (Amisys code: HSBA)	6447 S. East Street Banta Road & US 31 South Indianapolis, IN 46227  780-4080	Rachael Bowles, MD John Fitzgerald, MD * Robyn Goshorn, MD Bethany Lawrence, MD David Porter, MD Wynter Vik, MD David Wilcox, MD (pts >65yo)	Internal Medicine Internal Medicine Internal Medicine Internal Medicine Pediatrics Pediatrics Geriatrics
<b>Blackburn Health Center</b>  (Amisys code: HSBC)	2700 Dr. Martin Luther King Dr. Indianapolis, IN 46208  931-4300	Patricia Bradshaw, MD Patricia Bradshaw, MD Judy Culpepper, MD Terri Greene, MD Erinn Harris, MD Donald Orr, MD Kinga Szucs, MD	Pediatrics Adolescent Medicine Internal Medicine Family Practice Internal Medicine Adolescent Medicine Pediatrics
<b>IUMG – Broad Ripple</b>  (Amisys code: HSBR)	1095 Broad Ripple Ave. Indianapolis, IN 46220  251-6121	Mark Bruns, MD Terri Harris, MD Patrick Kelley, MD Greg Kiray, MD Susan Kiray, MD *	Internal Medicine Pediatrics Pediatrics Internal Medicine Internal Medicine
<b>IUMG – Castleton</b>  (Amisys code: HSCA)	7207 Shadeland Ave. Indianapolis, IN 46250  845-2978	Patrick Kelley, MD Fernando Montoya, MD Leeandrea Sloan-Brown, MD	Pediatrics Internal Medicine Family Practice
<b>Center for Senior Health</b>  (Amisys code: HSOA)	1001 W. 10 <sup>th</sup> Street, RG 2 <sup>nd</sup> Floor Indianapolis, IN 46202  630-8000	Robin Beck, MD Amna Buttar, MD Christopher Callahan, MD Jeffrey Darnell, MD Gregory Gramelspacher, MD Glenda Westmoreland, MD	Geriatrics Geriatrics Geriatrics Geriatrics Geriatrics Geriatrics
<b>Center for Womens Health</b>  (Amisys code: HSCW)	1050 Wishard Blvd., RG 4 <sup>th</sup> Floor Indianapolis, IN 46202  630-6523	Ann Zerr, MD Teri Greco, MD	Internal Medicine Internal Medicine



		Philip Kroth, MD Debra Litzelman, MD * Lia Logio, MD Clement McDonald, MD * Marc Overhage, MD * Maryam Rahimi, MD Chris Steinmetz, MD William Tierney, MD * Toan Vu, MD Stina Wedlock, MD Michael Weiner, MD Wilson Wu, MD Atif Zafar, MD	Internal Medicine Internal Medicine Internal Medicine Internal Medicine Internal Medicine Internal Medicine Internal Medicine Internal Medicine Internal Medicine Internal Medicine Geriatrics Internal Medicine Internal Medicine
<b>North Arlington Health Center</b> (Amisys code: HSNP)	2505 N. Arlington Indianapolis, IN 46218  554-5200  Mary Ciccarelli LOA July 2002	Margaret Blythe, MD Elizabeth Cobbs, MD Alexander Djuricich, MD Raj Mohanty, MD Debra Rusk, MD Cynthia Schieber Reed, MD John Sidle, MD Nancy Swigonski, MD Rhoda Yueh, MD *	Adolescent Medicine Internal Medicine & Peds Internal Medicine & Peds Pediatrics Internal Medicine & Peds Internal Medicine & Peds Internal Medicine & Peds Pediatrics Internal Medicine & Peds
<b>Pediatric Clinical Practice</b> (Amisys code: HSRP)	Primary Care Center, 2 <sup>nd</sup> Floor 1002 Wishard Blvd. Indianapolis, IN 46202  692-2363	Rita Bair, MD Paul Biondich, MD Margaret Blythe, MD Elizabeth Cobbs, MD Dianna Fox, MD Frances Gray, MD Frances Gray, MD Thomas Klausmeier, MD Thomas Klausmeier, MD Jim Megremis, MD Sumita Ram, MD Deanna Reinoso, MD Doug Roepke, MD Marcia Shew, MD Sarah Stelzner, MD Kinga Szucs, MD	Pediatrics Pediatrics Adolescent Medicine Internal Medicine & Peds Pediatrics Pediatrics Adolescent Medicine Pediatrics Adolescent Medicine Pediatrics Pediatrics Pediatrics Pediatrics Adolescent Medicine Pediatrics Pediatrics
<b>Westside Health Center</b> (Amisys code: HSWS)	2732 West Michigan Indianapolis, In 46222  554-4600	Robert Einterz, MD Jane Fesenmeier, MD J. Dennis Fortenberry, MD Gareth Gilkey, MD * Holly Hendrickson, MD Amy LaHood, MD Palmer Mackie, MD Jim Megremis, MD Pragya Mishra, MD Betty Routledge, MD Pilar Sayoc, MD * Dawana Stubbs, MD	Internal Medicine Pediatrics Adolescent Medicine Internal Medicine Family Practice -adults only Family Practice Internal Medicine Pediatrics Internal Medicine & Peds Family Practice Pediatrics Internal Medicine