

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201342 SEPTEMBER 24, 2013

---



## 2013 IHCP Annual Provider Seminar scheduled for October 22-24 in Indianapolis

The Indiana Family and Social Services Administration (FSSA) and Hewlett Packard (HP) Enterprise Services invite Indiana Health Coverage Programs (IHCP) providers to attend the 2013 IHCP Annual Provider Seminar October 22-24, 2013, in Indianapolis. There is no cost for the seminar.

The seminar features three full days of important information. Topics include program overviews and specific program billing guidelines, as well as information about Program Integrity and member eligibility. Sessions will be led by HP, ADVANTAGE Health Solutions<sup>SM</sup>, Anthem, Managed Health Services (MHS), and MDwise. See the full seminar lineup on the following pages to select your “can’t-miss” sessions.

### **Seminar registration**

Providers may register online for the seminar by visiting the [Workshop Registration page](#) at indianamedicaid.com. The registration page provides instructions, including the Workshop Registration Tool Quick Reference. Those who register online will receive immediate registration confirmation. When registering, you must select the classes you wish to attend. All registration is on a first-come, first-served basis, so sign up early for the best selection.

Walk-in registrations will be allowed; however, it is not recommended. The most popular sessions fill up well before the start of the seminar, and walk-in registrants will be allowed to attend sessions only as space is available.

For comfort, business casual attire is recommended. Consider layering to accommodate variations in room temperature.

### Seminar location and hotel reservation information

The seminar will be at the following location:

Hilton Indianapolis North  
8181 North Shadeland Avenue  
Indianapolis, IN 46250

Note: Please do not call the hotel to register for seminar sessions.

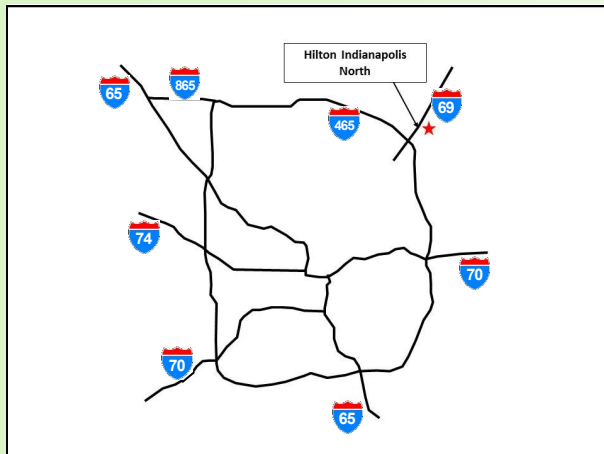
Guest room reservations are available at the special rate of \$129 plus tax per night. To reserve a room at the special rate, call (317) 849-6668, Option #7, or 1-800-445-8667 and indicate you are attending the “Medicaid Seminar.” The special rate applies to reservations made on or before October 8, 2013.

### Directions

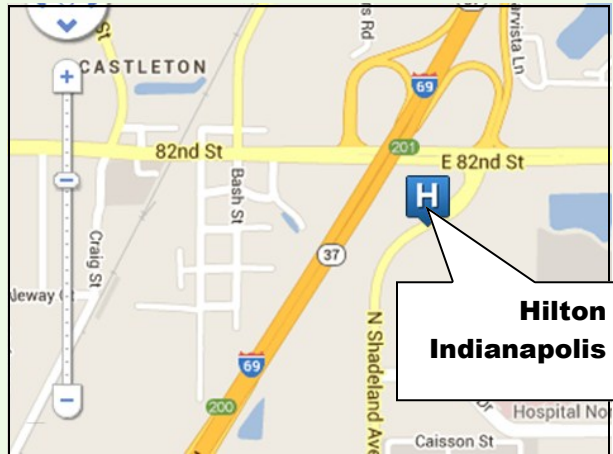
Hilton Indianapolis North is located on the northeast side of Indianapolis, just southeast of the I-69 and East 82nd Street interchange.

The following maps show the location of the Hilton Indianapolis North. For more specific directions from your location, please visit a map-search website, such as [mapquest.com](http://mapquest.com).

*Indianapolis map showing location of Hilton Indianapolis North*



*Map of specific location of Hilton Indianapolis North*



## Session Descriptions

Session Name	Description
<b>Anthem Institutional Billing</b> Presented by representatives from Anthem	Overview for Anthem-enrolled <i>UB-04</i> institutional providers
<b>Anthem Professional Billing</b> Presented by representatives from Anthem	Overview for Anthem-enrolled <i>CMS-1500</i> professional providers
<b>Anthem Quality</b> Presented by representatives from Anthem	This session identifies quality improvement opportunities for provider practices.
<b>Avenues of Resolution</b> Presented by HP provider field consultants	This session provides information to assist providers with questions regarding filing, checking status, and denials of claims. The session will also cover where to find answers to enrollment questions, who to contact for the appropriate prior authorization, and how to look up procedure code coverage.
<b>Care Select 101</b> Presented by representatives from ADVANTAGE Health Solutions and MDwise	<p>This session provides an overview of the Indiana <i>Care Select</i> program, including the program's goals, eligibility requirements, and focus on disease management and complex case management for specific chronic conditions. Other topics include general prior authorization (PA), the Right Choices Program (RCP), and program quality.</p> <p>This session is ideal for primary medical providers (PMPs) and specialty care providers interested in becoming participating providers with the Indiana <i>Care Select</i> program, as well as for providers now participating in the program.</p>
<b>Claim Adjustment Process</b> Presented by HP provider field consultants	This session provides an overview of the claim adjustment processes via Web interChange or paper filing. The session will also cover how to void previously submitted claims, timely filing limitations, and the administrative review and appeal processes, as well as the mailing address for paper adjustments.
<b>CMS-1500 Billing and Prior Authorization from MDwise</b> Presented by representatives from MDwise	This session is for MDwise providers that bill services using the <i>CMS-1500</i> claim form. Participants will leave this session with helpful tips for submitting claims, requesting prior authorization (PA), avoiding claim denials, and filing claim disputes. This session also covers provider enrollment and disenrollment, the Right Choices Program (RCP), and member benefits. Please come prepared to engage in discussion with MDwise delivery system representatives.
<b>CMS-1500 Billing – Fee-for-Service</b> Presented by HP provider field consultants	This session covers basic fee-for-service (FFS) billing guidelines for various service types, including anesthesia, injections, surgical services, therapies, evaluation and management codes, obstetrics, and more. Discussion also includes how to submit claims via paper. A review of the most common reasons for claim denials and how to resolve them is also on the agenda. This session is ideal for new Medicaid billers.
<b>CMS-1500 – Billing with Ease with MHS</b> Presented by representatives from Managed Health Services	This session is for providers that bill professional claims to MHS Hoosier Healthwise and Healthy Indiana Plan (HIP). MHS will provide helpful tips for submitting claims, avoiding claim denials, and filing claim disputes. Provider enrollment and disenrollment will also be discussed. Attendees will be invited to visit the MHS booth to set up secure web access.
<b>CMS-1500 Medicare Crossover and Replacement Plan Billing</b> Presented by HP provider field consultants	In this session, presenters will define crossover and replacement claims, as well as explain how to submit claims via Web interChange and on the <i>CMS-1500</i> claim form. Reimbursement, common denials, and automatic crossovers will also be discussed.
<b>Coordination of Benefits – Third Party Liability MCE Roundtable</b> Presented by representatives from HP, Anthem, Managed Health Services, and MDwise	This session provides an overview of required resources for billing managed care entities (MCEs), provider and MCE responsibilities, and the 90-day rule.

Session Name	Description
<b>Dental Billing Guidelines</b> Presented by HP provider field consultants	Dental providers will learn how to use Web interChange to submit dental claims. Presenters will discuss Indiana Health Coverage Programs (IHCP) dental policies, spend-down, and more, including issues related to providing dental services to qualified Medicare beneficiary (QMB) members.
<b>DME/HME – Know the Guidelines</b> Presented by HP provider field consultants	Durable medical equipment and home medical equipment (DME/HME) providers will learn about medical equipment guidelines, including those affecting capped rental, repair versus replacement, and use of cost invoices and manufacturer's suggested retail price (MSRP) documents. Presenters will also discuss the most common reasons for DME/HME claim denials and how to resolve them.
<b>Early and Periodic Screening, Diagnosis, and Treatment</b> Presented by representatives from HP, Anthem, Managed Health Services, and MDwise	The focus of this session is to familiarize primary care providers (pediatricians, family practice, internal medicine, and general practice) with the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Presenters will provide a program overview, a description of covered services and specialties, billing guidelines, strategies to maximize opportunities in reimbursement and outreach, and current trends. The presentation also covers upcoming collaboration between the MCEs and the American Academy of Pediatrics (AAP), and the alignment of EPSDT programming with the Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents.
<b>Electronic Health Records Implementation of Stage 2 Meaningful Use</b> Presented by HP provider field consultants	This session will outline the process and timeline for Stage 2 Meaningful Use of Electronic Health Records (EHR) implementation. Presenters will address frequently encountered issues regarding attesting for meaningful use and updating provider profiles.
<b>ICD-10 Medical Policy Changes</b> Presented by the HP ICD-10 Team	In this session, presenters will discuss the policy review and revision process, along with information about specific policies that will be updated as part of the ICD-10 implementation.
<b>ICD-10 Testing and Diagnosis-Related Group</b> Presented by the HP ICD-10 Team	This session includes all you need to know about testing and the grouper. This session provides an update on vendor testing, as well as information from the Centers for Medicare & Medicaid Services (CMS) regarding provider testing. The second part of the presentation covers the selection, testing, and implementation of the 3M™ All-Patient Refined Diagnosis-Related Group (APR-DRG). A representative of 3M™ will be available to answer APR-DRG questions.
<b>Institutional Claim Billing and Reimbursement</b> Presented by HP provider field consultants	Designed for billing and reimbursement staff, this session will focus on how institutional claims are billed and reimbursement is determined. This session is geared toward providers that wish to enhance their knowledge and understanding of Indiana Health Coverage Programs (IHCP) reimbursement.
<b>Introduction to the IHCP</b> Presented by HP provider field consultants	This session covers the overall structure of the Indiana Health Coverage Programs (IHCP). You will learn about Traditional Medicaid, <i>Care Select</i> , the Healthy Indiana Plan (HIP), and Hoosier Healthwise, as well as the contractors involved with each program. This session is ideal for those who are new to Medicaid.
<b>Life of a Document Transaction: Provider Enrollment Document Procedures</b> Presented by HP provider field consultants	This session takes providers step by step through the provider enrollment process from start to finish. Each stage of the process will be clearly defined and expectations for completing the process explained.
<b>Life of a Claim</b> Presented by HP provider field consultants	Have you wondered how your claims are processed? This session breaks down the steps that have an impact on all claims submitted to HP. You will learn how prior authorization (PA), system edits and audits, pricing, and medical policy suspensions affect claims processing. Presenters will also discuss ways to correct your claims through the online adjustment process. This session is ideal for those who are new to Medicaid.

Session Name	Description
<b>MDwise 101</b> Presented by representatives from MDwise	This session provides details about Hoosier Healthwise, <i>Care Select</i> , and the Healthy Indiana Plan (HIP), specific to MDwise providers. Participants will leave this session with an understanding of who to contact with questions, billing guidelines, and who is eligible for each program. The session will also provide information about how behavioral health and the Right Choices Program (RCP) operate under MDwise.
<b>MDwise Quality: Make It Count</b> Presented by representatives from MDwise	This session provides an overview of the MDwise quality goals for 2013. The session includes specific measures targeted to primary medical providers (PMPs), including family practice, pediatrics, obstetrics/gynecology, general practice, and internal medicine. The session also focuses on the importance of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), the Healthcare Effectiveness Data and Information Set (HEDIS), and the National Committee for Quality Assurance (NCQA) as they relate to MDwise. Attendees will receive tools and resources to help promote improved performance. This session is ideal for clinical and billing staff, and primary medical provider office management
<b>Medical Review Team</b> Presented by HP provider field consultants	This session provides an overview of the billing requirements for Medical Review Team (MRT) claims, including how the member eligibility process works, the types of exams and service performed, and how to obtain authorization for additional services. You will also learn the most common reasons for MRT claim denials and how to resolve them.
<b>Mental Health – Fee-for-Service</b> Presented by HP provider field consultants	This session provides an overview of mental health policy and billing guidelines from a fee-for-service (FFS) (Traditional Medicaid) perspective. This comprehensive session includes topics such as outpatient mental health, the Medicaid Rehabilitation Option (MRO), psychiatric residential treatment facilities (PRTFs), and partial hospitalization. You will also learn about the most common reasons for claim denials and how to resolve them.
<b>Mental Health MCE Roundtable</b> Presented by representatives from Anthem, Cenpatco, and MDwise	This forum will focus on mental health from a managed care perspective. The session will include discussion about the behavioral health toolkit, prior authorization (PA) updates, claims updates, and a brief overview of what to expect in the future.
<b>MHS Prior Authorization 101</b> Presented by representatives from Managed Health Services	This session details the MHS prior authorization (PA) process from initiation to completion. Presenters will review authorization requirements, tips for successful approval, and the appeals process. This session is designed for all provider types.
<b>MHS UB-04 Billing</b> Presented by representatives from Managed Health Services	This session is for providers that bill institutional claims for MHS Hoosier Healthwise and HIP. Presenters will review the claim submission process, how to resolve claims disputes, and medical necessity appeals. Attendees will be invited to visit the MHS booth to set up secure web access.
<b>MHS – Your Partner for Quality Care</b> Presented by representatives from Managed Health Services	This session discusses MHS care coordination and disease management programs. Attendees will also learn about the MHS quality initiatives and the resources available to providers to help increase quality scores.
<b>Need a Ride with MDwise?</b> Presented by representatives from MTM (transportation contractor) and MDwise	This session is conducted by MDwise transportation contractors. It includes an overview of transportation services, such as trip limitations, how members schedule rides, and additional information.
<b>Presumptive Eligibility for Pregnant Women and Notification of Pregnancy</b> Presented by representatives from HP, Anthem, Managed Health Services, and MDwise	The Presumptive Eligibility (PE) for Pregnant Women program provides payment for initial ambulatory services furnished to pregnant women who do not have Medicaid eligibility established at the time of their office visit. Whether you are a current PE provider, or whether you would like to participate in the PE program, we encourage you to attend this session, which offers an overview of the program, tips for success, and valuable updates. Presenters will also cover Notification of Pregnancy (NOP) billing and the criteria for successful NOP submissions.

Session Name	Description
<p><b>Prior Authorization 101 for Traditional Medicaid and Care Select</b> Presented by representatives from ADVANTAGE Health Solutions and MDwise</p>	<p>This session provides in-depth information about prior authorization (PA) for providers participating in Indiana <i>Care Select</i> and Traditional Medicaid. Topics include:</p> <ul style="list-style-type: none"> <li>• How to complete and submit the universal <i>IHCP Prior Authorization Request</i> form</li> <li>• Documentation of medical necessity</li> <li>• General PA guidelines and processes for: <ul style="list-style-type: none"> <li>– Elective inpatient admission</li> <li>– Medicaid Rehabilitation Option (MRO)</li> <li>– Behavioral health PA</li> <li>– Physical, occupational, and speech therapy</li> <li>– Durable medical equipment (DME)</li> <li>– An overview of administrative review and hearings</li> </ul> </li> </ul> <p>This session is ideal for primary medical providers (PMPs), specialty care providers, hospitals, community mental health centers, and ancillary providers serving <i>Care Select</i> and Traditional Medicaid members.</p>
<p><b>Professional Claim Billing for Web interChange</b> Presented by HP provider field consultants</p>	<p>This session provides instruction on claims billing and researching claim denials using Web interChange. In addition, providers will learn how to use the Notes and Attachments functions. Provider profiles, prior authorization (PA), and Medicaid-secondary billing will also be discussed.</p>
<p><b>Program Integrity Updates</b> Presented by representatives from the Program Integrity Department at the Office of Medicaid Policy and Planning</p>	<p>This session will address issues regarding program integrity and what to look for in the future.</p>
<p><b>Provider Roles and Responsibilities for Anthem Members</b> Presented by representatives from Anthem</p>	<p>This session discusses Anthem-enrolled providers' roles and responsibilities as they relate to Anthem Medicaid members.</p>
<p><b>Spend-down</b> Presented by HP provider field consultants</p>	<p>This session addresses how a member's spend-down affects claims processing, including how spend-down is applied, how you collect spend-down dollars, and how to identify members who are subject to spend-down.</p>
<p><b>Take a Ride with MHS</b> Presented by representatives from LCP</p>	<p>This session offers an overview of transportation services, the scheduling process for MHS members, and more. (LCP is the transportation vendor used by MHS.)</p>
<p><b>Third-Party Liability</b> Presented by HP provider field consultants</p>	<p>This session helps you identify members with coverage through a third-party insurer. You will learn how to update incorrect or missing third-party insurer information for members and how to resolve claim denials related to third-party liability (TPL) issues. Presenters will also cover billing procedures for claims involving TPL. This session is ideal for all providers.</p>
<p><b>Transportation for Anthem Members</b> Presented by representatives from LCP</p>	<p>This session provides an overview of Anthem's Hoosier Healthwise and HIP transportation benefits. (LCP is the transportation vendor used by Anthem.)</p>
<p><b>Transportation...the Right Way</b> Presented by HP provider field consultants</p>	<p>This session explains new enrollment requirements for transportation providers, including the difference between revalidation and recertification as it pertains to transportation providers. The session also reviews billing and prior authorization (PA) guidelines. Presenters will suggest ways to prevent common denials and provide avenues of resolution.</p>
<p><b>UB-04 Billing with MDwise</b> Presented by representatives from MDwise</p>	<p>This session is for providers who bill services to MDwise using the <i>UB-04</i> claim form (institutional claim form). You will leave this session with helpful tips for submitting claims, requesting prior authorizations (PA), filing claim disputes, and avoiding claim denials. This session will also cover Healthy Indiana Plan (HIP) and Hoosier Healthwise billing guidelines. Please come prepared to discuss <i>UB-04</i> billing with MDwise delivery system representatives.</p>

Session Name	Description
<b>Understanding Your Remittance Advice</b> Presented by HP provider field consultants	This session teaches you how to read the Remittance Advice (RA), which is the Indiana Health Coverage Programs (IHCP) version of an explanation of benefits (EOB). After this session, you will be able to understand the accounts receivable section of the RA, read the financial summary page, and handle stale-dated checks.
<b>Vision Services</b> Presented by HP provider field consultants	This session covers billing guidelines for vision claims submitted to HP. Also covered are Indiana Health Coverage Programs (IHCP) vision policies, benefit limitations, prior authorization (PA) requirements, third-party liability (TPL) billing, spend-down, and the impact of member assignment with the managed care entities (MCEs).
<b>Vision MCE Roundtable</b> Presented by vision subcontractors for Anthem, Managed Health Services, and MDwise	This roundtable will present vision providers with guidelines for billing vision services and requesting prior authorization (PA) within managed care. The session will also discuss benefit limitations, common denials, and avenues of resolution for the three managed care entities (MCEs).
<b>Waiver Billing with Common Denials</b> Presented by HP provider field consultants	This session is oriented to prospective and current Home and Community-Based Services (HCBS) waiver providers and includes an overview of the Indiana waiver program. Topics include member eligibility, provider enrollment, billing, and common reasons for claim denials. This session is ideal for all waiver providers and case managers billing for waiver program services.
<b>Web interChange Institutional Claim Submission</b> Presented by HP provider field consultants	This session is designed for billing staff members who wish to learn how to correctly bill claims using Web interChange. The session will outline billing institutional claims, submitting crossover and replacement plan claims and attachments, and using claim notes in Web interChange.
<b>What to Expect on October 1, 2014</b> Presented by representatives from the HP ICD-10 Team	This session is an overview of ICD-10 and the changes that will occur with implementation on October 1, 2014.

### Questions?

If you have questions about this bulletin, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

### To print

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.

Session Schedule for Tuesday, October 22, 2013

Room	Baron	Crown	Conrad
8:00 a.m.	Field Representative Introduction Territories 1-3 8:00 a.m. – 8:30 a.m.	Field Representative Introduction Territories 4-7 8:00 a.m. – 8:30 a.m.	Field Representative Introduction <i>Affordable Care Act</i> (ACA), Out of State (OOS), and In-house 8:00 a.m. – 8:30 a.m.
8:15 a.m.			
8:30 a.m.	Institutional Claim Billing and Reimbursement (HP) 8:30 a.m. – 10:00 a.m.	Life of a Document Transaction: Provider Enrollment Document Procedures (HP) 8:30 a.m. – 9:30 a.m.	Break 8:30 a.m. – 8:45 a.m.
8:45 a.m.			
9:00 a.m.		Break 9:30 a.m. – 9:45 a.m.	MDwise 101 (MDwise) 8:45 a.m. – 9:45 a.m.
9:15 a.m.			
9:30 a.m.		Break 9:45 a.m. – 10:00 a.m.	MHS Prior Authorization 101 (Managed Health Services) 10:00 a.m. – 11:00 a.m.
9:45 a.m.			
10:00 a.m.	Break 10:00 a.m. – 10:15 a.m.	Electronic Health Records Implementation of Stage 2 Meaningful Use (HP) 9:45 a.m. – 11:00 a.m.	
10:15 a.m.	Anthem Institutional Billing (Anthem) 10:15 a.m. – 11:15 a.m.	Break 11:00 a.m. – 11:15 a.m.	Break 11:00 a.m. – 11:15 a.m.
10:30 a.m.			
10:45 a.m.	Break 11:15 a.m. – 11:30 a.m.	ICD-10 Testing and Diagnosis- Related Group (HP ICD-10 Team) 11:15 a.m. – 12:15 p.m.	Anthem Quality (Anthem) 11:15 a.m. – 12:15 p.m.
11:00 a.m.			
11:15 a.m.	UB-04 Billing with MDwise (MDwise) 11:30 a.m. – 12:30 p.m.	Break 12:15 p.m. – 12:30 p.m.	Break 12:15 p.m. – 12:30 p.m.
11:30 a.m.			
11:45 a.m.	MHS UB-04 Billing (Managed Health Services) 12:45 p.m. – 1:45 p.m.	Life of a Claim (HP) 12:30 p.m. – 1:30 p.m.	Prior Authorization 101 for Traditional Medicaid and <i>Care Select</i> (MDwise and ADVANTAGE) 12:30 p.m. – 1:30 p.m.
Noon			
12:15 p.m.	Break 1:45 p.m. – 2:00 p.m.	Avenues of Resolution (HP) 1:45 p.m. – 2:30 p.m.	MDwise Quality: Make it Count (MDwise) 1:45 p.m. – 2:45 p.m.
12:30 p.m.			
12:45 p.m.	Web interChange Institutional Claim Submission (HP) 2:00 p.m. – 3:00 p.m.	Break 2:30 p.m. – 2:45 p.m.	Break 2:45 p.m. – 3:00 p.m.
1:00 p.m.			
1:15 p.m.	Claim Adjustment Process (HP) 3:15 p.m. – 4:15 p.m.	Spend-down (HP) 2:45 p.m. – 3:45 p.m.	MHS – Your Partner for Quality Care (Managed Health Services) 3:00 p.m. – 4:00 p.m.
1:30 p.m.			
1:45 p.m.	Break 3:45 p.m. – 4:00 p.m.	Understanding your Remittance Advice (HP) 4:00 p.m. – 5:00 p.m.	Break 4:00 p.m. – 4:15 p.m.
2:00 p.m.			
2:15 p.m.	Program Integrity Updates (FSSA) 4:15 p.m. – 5:00 p.m.		
2:30 p.m.			
2:45 p.m.			
3:00 p.m.			
3:15 p.m.			
3:30 p.m.			
3:45 p.m.			
4:00 p.m.			
4:15 p.m.			
4:30 p.m.			
4:45 p.m.			
5:00 p.m.			

Note: Registration and booths are open from 8 a.m. to 5 p.m.



Session Schedule for Wednesday, October 23, 2013

Room	Baron	Crown	Conrad
8:00 a.m.	Field Representative Introduction Territories 1-3 8:00 a.m. – 8:30 a.m.	Field Representative Introduction Territories 4-7 8:00 a.m. – 8:30 a.m.	Field Representative Introduction ACA, OOS, and In-house 8:00 a.m. – 8:30 a.m.
8:15 a.m.			
8:30 a.m.	Vision Services (HP) 8:30 a.m. – 9:30 a.m.	Life of a Document Transaction: Provider Enrollment Document Procedures (HP) 8:30 a.m. – 9:30 a.m.	Transportation...the Right Way (HP) 8:30 a.m. – 9:30 a.m.
8:45 a.m.			
9:00 a.m.			
9:15 a.m.			
9:30 a.m.	Break 9:30 a.m. – 9:45 a.m.	Break 9:30 a.m. – 9:45 a.m.	Break 9:30 a.m. – 9:45 a.m.
9:45 a.m.	Vision MCE Roundtable 9:45 a.m. – 10:15 a.m.	Electronic Health Records Implementation of Stage 2 Meaningful Use (HP) 9:45 a.m. – 11:00 a.m.	Transportation for Anthem Members (LCP) 9:45 a.m. – 10:45 a.m.
10:00 a.m.			
10:15 a.m.	Break 10:15 a.m. – 10:30 a.m.		
10:30 a.m.	DME/HME – Know the Guidelines (HP) 10:30 a.m. – Noon	Program Integrity Updates (FSSA) 11:15 a.m. – Noon.	Break 10:45 a.m. – 11:00 a.m.
10:45 a.m.			
11:00 a.m.			Break 11:00 a.m. – 11:15 a.m.
11:15 a.m.			Take a Ride with MHS (LCP) 11:00 a.m. – Noon
11:30 a.m.			
11:45 a.m.			
Noon	Break Noon – 12:15 p.m.	Break noon – 12:30 p.m.	Break Noon – 12:15 p.m.
12:15 p.m.	Dental Billing Guidelines (HP) 12:15 p.m. – 1:45 p.m.	Spend-down (HP) 12:30 p.m. – 1:30 p.m.	Need a Ride with MDwise? (MTM and MDwise) 12:15 p.m. – 1:15 p.m.
12:30 p.m.			
12:45 p.m.			
1:00 p.m.			
1:15 p.m.			
1:30 p.m.		Break 1:30 p.m. – 1:45 p.m.	Care Select 101 (ADVANTAGE and MDwise) 1:30 p.m. – 2:30 p.m.
1:45 p.m.	Break 1:45 p.m. – 2:00 p.m.		
2:00 p.m.	Introduction to the IHCP (HP) 2:00 p.m. – 3:15 p.m.	ICD-10 Medical Policy Changes (HP ICD-10 Team) 1:45 p.m. – 2:45 p.m.	
2:15 p.m.			
2:30 p.m.		Break 2:45 p.m. – 3:00 p.m.	
2:45 p.m.			
3:00 p.m.		Third-Party Liability (HP) 3:00 p.m. – 3:45 p.m.	Provider Roles and Responsibilities for Anthem Members (Anthem) 3:00 p.m. – 4:00 p.m.
3:15 p.m.	Break 3:15 p.m. – 3:30 p.m.		
3:30 p.m.	Waiver Billing with Common Denials (HP) 3:30 p.m. – 4:30 p.m.	Break 3:45 p.m. – 4:00 p.m.	Break 4:00 p.m. – 4:15 p.m.
3:45 p.m.			
4:00 p.m.		Coordination of Benefits –Third-Party Liability MCE Roundtable 4:00 p.m. – 5:00 p.m.	
4:15 p.m.			
4:30 p.m.	Break 4:30 p.m. – 4:45 p.m.		Prior Authorization 101 for Traditional Medicaid and Care Select (MDwise and ADVANTAGE) 4:15 p.m. – 5:15 p.m.
4:45 p.m.	Medical Review Team (HP) 4:45 p.m. – 5:15 p.m.		
5:00 p.m.			

Note: Registration and booths are open from 8 a.m. to 5 p.m.  
 Provider reception will be in the CHURCHILL Room from 6 p.m. to 8 p.m.

Session Schedule for Thursday, October 24, 2013

Room	Castleton A/B	Crown	Baron	
8:00 a.m.	Field Representative Introduction Territories 1-3 8:00 a.m. – 8:30 a.m.	Field Representative Introduction Territories 4-7 8:00 a.m. – 8:30 a.m.	Field Representative Introduction ACA, OOS, and In-house 8:00 a.m. – 8:30 a.m.	
8:15 a.m.				
8:30 a.m.	CMS-1500 Billing – Fee-for-Service (HP) 8:30 a.m. – 9:45 a.m.	Mental Health – Fee-for-Service (HP) 8:30 a.m. – 9:45 a.m.	Presumptive Eligibility for Pregnant Women and Notification of Pregnancy (HP and MCEs) 8:30 a.m. – 9:45 a.m.	
8:45 a.m.				
9:00 a.m.				
9:15 a.m.				
9:30 a.m.				
9:45 a.m.	Break 9:45 a.m. – 10:00 a.m.	Break 9:45 a.m. – 10:00 a.m.	Break 9:45 a.m. – 10:00 a.m.	
10:00 a.m.	CMS-1500 – Billing with Ease with MHS (Managed Health Services) 10:00 a.m. – 11:00 a.m.	Mental Health MCE Roundtable 10:00 a.m. – 11:00 a.m.	What to Expect on October 1, 2014 (HP ICD-10 Team) 10:00 a.m. – 11:00 a.m.	
10:15 a.m.				
10:30 a.m.				
10:45 a.m.				
11:00 a.m.	Break 11:00 a.m. – 11:15 a.m.	Break 11:00 a.m. – 11:15 a.m.	Break 11:00 a.m. – 11:15 a.m.	
11:15 a.m.	CMS-1500 Billing and Prior Authorization from MDwise (MDwise) 11:15 a.m. – 12:15 p.m.	Life of a Claim (HP) 11:15 a.m. – 12:15 p.m.	Life of a Document Transaction: Provider Enrollment Document Procedures (HP) 11:15 a.m. – 12:15 p.m.	
11:30 a.m.				
11:45 a.m.				
Noon				
12:15 p.m.	Break 12:15 p.m. – 12:30 p.m.	Break 12:15 p.m. – 12:30 p.m.	Break 12:15 p.m. – 12:30 p.m.	
12:30 p.m.	Anthem Professional Billing (Anthem) 12:30 p.m. – 1:30 p.m.	Introduction to the IHCP (HP) 12:30 p.m. – 1:45 p.m.	Early and Periodic Screening, Diagnosis, and Treatment (HP, Anthem, Managed Health Services, and MDwise) 12:30 p.m. – 1:30 p.m.	
12:45 p.m.				
1:00 p.m.				
1:15 p.m.	Break 1:30 p.m. – 1:45 p.m.	Break 1:30 p.m. – 1:45 p.m.	Break 1:30 p.m. – 1:45 p.m.	
1:30 p.m.				
1:45 p.m.	Professional Claim Billing for Web interChange (HP) 1:45 p.m. – 3:15 p.m.	Break 1:45 p.m. – 2:00 p.m.	MHS Prior Authorization 101 (Managed Health Services) 1:45 p.m. – 2:45 p.m.	
2:00 p.m.		Avenues of Resolution (HP) 2:00 p.m. – 2:45 p.m.		
2:15 p.m.		Break 2:45 p.m. – 3:00 p.m.		Break 2:45 p.m. – 3:00 p.m.
2:30 p.m.				
2:45 p.m.				
3:00 p.m.	Break 3:15 p.m. – 3:30 p.m.	Claim Adjustment Process (HP) 3:00 p.m. – 4:00 p.m.	Prior Authorization 101 for Traditional Medicaid and Care Select (MDwise and ADVANTAGE) 3:00 p.m. – 4:00 p.m.	
3:15 p.m.				
3:30 p.m.				
3:45 p.m.	CMS-1500 Medicare Crossover and Replacement Claim Billing (HP) 3:30 p.m. – 4:30 p.m.	Break 4:00 p.m. – 4:15 p.m.	Break 4:00 p.m. – 4:15 p.m.	
4:00 p.m.		Understanding Your Remittance Advice (HP) 4:15 p.m. – 5:15 p.m.	Program Integrity Updates (FSSA) 4:15 p.m. – 5:00 p.m.	
4:15 p.m.				
4:30 p.m.				
4:45 p.m.				
5:00 p.m.				

Note: Registration and booths are open from 8 a.m. to 5 p.m.