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Frequently Used Acronyms

CMS	Centers for Medicare & Medicaid Services
IFSSA	Indiana Family and Social Services Administration
IHCP	Indiana Health Coverage Programs
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act
MCO	Managed Care Organization
OMPP	Office of Medicaid Policy and Planning
PCCM	Primary Care Case Management
PRTF	Psychiatric Residential Treatment Facility
RBMC	Risk-based Managed Care

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Provider News

Correction to IHCP Provider Bulletin BT200404, Psychiatric Residential Treatment Facility Services

This article corrects IHCP provider bulletin, BT200404, dated February 27, 2004.

Under “**BILLING**,” on the bottom of page 3 and the top of page 4, the bulletin states that pharmaceutical supplies and **non-psychiatric** physician services are not included in the PRTF

per diem and would be paid separately outside the PRTF bulletin. However, all physician services are outside the PRTF per diem and may be billed separately. This should read, “Pharmaceutical supplies and physician services are not included in the PRTF per diem and will be paid separately from the PRTF per diem.” These services are subject to provisions set out forth in 405 IAC 5-24 and 405 IAC 5-25 respectively.

2004 Second Quarter Workshops for Medicaid and Hospice Providers

The OMPP, Children’s Health Insurance Program (CHIP), and EDS offer IHCP 2004 second quarter workshops free of charge. Sessions are offered at several locations in Indiana. Table 1 lists the time, name, and description of each session. The schedule allows for a lunch period from noon until 1 p.m.; however, lunch is not provided. **Seating is limited in all locations. Registrations are processed in the order received and does not guarantee a spot at the workshop.** Confirmation letters are sent upon receipt of registrations. If a confirmation letter is not received, the seating capacity has been reached for that workshop.

Table 1 – Workshop Session Times, Name, and Description

Time	Session	Description
8:30 a.m. to 10:45 a.m.	Medicaid 201	This session conveys all the information providers need to know about third party liability (TPL), the Medicare-Medicaid interaction, and the IHCP managed care programs including <i>Medicaid Select</i> . The session provides information about all aspects of TPL from health maintenance organization (HMO) copayments to blanket denials. There is a strong focus on Medicare and Medicaid related claims, and a review of the common claim denials associated with the IHCP managed care programs. This course is designed for insurance clerks who have experience in IHCP claim submission procedures, payment posting and claim resolution.
11 a.m. to noon	Medicaid and Managed Care Roundtable	This session allows providers the opportunity to ask questions about the IHCP. Representatives from AmeriChoice and EDS field consultants will be present at all roundtable discussions; and, where applicable, representatives from the MCOs will be present.
Noon to 1 p.m.	Lunch Break	Lunch is not provided
1 p.m. to 2:30 p.m.	The Adjustment Process	This session will help providers complete the adjustment form, the different types of adjustments and how to read the remittance advice. This session is recommended for new and seasoned billers.
2:45 p.m. to 4:15 p.m.	Hospice	This session will discuss all aspects of the hospice process from timely authorization to claim submission. This session is for providers rendering hospice services. Nursing facility providers are encouraged to attend this session.

Table 2 lists the dates and Indiana locations for each workshop.

Table 2 – Workshop Dates, Deadlines, and Locations

Workshop Date	Registration Deadline	Location
April 20, 2004	April 13, 2004	Howard Regional Hospital (formerly Howard Community Hospital), Kokomo Large Education Classroom – basement 3500 South Lafountain Street
April 27, 2004	April 20, 2004	Ball Memorial Hospital, Muncie Auditorium 2401 University Avenue
May 18, 2004	May 11, 2004	Methodist Southlake Hospital, Merrillville Southlake Auditorium 8701 Broadway
May 25, 2004	May 18, 2004	St. Joseph Regional Medical Center, South Bend Education Center 801 East LaSalle Avenue
June 3, 2004	May 27, 2004	Wishard Memorial Hospital, Indianapolis Myers Auditorium 1001 West 10 th Street
June 16, 2004	June 9, 2004	Deaconess Hospital, Evansville Bernard Schnacke Auditorium 600 Mary Street
June 17, 2004	June 10, 2004	Bloomington Hospital, Bloomington Auditorium 601 West Second Street
June 22, 2004	June 15, 2004	Columbus Regional Hospital, Columbus Kroot Auditorium 2400 East 17 th Street
June 24, 2004	June 17, 2004	Lutheran Hospital, Fort Wayne Kachmann Auditorium 7950 West Jefferson Boulevard

All workshops begin promptly at 8:30 a.m. local time. General directions to workshop locations are available on the IHCP Web site at www.indianamedicaid.com. To access directions on the Web site click **Provider Services/Education Opportunities/Provider Workshops**. Consult a map or other location tool for specific directions to the exact location.

Workshops are presented free of charge to providers and seating for the workshops is limited to two registrants per provider number. Fax completed registration forms to EDS at (317) 488-5376. EDS processes registrations chronologically based on the date of the workshop. A letter or fax confirming registration will be sent before the workshop. Direct questions about the workshop to a field consultant at (317) 488-5072.

For comfort, business casual attire is recommended. Consider bringing a sweater or jacket due to the possible room temperature variations.

The *Provider Workshop Registration* form can be found on page 10 of this newsletter. Please print or type the information requested on the registration form. List one registrant per form.

Address Change for Non-pharmacy and TPL Refunds

Effective February 1, 2004, the remittance address for non-pharmacy and TPL refunds changed. To correct billing errors and satisfy accounts receivable, please remit non-pharmacy and TPL refunds to the following address:

EDS Refunds
P. O. Box 2303, Dept. 130
Indianapolis, IN 46206-2303

Providers **must** include the department number in the address. If a refund check is submitted to a different P.O. Box than listed above or if the department number is left off, a delay in processing of checks and adjustments could occur. The following mailing address for non-cashed IHCP checks remains unchanged.

EDS Finance Department
950 N. Meridian St.
Suite 1150
Indianapolis, IN 46204-4288

Vaccines for Children and Injectables

This article clarifies billing of influenza immunizations. The following are answers to questions received from providers:

- Current Procedural Terminology (CPT) codes 90655 and 90656 – *Age appropriate preservative free split vaccines*. For dates of service on or after November 15, 2003, providers are asked to submit claims with charges reflective of whether the vaccine was from Vaccines for Children (VFC) or from the provider's private stock. One unit of CPT 90655 equals 0.25 ml and one unit of CPT 90656 equals 0.50 ml.
- CPT codes 90657 and 90658 – *Age appropriate CPT codes for split vaccines*. For dates of service May 1, 2003, to December 5, 2003, providers will receive only the \$8 administrative rate. For dates of service on or after December 6, 2003, providers are asked to submit claims with charges reflective of whether the vaccine was from VFC or from the provider's private stock. One unit of CPT 90657 equals 0.25 ml and one unit of CPT 90658 equals 0.50 ml.
- CPT code 90660 – *Flumist, nasally administered influenza vaccine*. One unit of CPT 90660 equals per single use sprayer. Providers are asked to submit claims with

charges reflective of whether the vaccine was from VFC or from the provider's private stock.

When an immunization is provided using a provider's private stock, refer to IHCP provider bulletin, *BT200151*, for use of the administration codes 90782 or 90788, as appropriate, for the \$2.90 rate. Use these codes in addition to the CPT code because reimbursement for the CPT code is directly for the vaccine itself. The administration CPTs should not be used when submitting claims for immunizations using VFC available stock because the \$8 reimbursement is reflected using the CPT itself.

Attention should be paid to the primary medical provider assignment, managed care delivery system assignment, and third party liability issues.

For more information, providers can access provider banner pages, *BR200349*, *BR200350*, *BR200351*, *BR200352*, and *BR200401*, on the IHCP Web site at www.indianamedicaid.com.

Information for Providers Submitting Claims Electronically

The IHCP announces upcoming changes to the *Biller Summary Report* and the *997 Acknowledgement* effective late April 2004.

Biller Summary Report

The current *Biller Summary Report* does not reflect a file rejected at the compliance level, although the information is reported on the *997 Acknowledgement*. Additionally, when a portion of a file is rejected at the compliance level, the *Biller Summary Report* does not reflect the non-compliant rejected claims.

A modification to the *Biller Summary Report* is being made to reflect not only compliant claims, but also non-compliant claims. The *Biller Summary Report* will contain an additional section reporting the claims that were rejected due to compliance errors. The added section reports the patient account numbers for the claims rejected, unless the entire file was rejected. If the entire file was rejected, the *Biller Summary Report* will reflect that information.

997 Functional Acknowledgement

It is noted that the *997 Acknowledgments* may not be reviewed or used by some trading

partners. However, trading partners should pay attention to the 997 Acknowledgements reporting non-compliant submissions. These files are not accepted for processing.

A trading partner now has the option of receiving only 997 Acknowledgements reporting non-compliance. The trading partner needs to contact EDS Electronic Solutions at INXIXTradingPartner@eds.com to inactivate receiving 997 Acknowledgements for files that are totally compliant. Please contact your clearinghouse or software vendor before making this decision.

This change to the availability of the 997 Acknowledgements goes into production in late April 2004.

Notification of Request for Medical Information for Payment Accuracy Measurement (PAM) Study

The OMPP is participating in a national study sponsored by the CMS. The study will measure and report on the accuracy of claim payments by examining supporting documentation for the claims. The OMPP has contracted with Myers and Stauffer LC to assist with the study that began October 1, 2003, and continues through December 2004.

This informs all IHCP providers that Myers and Stauffer LC, on behalf of the OMPP, will be requesting information from IHCP enrolled providers and facilities to study the accuracy rate of Medicaid payments. All providers enrolled in the IHCP are eligible for selection.

The following documentation may be requested for this study for claims paid between October 1, 2003, and December 31, 2003:

- Medical charts
- Billing information
- Patient notes
- Prescriptions
- Encounter logs
- Any other patient information deemed necessary by the OMPP to support the amount, scope, and duration of services provided

The information requested is for patients enrolled in Traditional Medicaid, not risk-based managed care (RBMC). Although this study will examine capitation payments made to managed

care organizations, that analysis will not involve the review of documentation from providers.

If documentation is requested, the information should be mailed to the following address:

**Myers and Stauffer LC
Payment Accuracy Measurement Study
8555 N. River Road
Suite 360
Indianapolis, IN 46240
ATTN: Nedra Moran**

This reminds providers that as a condition of participation in the IHCP it is required, as stated in paragraphs 23 and 24 of the *IHCP Provider Agreement*, to provide the OMPP and its agents, any information deemed necessary and essential for the efficient operation and proper administration of the program. Please be advised the OMPP considers the requested information necessary and essential.

Any information submitted, including diagnostic film, will not be returned to providers; therefore, it is suggested that copies of the originals be sent. In accordance with the provider agreement, providers are to submit any and all requested documentation, and any costs for copying is the responsibility of the provider. Information collected will be held in strict confidence in compliance with all applicable policies, requirements, regulations, and statutes. Be advised that undocumented services, or failure to respond to the information request will require full repayment of the service under review.

Provider cooperation is greatly appreciated. For questions, comments, or concerns providers can contact one of the following offices:

**Matthew DeLilo, Director
Data Management and Analysis
Office of Medicaid Policy and Planning
402 W. Washington St.
Room W382, MS07
Indianapolis, IN 46204-2739**

**Nedra Moran, Project Manager
Myers and Stauffer LC
8555 N. River Rd.
Suite 360
Indianapolis, IN 46240**

Nedra Moran can also be reached by telephone at (317) 846-9521 in the Indianapolis local area or 1-800-877-6927.

Hoosier Healthwise Mandatory MCO Transition

The OMPP is continuing its transition to mandatory MCOs in select Indiana counties. Effective July 1, 2004, Delaware, Grant, Howard, and Madison will become mandatory MCO counties.

- Mandatory MCO enrollment does not apply to *Medicaid Select* members. These members continue PCCM coverage.
- Mandatory MCO enrollment does not apply to IHCP members who have spend-down, or have a level of care designation for nursing home, waiver, or hospice. These members continue the traditional fee-for-service IHCP coverage.

Mandatory MCO Enrollment Information for PMPs

Primary medical providers (PMPs) rendering services to members in the affected counties should review the following items to determine the impact of these upcoming changes:

- PMPs in the affected counties can choose to contract with one of the Hoosier Healthwise MCOs or disenroll as a Hoosier Healthwise PMP. Members who remain eligible for IHCP and who meet the PMP's scope of practice criteria will remain with their PMP through the transition if the *PrimeStep* PMP contracts with an MCO before the final transition date. To ensure enrollment with an MCO will be effective by the transition date, PMPs must have a signed contract submitted to the MCO at least 60 days before the transition date. PMPs can also choose to remain as an IHCP provider limited to non-Hoosier Healthwise managed care members or provide services upon referral.
- MCOs can provide additional services to members complementing services rendered by the PMPs. Some examples of additional services are 24-hour nurse telephone services, enhanced transportation arrangements, and case management services. Contact the MCOs to discuss what benefits are available.

Table 3 lists active managed care organizations in Indiana, active regions in the State, and telephone numbers.

Table 3 – Managed Care Organizations

Organization and Web site	Contract Region	Provider Service Phone Number
Harmony Health Plan www.harmonyhmi.com	North and Central	1-800-504-2766
Managed Health Services (MHS) www.managedhealthservices.com	Statewide	1-800-414-9475
MDwise www.mdwise.org	Statewide	1-800-356-1204 or (317) 630-2831

Additional information, including MCO network summaries, is available on the IHCP Web site at www.indianamedicaid.com. Direct questions about the information in this article to the appropriate MCO listed in Table 3 or to the Hoosier Healthwise Helpline at 1-800-889-9949, option 3 (provider services).

Third Party Liability Information Accepted on Electronic Mail

The Third Party Liability (TPL) Casualty Department accepts accident and trauma information from IHCP providers by electronic mail. The e-mail address is INXIXTPLCasualty@eds.com.

Providers are asked to notify the TPL Casualty Department if a request for medical records is received from a member's attorney because of a personal injury claim or if the provider becomes aware of accident-related claims by any other means. When notifying the TPL Casualty Department please include the IHCP member's name, member identification number, date of loss or injury, any other information about other insurance carriers, and attorney name, phone number, and address, if available. Send this information to the TPL Casualty Department by e-mail at the address listed above, by facsimile at (317) 488-5217, by telephone at (317) 488-5046 in the Indianapolis local area or 1-800-457-4510, or by U.S. mail to the following address:

**EDS TPL Casualty Department
P.O. Box 7262
Indianapolis, IN 46207-7762**

Hospice Services

Changes to the Hospice Authorization Process

In IHCP provider bulletin, *BT200372*, dated December 15, 2003, hospice providers were instructed that effective February 1, 2004, the hospice authorization process changed requiring providers to use the *Indiana Prior Review and Authorization Request* form as a cover sheet for all hospice authorization requests. Providers should start completing the *Indiana Prior Review System Update* form and attach it to the following four forms:

- *Hospice Provider Change Request Between Hospice Providers*
- *Change in Status of Medicaid Hospice Patient*
- *Medicaid Hospice Revocation*
- *Medicaid Hospice Discharge*

The *Indiana Prior Review and Authorization Request* form and the *Indiana Prior Review System Update* form can be accessed on the IHCP Web site at www.indianamedicaid.com, click **Forms**.

Hospice providers are reminded that timeliness of benefit periods is not affected by previous retroactive benefit periods. For instance, a third benefit period would be held to the untimeliness penalty when submitted late if the member was eligible in the system and a *Form 450B* was filed, regardless of the member's eligibility and 450B status for the first and second benefit periods. Subsequent benefit periods must be requested in a timely manner regardless of previous benefits period status.

IHCP Provider Field Consultants Effective March 12, 2004

Territory Number	Provider Representative	Telephone	Counties Served
1	Randy Miller (temp)	(317) 488-5388	Jasper, Lake, LaPorte, Newton, Porter, Pulaski, and Starke
2	Debbie Williams	(317) 488-5080	Allen, Dekalb, Elkhart, Fulton, Kosciusko, Lagrange, Marshall, Noble, St. Joseph, Steuben, and Whitley
3	Chris Kern	(317) 488-5326	Benton, Boone, Carroll, Cass, Clinton, Fountain, Hamilton, Howard, Miami, Montgomery, Tippecanoe, Tipton, Warren, and White
4	Randy Miller	(317) 488-5388	Adams, Blackford, Delaware, Grant, Hancock, Henry, Huntington, Jay, Madison, Randolph, Wabash, Wayne, and Wells
5	Relia Manns	(317) 488-5187	Marion
6	Tina King	(317) 488-5123	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, and Washington
7	Phyllis Salyers	(317) 488-5148	Clay, Greene, Johnson, Hendricks, Lawrence, Monroe, Morgan, Owen, Parke, Putnam, Sullivan, Vermillion, and Vigo
8	Pam Martin	(317) 488-5153	Crawford, Daviess, Dubois, Gibson, Knox, Martin, Orange, Perry, Pike, Posey, Spencer, Vanderburgh, and Warrick
9	Pat Duncan (temp)	(317) 488-5101	Out-of-State

Field Representatives for Bordering States

State	City	Representative	Telephone
Illinois	Chicago/ Watseka	Pat Duncan (temp)	(317) 488-5101
	Danville	Chris Kern	(317) 488-5326
Kentucky	Louisville/Owensboro	Pam Martin	(317) 488-5153
Michigan	Sturgis	Debbie Williams	(317) 488-5080
Ohio	Cincinnati/Hamilton/Harrison/Oxford	Tina King	(317) 488-5123

Out-of-state providers not located in these states, or those with a designated out-of-state billing office supporting multiple provider sites throughout Indiana should direct calls to (317) 488-5139.

Statewide Special Program Field Representatives

Special Program	Representative	Telephone
590	Laura Merkel (temp)	(317) 488-5356
Dental	Pat Duncan	(317) 488-5101
Waiver	Mona Green	(317) 488-5152

Client Services Department Leaders

Title	Name	Telephone
Director	Darryl Wells	(317) 488-5013
Supervisor	Connie Pitner	(317) 488-5154

Note: For map showing the provider representative territories or for more updated information about the provider field representatives, visit the IHCP Web site at www.indianamedicaid.com.

Indiana Health Coverage Programs Quick Reference Effective April 1, 2004

Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization		Pharmacy Benefits Manager		
EDS Customer Assistance (317) 655-3240 1-800-577-1278	EDS Forms Requests P.O. Box 7263 Indianapolis, IN 46207-7263	Indiana Drug Utilization Review Board INXIXDURQuestions@acs-inc.com		
EDS Member Hotline (317) 713-9627 1-800-457-4584	Indiana Health Coverage Programs Web Site www.indianamedicaid.com	ACS PBM Call Center for Pharmacy Services/POS/ProDUR 1-866-645-8344 Indiana.ProviderRelations@acs-inc.com		
EDS OMNI Help Desk 1-800-284-3548	HCE Prior Authorization Department P.O. Box 531520 Indianapolis, IN 46253-1520 (317) 347-4511 1-800-457-4518	ACS Preferred Drug List Clinical Call Center 1-866-879-0106		
EDS Provider Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263		PA For ProDUR and Indiana Rational Drug Program – ACS Clinical Call Center 1-866-879-0106 fax 1-866-780-2198		
AVR System (317) 692-0819 1-800-738-6770	HCE Medical Policy Department P.O. Box 53380 Indianapolis, IN 46253-0380 (317) 347-4500	Indiana Pharmacy Claims/Adjustments c/o ACS P. O. Box 502327 Atlanta, GA 31150		
EDS Electronic Solutions Help Desk (317) 488-5160 1-877-877-5182 INXIXElectronicSolution@eds.com	HCE Provider and Member Concern Line (Fraud and Abuse) (317) 347-4527 1-800-457-4515	Indiana Administrative Review/Pharmacy Claims c/o ACS P.O. Box 502327 Atlanta, GA 31150		
EDS Provider Enrollment/Waiver P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	HCE SUR Department P.O. Box 531700 Indianapolis, IN 46253-1700 (317) 347-4527 1-800-457-4515	Drug Rebate ACS State Healthcare ACS – Indiana Drug Rebate P. O. Box 2011332 Dallas, TX 75320-1332		
EDS Third Party Liability (TPL) (317) 488-5046 1-800-457-4510 Fax (317) 488-5217	EDS Administrative Review Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263	To make refunds to IHCP for pharmacy claims send check to: ACS State Healthcare – Indiana P.O. Box 201376 Dallas, TX 75320-1376		
IHCP Managed Care Organizations, Hoosier Healthwise, and Medicaid Select				
Harmony Health Plan www.harmonyhmi.com Claims 1-800-504-2766 Member Services 1-800-608-8158; TTY: 1-877-650-0952 Prior Authorization/Medical Management 1-800-504-2766 Provider Services 1-800-504-2766	MDwise www.mdwise.org Claims 1-800-356-1204 or (317) 630-2831 Member Services 1-800-356-1204 or (317) 630-2831 Prior Authorization/Medical Management 1-800-356-1204 or (317) 630-2831 Provider Services 1-800-356-1204 or (317) 630-2831	Managed Health Services (MHS) www.managedhealthservices.com Claims 1-800-414-9475 Member Services 1-800-414-5946 Prior Authorization/Medical Management 1-800-464-0991 Provider Services 1-800-414-9475 Nursewise 1-800-414-5946	PrimeStep (Hoosier Healthwise) www.healthcareforhoosiers.com Claims Automated voice response 1-800-738-6770 or (317) 692-0819 EDS Customer Assistance 1-800-577-1278 or (317) 655-3240 Member Services 1-800-889-9949, Option 1 Prior Authorization HCE: 1-800-457-4518 or (317) 347-4511 Provider Services 1-800-889-9949, Option 3	Medicaid Select www.medicaidselect.com Claims Automated voice response: 1-800-738-6770 or (317) 692-0819 EDS Customer Assistance 1-800-577-1278 or (317) 655-3240 Member Services 1-877-633-7353, Option 1 Prior Authorization HCE: 1-800-457-4518 or (317) 347-4511 Provider Services 1-877-633-7353, Option 3
Claim Filing				
EDS 590 Program Claims P.O. Box 7270 Indianapolis, IN 46207-7270	EDS Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265	EDS CCFs P.O. Box 7266 Indianapolis, IN 46207-7266	EDS Dental Claims P.O. Box 7268 Indianapolis, IN 46207-7268	EDS CMS-1500 Claims P.O. Box 7269 Indianapolis, IN 46207-7269
Claim Attachments P.O. Box 7259 Indianapolis, IN 46207-7259	EDS Waiver Programs Claims P.O. Box 7269 Indianapolis, IN 46207-7269	EDS Medical Crossover Claims P.O. Box 7267 Indianapolis, IN 46207-7267	EDS Institutional Crossover/UB-92 Inpatient Hospital, Home Health, Outpatient, and Nursing Home Claims P.O. Box 7271 Indianapolis, IN 46207-7271	
Check Submission (non-pharmacy)				
To make refunds to IHCP: EDS Refunds P.O. Box 2303, Dept. 130 Indianapolis, IN 46206-2303	To Return Uncashed IHCP Checks: EDS Finance Department 950 N. Meridian St., Suite 1150 Indianapolis, IN 46204-4288			

Indiana Health Coverage Programs



P R O V I D E R W O R K S H O P R E G I S T R A T I O N

Please **print or type** the information below and fax to (317) 488-5376.

Medicaid 201

Please indicate the workshop you will be attending in Indiana:

- | | | |
|---|---|---|
| <input type="checkbox"/> Kokomo, April 20, 2004 | <input type="checkbox"/> Muncie, April 27, 2004 | <input type="checkbox"/> Merrillville, May 18, 2004 |
| <input type="checkbox"/> South Bend, May 25, 2004 | <input type="checkbox"/> Indianapolis, June 3, 2004 | <input type="checkbox"/> Evansville, June 16, 2004 |
| <input type="checkbox"/> Bloomington, June 17, 2004 | <input type="checkbox"/> Columbus, June 22, 2004 | <input type="checkbox"/> Fort Wayne, June 24, 2004 |

Medicaid and Managed Care Roundtable

Please indicate the workshop you will be attending in Indiana:

- | | | |
|---|---|---|
| <input type="checkbox"/> Kokomo, April 20, 2004 | <input type="checkbox"/> Muncie, April 27, 2004 | <input type="checkbox"/> Merrillville, May 18, 2004 |
| <input type="checkbox"/> South Bend, May 25, 2004 | <input type="checkbox"/> Indianapolis, June 3, 2004 | <input type="checkbox"/> Evansville, June 16, 2004 |
| <input type="checkbox"/> Bloomington, June 17, 2004 | <input type="checkbox"/> Columbus, June 22, 2004 | <input type="checkbox"/> Fort Wayne, June 24, 2004 |

The Adjustment Process

Please indicate the workshop you will be attending in Indiana:

- | | | |
|---|---|---|
| <input type="checkbox"/> Kokomo, April 20, 2004 | <input type="checkbox"/> Muncie, April 27, 2004 | <input type="checkbox"/> Merrillville, May 18, 2004 |
| <input type="checkbox"/> South Bend, May 25, 2004 | <input type="checkbox"/> Indianapolis, June 3, 2004 | <input type="checkbox"/> Evansville, June 16, 2004 |
| <input type="checkbox"/> Bloomington, June 17, 2004 | <input type="checkbox"/> Columbus, June 22, 2004 | <input type="checkbox"/> Fort Wayne, June 24, 2004 |

Hospice

Please indicate the workshop you will be attending in Indiana:

- | | | |
|---|---|---|
| <input type="checkbox"/> Kokomo, April 20, 2004 | <input type="checkbox"/> Muncie, April 27, 2004 | <input type="checkbox"/> Merrillville, May 18, 2004 |
| <input type="checkbox"/> South Bend, May 25, 2004 | <input type="checkbox"/> Indianapolis, June 3, 2004 | <input type="checkbox"/> Evansville, June 16, 2004 |
| <input type="checkbox"/> Bloomington, June 17, 2004 | <input type="checkbox"/> Columbus, June 22, 2004 | <input type="checkbox"/> Fort Wayne, June 24, 2004 |

Registrant Information

Name of Registrant: _____

Provider Number: _____

Provider Name: _____

Provider Address: _____

City: _____ State: _____ ZIP: _____

Provider Telephone: _____ Provider Fax: _____

Provider E-Mail Address: _____