



PROVIDER BULLETIN

BT200348

JULY 15, 2003

**To: All Providers**

**Subject: Indiana Health Coverage Programs 2003 Seminar**

**Overview**

The Office of Medicaid Policy and Planning (OMPP), the Children's Health Insurance Program (CHIP), and EDS invite all Indiana Health Coverage Programs (IHCP) providers to attend **the fourth annual IHCP seminar, September 9 through 11, 2003**. This seminar is presented with no cost to providers. Seminar sessions will be offered at various times during the three-day IHCP Seminar. Representatives from Affiliated Computer Services (ACS), AmeriChoice, EDS field consultants, Harmony Health Plan, Health Care Excel (HCE), Managed Health Systems (MHS), MDwise, provider associations, and other EDS departments will be present.

The following location is the site for the 2003 seminar:

**Sheraton Four Points  
7701 E 42<sup>nd</sup> Street  
Indianapolis, IN 46226**

*Note: Providers are strongly encouraged to attend the Health Insurance Portability and Accountability Act (HIPAA) sessions on prior authorization, local codes, and Web interChange. Providers are also strongly encouraged to attend the appropriate 837 Transaction (HCFA-1500, UB-92, Dental) session if not previously attended at one of the quarterly workshops. Claim completion and submission will change due to HIPAA. Claims not completed and submitted under the new HIPAA guidelines will deny. HIPAA sessions are indicated with an asterisk(\*).*

**Seminar Session Descriptions**

Registrants must specify, on the attached registration form, the seminar sessions they wish to attend. Table 1.1 provides a short description of the material to be covered in each of the seminar sessions.

*Note: Unless otherwise specified, the information provided in these sessions is specific only to the IHCP fee-for-service (FFS), Hoosier Healthwise PrimeStep, and Medicaid Select primary care case management (PCCM) programs.*

Table 1.1 – Session Descriptions

Session Name	Description
Anesthesia Billing*	The HIPAA administrative simplification final rule mandates the use of the Current Procedural Terminology (CPT) anesthesia codes for billing anesthesia services to a health plan. This session describes changes to anesthesia billing instructions and pricing methodology, and converting surgical procedure codes to anesthesia codes. An EDS field consultant will lead this session.
CMS-1500 Roundtable (HCFA-1500)	This session allows providers billing on CMS-1500 claim forms (HCFA-1500) to ask questions and discuss issues about CMS-1500 (HCFA-1500) billing. EDS field consultants will lead this session.
Dental Roundtable	This session begins immediately following the 837 Dental Session. This session allows providers billing on the <i>American Dental Association (ADA) 1999 Version 2000 Dental Claim Form (ADA 2000)</i> to ask questions and discuss issues about dental billing. Dental field consultant, Connie Pitner will lead this session.
Durable Medical Equipment (DME)	This session provides an overview of all bulletins and banner page articles published about DME from August 2002 to present. The last 15 minutes of the session will be used for questions and answers. An EDS field consultant will lead this session.
Financial – Remittance Advices (RAs)	This session presents information on interpreting RAs. It also discusses providers' responsibilities with accounts receivable and 1099s. EDS staff will lead this session.
Harmony Health Plan	This session provides information about the managed care organization, Harmony Health Plan. <b><i>This session is specific to risk-based managed care (RBMC).</i></b>
Hospice	This session gives a detailed explanation of rule changes that affect hospice providers and the impact these changes will have on the IHCP hospice authorization, hospice provider enrollment, and the hospice review process. The OMPP, HCE, and EDS staffs will lead this session.
Local Codes for Waiver Providers*	This session is <b>specifically for waiver program providers</b> . This session provides detailed information about elimination of local codes. The session includes a review of local codes cross-walked to national codes, and changes to specific billing requirements. The EDS HIPAA training team will lead this session.
Local Codes*	This session provides detailed information about the elimination of local codes and local code modifiers. The session includes a review of local codes cross-walked to national codes, and changes to specific billing requirements. The EDS HIPAA training team will lead this session.
Managed Care Roundtable	This session allows providers to ask questions and discuss issues about the managed care programs and <i>Medicaid Select</i> . A panel of experts from each of the managed care entities, AmeriChoice, Harmony, Managed Health Services, and MDwise, will provide answers to the questions.

(Continued)

\*Denotes a HIPAA session

Table 1.1 – Session Descriptions

Session Name	Description
Managed Health Services (MHS)	This session provides information about the managed care organization, Managed Health Services. This session focuses on claims submission, prior authorization, formulary, and Health Plan Employer Data and Information Set (HEDIS) measures. <b><i>This session is specific to RBMC.</i></b>
MDwise	This session provides information about the managed care organization, MDwise. The session will answer questions about the MDwise delivery system, referrals, prior authorization, claims, and on-line MDwise member information. <b><i>This session is specific to RBMC.</i></b>
Medical Policy	This session provides an update of processes, procedures, and current projects in the Medical Policy Department. The session is designed to educate providers on the processes, procedures, and coordination techniques used for the development and revision of medical policy for the IHCP. The primary focus of the discussion on current projects will be transportation, durable medical equipment, mental health, and coding. Questions and audience participation are welcome. The HCE Medical Policy Department will lead this session.
Medicare Recovery Project	This session reviews the responsibilities and procedures of providers, EDS, and Health Management Systems (HMS) with a Medicare Part A Disallowance Cycle. The federal employees (FP) disallowance cycle will be introduced. Representatives from HMS will lead the session and will be on hand every day of the seminar to answer questions.
ACS Pharmacy Benefits Management (PBM) – Overview of PBM initiatives for the state of Indiana	This session presents an overview of the variety of PBM initiatives instituted by the State over the past year. Included will be brief descriptions of programs such as the Preferred Drug List, Therapeutic Academic Detailing, Intensive Benefits Management as well as system and policy initiatives for claims processing. ACS will lead this session.
Prior Authorization* (278 Transactions)	This session provides information about the new electronic prior authorization (PA) process, implementation of the <i>ASC X12N (004010X094) 278 Health Care Services Review – Request for Review and Response</i> transaction, and revisions to the paper PA process. This session includes a review of the format and data elements required for submitting PA requests. The EDS HIPAA training team will lead this session. <b><i>This is an all day session.</i></b>
Prior Authorization	This session provides an overview of PA policies and procedures. Topics include a summary of services and supplies that require PA, methods of submitting a PA, and an overview of the administrative review and hearings processes. The presentation will include a brief update on the <i>Request for Review and Response</i> , which are the HIPAA 278 transactions. A question and answer period will be offered. The HCE Prior Authorization Unit will lead this session.

(Continued)

\*Denotes a HIPAA session

Table 1.1 – Session Descriptions

Session Name	Description
Restricted Card Program (RCP)	This session provides an overview of the IHCP member utilization process. Areas to be addressed include the purpose of the RCP, how members are identified and notified for RCP, and the appeals process. The roles of the selected primary care physician (PCP), pharmacy, and hospital will be discussed including the use of referrals by the PCP for specialty services. Claim submission guidelines relative to the RCP will be reviewed. Participants are welcome to ask questions. The HCE Surveillance and Utilization Review (SUR) Department will lead this session.
School Corporation	This session targets individual school corporations with information pertinent to claims processing and program information about services billable under the Individual Education Plan (IEP). Providers who attend this session are encouraged to attend the Medicaid 101 session. An EDS field consultant will lead this session.
Spendedown	This session reviews updates made to spenddown and claims processing guidelines. An EDS field consultant will lead this session.
Spendedown Roundtable	This session allows providers to ask questions and discuss issues that pertain to spenddown. EDS field consultants will lead this session.
Surveillance and Utilization Review (SUR)	This session presents the 2003 updates to the provider audit process including how providers are identified for a SUR audit. The session includes common audit findings, helpful audit reminders, and tips for remaining compliant with IHCP guidelines. Other topics include information about when it is appropriate to bill an IHCP member, and how HIPAA has affected SUR processes. Participants are welcome to ask questions. The HCE SUR Department will lead this session.
Third Party Liability (TPL)	This is a comprehensive presentation for advanced billers that contains information about TPL claims identification, updating, filing, denial letters, the 90-day rule, attachments, and other helpful hints. An EDS field consultant will lead this session.
270/271 Transactions, Trading Partner Agreements and Profiles*	This session reviews HIPAA-required changes pertaining to verifying eligibility. This session also identifies the submitting entity of the Trading Partner Agreement and/or Profile forms. This session is for providers unable to attend the HIPAA 270/271 Transactions workshops held in their area earlier this year. An EDS field consultant will lead this session.
837 Transaction CMS-1500 (HCFA-1500) Paper Claims, Attachments, and 835 Transaction Local Codes*	This session is for providers unable to attend the HIPAA CMS-1500 (HCFA-1500) workshops in their area held in June, July, and August. The IHCP is modifying the field locator use and content with a field-by-field review of the CMS-1500 (HCFA-1500) claim form. This session also reviews new guidelines for submitting electronic and paper claims with attachments. The 835 transaction session describes changes to the current paper RA and implementation of the electronic 835 transaction. An EDS field consultant will lead this session.

(Continued)

\*Denotes a HIPAA session

Table 1.1 – Session Descriptions

Session Name	Description
837 Dental Transaction, Paper Claims, Attachments, and 835 Transaction*	<p>This session is for providers unable to attend one of the HIPAA Dental workshops in their area held in June, July, or August. The IHCP is modifying the field locator use and content of the ADA 2000 dental form. This session covers claim use and content with a field-by-field review.</p> <p><b>Dental providers please note: The ADA 2000 claim form will be the approved version for dental paper claim submission starting September 1, 2003. No other dental claim form will be accepted after the paper claim revision implementation date.</b></p> <p>This session also reviews new guidelines for submitting electronic and paper claims with attachments. The 835 transaction session describes changes to the current paper RA and implementation of the electronic 835 transaction. An EDS field consultant will lead this session.</p>
837 Institutional Transaction, UB-92 Paper Claims, Attachments, and 835 Transaction*	<p>This session is for providers unable to attend the HIPAA Transaction 837 Institutional (UB-92) workshops in their area held in June, July, and August. The IHCP is modifying the field locator use and content of the UB-92 paper claim form. This session covers claim use and content with a field-by-field review of the UB-92 claim form. This session also reviews new guidelines for submitting electronic and paper claims with attachments. The 835 transaction session describes changes to the current paper RA and implementation of the electronic 835 transaction. An EDS field consultant will lead this session.</p>
UB-92 Roundtable	<p>This session allows providers billing on a UB-92 claim form to ask questions about UB-92 billing. EDS field consultants will lead this session.</p>
Waiver Audit Review	<p>EDS conducts a review for the Home and Community-Based Services (HCBS) Waiver Programs on behalf of the OMPP. This session provides an overview of the review process to help HCBS waiver providers achieve IHCP compliance in the documentation and billing standards currently applicable to the aged and disabled (A&amp;D) and developmentally disabled (DD) waivers. The EDS waiver review team will lead this session. <b>This session is specifically for waiver providers.</b></p>
Waiver Roundtable	<p>This session allows waiver providers to ask questions and discuss issues pertaining to waiver claim submission. The EDS waiver review team, EDS waiver field consultant, and a member of the OMPP managed care unit will moderate this session. <b>This session is specifically for waiver providers.</b></p>
Web interChange Claim Submission*	<p>This session provides information about using the new claim submission tool through Web interChange. The session includes a review of general claim structure and provides information specific to each claim type (UB-92, CMS-1500 [HCFA-1500], and ADA 2000). The EDS HIPAA training team will lead this session.</p>
Who, What, When and Where	<p>This session presents information to help providers determine the correct person or unit to call, or write, regarding various program administration and claims processing procedures as they relate to the IHCP. EDS field consultants will lead this session.</p>

\*Denotes a HIPAA session

## Registration

**The deadline for registration is August 26, 2003**, two weeks before the date the seminar begins. Registrations can be faxed or mailed. Fax is the preferred method of registration. All registrations sent by mail must be postmarked no later than August 26, 2003. Registrations postmarked after August 26, 2003, will not be accepted. Individuals can also register in person at the seminar on a space-available basis.

After the registration form is processed the registrant will receive a confirmation letter. This letter confirms that the registrant was either successfully registered for at least one seminar session or was denied due to seating capacity. Each registrant is encouraged to bring this confirmation letter to the seminar check-in to alleviate any possible discrepancies.

Registered individuals must check in no later than five minutes before the start of their assigned sessions or their seats could be reassigned. Walk-in registration for those not pre-registered begins five minutes before the start of each session. Failure to pre-register may result in sessions not being available due to space limitations. If there are any questions, please call EDS at (317) 488-5072. Calls will be returned within 48 hours.

For comfort, business casual attire is recommended. Also, consider bringing a sweater due to possible room temperature variations.

## Seminar Session Availability

Requests for sessions will be accepted in the order received; however, time and meeting space may preclude EDS from honoring all requests. If space is available, individuals who do not register by mail may be able to register on a walk-in-basis for sessions. Failure to pre-register can result in sessions not being available due to space limits.

## Directions

Providers wishing to stay at the Sheraton may do so for the special rate of \$68 per night. Register by calling the Sheraton at (317) 897-4000 and indicating that you are attending the IHCP workshop.

Table 1.2 – Directions to the Sheraton Four Points on East 42nd Street, Indianapolis

Address	From	Directions
Sheraton Four Points 7701 E 42 <sup>nd</sup> Street Indianapolis, IN 46226 (I-465 and Pendleton Pike)	East	Take I-70 west to Exit 44, I-465 north. Follow I-465 north to Exit 42, Pendleton Pike. Stay in the far right lane. Turn a sharp right, or east, onto 42 <sup>nd</sup> Street. The hotel entrance is on the immediate right.
	West	Take I-70 east to Exit 90, I-465 north. Follow I-465 north to Exit 42, Pendleton Pike. Stay in the far right lane. Turn a sharp right, or east, onto 42 <sup>nd</sup> Street. The hotel entrance is on the immediate right.
	North	Take I-465 south to Exit 42, Pendleton Pike. At the bottom of the exit, turn left, or east, and stay in the far right lane. Where the road Vs, stay to the right. The hotel is on the immediate right.
	South	Take I-465 north to Exit 42, Pendleton Pike. Stay in the far right lane. Turn a sharp right, or east, onto 42 <sup>nd</sup> Street. The hotel entrance is on the immediate right.

Table 1.3 – Session Schedule for Tuesday, September 9, 2003

<b>8 a.m.</b>	278 Transaction Prior Authorization* (HIPAA) 8 a.m. to 12 p.m. Break will be determined	837 Dental Transaction* 8 a.m. to 11 a.m. Break will be determined				
<b>8:15 a.m.</b>						
<b>8:30 a.m.</b>					270/271 Transactions, Trading Partner Agreement and Profiles* 8:30 a.m. to 10:30 a.m.	MDwise 8:30 a.m. to 10 a.m.
<b>8:45 a.m.</b>						
<b>9 a.m.</b>						
<b>9:15 a.m.</b>						
<b>9:30 a.m.</b>						
<b>9:45 a.m.</b>						
<b>10 a.m.</b>						
<b>10:15 a.m.</b>					Break	
<b>10:30 a.m.</b>					Break	Harmony Health Plan 10:15 a.m. to 11:45 a.m.
<b>10:45 a.m.</b>					Finance Department	
<b>11 a.m.</b>				Dental Roundtable 11 a.m. to 12 p.m.	10:45 a.m. to 12:15 p.m.	
<b>11:15 a.m.</b>						
<b>11:30 a.m.</b>						
<b>11:45 a.m.</b>						
<b>12 p.m.</b>	Lunch 12 p.m. to 1 p.m.	Lunch 12 p.m. to 1 p.m.		Lunch 12 p.m. to 1:15 p.m.		
<b>12:15 p.m.</b>					Lunch 12:15 p.m. to 1:30 p.m.	
<b>1 p.m.</b>	Continue 278 Transaction Prior Authorization* (HIPAA) 1 p.m. to 5 p.m. Break will be determined	837 Transaction CMS-1500* (HCFA-1500) 1 p.m. to 5 p.m. Break will be determined		Managed Health Services (MHS) 1:15 p.m. to 2:45 p.m.		
<b>1:15 p.m.</b>						
<b>1:30 p.m.</b>						
<b>1:45 p.m.</b>						
<b>2 p.m.</b>						
<b>2:15 p.m.</b>						
<b>2:30 p.m.</b>						
<b>2:45 p.m.</b>					Break	
<b>3 p.m.</b>					Who, What, When, and Where 2:45 p.m. to 4:45 p.m.	Managed Care Roundtable 3 p.m. to 4:30 p.m.
<b>3:15 p.m.</b>						
<b>3:30 p.m.</b>						
<b>3:45 p.m.</b>						
<b>4 p.m.</b>						
<b>4:15 p.m.</b>						
<b>4:30 p.m.</b>						
<b>4:45 p.m.</b>						
<b>5 p.m.</b>						

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

Table 1.4 – Session Schedule for Wednesday, September 10, 2003

8 a.m.		278 Transaction Prior Authorization* (HIPAA)	837 Institutional Transaction* (UB-92)	
8:15 a.m.		8 a.m. to 12 p.m.	8 a.m. to 12 p.m.	
8:30 a.m.	Local Codes* (HIPAA)	Break will be determined	Break will be determined	CMS-1500 Roundtable (HCFA-1500)
8:45 a.m.	8:30 a.m. to 11:30 a.m.			8:30 a.m. to 9:30 a.m.
9 a.m.	Break will be determined			Break
9:15 a.m.				Surveillance Utilization Review (SUR)
9:30 a.m.				9:45 a.m. to 10:45 a.m.
9:45 a.m.				Break
10 a.m.				Restricted Card Program
10:15 a.m.				11 a.m. to 12 p.m.
10:30 a.m.				
10:45 a.m.				
11 a.m.				
11:15 a.m.				
11:30 a.m.				
11:45 a.m.	Lunch			
12 p.m.	11:45 a.m. to 1 p.m.	Lunch	Lunch	Lunch
12:15 p.m.		12 p.m. to 1 p.m.	12 p.m. to 1 p.m.	12:15 p.m. to 1:30 p.m.
1 p.m.	Web interChange* HIPAA	Continue 278 Transaction Prior Authorization* (HIPAA)	837 Transaction CMS-1500* (HCFA-1500)	Prior Authorization
1:15 p.m.	1 p.m. to 3 p.m.	1 p.m. to 5 p.m.	1 p.m. to 5 p.m.	1:30 p.m. to 2:30 p.m.
1:30 p.m.		Break will be determined	Break will be determined	Break
1:45 p.m.				Medical Policy
2 p.m.				2:45 p.m. to 3:45 p.m.
2:15 p.m.				
2:30 p.m.				
2:45 p.m.				
3 p.m.				
3:15 p.m.				
3:30 p.m.				
3:45 p.m.				
4 p.m.				
4:15 p.m.				
4:30 p.m.				
4:45 p.m.				
5 p.m.				

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



Table 1.5 – Session Schedule for Thursday, September 11, 2003

<b>8 a.m.</b>				
<b>8:15 a.m.</b>				
<b>8:30 a.m.</b>	Anesthesia*	Waiver Audit Review	Local Codes* (HIPAA)	Durable Medical Equipment (DME)
<b>8:45 a.m.</b>	8:30 a.m. to 10 a.m.	8:30 a.m. to 10:30 a.m.	8:30 a.m. to 11:30 a.m.	8:30 a.m. to 9:30 a.m.
<b>9 a.m.</b>				
<b>9:15 a.m.</b>			Break will be determined	Break
<b>9:30 a.m.</b>				
<b>9:45 a.m.</b>				Pharmacy 9:45 a.m. to 10:45 a.m.
<b>10 a.m.</b>	Break			
<b>10:15 a.m.</b>	Medicaid 101	Break		
<b>10:30 a.m.</b>	10:15 a.m. to 12:15 p.m.			Break
<b>10:45 a.m.</b>		Waiver Roundtable 10:45 a.m. to 12:45 p.m.		Hospice 11 a.m. to 12 p.m.
<b>11 a.m.</b>				
<b>11:15 a.m.</b>				
<b>11:30 a.m.</b>			Lunch 11:45 a.m. to 12:45 p.m.	
<b>11:45 a.m.</b>				
<b>12 p.m.</b>				Lunch 12:15 p.m. to 1:15 p.m.
<b>12:15 p.m.</b>				
<b>1 p.m.</b>	Lunch	Lunch	Web interChange* (HIPAA)	
<b>1:15 p.m.</b>	12:30 p.m. to 1:30 p.m.	12:45 p.m. to 1:45 p.m.	1 p.m. to 3 p.m.	
<b>1:30 p.m.</b>				UB-92 Roundtable 1:30 p.m. to 2:30 p.m.
<b>1:45 p.m.</b>	Spenddown			
<b>2 p.m.</b>	1:45 p.m. to 2:45 p.m.	Local Codes for Waiver Providers* (HIPAA)		
<b>2:15 p.m.</b>		2 p.m. to 4 p.m.		Break
<b>2:30 p.m.</b>				
<b>2:45 p.m.</b>	Break			Medicare Recovery Project 2:45 p.m. to 3:45 p.m.
<b>3 p.m.</b>	Spenddown Roundtable		Break	
<b>3:15 p.m.</b>	3 p.m. to 4 p.m.		School Corporation 3:15 p.m. to 4:15 p.m.	
<b>3:30 p.m.</b>				
<b>3:45 p.m.</b>				
<b>4 p.m.</b>				
<b>4:15 p.m.</b>				
<b>4:30 p.m.</b>				
<b>4:45 p.m.</b>				
<b>5 p.m.</b>				

Note: Registration and booths are open from 8 a.m. until 4 p.m.

Indiana Health Coverage Programs



PROVIDER 2003 SEMINAR  
REGISTRATION FORM

**The deadline for registration is August 26, 2003**, two weeks before the date the seminar begins. Registrations can be faxed or mailed. Fax is the preferred method of registration. All registrations sent by mail must be postmarked no later than August 26, 2003. Registrations postmarked after August 26, 2003, will not be accepted. Individuals can also register in person at the seminar on a space-available basis.

After a registration form is processed, the registrant will receive a confirmation letter prior to the seminar. This letter confirms that the registrant has been either successfully registered for at least one seminar session or has been denied due to seating capacity. Each registrant is encouraged to bring this confirmation letter to the seminar check-in to alleviate any possible discrepancies.

Registered individuals must check in no later than five minutes before the start of their assigned sessions or their seats may be reassigned. Walk-in registration for those not pre-registered begins five minutes before the start of each session. Failure to pre-register may result in sessions not being available due to space limitations. If there are any questions, please call EDS at (317) 488-5072. Calls will be returned within 48 hours.

For comfort, business casual attire is recommended. Also, consider bringing a sweater due to possible room temperature variations.

**Please print or type the information requested (one form per registrant).**

**Registrant Information**

Name of Registrant \_\_\_\_\_ Provider Number \_\_\_\_\_

Provider Name \_\_\_\_\_

Provider Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Provider Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Please indicate with a checkmark the sessions you want to attend. HIPAA sessions are indicated with an asterisk(\*).

*Note: You can only attend one session during each time period. Registration forms received with requests for more than one session at the same time will be fulfilled for only one of those sessions.*

Tuesday, September 9, 2003		
Will Attend	Time	Session Name
	8 a.m. to 5 p.m.	*Transaction 278 Prior Authorization (HIPAA) (one hour for lunch)
	8 a.m. to 11 a.m.	*Transaction 837 (Dental)
	8:30 a.m. to 10:30 a.m.	*Transaction 270/271 Trading Partner Agreement and Profiles
	8:30 a.m. to 10 a.m.	MDwise
	10:15 a.m. to 11:45 a.m.	Harmony Health Plan
	10:45 a.m. to 12:15 p.m.	Finance Department
	11 a.m. to 12 p.m.	Dental Roundtable
	1 p.m. to 5 p.m.	*Transaction 837 (CMS-1500 same as HCFA-1500))
	1:15 p.m. to 2:45 p.m.	Managed Health Service (MHS)
	1:30 p.m. to 2:30 p.m.	Third Party Liability
	2:45 p.m. to 4:45 p.m.	Who, What, When, and Where
	3 p.m. to 4:30 p.m.	Managed Care Roundtable
Wednesday, September 10, 2003		
Will Attend	Time	Session Name
	8 a.m. to 5 p.m.	*Transaction 278 Prior Authorization (HIPAA) (one hour for lunch)
	8:30 a.m. to 11:30 a.m.	*Local Codes (HIPAA)
	8 a.m. to 12 p.m.	*Transaction 837 Institutional (UB-92)
	8:30 a.m. to 9:30 a.m.	CMS-1500 same as HCFA-1500 Roundtable
	9:45 a.m. to 10:45 a.m.	Surveillance Utilization Review (SUR) presented by HCE
	11 a.m. to 12 p.m.	Restricted Card Program presented by HCE
	1 p.m. to 3 p.m.	*Web interChange – HIPAA
	1 p.m. to 5 p.m.	*Transaction 837 (CMS-1500 same as HCFA-1500))
	1:30 p.m. to 2:30 p.m.	Prior Authorization presented by HCE
	2:45 p.m. to 3:45 p.m.	Medical Policy presented by HCE

Thursday, September 11, 2003		
Will Attend	Time	Session Name
	8:30 a.m. to 10 a.m.	*Anesthesia
	8:30 a.m. to 10:30 a.m.	Waiver Audit Review
	8:30 a.m. to 11:30 a.m.	*Local Codes (HIPAA)
	8:30 a.m. to 9:30 a.m.	Durable Medical Equipment (DME)
	9:45 a.m. to 10:45 a.m.	Pharmacy presented by ACS
	10:15 a.m. to 12:15 p.m.	Medicaid 101
	10:45 a.m. to 12:45 p.m.	Waiver Roundtable
	11 a.m. to 12 p.m.	Hospice
	1 p.m. to 3 p.m.	*Web interChange (HIPAA)
	1:30 p.m. to 2:30 p.m.	UB-92 Roundtable
	1:45 p.m. to 2:45 p.m.	Spenddown
	2 p.m. to 4 p.m.	*Local Codes for Waiver Providers (HIPAA)
	2:45 p.m. to 3:45 p.m.	Medicare Recovery Project
	3 p.m. to 4 p.m.	Spenddown Roundtable
	3:15 p.m. to 4:15 p.m.	School Corporation (Providers are encouraged to also sign up for Medicaid 101)

**Registrations can be faxed to (317) 488-5376.**

<b>Mail completed forms to:</b>	<b>EDS IHCP Seminars P.O. Box 7263 Indianapolis, IN 46207-7263</b>
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*CDT-3/2000 (including procedure codes, definitions (descriptions) and other data) is copyrighted by the American Dental Association. © 1999 American Dental Association. All rights reserved. Applicable Federal Acquisition Regulation System/Department of Defense Acquisition Regulation System (FARS/DFARS) Apply.*

*CPT codes, descriptions and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.*