



PROVIDER BULLETIN

BT 200419

AUGUST 15, 2004

To: All Providers

Subject: Indiana Health Coverage Programs 2004 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 fifth annual IHCP seminar October 19-21, 2004**. This seminar is presented at no cost to providers. Seminar sessions will be offered at various times during the three-day IHCP Seminar. EDS field consultants and representatives from Affiliated Computer Services (ACS), AmeriChoice, Harmony Health Plan, Health Care Excel (HCE), Managed Health Services (MHS), MDwise, Myers and Stauffer LC, provider associations, and other EDS departments will be present.

**Clarion Hotel and Conference Center
2930 Waterfront Parkway West Drive
Indianapolis, IN 46214
(317) 299-8400 (for hotel arrangements only)**

Do not call the hotel to register for seminar sessions.

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
Adjustments	This session is designed to help providers complete the adjustment form, identify the different types of adjustments, and read the remittance advice. This session is recommended for new and seasoned billers. An EDS field consultant will lead this session.
All Managed Care Organizations	This session will include brief presentations by all current and potential (new) managed care organizations (MCOs). New Hoosier Healthwise MCO contracts will be effective January 1, 2005. A question and answer session will immediately follow the individual MCO presentations. <i>This session is specific to risk-based managed care (RBMC).</i>
AmeriChoice (Primary Care Case Management and Medicaid Select)	This session provides information about the Hoosier Healthwise Primary Care Case Management (PCCM) and the <i>Medicaid Select</i> programs, focusing on covered populations, enrollment, and more. Representatives from AmeriChoice will answer questions following the presentation.
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 billing. EDS field consultants will lead this session.
Dental	This session provides an overview of recent updates and policy changes. The session includes information about requirements for the standardized 1999-2000 paper dental claim form, frequent billing error issues, and questions. The EDS dental field consultant will lead this session.
Durable Medical Equipment (DME)	This session provides an overview of recent updates and recurring topics about DME policy and billing. A review of the most common claim denial reasons is also featured. An EDS field consultant will lead this session.
Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC)	This session provides an overview of recent updates and recurring topics about FQHC/RHC policy and billing. A review of the current status of Benefit Improvement and Protection Act (BIPA) issues is also featured. An EDS field consultant will lead this session.
Harmony Health Plan	This session provides information about the managed care organization, Harmony Health Plan. <i>This session is specific to RBMC.</i>
HIPAA Roundtable	The session will answer questions about upcoming and previous HIPAA implementation projects. Both EDS HIPAA business and technical representatives will moderate this session. This session is designed for providers, vendors, and clearinghouses.
HIPAA Updates	This session provides an overview of recent updates and information about the next phase of the HIPAA implementation. Both EDS HIPAA business and technical representatives will lead this session. This session is designed for providers, vendors, and clearinghouses.
Indiana Chronic Disease Management Program (ICDMP)	This session provides an overview of the new IHCP chronic disease management program for patients with diabetes, congestive heart failure, and asthma. The session will focus on the components of ICDMP and highlight the program benefits to providers. Representatives from the OMPP's Chronic Disease Unit will lead this session.

(Continued)

Table 1.1 – Session Descriptions

Session Name	Description
Inpatient/Outpatient Hospital	This session will cover the new hospital rules that pertain to 405 IAC 1-8-2, 405 IAC 1-8-3, 405 IAC 1-10.5-2, and 405 IAC 1-10.5-3. These rule changes apply to both inpatient and outpatient hospital services. Time will be allotted for questions concerning any hospital issues. EDS field consultants will lead this session.
Managed Care Roundtable	This session allows providers to ask questions and discuss issues about the managed care programs: Hoosier Healthwise and <i>Medicaid Select</i> . A panel of experts from AmeriChoice, Harmony Health Plan, Managed Health Services, MDwise, and new MCOs will provide answers to the questions. <i>This session includes both PCCM and RBMC.</i>
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. <i>This session is specific to RBMC.</i>
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. <i>This session is specific to RBMC.</i>
Medicaid Rehab. Option (MRO)	This session provides an overview of recent updates and recurring topics about Medicaid Rehab Option policy and billing. A review of the most common claim denial reasons is also featured. An EDS field consultant will lead this session.
Medicaid 101	This session provides an overview of the IHCP, eligibility verification methods, the Restricted Card Program, managed care programs, and more. This session is ideal for new IHCP billers or those needing an IHCP refresher course. An EDS field consultant will lead this session.
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 development and implementation of certain provider specialty code sets will be addressed during this session. Questions and audience participation are welcome. Representatives from the HCE Medical Policy Department will lead this session.
Mental Health	This session provides an overview of recent updates and recurring topics related to mental health policy and billing. A review of the most common claim denial reasons is also featured. An EDS field consultant will lead this session.
Pharmacy Roundtable	This session provides an overview of recent updates and frequent topics about pharmacy billing. A review of the most common claim denial reasons is featured at the end. There will also be time to address general questions from the audience.

(Continued)

Table 1.1 – Session Descriptions

Session Name	Description
Post-Payment Auditing Practices in the IHCP	This session is designed to educate providers about the various auditing efforts made by the OMPP through the Surveillance and Utilization Program and the Payment Integrity Initiative. The session will center around the policies and procedures of auditing activities as well as provide information on standard guidelines and procedures developed to report findings.
Prior Authorization (PA)	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. A question and answer period will be offered. Representatives from the HCE Prior Authorization Unit will lead this session.
Prior Authorizations of Traditional Medicaid Home Health Services	This session provides information about the prior authorization process, sources of PA information including regulations and guidelines, descriptions of home health benefit, types of home health agency services, member and caregiver indicators (family situation), home health agency services limitations, and key issues.
Restricted Card Program (RCP)	This session provides an overview of the IHCP member utilization process. The session will address 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. Representatives from the HCE Surveillance and Utilization Review (SUR) Department will lead this session.
Spend-down	This session provides a review of the spend-down and claims processing guidelines. An EDS field consultant will lead this session.
Third Party Liability (TPL)	This is a comprehensive presentation for advanced billers that contains information about TPL claims identification, file updates, denial letters, the 90-day rule, attachments, and other helpful hints. An EDS field consultant will lead this session.
Transportation	This session provides an overview of recent updates and frequently asked questions about transportation billing on the CMS-1500 claim form. An EDS field consultant will lead this session.
UB-92 Roundtable	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.
Waiver Audit Review	This session, conducted by the EDS Waiver Audit Team, gives providers an overview of the waiver audit process. The session is designed to help Home and Community-Based Services waiver providers achieve IHCP compliance with the documentation and billing standards currently applicable to Supported Living Services and Support Waivers (Developmentally Disabled (DD), Autism, and Support Services) and Medical Model Waivers (Aged and Disabled (A&D), Traumatic Brain Injury (TBI), and Medically Fragile Children (MFC)).
Waiver Enrollment and Billing Updates	This session provides a review of billing guidelines with an emphasis on frequent claim errors. New provider enrollment forms will be reviewed as they relate to waiver providers and case managers. The EDS waiver field consultant will lead this session. <i>This session is specifically designed for waiver providers and case managers billing waiver program services.</i>

(Continued)

Table 1.1 – Session Descriptions

Session Name	Description
Waiver Roundtable	This session allows waiver providers to ask questions and discuss issues about HCBS Waivers. The EDS Waiver Audit Team will moderate this session. <i>This session is specifically designed for waiver providers.</i>
Web interChange	This session provides information about usage of the member eligibility, check write, claim inquiry, and claim submission features available through Web interChange. It will also cover instructions for the administrator function that will enable providers to assign access to their office staff; change passwords; and create, maintain, and delete users and user groups. An EDS field consultant will lead this session.
Who, What, When and Where	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. An EDS field consultant will lead this session.

Registration

The deadline for registration is September 30, 2004, less than three weeks before the date the seminar begins. The seminar is presented with no cost to providers. Registrations can be faxed or mailed. Fax is the preferred method of registration. All registrations sent by mail must be postmarked no later than September 30, 2004. Registrations postmarked after September 30, 2004, will not be accepted. **Only two individuals per provider number may register and each registrant must submit his or her own registration form (only one name per form).** Individuals can also register in person at the seminar on a space-available basis; however, this is not recommended.

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 fax or 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 Clarion Hotel and Conference Center may do so for the special rate of \$72 plus tax per night. To register, call the Clarion at (317) 299-8400 and indicate that you are attending the IHCP workshop. An additional list of local hotels is provided in Table 1.2.

Table 1.2 – Local Hotels

Adam’s Mark Hotel 2544 Executive Dr. (317) 244-9169	Baymont Inns and Suites 2650 Executive Dr. (317) 244-8100	Best Western Airport Suites 55 S. High School Rd. (317) 246-1505
Brickyard Crossing Golf Resort and Inn 4400 W. 16 th St. (317) 241-2500	Comfort Inn West/Airport 5855 Rockville Rd. (317) 487-9800	Courtyard by Marriott 5525 Fortune Circle East Dr. (317) 248-0300
Days Inn Airport 5860 Fortune Circle West Dr. (317) 248-0621	Extended StayAmerica 2730 Fortune Circle West Dr. (317) 248-0465	Hampton Inn 5601 Fortune Circle West Dr. (317) 244-1221
Holiday Inn Hotels 2501 S. High School Rd. (317) 244-6861	Lees Inn 5011 N. Lafayette Rd. (317) 297-8880	Motel 6 6330 Debonair Ln. (317) 293-3220
Ramada Limited 3851 Shore Dr. (317) 297-1848	Sleep Inn West/Airport 5845 Rockville Rd. (317) 247-4100	Wingate Inn Airport 5797 Rockville Rd. (317) 243-8310

The Clarion Hotel and Conference Center is located on the west side of Indianapolis, just west of I-465 off of the Speedway/Crawfordsville Road Exit (Exit 16) at the Intersection of I-74 West and I-465.

A map of Indianapolis indicating the general location is shown in Figure 1.1 and a map showing the specific location of the Clarion Hotel and Conference Center is shown in Figure 1.2. For more specific directions from your location, please visit the IHCP Web site at www.indianamedicaid.com.



Figure 1.1 – Indianapolis Map Showing Location of Clarion Hotel and Conference Center

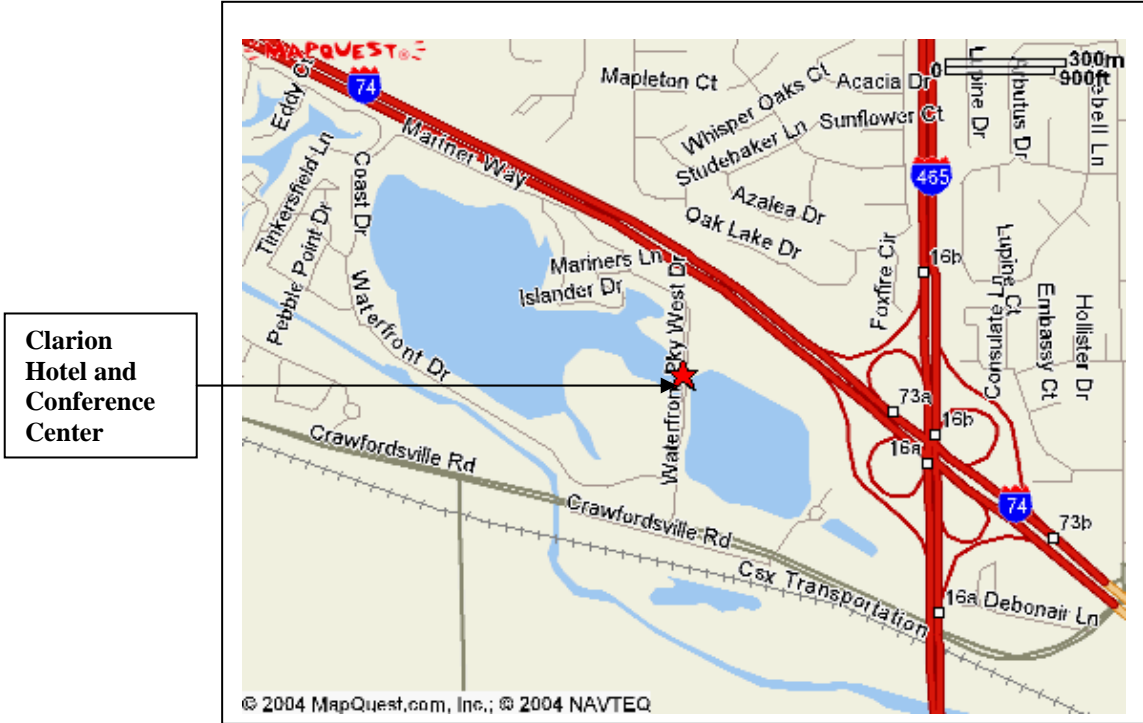


Figure 1.2 – Map of Specific Location of Clarion Hotel and Conference Center

Table 1.3 – Session Schedule for Tuesday, October 19, 2004

8 a.m.				
8:15 a.m.				
8:30 a.m.	Inpatient/Outpatient Hospital 8:30 a.m. to 10 a.m.		HIPAA Updates 8:30 a.m. to 9:45 a.m.	
8:45 a.m.				
9 a.m.		Medicaid 101 9 a.m. to 12 noon		
9:15 a.m.				
9:30 a.m.				
9:45 a.m.				Break
10 a.m.			Break	Dental 10 a.m. to 11:30 a.m.
10:15 a.m.	Web interChange 10:15 a.m. to 12:15 p.m.			
10:30 a.m.				
10:45 a.m.				
11 a.m.				
11:15 a.m.				
11:30 a.m.			Lunch 11:30 to 12:30 p.m.	
11:45 a.m.				
Noon		Lunch Noon to 1 p.m.		
12:15 p.m.	Lunch 12:15 p.m. to 1:15 p.m.			
12:30 p.m.			UB-92 Roundtable 12:30 p.m. to 2 p.m.	
12:45 p.m.				
1 p.m.		HIPAA Updates 1 p.m. to 2:15 p.m.		
1:15 p.m.	Medical Policy 1:15 p.m. to 2:45 p.m.			
1:30 p.m.				
1:45 p.m.				
2 p.m.			Break	
2:15 p.m.			Break	Adjustments
2:30 p.m.		HIPAA Roundtable 2:30 p.m. to 4 p.m.	2:15 p.m. to 4:15 p.m.	
2:45 p.m.	Break			
3 p.m.	Post-Payment Auditing Practices in the IHCP 3 p.m. to 4:30 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 1.4 – Session Schedule for Wednesday, October 20, 2004

8 a.m.			
8:15 a.m.			
8:30 a.m.		All Managed Care Organizations 8:30 a.m. to 10:30 a.m.	DME 8:30 a.m. to 10 a.m.
8:45 a.m.			
9 a.m.	Adjustments 9 a.m. to 10:30 a.m.		
9:15 a.m.			
9:30 a.m.			
9:45 a.m.			
10 a.m.			
10:15 a.m.			Break
10:30 a.m.	Break	Break	Restricted Card Program 10:15 a.m. to 11:45 a.m.
10:45 a.m.	Pharmacy Roundtable 10:45 a.m. – 12:15 p.m.	AmeriChoice 10:45 a.m. to 11:15 a.m.	
11 a.m.		Lunch 11:15 a.m. to 12:15 p.m.	
11:15 a.m.			
11:30 a.m.			
11:45 a.m.			
Noon			
12:15 p.m.	Lunch 12:15 p.m. to 1:45 p.m.	MHS 12:15 p.m. to 12:45 p.m.	
12:30 p.m.		MDwise 12:45 p.m. to 1:15 p.m.	
12:45 p.m.			
1 p.m.			Prior Authorization 12:45 p.m. to 2:30 p.m.
1:15 p.m.	Indiana Chronic Disease Management 1:15 p.m. to 2:15 p.m.	Harmony Health Plan 1:15 p.m. to 1:45 p.m.	
1:30 p.m.		Break	
1:45 p.m.			
2 p.m.		Managed Care Roundtable 2 p.m. to 2:30 p.m.	
2:15 p.m.	Break		
2:30 p.m.	Who, What, When, and Where 2:30 p.m. to 3:30 p.m.	Break	Break
2:45 p.m.		Web interChange 2:45 p.m. to 4:45 p.m.	
3 p.m.			
3:15 p.m.			Spend-down 2:45 p.m. to 4 p.m.
3:30 p.m.	Break		
3:45 p.m.	Third Party Liability 3:45 p.m. to 5 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, October 21, 2004

8 a.m.			
8:15 a.m.			
8:30 a.m.	Transportation 8:30 a.m. to 10 a.m.		Medicaid 101 8:30 a.m. to 11:30 a.m. Break will be determined
8:45 a.m.			
9 a.m.		Waiver Audit Review 9 a.m. to 10:30 a.m.	
9:15 a.m.			
9:30 a.m.			
9:45 a.m.			
10 a.m.	Break		
10:15 a.m.	Mental Health 10:15 a.m. to 11:45 a.m.		Lunch 11:30 a.m. to 12:30 p.m.
10:30 a.m.		Break	
10:45 a.m.		Prior Authorization for Home Health Providers 10:45 a.m. to 12:15 p.m.	
11 a.m.			
11:15 a.m.			
11:30 a.m.			
11:45 a.m.	Lunch 11:45 p.m. to 12:45 p.m.		
Noon			
12:15 p.m.		Lunch 12:15 p.m. to 1:15 p.m.	RHC/FQHC Billing and Updates 12:30 p.m. to 2 p.m.
12:30 p.m.			
12:45 p.m.	MRO 12:45 p.m. to 2:15 p.m.		
1 p.m.		Waiver Billing and Enrollment Updates 1:15 p.m. to 2:30 p.m.	
1:15 p.m.			
1:30 p.m.			
1:45 p.m.			
2 p.m.			Break
2: 15 p.m.	Break		CMS-1500 Roundtable 2:15 p.m. to 4 p.m.
2:30 p.m.	Web interChange 2:30 p.m. to 4:30 p.m.	Break	
2:45 p.m.		Waiver Roundtable 2:45 p.m. to 4:30 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 4 p.m.

Indiana Health Coverage Programs



PROVIDER 2004 SEMINAR
REGISTRATION FORM

The deadline for registration is **September 30, 2004**, less than three weeks before the date the seminar begins. The seminar is presented at no cost to providers. Registrations can be faxed or mailed. Fax is the preferred method of registration. All registrations sent by mail must be postmarked no later than September 30, 2004. Registrations postmarked after September 30, 2004, will not be accepted. **Only two individuals per provider number may register and each registrant must submit his or her own registration form (only one name per form).** Individuals can also register in person at the seminar on a space-available basis; however, this is not recommended.

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.

Note: Registrants 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, October 19, 2004		
Will Attend	Time	Session Name
	8:30 a.m. to 10 a.m.	Inpatient/Outpatient Hospital
	8:30 a.m. to 9:45 a.m.	HIPAA Updates
	9 a.m. to noon	Medicaid 101
	10 a.m. to 11:30 a.m.	Dental
	10:15 a.m. to 12:15 a.m.	Web interChange
	12:30 p.m. to 2 p.m.	UB-92 Roundtable
	1 p.m. to 2:15 p.m.	HIPAA Updates
	1:15 p.m. to 2:45 p.m.	Medical Policy
	2:15 p.m. to 4:15 p.m.	Adjustments
	2:30 p.m. to 4 p.m.	HIPAA Roundtable
	3 p.m. to 4:30 p.m.	Post-Payment Auditing Practices in the IHCP

Wednesday, October 20, 2004		
Will Attend	Time	Session Name
	8:30 a.m. to 10:30 a.m.	All Managed Care Organizations
	8:30 a.m. to 10 a.m.	DME
	9 a.m. to 10:30 a.m.	Adjustments
	10:15 a.m. to 11:45 a.m.	Restricted Card Program
	10:45 a.m. to 12:15 p.m.	Pharmacy Roundtable
	10:45 a.m. to 11:15 a.m.	AmeriChoice
	12:15 p.m. to 12:45 p.m.	MHS
	12:45 p.m. to 1:15 p.m.	MDwise
	12:45 p.m. to 2:30 p.m.	Prior Authorization
	1:15 p.m. to 2:15 p.m.	Indiana Chronic Disease Management
	1:15 p.m. to 1:45 p.m.	Harmony Health Plan
	2 p.m. to 2:30 p.m.	Managed Care Roundtable
	2:30 p.m. to 3:30 p.m.	Who, What, When, and Where
	2:45 p.m. to 4:45 p.m.	Web interChange
	2:45 p.m. to 4 p.m.	Spend-down
	3:45 p.m. to 5 p.m.	Third Party Liability

Thursday, October 21, 2004		
Will Attend	Time	Session Name
	8:30 a.m. to 10 a.m.	Transportation
	8:30 a.m. to 11:30 a.m.	Medicaid 101
	9 a.m. to 10:30 a.m.	Waiver Audit Review
	10:15 a.m. to 11:45 a.m.	Mental Health
	10:45 a.m. to 12:15 p.m.	Prior Authorization for Home Health Providers
	12:30 p.m. to 2 p.m.	RHC/FQHC Billing and Updates
	12:45 p.m. to 2:15 p.m.	MRO
	1:15 p.m. to 2:30 p.m.	Waiver Billing and Enrollment Updates
	2:15 p.m. to 4 p.m.	CMS-1500 Roundtable
	2:30 p.m. to 4:30 p.m.	Web interChange
	2:45 p.m. to 4:30 p.m.	Waiver Roundtable

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

Mail completed forms to:	EDS IHCP Seminars P.O. Box 7263 Indianapolis, IN 46207-7263
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