



P R O V I D E R B U L L E T I N

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To: All Providers**Subject: 2008 Indiana Health Coverage Programs Provider Seminar**

Overview

The Office of Medicaid Policy and Planning (OMPP), the Children's Health Insurance Program (CHIP), and EDS invite Indiana Health Coverage Programs (IHCP) providers to attend the **2008 IHCP Provider Seminar October 6–8, 2008**. There is no cost for the seminar.

Seminar sessions are offered at various times during the three-day event. EDS provider field consultants and representatives from ADVANTAGE Health SolutionsSM, insurers for the Healthy Indiana Plan, Health Care Excel (HCE), provider associations, other EDS departments, and managed care organizations (MCOs) will be present.

The seminar will be held at the following location:

Indianapolis Marriott East
7202 E. 21st St.
Indianapolis, IN 46219
1-800-228-9290 (for hotel reservations only)
(317) 352-1231 (for hotel information only)

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

To receive the special rate of \$92 plus tax, per night, seminar attendees must indicate they are attending the EDS 2008 IHCP Provider Seminar and must reserve on or before September 30, 2008.

Registration

Web registration is available. Providers may register for the 2008 IHCP Provider Seminar online from the IHCP Web site at <http://www.indianamedicaid.com>. To access online registration, select **Provider Services, Education Opportunities, Workshop Registration**. The registration page provides instructions, including the *Workshop Registration Tool Quick Reference*. Those who register online receive immediate enrollment confirmation. **Bring your confirmation page to the seminar and present it at the EDS registration table.**

In addition to online registration, registrants may enroll in seminar sessions using the paper registration form contained in this bulletin. **The deadline for paper registration forms is September 22, 2008.** Registrations may be faxed or mailed. Registrations sent by mail must be postmarked no later than September 22, 2008. The IHCP will not accept registrations postmarked after September 22, 2008. Only two individuals will be allowed to register per IHCP legacy provider number. Providers who are

not enrolled with the IHCP may also register for the seminar. Each registrant must submit his or her own registration form (only one name per form). Individuals can also register in person at the seminar walk-in table. Walk-in registration is not recommended; registrants are permitted to attend sessions on a space-available basis only.

Paper registration forms are accepted in the order received. Once processed, a confirmation letter will be mailed to the registrant. This letter confirms that the registrant was either successfully registered for at least one session or was denied for one or more sessions due to seating capacity. Each registrant is encouraged to bring the confirmation letter to the seminar registration table to alleviate possible discrepancies.

Registered individuals must check in to the session meeting room 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 limitation. 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. Consider bringing a sweater due to possible room temperature variations.

Directions

The Indianapolis Marriott East hotel is located on the near northeast side of Indianapolis, on 21st Street, east of Shadeland Avenue, west of I-465, and south of I-70.

A map of Indianapolis indicating the general location is shown in Figure 1 and a map showing the specific location of the Marriott Hotel and Conference Center is shown in Figure 2. For more specific directions from your location, please visit a map search Web site, such as www.mapquest.com.

To reserve a room at the Marriott East hotel:

- Contact the hotel reservation line at 1-800-228-9290
- Indicate that you are attending the EDS 2008 IHCP Provider Seminar to obtain a special rate of \$92 per room, per night, plus tax
- Reserve a room no later than September 30, 2008

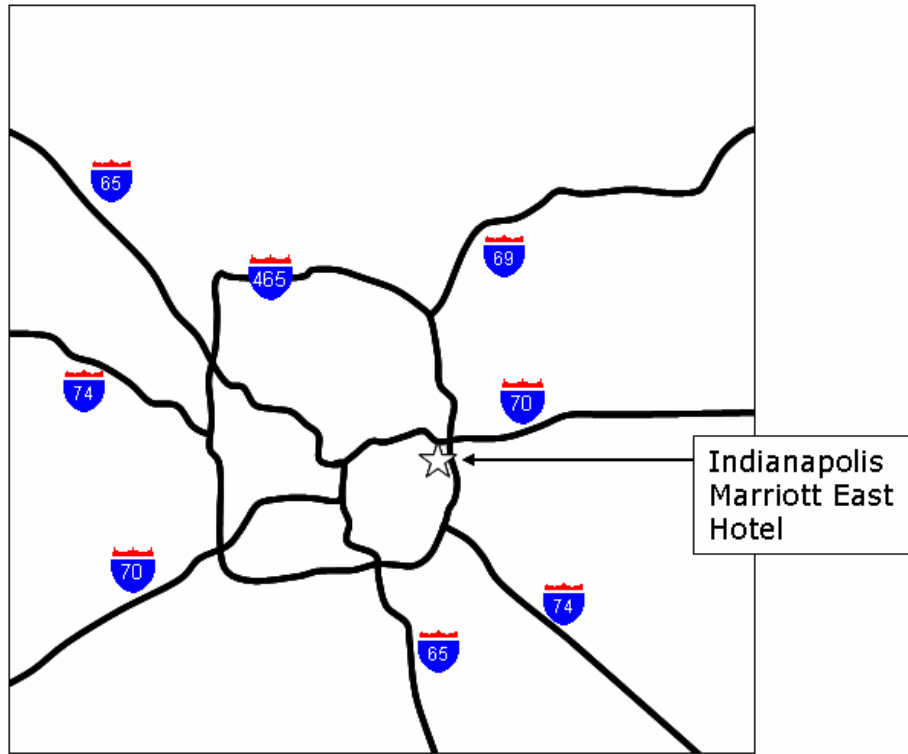


Figure 1 – Indianapolis Map Showing General Location of Indianapolis Marriott East Hotel

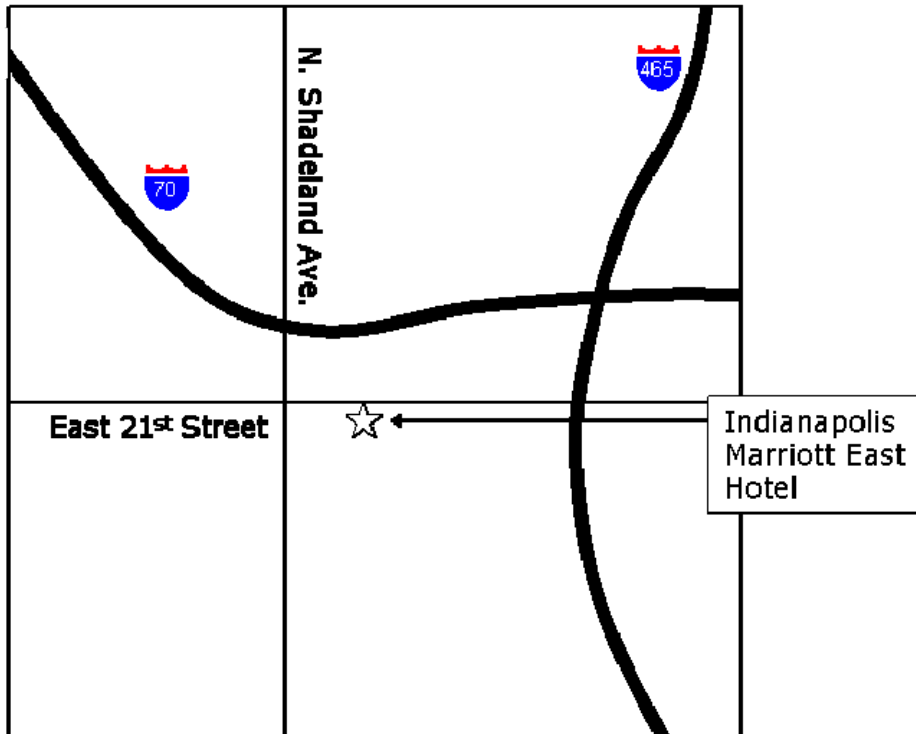


Figure 2 – Map of Specific Location of Indianapolis Marriott East Hotel

Seminar Session Descriptions

To register, registrants must specify the seminar sessions they want to attend. Table 1 provides a description of the material to be covered in each of the seminar sessions, and Table 2 provides the session schedule.

Table 1 – Session Descriptions

Session Name	Description
<p>Adjustments Presented by EDS provider field consultants</p>	<p>This session provides step-by-step instructions for completing the Adjustment Request Form. Electronic adjustments, known as voids and replacements, will also be covered. This session is ideal for those who re-bill claims and want to learn how to correct them properly.</p>
<p>Care Select Presented by EDS provider field consultants and representatives from the care management organizations</p>	<p>This session provides an overview of the care management delivery system known as <i>Care Select</i>. Topics will include covered services, specialist referrals, and billing requirements. Representatives from the care management organizations will also discuss program requirements and answer questions.</p>
<p>CMS-1500 Physician Billing Presented by EDS provider field consultants</p>	<p>This session provides instructions for completion of the CMS-1500 claim form and an overview of billing guidelines.</p>
<p>CMS-1500 Physician Billing and Claim Denials Presented by representatives from Anthem, Managed Health Services, and MDwise</p>	<p>This session offers useful information to providers who bill professional claims to the MCOs. Providers will learn plan-specific requirements for completion of the CMS-1500. Also, providers will learn about the most common reasons for MCO claim denials and how to correct them. This session is vital for providers who interact with the MCOs. Each MCO will conduct an individual session. See the session layout for specific dates and times.</p>
<p>Dental Presented by EDS provider field consultants</p>	<p>This session provides an overview of IHCP dental policy and includes instructions for completing the ADA 2006 dental claim form or its electronic equivalent.</p>
<p>Durable Medical Equipment (DME) Presented by EDS provider field consultants</p>	<p>This session provides an overview of recent updates and recurring topics related to DME policy and billing guidelines. This session also reviews the most common claim denial reasons.</p>
<p>Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) and the Immunization Registry Presented by the EDS EPSDT coordinator, representatives from the Indiana State Department of Health, and each managed care organization</p>	<p>This session familiarizes primary care providers with the EPSDT program, its higher reimbursement structure, program-specific billing requirements, and program goals for targeted children. Focus is on a program overview, covered services and specialties, outreach strategies and current trends. Information about the Vaccines for Children program and immunization registry will complete this session. This session is ideal for primary care, dental, vision, behavioral health, and hearing specialist providers.</p>
<p>Healthy Indiana Plan Presented by representatives from Anthem Blue Cross and Blue Shield and MDwise with AmeriChoice</p>	<p>This session provides information on the Healthy Indiana Plan (HIP) including the Enhanced Services Plan (ESP) component. Features of the two plan insurers will be discussed. Providers will have an opportunity to participate in a question-and-answer session.</p>

Session Name	Description
<p>Hoosier Healthwise Open Enrollment Presented by EDS provider field consultants</p>	<p>This session provides an overview of the improvement to the enrollment process for members. Members will remain in a single managed care organization for one year after choosing their health plan during an open enrollment period. Members will make their selection on an annual basis. Providers will have the opportunity to learn more about this improvement and participate in a question-and-answer session.</p>
<p>IHCP Family Tree Presented by EDS provider field consultants</p>	<p>This session provides an overview of the Traditional Medicaid, <i>Care Select</i>, Healthy Indiana Plan, and risk-based managed care (RBMC) programs and the contractors that compose the IHCP team. A description of the functions and roles of each contractor will be discussed. This session is ideal for those who want to understand the different components within the IHCP.</p>
<p>Long Term Care Auditing Presented by EDS Long Term Care Auditors</p>	<p>This session is designed to educate providers about the auditing policy and procedures, as well as report findings case mix and LTC desktop support.</p>
<p>Managed Care Forms Presented by representatives of Anthem, Managed Health Services, and MDwise</p>	<p>Representatives from each MCO will provide an overview of plan forms. Examples include pre-birth selection, full panel, holds, and intervention. This session helps ensure providers are following established policy for the continuity of care for their members.</p>
<p>Medical Policy Presented by EDS provider field consultants</p>	<p>This session will educate providers on the processes, procedures, and coordination techniques used for the development and revision of medical policy for the IHCP.</p>
<p>Medical Review Team (MRT) Presented by EDS provider field consultants</p>	<p>This session provides an overview of the billing requirements for MRT claims. This session reviews frequent billing errors and addresses provider questions.</p>
<p>IHCP Member Eligibility Presented by contractors of the Division of Family Resources</p>	<p>This session explains the member eligibility process from A to Z from the point of application to the eligibility determination made by the Division of Family Resources (DFR). This session answers many pressing questions asked by providers state-wide and is certain to be a high-demand topic. This session is ideal for all providers.</p>
<p>Mental Health Presented by EDS provider field consultants and representatives from each managed care behavioral health organization</p>	<p>This session provides an overview of mental health policy and billing guidelines. An EDS provider field consultant will lead the opening session, and each risk-based managed care behavioral health organization will present a one-hour individual session related to its specific mental health policy and billing guidelines. See the session schedule for specific dates and times.</p>
<p>Post Payment Auditing Practices in the IHCP Presented by representatives from the Surveillance and Utilization Review unit at Health Care Excel</p>	<p>This session is designed to educate providers about the auditing efforts made by the OMPP through the Surveillance and Utilization program and the Payment Integrity Initiative. This session focuses on the policies and procedures of auditing activities and provides information on standard guidelines and procedures developed to report findings.</p>
<p>Pre-Admission Screening and</p>	<p>This session discusses an overview of the pre-admission</p>

Session Name	Description
Resident Review (PASRR) Presented by EDS provider field consultants	screening and resident review process, including claim submission guidelines. This session is ideal for community mental health centers (CMHCs), and diagnostic and evaluation teams.
Prior Authorization (PA) Presented by representatives from Advantage Health Solutions and MDwise	This session provides an overview of PA policies and procedures. The session presents a summary of services and supplies that require PA, methods of submitting a PA, and an overview of the administrative review and hearings processes.
Prior Authorization, Adjustments, Appeals, and Durable Medical Equipment Presented by representatives of Anthem, Managed Health Services, and MDwise	This session will discuss plan-specific procedures affecting claim adjustments, prior authorizations (PAs), including appeals and the grievance process for the three managed care organizations. A session for durable medical equipment (DME) providers is included. A question-and-answer period will follow.
Prior Authorizations of Traditional Medicaid Home Health Services Presented by a representative from the Family and Social Services Administration Division of Aging	This session provides information about the PA process and sources of PA information, including regulations and guidelines. Also to be discussed are a description of the home health benefit, types of home health agency services and limitations, member and caregiver indicators (family situation), and key issues.
Provider Enrollment Presented by EDS provider field consultants	This session will demonstrate how to perform updates to the provider profile online using Web interChange (no forms required!). This session also provides an overview of the enrollment process for new providers, existing providers enrolling additional office locations, and group entities with enrolling physicians. Procedures for maintaining the accuracy of the provider profile will be discussed.
Restricted Card Program Presented by representatives from ADVANTAGE Health Solutions and MDwise	This session presents an overview of the Restricted Card Program and what it means to providers who treat a restricted member. Topics include obtaining payment for restricted members, identifying restricted members on the eligibility verification systems, the key role of the primary care physician, addition and removal from a restricted member's lock-in list, referral procedures, and claim submission guidelines.
Spend-down Presented by EDS provider field consultants	This session contains information about the automated spend-down process. The session includes spend-down guidelines, identifying spend-down members on the eligibility verification systems, billing the member based on the remittance advice, and other key points related to the automation of spend-down.
Third Party Liability (TPL) Presented by EDS provider field consultants	This session provides information about TPL claims identification and initiating updates to members' TPL information. Attention will be given to resolving claim denials and billing procedures for TPL, Medicare crossover, and Medicare health maintenance organization (HMO) (replacement) claims. This is a very informative session and ideal for all providers.
Transportation	This session provides an overview of transportation billing

Session Name	Description
Presented by EDS provider field consultants and representatives from MTM, LCP, and MDwise	guidelines. An EDS provider field consultant will lead the opening session, and transportation subcontractors for the MCOs will present one-hour individual sessions. See session schedule for specific dates and times.
UB-04 Presented by EDS provider field consultants	This session provides an overview of the completion instructions for the UB-04 claim form. Inpatient and outpatient billing guidelines will also be discussed.
UB-04 Billing and Claim Denials Presented by representatives from Anthem, Managed Health Services, and MDwise	This session provides instructions for using the UB-04 from a managed care perspective. Providers will also learn the most common reasons for claim denials affecting UB-04 billers and the methods for correcting those claims.
Vision Roundtable Facilitated by representatives from EDS and each managed care vision contractor	This session will feature representatives from OptiCare, Vision Service Plan (VSP), and the MDwise delivery systems who will provide useful information to vision providers. A question-and-answer period will follow.
Home- and Community-Based Services Waiver Program Presented by EDS provider field consultants	This session is oriented to prospective and current Home- and Community-Based Services waiver providers and includes an overview of the Indiana waiver program. Topics include: member eligibility, provider enrollment, billing, and common reasons for claim denials. Information will also be presented on the Community Alternatives to Psychiatric Residential Treatment Facilities (CA-PRTF) and Money Follows The Person (MFP) Demonstration Grant waivers. This session is ideal for all waiver providers and case managers billing for waiver program services.
Web interChange – Advanced Presented by EDS provider field consultants	This session provides information about the administrator function that allows providers to assign access to their office staff; change passwords; create, maintain, and delete users or user groups; and view the group report. This session demonstrates how to use the claim void and replacement features, online TPL updates, and bill crossover claims. This session is ideal for the individual who performs the administrator function within a provider office.

Table 2 – Session Schedule for Monday, October 6, 2008

	Salon A	Salon C	Salon 3	
8:00 a.m.	UB-04 Billing (EDS) 8:00 a.m. - 9:30 a.m.	Prior Authorization (ADVANTAGE - Traditional and Care Select) 8:00 a.m. - 9:30 a.m.	Web interChange – Advanced (EDS) 8:15 a.m. - 10:00 a.m.	
8:15 a.m.				
8:30 a.m.				
8:45 a.m.				
9:00 a.m.				
9:15 a.m.	UB-04 Billing and Claim Denials (MHS) 9:45 a.m. - 10:45 a.m.	Restricted Card (ADVANTAGE) 9:45 a.m. - 10:45 a.m.	Break Member Eligibility (DFR Contractor) 10:15 a.m. - 11:15 a.m.	
9:30 a.m.				Break
9:45 a.m.				
10:00 a.m.				
10:15 a.m.				
10:30 a.m.	UB-04 Billing and Claim Denials (Anthem) 11:00 a.m. - Noon	Prior Authorization (MDwise Care Select) 11:00 a.m. - Noon	Break Adjustments (EDS) 11:30 a.m. - 12:15 p.m.	
10:45 a.m.				Break
11:00 a.m.				
11:15 a.m.				
11:30 a.m.				
11:45 a.m.	UB-04 Billing & Claim Denials (MDwise) 12:30 p.m. - 1:30 p.m.	Restricted Card (MDwise) 12:15 p.m. - 1:15 p.m.	Break Prior Authorization Adjustments Appeals/DME (Anthem) 12:30 p.m. - 2:00 p.m.	
Noon				Break
12:15 p.m.				
12:30 p.m.				
12:45 p.m.				
1:00 p.m.	MRT (EDS) 1:45 p.m. - 2:45 p.m.	Healthy Indiana Plan/ESP (Anthem and MDwise) 1:30 p.m. - 2:30 p.m.	Break Prior Authorization Adjustments Appeals/DME (MHS) 2:15 p.m. - 3:45 p.m.	
1:15 p.m.				Break
1:30 p.m.				
1:45 p.m.				
2:00 p.m.				
2:15 p.m.	Spend-down (EDS) 3:00 p.m. - 4:00 p.m.	Third Party Liability (EDS) 2:45 p.m. - 4:15 p.m.	Break Prior Authorization Adjustments Appeals/DME (MDwise) 4:00 p.m. - 5:30 p.m.	
2:30 p.m.				Break
2:45 p.m.				
3:00 p.m.				
3:15 p.m.				
3:30 p.m.	Hoosier Healthwise Open Enrollment (EDS) 4:15 p.m. - 5:15 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.				
5:15 p.m.				
5:30 p.m.				

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

Table 2 – Session Schedule for Tuesday, October 7, 2008

	Salon A	Salon C	Salon 3
8:00 a.m.	CMS-1500 Physician Billing (with EPSDT) (EDS) 8:00 a.m. - 9:30 a.m.		Waiver Billing/CA PRTF and MFP Demonstration (EDS) 8:00 a.m. - 10:00 a.m.
8:15 a.m.		Vision Care Roundtable (EDS, MDwise, VSP, and OptiCare) 8:15 a.m. - 9:15 a.m.	
8:30 a.m.			
8:45 a.m.			
9:00 a.m.			
9:15 a.m.	Break		
9:30 a.m.	Break	Prior Authorization for Home Health (Division of Aging) 9:30 a.m. - 11:00 a.m.	
9:45 a.m.	CMS-1500 Physician Billing/Claim Denials (MDwise) 9:45 a.m. - 10:45 a.m.		Break
10:00 a.m.			Transportation (EDS) 10:15 a.m. - 11:00 a.m.
10:15 a.m.			
10:30 a.m.			
10:45 a.m.	Break	Break	
11:00 a.m.	CMS-1500 Physician Billing/Claim Denials (MHS) 11:00 a.m. - Noon	Break	Transportation – Anthem (Subcontractor) 11:15 a.m. - Noon
11:15 a.m.			
11:30 a.m.		Care Select (ADVANTAGE) 11:30 a.m. - 12:30 p.m.	Break
11:45 a.m.			Transportation – MHS (Subcontractor) 12:15 p.m. - 1:00 p.m.
Noon	Break		Break
12:15 p.m.	CMS-1500 Physician Billing / Claim Denials) (Anthem) 12:30 p.m. - 1:30 p.m.	Break	Break
12:30 p.m.			
12:45 p.m.		Provider Enrollment (EDS) 1:15 p.m. - 2:15 p.m.	Member Eligibility (DFR Contractor) 2:00 p.m. - 3:30 p.m.
1:00 p.m.			
1:15 p.m.			
1:30 p.m.	Break		
1:45 p.m.	Medical Policy (EDS) 1:45 p.m. - 2:45 p.m.	Break	
2:00 p.m.			
2:15 p.m.		Hoosier Healthwise Open Enrollment (EDS) 2:30 p.m. - 3:30 p.m.	
2:30 p.m.			
2:45 p.m.	Break		
3:00 p.m.	Care Select (MDwise) 3:00 p.m. - 4:00 p.m.	Break	Web interChange – Advanced (EDS) 3:45 p.m. - 5:15 p.m.
3:15 p.m.			
3:30 p.m.		Transportation (MDwise) 3:45 p.m. - 4:30 p.m.	
3:45 p.m.			
4:00 p.m.	Break		
4:15 p.m.	Common Denials CMS-1500 (EDS) 4:15 p.m. - 5:15 p.m.		
4:30 p.m.			
4:45 p.m.			
5:00 p.m.			
5:15 p.m.			

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

Table 2 – Session Schedule for Wednesday, October 8, 2008

	Salon A	Salon C	Salon 3	
8:00 a.m.	DME (EDS) 8:00 a.m. - 9:00 a.m.	Dental (w/ EPSDT) (EDS) 7:45 a.m. - 9:30 a.m.	Mental Health (EDS) 8:00 a.m. - 8:45 a.m.	
8:15 a.m.			Break	
8:30 a.m.				
8:45 a.m.				
9:00 a.m.	Break	Healthy Indiana Plan/ESP (ADVANTAGE and MDwise) 9:45 a.m. - 10:45 a.m.	Mental Health (All Subcontractors) 9:00 a.m. - 10:30 a.m.	
9:15 a.m.	Managed Care Forms (MHS) 9:15 a.m. - 10:15 a.m.		Break	
9:30 a.m.				
9:45 a.m.	Break			
10:00 a.m.	Managed Care Forms (Anthem) 10:30 a.m. - 11:30 a.m.	Third Party Liability (EDS) 11:00 a.m. - Noon	Member Eligibility (DFR Contractor) 10:45 a.m. - 11:45 a.m.	
10:15 a.m.				Break
10:30 a.m.				
10:45 a.m.				
11:00 a.m.	Break	Family Tree (EDS) 12:15 p.m. - 1:45 p.m.	Prior Authorization Adjustments Appeals/DME (Anthem) Noon - 1:30 p.m.	
11:15 a.m.				
11:30 a.m.				
11:45 a.m.				
Noon	Managed Care Forms (MDwise) 12:30 p.m. - 1:30 p.m.	Break	Break	
12:15 p.m.				
12:30 p.m.				
12:45 p.m.				
1:00 p.m.	Post Payment Auditing (HCE) 1:45 p.m. - 2:45 p.m.	EPSDT/Immunization Registry (EDS and ISDH) 2:00 p.m. - 4:30 p.m.	Prior Authorization Adjustments Appeals/DME (MDwise) 1:45 p.m. - 3:15 p.m.	
1:15 p.m.				
1:30 p.m.				
1:45 p.m.				
2:00 p.m.	LTC Auditing (EDS) 3:00 p.m. - 4:00 p.m.	Break	Break	
2:15 p.m.				
2:30 p.m.				
2:45 p.m.				
3:00 p.m.	PASRR (EDS) 4:15 p.m. - 5:00 p.m.		Prior Authorization Adjustments Appeals/DME (MHS) 3:30 p.m. - 5:00 p.m.	
3:15 p.m.				
3:30 p.m.				
3:45 p.m.				
4:00 p.m.	Break			
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. until 5 p.m.

2008 INDIANA HEALTH COVERAGE PROGRAMS PROVIDER SEMINAR REGISTRATION FORM			
Name of Registrant:		Provider Number:	
Provider Name:			
Provider Address:			
City:		State:	ZIP+4:
Provider Telephone Number:		Fax Number:	E-mail Address:
Seminar Sessions – Monday, October 6, 2008		Seminar Sessions – Tuesday, October 7, 2008	
UB-04 8:00 a.m. to 1:30 p.m. <i>Select individual sessions</i>		CMS-1500 Physician Billing – 8:00 a.m. to 1:30 p.m. <i>Select individual sessions</i>	
<input type="checkbox"/> 8:00 a.m. to 9:30 a.m. UB-04 (EDS)	<input type="checkbox"/> 8:00 a.m. to 9:30 a.m. CMS-1500 (EDS)		
<input type="checkbox"/> 9:45 a.m. to 10:45 a.m. UB-04 (MHS)	<input type="checkbox"/> 9:45 a.m. to 10:45 a.m. CMS-1500 (MDwise)		
<input type="checkbox"/> 11:00 a.m. to Noon UB-04 (Anthem)	<input type="checkbox"/> 11:00 a.m. to Noon CMS-1500 (MHS)		
<input type="checkbox"/> 12:30 p.m. to 1:30 p.m. UB-04 (MDwise)	<input type="checkbox"/> 12:30 p.m. to 1:30 p.m. CMS-1500 (Anthem)		
Prior Authorization Adjustments Appeals/DME – 11:30 a.m. to 5:30 p.m. – <i>Select individual sessions</i>		Transportation 10:15 a.m. to 1:00 p.m. - <i>Select individual sessions</i>	
<input type="checkbox"/> 12:30 p.m. to 2:00 p.m. PA Adjustments (Anthem)	<input type="checkbox"/> 10:15 a.m. to 11:00 a.m. Transportation (EDS)		
<input type="checkbox"/> 2:15 p.m. to 3:45 p.m. PA Adjustments (MHS)	<input type="checkbox"/> 11:15 a.m. to Noon Transportation – Anthem (Subcontractor)		
<input type="checkbox"/> 4:00 p.m. to 5:30 p.m. PA Adjustments (MDwise)	<input type="checkbox"/> 12:15 p.m. to 1:00 p.m. Transportation – MHS (Subcontractor)		
<input type="checkbox"/> 8:00 a.m. to 9:30 a.m. Prior Authorization (ADVANTAGE – Traditional and Care Select)	<input type="checkbox"/> 8:00 a.m. to 10:00 a.m. Waiver Billing/CA PRTF and MFP Demonstration (EDS)		
<input type="checkbox"/> 8:15 a.m. to 10:00 a.m. Web interChange – Advanced (EDS)	<input type="checkbox"/> 8:15 a.m. to 9:15 a.m. Vision Care Roundtable (EDS, MDwise, VSP, and OptiCare)		
<input type="checkbox"/> 9:45 a.m. to 10:45 a.m. Restricted Card (ADVANTAGE)	<input type="checkbox"/> 9:30 a.m. to 11:00 a.m. Prior Authorization for Home Health (Division of Aging)		
<input type="checkbox"/> 10:15 a.m. to 11:15 a.m. Member Eligibility (DFR Contractor)	<input type="checkbox"/> 11:30 a.m. to 12:30 p.m. Care Select (ADVANTAGE)		
<input type="checkbox"/> 11:00 a.m. to Noon Prior Authorization (MDwise Care Select)	<input type="checkbox"/> 1:15 p.m. to 2:15 p.m. Provider Enrollment (EDS)		
<input type="checkbox"/> 11:30 a.m. to 12:15 p.m. Adjustments (EDS)	<input type="checkbox"/> 1:45 p.m. to 2:45 p.m. Medical Policy (EDS)		
<input type="checkbox"/> 12:15 p.m. to 1:15 p.m. Restricted Card (MDwise)	<input type="checkbox"/> 2:00 p.m. to 3:30 p.m. Member Eligibility (DFR Contractor)		
<input type="checkbox"/> 1:30 p.m. to 2:30 p.m. Healthy Indiana Plan/ESP (Anthem & MDwise)	<input type="checkbox"/> 2:30 p.m. to 3:30 p.m. Hoosier Healthwise Open Enrollment (OMPP)		
<input type="checkbox"/> 1:45 p.m. to 2:45 p.m. MRT (EDS)	<input type="checkbox"/> 3:00 p.m. to 4:00 p.m. Care Select (MDwise)		
<input type="checkbox"/> 2:45 p.m. to 4:15 p.m. Third Party Liability (EDS)	<input type="checkbox"/> 3:45 p.m. to 4:30 p.m. Transportation (MDwise)		
<input type="checkbox"/> 3:00 p.m. to 4:00 p.m. Spend-down (EDS)	<input type="checkbox"/> 3:45 p.m. to 5:15 p.m. Web interChange Advanced (EDS)		
<input type="checkbox"/> 4:15 p.m. to 5:15 p.m. Hoosier Healthwise Open Enrollment (EDS)	<input type="checkbox"/> 4:15 p.m. to 5:15 p.m. Common Denials CMS-1500 (EDS)		

Seminar Sessions Wednesday, October 8, 2008	
Managed Care Forms Review – 9:15 p.m. to 1:30 p.m. – <i>Select individual sessions</i> <input type="checkbox"/> 9:15 a.m. to 10:15 a.m. Managed Care Forms (MHS) <input type="checkbox"/> 10:30 a.m. to 11:30 a.m. Managed Care Forms (Anthem) <input type="checkbox"/> 12:30 p.m. to 1:30 p.m. Managed Care Forms (MDwise)	Prior Authorization Adjustments Appeals/DME – Noon to 5:00 p.m. – <i>Select individual sessions</i> <input type="checkbox"/> Noon to 1:30 p.m. PA Adjustments (Anthem) <input type="checkbox"/> 1:45 p.m. to 3:15 p.m. PA Adjustments (MDwise) <input type="checkbox"/> 3:30 p.m. to 5:00 p.m. PA Adjustments (MHS)
<input type="checkbox"/> 7:45 a.m. to 9:30 a.m.	Dental (w/EPSTD) (EDS)
<input type="checkbox"/> 8:00 a.m. to 9:00 a.m.	DME (EDS)
<input type="checkbox"/> 8:00 a.m. to 8:45 a.m.	Mental Health (EDS)
<input type="checkbox"/> 9:00 a.m. to 10:30 a.m.	Mental Health (All Subcontractors)
<input type="checkbox"/> 9:45 a.m. to 10:45 a.m.	Healthy Indiana Plan/ESP (ADVANTAGE and MDwise)
<input type="checkbox"/> 10:45 a.m. to 11:45 p.m.	Member Eligibility (DFR Contractor)
<input type="checkbox"/> 11:00 a.m. to Noon	Third Party Liability (EDS)
<input type="checkbox"/> 12:15 p.m. to 1:45 p.m.	Family Tree (EDS)
<input type="checkbox"/> 1:45 p.m. to 2:45 p.m.	Post Payment Auditing (HCE)
<input type="checkbox"/> 2:00 p.m. to 4:30 p.m.	EPSTD/Immunization Registry (EDS and ISDH)
<input type="checkbox"/> 3:00 p.m. to 4:00 p.m.	LTC Auditing (EDS)
<input type="checkbox"/> 4:15 p.m. to 5:00 p.m.	PASRR (EDS)