



## P R O V I D E R   B U L L E T I N

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**To: All Providers****Subject: 2009 Indiana Health Coverage Programs Provider Seminar**

## Overview

The Office of Medicaid Policy and Planning (OMPP) and EDS invite Indiana Health Coverage Programs (IHCP) providers to attend the **2009 IHCP Provider Seminar October 20-22, 2009**. 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 Solutions<sup>SM</sup>, insurers for the Healthy Indiana Plan, provider associations, other EDS departments, and managed care organizations (MCOs) will be present.

The seminar will be at the following location:

**Indianapolis Marriott East**  
**7202 E. 21<sup>st</sup> Street**  
**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.*

Guest room reservations are available at the special rate of \$92 plus tax, per night, and may be made by calling 1-800-228-9290 or (317) 352-1231. When making reservations by telephone, seminar attendees must indicate they are attending the EDS 2009 IHCP Provider Seminar to secure the special rate. Guest room reservations may also be made online at [www.marriott.com/inddt](http://www.marriott.com/inddt). Seminar attendees must enter group code HWPWWPA to secure the special room rate when making reservations online. The special rate applies to reservations made by telephone and online on or before October 1, 2009.

**To receive the special rate of \$92 plus tax, per night, seminar attendees must indicate they are attending the EDS 2009 IHCP Provider Seminar and must reserve on or before October 1, 2009.**

## Seminar Registration

Providers may register for the 2009 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. When an individual registers for a session that is full, that person is placed on a Wait List. Those on a Wait List will receive confirmation for the full session only when a seat becomes

available. A confirmation will not be sent if a seat does not become available. Individuals without a session confirmation must register for full sessions at the seminar walk-in registration table. **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 October 13, 2009.** Paper registrations may be faxed to 317-488-5376. Only two individuals will be allowed to register per IHCP legacy provider number. Each registrant must submit his or her own registration form (only one name per form). Providers who are not enrolled with the IHCP may also register for the seminar. Individuals can also register in person at the seminar walk-in table. Walk-in registration is not recommended, as 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 faxed 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. Registrants are 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 preregistered begins five minutes before the start of each session. Failure to preregister may result in sessions not being available due to space limitations. Providers may address questions to 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 21<sup>st</sup> 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](http://www.mapquest.com).

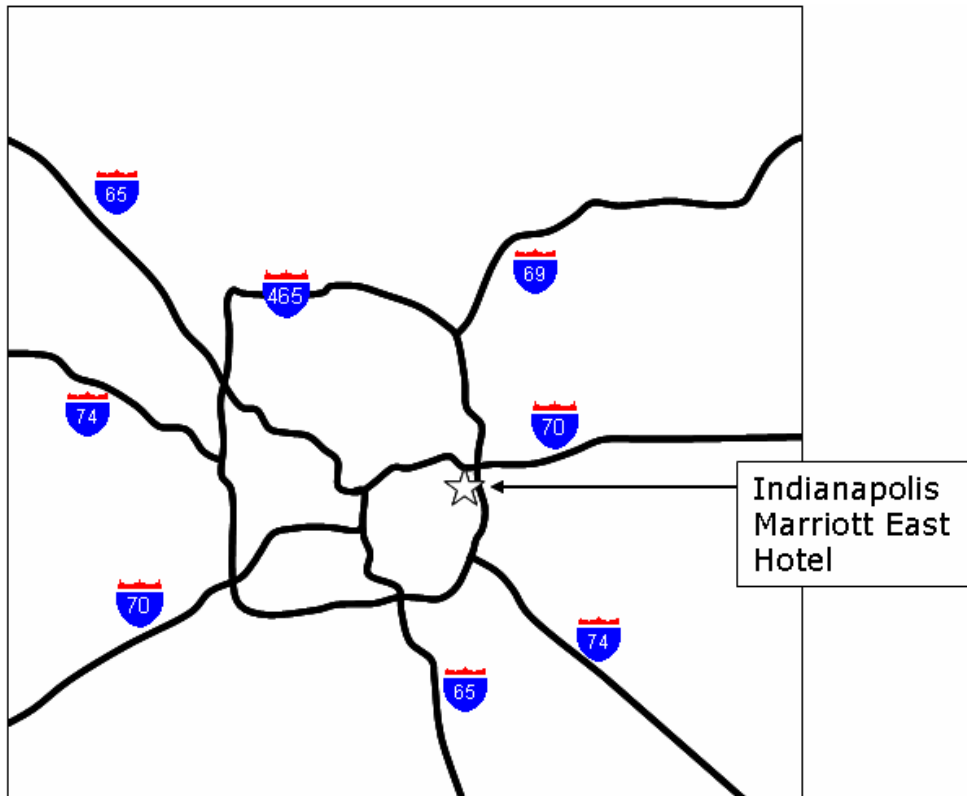


Figure 1 – Indianapolis Map Showing General Location of the Indianapolis Marriott East Hotel

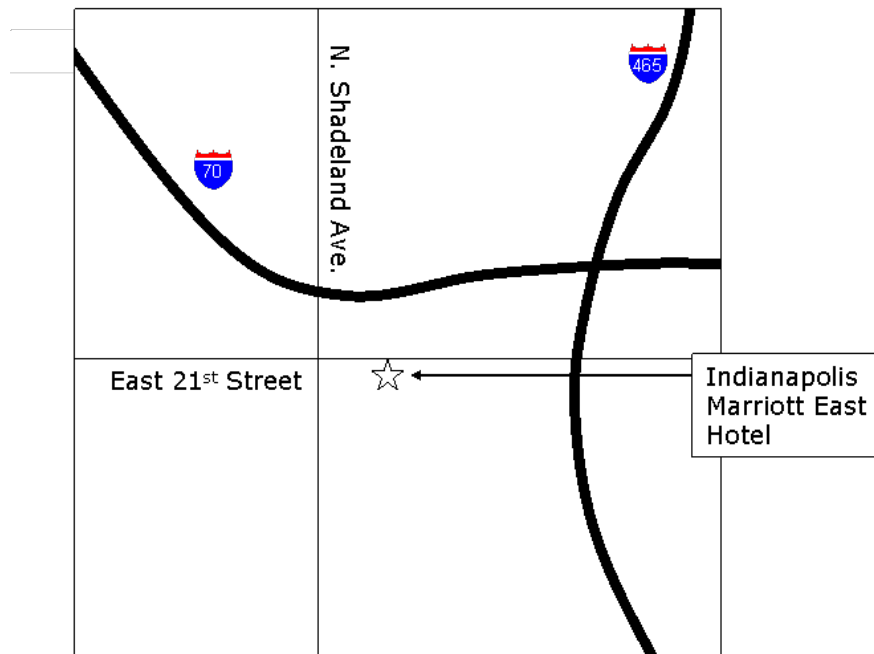


Figure 2 – Map of Specific Location of the Indianapolis Marriott East Hotel

## Meet Your EDS Field Consultant

New this year will be an opportunity for providers to meet their EDS provider field consultant. A field consultant list is available on the IHCP Web site at <http://provider.indianamedicaid.com/contact-us/provider-relations-field-consultants.aspx>. During this session, providers may become acquainted with their field consultant and schedule an appointment for the field consultant to visit their office for training and problem resolution. As always, there is no cost to the provider for the field consultant to meet with providers at their offices.

## Seminar Sessions and 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 Names and Descriptions

Session Name	Description
<b>Adjustments</b> Presented by EDS provider field consultants	This session provides step-by-step instructions for completing claim adjustments online using Web interChange. The session is necessary for those who correct claims for resubmission to EDS. Instructions for completing the paper Adjustment Request Form will also be discussed, and providers will learn when it is required to submit adjustments via paper.
<b>Care Select – EDS</b> Presented by EDS provider field consultants	This session provides a description of and instructions for the <i>Care Select</i> program. Topics include primary medical provider (PMP) rosters and how they are used; referrals to specialists and ancillary providers; identifying primary medical providers and care management organizations on Web interChange; and prior authorization. The session is ideal for primary care physician practices, outpatient hospital units, and specialists.
<b>Care Select – CMO</b> Presented by representatives from ADVANTAGE Health Solutions and MDwise	This session provides an overview of care management services available to members and providers. Member assessments, care-plan development, and member engagement strategies will be discussed. The session also reviews how social, community, medical, dental, or psychiatric support services are linked to members. Member needs stratification levels and care manager contact information are also provided. Also included are brief overviews of Health Plan Employer Data and Information Set (HEDIS), certification codes, and the Restricted Card Program. This session is ideal for primary care physician practices.
<b>Care Select – Working with Members with Intellectual or Physical Challenges</b> Presented by representatives from Outreach Services within the Division of Rehabilitative Services	This session is presented by the two care management organizations and the State Waiver Developmentally Disabled Outreach Services Unit. The discussion focuses on working with special needs members who are enrolled in the <i>Care Select</i> program. Primary care specialty providers will benefit from this session, as members of this population are working with a primary medical provider for the first time. Information includes strategies for working with members who do not or are unable to communicate their needs to their physicians, and those who suffer from physical or behavioral health issues that affect compliance with the plan of care. This session is appropriate for primary care practices enrolled in the <i>Care Select</i> program and specialists.

Session Name	Description
<p><b>CMS-1500 Physician Billing – EDS</b>            Presented by EDS provider field consultants</p>	<p>This session provides billing guidelines for various specialties, including anesthesia, chiropractic, mental health, surgery, therapies, and more. Benefit limitations will be discussed, as well as prior authorization and a review of the completion instructions for the Sterilization Consent Form. This session identifies the top reasons for CMS-1500 claim denials and appropriate methods for resolution.</p>
<p><b>CMS-1500 Prior Authorization and Top Denials – MCO</b>            Presented by representatives from Anthem, MHS, and MDwise</p>	<p>This session offers useful information to providers that bill professional claims to managed care organizations (MCOs). Providers will learn about the most common reasons for MCO claim denials, and how to correct and prevent them. Prior authorization will also be discussed. This session is vital for providers who interact with MCOs. Each of the three MCOs will conduct an individual session.</p>
<p><b>CMS-1500 Medicare Crossover Claims</b>            Presented by EDS provider field consultants</p>	<p>This is a focused session that provides billing instructions for submitting Medicare crossover claims to EDS. Detailed instructions will be given for submitting crossover claims electronically using Web interChange. The paper claim form instructions will also be reviewed.</p>
<p><b>CMS-1500 Medicare Replacement Claims</b>            Presented by EDS provider field consultants</p>	<p>This helpful session contrasts the differences between Medicare replacement claims and Medicare crossover claims. During this session, providers will learn how to submit Medicare replacement claims (also known as Medicare HMO claims) to EDS. Detailed instructions will be given for submitting these claims electronically using Web interChange and via the paper claim form.</p>
<p><b>Dental Billing</b>            Presented by EDS provider field consultants</p>	<p>This session is a must for all dental providers. Topics include dental policy, benefit limitations, the \$600 dental cap, and billing the member once benefits are exhausted. The impact of Qualified Medicare Beneficiary (QMB) eligibility and spend-down will also be discussed. As an added benefit, providers will view a demonstration of the proper way to submit claims, including claims that require submission of an attachment, electronically using Web interChange.</p>
<p><b>Dental Roundtable</b>            Moderated by EDS provider field consultants</p>	<p>This valuable session, which includes a question-and-answer period regarding dental policy, billing, and error resolution, will answer dental providers' questions.</p>
<p><b>Durable Medical Equipment (DME)</b>            Presented by EDS provider field consultants</p>	<p>This session covers policy concerning equipment rental versus purchase; repair and replacement; the impact of spend-down; and more. DME billing will be discussed, as well as the most common reasons for claim denials and methods for claim resolution.</p>
<p><b>Durable Medical Equipment Roundtable</b>            Moderated by EDS and representatives from Anthem, MHS, and MDwise</p>	<p>Question-and-answer opportunity for DME providers.</p>
<p><b>Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)</b>            Presented by EDS provider field consultants</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. The session focuses on a program overview, covered services and specialties, outreach strategies, and current trends. This session is ideal for primary care, vision, dental, behavioral health, and hearing health providers.</p>

Session Name	Description
<p><b>Enrollment Broker</b>            Presented by representatives from MAXIMUS Administrative Services</p>	<p>MAXIMUS, which serves as Indiana’s enrollment broker for managed care programs, will present information on MAXIMUS’ functions, including outreach and education, primary medical provider and plan assignments and changes, and referral services to other IHCP vendors. This session is ideal for primary care practices that service members enrolled in Hoosier Healthwise risk-based managed care, <i>Care Select</i>, or the Healthy Indiana Plan.</p>
<p><b>Healthy Indiana Plan</b>            Presented by representatives from Anthem and MDwise</p>	<p>This session features an overview of the Healthy Indiana Plan (HIP). Topics include the Personal Wellness Responsibility (POWER) account, benefits, precertification, billing, pregnancy, and online services available to providers. Representatives from Anthem and MDwise will present information during this single session.</p>
<p><b>IHCP Family Tree</b>            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 programs, and the contractors involved with each program. A description of the functions and roles of each contractor will be discussed. This session is ideal for those who want a better understanding of the different components within the IHCP.</p>
<p><b>HEDIS</b>            Presented by representatives from Anthem, MHS, and MDwise</p>	<p>This session will provide an overview of HEDIS and include MCO-specific measures, documentation guidelines for each measure, time frames for submitted records, and pay-for-performance bonus information. This session is ideal for clinical and billing staff. Each of the three MCOs will deliver information during this session.</p>
<p><b>Home and Community-Based Waiver Program</b>            Presented by EDS provider field consultants</p>	<p>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.</p>
<p><b>Home Health Billing</b>            Presented by EDS provider field consultants</p>	<p>This is a helpful session for home health providers. Topics include general billing procedures, overhead reimbursement, and billing prior authorized units versus units not prior authorized. This session includes a discussion of the most common reasons for denied claims, along with methods for resolution.</p>
<p><b>Hospice</b>            Presented by EDS provider field consultants</p>	<p>This session includes topics such as hospice election, revocation, and discharge, hospice levels of care, and the most common reasons for hospice denied claims. Methods for claim resolution will conclude the session.</p>
<p><b>Long Term Care Auditing and Billing</b>            Presented by the EDS Long Term Care Auditors</p>	<p>This session is designed to educate providers about auditing policy and procedures, as well as report findings, case mix, and long term care desktop support. This session is appropriate for long term care providers.</p>
<p><b>Medical Policy</b>            Presented by EDS provider field consultants</p>	<p>This session provides insight into the work of the Policy, Coverage, and Benefits unit within the Office of Medicaid Policy and Planning. Topics of discussion include the mechanism for providers to submit requests for policy consideration, the policy review process, and criteria for creating new policies. This session is appropriate for all providers.</p>

Session Name	Description
<b>Medical Review Team</b> Presented by EDS provider field consultants	This session provides an overview of the billing requirements for Medical Review Team (MRT) claims. The discussion will review how the member eligibility process works, the types of exams and services performed, and obtaining authorization for additional services. The top reasons for MRT claim denials will be discussed, along with methods of resolution.
<b>Medicare Exhaust Claims</b> Presented by EDS provider field consultants	This is a focused session for providers who bill claims on the UB-04 claim format. This session instructs institutional providers on the method for submitting claims to EDS when Medicare benefits have been exhausted. Medicare Exhaust Claims have proven a challenge for providers, so this session is a must for UB-04 billers.
<b>Mental Health – EDS</b> Presented by EDS provider field consultants	This session provides an overview of mental health policy and billing guidelines from the Traditional Medicaid perspective.
<b>Mental Health – MCO</b> Presented by representatives from Cenpatico, Magellan, and MDwise	This session is designed to educate providers about the integration of behavioral and physical health. Attention will be given to member coordination of care and billing guidelines. Each MCO will conduct an individual session.
<b>National Provider Identifier (NPI)</b> Presented by EDS provider field consultants	This session identifies providers that are required to use the NPI and those that should not use the NPI. Instructions are provided for completing NPI-related fields on the CMS-1500, UB-04, and ADA2006 claim forms. The NPI-related changes to Web interChange, effective October 1, 2009, will also be discussed.
<b>Pre-admission Screening and Resident Review (PASRR)</b> Presented by EDS provider field consultants	This session provides an overview of pre-admission screening and resident review, including claim submission guidelines. Attention will be given to the processes for establishing PASRR eligibility in IndianaAIM. This session is ideal for community mental health centers, diagnostic and evaluation teams, and representatives from the Area Agencies on Aging.
<b>Prenatal Care Initiatives</b> Presented by OMPP	This session includes an overview of Presumptive Eligibility (PE), Notification of Pregnancy (NOP), and other initiatives the State has undertaken to improve birth outcomes. The seminar covers topics such as tobacco cessation, mental health during pregnancy, and how the NOP can help inform physician practices of high-risk behaviors.
<b>Presumptive Eligibility for Pregnant Women and Notification of Pregnancy</b> Presented by EDS provider field consultants	This session covers two programs that were implemented July 1, 2009, to benefit pregnant women. The Presumptive Eligibility program allows pregnant women to receive prenatal services while they are applying for Hoosier Healthwise. The Notification of Pregnancy is an online risk assessment form geared to identify, track, and mitigate factors that result in poor birth outcomes. Providers attending this session will be certified as qualified providers for Presumptive Eligibility. Providers that wish to attend this session must complete the qualified provider precertification steps outlined on pages 4-10 in bulletin <i>BT200910</i> , dated April 30, 2009.
<b>Prior Authorization – CMO</b> Presented by representatives from ADVANTAGE Health Solutions and MDwise	This session provides an overview of prior authorization policies and procedures, including a discussion of required documents. The session presents a summary of services and supplies that require prior authorization, methods for submitting requests for prior authorization, and an overview of the administrative review and hearings process.

Session Name	Description
<p><b>Remittance Advice and Financial Transactions</b>            Presented by EDS provider field consultants</p>	<p>If you have ever found the EDS Remittance Advice (RA) difficult to interpret, this session is for you. This session offers a detailed explanation of the RA and includes a discussion on the weekly financials page, explanation of benefits (EOB), adjustment reason code (ARC), Remark codes, and the definition of an edit and audit. Discussion will also involve accounts receivable, claim voids, stop payment/reissues, and electronic funds transfer.</p>
<p><b>School Corporation</b>            Presented by EDS provider field consultants</p>	<p>This session is focused on school corporation-based services for children with disabilities, per the Individuals with Disabilities Act (IDEA).             The session will provide information on member eligibility, coverage criteria, and general billing guidelines. Discussion will also include provider qualifications for audiology services, occupational therapy, physical therapy, behavioral services, and speech-language pathology. Reference material on the School Corporation Medicaid Billing Tool Kit will also be available.</p>
<p><b>Spend-down</b>            Presented by EDS provider field consultants</p>	<p>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 members based on the information on the Remittance Advice, and other key points related to the automation of spend-down.</p>
<p><b>Therapies Roundtable</b>            Moderated by EDS provider field consultants</p>	<p>This session provides a question-and-answer opportunity for providers rendering physical, occupational, and/or speech therapy services. Representatives from the three MCOs will respond to questions.</p>
<p><b>Third Party Liability (TPL)</b>            Presented by EDS provider field consultants</p>	<p>This session provides information about TPL claims identification and initiating updates to members' TPL information. Resolving claim denials and billing procedures for TPL claims will also be covered. This informative session is ideal for all providers.</p>
<p><b>Transportation – EDS</b>            Presented by EDS provider field consultants</p>	<p>This session provides an overview of transportation guidelines and billing.</p>
<p><b>Transportation – MCO</b>            Presented by representatives from LCP and MDwise</p>	<p>This session provides an overview of the billing requirements for transportation services. LCP, the transportation subcontractor for Anthem and MHS, will conduct separate sessions – one for each MCO. MDwise will also conduct a separate session.</p>
<p><b>UB-04 Billing – EDS</b>            Presented by EDS provider field consultants</p>	<p>This session presents instructions for completing the UB-04 claim form, and reviews both inpatient and outpatient billing.</p>
<p><b>UB-04 Billing – Prior Authorization and Top Denials – MCO</b>            Presented by representatives from Anthem, MHS, and MDwise</p>	<p>This session offers useful information to providers that bill institutional claims to managed care organizations (MCOs). Providers will learn about the most common reasons for MCO claim denials, and how to correct and prevent them. Prior authorization will also be discussed. This session is vital for providers who interact with MCOs. Each of the three MCOs will conduct an individual session.</p>
<p><b>UB-04 Medicare Crossover Claims</b>            Presented by EDS provider field consultants</p>	<p>This is a focused session that provides billing instructions for submitting Medicare crossover claims to EDS. Detailed instructions will be given for submitting crossover claims electronically using Web interChange. Paper claim form instructions will also be reviewed.</p>



Session Name	Description
<p><b>UB-04 Medicare Replacement Claims</b>            Presented by EDS provider field consultants</p>	<p>This helpful session contrasts the differences between Medicare Replacement claims and Medicare crossover claims. During this session, providers learn how to submit Medicare Replacement claims (also known as Medicare HMO claims) to EDS. Detailed instructions will be given for submitting these claims electronically using Web interChange and via paper claim forms.</p>
<p><b>Vision – EDS</b>            Presented by EDS provider field consultants</p>	<p>This session covers billing guidelines for vision claims submitted to EDS. Also covered are vision policy, benefit limitations, prior authorization, third-party liability (TPL) billing, spend-down, and the impact of member assignment with the managed care organizations.</p>
<p><b>Vision – MCO</b>            Presented by representatives from MDwise, OptiCare, and Vision Service Plan (VSP)</p>	<p>This session features representatives from the OptiCare, Vision Service Plan (VSP), and MDwise delivery systems who will provide useful information to vision providers. An overview of the vision benefit will be provided and include information regarding claims and billing issues.</p>
<p><b>Web interChange</b>            Presented by EDS provider field consultants</p>	<p>This session covers many of the lesser-known features of Web interChange, including the Administrator Request Form and administrator functions, updating provider profiles, Remittance Advices on the Web, sending paper attachments for electronic claims, crossover billing, and more.</p>

Table 2 – Session Schedule for Tuesday, October 20, 2009

	Salon A	Salon C	Salon 3
8:00 a.m.	UB-04 Medicare Crossover Claims (EDS) 8:00 a.m. – 8:45 a.m.	Home Health Billing (EDS) 8:15 a.m. – 9:15 a.m.	Web interChange (EDS) 8:00 a.m. – 9:00 a.m.
8:15 a.m.			
8:30 a.m.			
8:45 a.m.	Break		Break
9:00 a.m.	Medicare Exhaust Claims (EDS) 9:00 a.m. – 9:45 a.m.	Break	Adjustments (EDS) 9:15 a.m. – 10:00 a.m.
9:15 a.m.			
9:30 a.m.			
9:45 a.m.	Break	Therapies Roundtable (EDS and All Contractors) 9:30 a.m. – 10:15 a.m.	Break
10:00 a.m.	UB-04 Medicare Replacement Claims (EDS) 10:00 a.m. – 10:45 a.m.	Break	Enrollment Broker (MAXIMUS) 10:15 a.m. – 11:15 a.m.
10:15 a.m.			
10:30 a.m.			
10:45 a.m.	Break	Hospice (EDS) 10:45 a.m. – 11:30 a.m.	Break
11:00 a.m.	Remittance Advice and Financial Transactions (EDS) 11:00 a.m. – 11:45 a.m.		
11:15 a.m.			
11:30 a.m.	Break	Break	Spend-down (EDS) 11:30 a.m. – 12 :30 p.m.
11:45 a.m.	Break	Care Select (EDS) 11:45 a.m. – 12:30 p.m.	
Noon	UB-04 Billing (EDS) Noon – 1:00 p.m.	Break	
12:15 p.m.			
12:30 p.m.			
12:45 p.m.	Break	Care Select –CMO (MDwise and ADVANTAGE) 12:45 p.m. – 2:00 p.m.	IHCP Family Tree (EDS) 12:45 p.m. – 2:15 p.m.
1:00 p.m.			
1:15 p.m.			
1:30 p.m.	UB-04 Prior Authorization and Top Denials (MDwise) 1:15 p.m. – 2:00 p.m.	Break	Break
1:45 p.m.			
2:00 p.m.	Break	Break	Break
2:15 p.m.	Meet Your EDS Field Consultant 2:15 p.m. – 3:15 p.m.	Care Select – Working With Members With Intellectual or Physical Challenges (DDRS Outreach Services) 2:15 p.m. – 3:15 p.m.	
2:30 p.m.			
2:45 p.m.			
3:00 p.m.	Break	Break	HEDIS (MDwise, Anthem, and MHS) 2:30 p.m. – 4:30 p.m.
3:15 p.m.	UB-04 Prior Authorization and Top Denials (MHS) 3:30 p.m. – 4:15 p.m.	Long Term Care Auditing and Billing (EDS) 3:30 p.m. – 4:30 p.m.	
3:30 p.m.			
3:45 p.m.			
4:00 p.m.	Break		
4:15 p.m.	UB-04 Prior Authorization and Top Denials (Anthem) 4:30 p.m. – 5:15 p.m.		
4:30 p.m.			
4:45 p.m.			
5:00 p.m.			

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

Table 2 – Session Schedule for Wednesday, October 21, 2009

	Salon A	Salon C	Salon 3
8:00 a.m.	Vision – EDS 8:00 a.m. – 8:35 a.m.	Dental Billing (EDS) 8:15 a.m. – 9:15 a.m.	Home and Community-Based Waiver Program /CA-PRTF and MFP Demonstration (EDS) 8:00 a.m. – 10:00 a.m.
8:15 a.m.			
8:30 a.m.			
8:40 a.m.	Vision – MCO (OptiCare, MDwise, and VSP) 8:40 a.m. – 9:30 a.m.	Dental Roundtable (EDS) 9:15 a.m. – 9:45 a.m.	
9:00 a.m.			
9:15 a.m.	Break	Break	
9:30 a.m.			
9:45 a.m.	Spend-down (EDS) 9:45 a.m. – 10:45 a.m.	Healthy Indiana Plan (Anthem and MDwise) 10:00 a.m. – 11:00 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.	Durable Medical Equipment (DME) (EDS) 11:00 a.m. – Noon	Remittance Advice and Financial Transactions (EDS) 11:15 a.m. – 12:15 p.m.	Break
11:15 a.m.			Transportation – MCO (Anthem – Subcontractor) 11:15 a.m. – Noon
11:30 a.m.			
11:45 a.m.			
Noon	Break	Break	Break
12:15 p.m.	Durable Medical Equipment Roundtable (EDS, MCOs, and CMOs) 12:15 p.m. – 12:45 p.m.	Break	Transportation – MCO (MHS Subcontractor) 12:15 p.m. – 1:00 p.m.
12:30 p.m.			
12:45 p.m.			
1:00 p.m.	Break	Prior Authorization – CMO 12:30 p.m. – 2:00 p.m.	Break
1:15 p.m.	Medical Policy (EDS) 1:15 p.m. – 2:15 p.m.		Transportation – MCO (MDwise) 1:15 p.m. – 2:15 p.m.
1:30 p.m.			
1:45 p.m.			
2:00 p.m.	Break	Break	Break
2:15 p.m.	Break	School Corporation (EDS) 2:15 p.m. – 3:15 p.m.	Web interChange (EDS) 2:30 p.m. – 3:30 p.m.
2:30 p.m.	Medical Review Team (MRT) (EDS) 2:30 p.m. – 3:15 p.m.		
2:45 p.m.			
3:00 p.m.	Break	Break	Break
3:15 p.m.	Pre-admission Screening and Resident Review (PASRR) (EDS) 3:30 p.m. – 4:30 p.m.	HEDIS (MDwise, Anthem, and MHS) 3:30 p.m. – 5:30 p.m.	National Provider Identifier (NPI) (EDS) 3:45 p.m. – 4:45 p.m.
3:30 p.m.			
3:45 p.m.			
4:00 p.m.			
4:15 p.m.			
4:30 p.m.	Break	Meet Your EDS Field Consultant 4:45 p.m. – 5:15 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 Thursday, October 22, 2009

	Salon A	Salon C	Salon 3
8:00 a.m.	CMS-1500 Physician Billing (EDS) 8:00 a.m. – 9:45 a.m.	Care Select (EDS) 8:00 a.m. – 9:45 a.m.	
8:15 a.m.			
8:30 a.m.			
8:45 a.m.			
9:00 a.m.			
9:15 a.m.			
9:30 a.m.	Break	Break	
9:45 a.m.			
10:00 a.m.	CMS – 1500 Prior Authorization and Top Denials (Anthem) 10:00 a.m. – 10:45 a.m.	Care Select – CMO (MDwise and ADVANTAGE) 10:00 a.m. – 11:00 a.m.	Mental Health (EDS) 10:00 a.m. – 11:00 a.m.
10:15 a.m.			
10:30 a.m.			
10:45 a.m.	Break		
11:00 a.m.	CMS – 1500 Prior Authorization and Top Denials (MHS) 11:00 a.m. – 11:45 a.m.	Break	Break
11:15 a.m.		HEDIS (MDwise, Anthem, MHS) 11:15 a.m. – 1:15 p.m.	Mental Health – MCO (All Contractors) 11:15 a.m. – 12:45 p.m.
11:30 a.m.			
11:45 a.m.			
Noon	CMS – 1500 Prior Authorization and Top Denials (MDwise) Noon – 12:45 p.m.	Break	Break
12:15 p.m.			
12:30 p.m.			
12:45 p.m.	Break		Break
1:00 p.m.	Presumptive Eligibility for Pregnant Women and Notification of Pregnancy (EDS) 1:00 p.m. – 2:30 p.m.	Break	Web interChange (EDS) 1:00 p.m. – 2:00 p.m.
1:15 p.m.		Third Party Liability (TPL) (EDS) 1:30 p.m. – 3:00 p.m.	Break
1:30 p.m.			
1:45 p.m.			
2:00 p.m.		CMS-1500 Medicare Replacement Claims (EDS) 2:15 p.m. – 3:00 p.m.	Break
2:15 p.m.			
2:30 p.m.	Break		
2:45 p.m.	Prenatal Care Initiatives (OMPP) 2:45 p.m. – 3:45 p.m.	Break	Break
3:00 p.m.		Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) (EDS) 3:15 p.m. – 4:15 p.m.	CMS-1500 Medicare Crossover Claims (EDS) 3:15 p.m. – 4:00 p.m.
3:15 p.m.			
3:30 p.m.	Break	Break	Break
3:45 p.m.			
4:00 p.m.	Meet Your EDS Field Consultant 4:00 p.m. – 5:00 p.m.	Break	Remittance Advice and Financial Transactions (EDS) 4:15 p.m. – 5:00 p.m.
4:15 p.m.		Adjustments (EDS) 4:30 p.m. – 5:15 p.m.	
4:30 p.m.			
4:45 p.m.			
5:00 p.m.			

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

2009 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 – Tuesday, October 20, 2009		Seminar Sessions – Wednesday, October 21, 2009	
UB -04 – 8:00 a.m. to 1:00 p.m. – <i>Select individual sessions</i> <input type="checkbox"/> 8:00 a.m. to 8:45 a.m. Medicare Crossover Claims (EDS) <input type="checkbox"/> 9:00 a.m. to 9:45 a.m. Medicare Exhaust Claims (EDS) <input type="checkbox"/> 10:00 a.m. to 10:45 a.m. Medicare Replacement Claims (EDS) <input type="checkbox"/> Noon to 1:00 p.m. UB-04 Billing (EDS)		Transportation 10:15 a.m. to 2:15 p.m. – <i>Select individual sessions</i> <input type="checkbox"/> 10:15 a.m. to 11:00 a.m. Transportation (EDS) <input type="checkbox"/> 11:15 a.m. to Noon Transportation – MCO (Anthem Subcontractor) <input type="checkbox"/> 12:15 p.m. to 1:00 p.m. Transportation – MCO (MHS Subcontractor) <input type="checkbox"/> 1:15 p.m. to 2:15 p.m. Transportation – MCO(MDwise)	
UB-04 Prior Authorization and Top Denials – 1:15 p.m. to 5:15 p.m. – <i>Select individual sessions</i> <input type="checkbox"/> 1:15 p.m. to 2:00 p.m. UB-04 Prior Authorization and Top Denials MCO (MDwise) <input type="checkbox"/> 3:30 p.m. to 4:15 p.m. UB-04 Prior Authorization and Top Denials MCO (MHS) <input type="checkbox"/> 4:30 p.m. to 5:15 p.m. UB-04 Prior Authorization and Top Denials MCO (Anthem)		<input type="checkbox"/> 8:00 a.m. to 8:35 a.m. Vision (EDS) <input type="checkbox"/> 8:00 a.m. to 10:00 a.m. Home and Community-Based Waiver/CA PRTF and MFP Demonstration (EDS) <input type="checkbox"/> 8:15 a.m. to 9:15 a.m. Dental Billing (EDS) <input type="checkbox"/> 8:40 a.m. to 9:30 a.m. Vision MCO (OptiCare, MDwise, and VSP)	
<input type="checkbox"/> 8:00 a.m. to 9:00 a.m. Web interChange (EDS)		<input type="checkbox"/> 9:15 a.m. to 9:45 a.m. Dental Roundtable (EDS)	
<input type="checkbox"/> 8:15 a.m. to 9:15 a.m. Home Health Billing (EDS)		<input type="checkbox"/> 9:45 a.m. to 10:45 a.m. Spend-down (EDS)	
<input type="checkbox"/> 9:15 a.m. to 10:00 a.m. Adjustments (EDS)		<input type="checkbox"/> 10:00 a.m. to 11:00 a.m. Healthy Indiana Plan (Anthem and MDwise)	
<input type="checkbox"/> 9:30 a.m. to 10:15 a.m. Therapies Roundtable (EDS and All Contractors)		<input type="checkbox"/> 11:00 a.m. to Noon Durable Medical Equipment (DME) (EDS)	
<input type="checkbox"/> 10:15 a.m. to 11:15 a.m. Enrollment Broker (MAXIMUS)		<input type="checkbox"/> 11:15 a.m. to 12:15 p.m. Remittance Advice and Financial Transactions (EDS)	
<input type="checkbox"/> 10:45 a.m. to 11:30 a.m. Hospice (EDS)		<input type="checkbox"/> 12:15 p.m. to 12:45 p.m. Durable Medical Equipment Roundtable (EDS, MCOs, and CMOs)	
<input type="checkbox"/> 11:00 a.m. to 11:45 a.m. Remittance Advice and Financial Transactions (EDS)		<input type="checkbox"/> 12:30 p.m. to 2:00 p.m. Prior Authorization – CMO	
<input type="checkbox"/> 11:30 p.m. to 12:30 p.m. Spend-down (EDS)		<input type="checkbox"/> 1:15 p.m. to 2:15 p.m. Medical Policy (EDS)	
<input type="checkbox"/> 11:45 a.m. to 12:30 p.m. Care Select – EDS		<input type="checkbox"/> 2:15 p.m. to 3:15 p.m. School Corporation (EDS)	
<input type="checkbox"/> 12:45 p.m. to 2:00 p.m. Care Select CMO (MDwise and ADVANTAGE)		<input type="checkbox"/> 2:30 p.m. to 3:15 p.m. Medical Review Team (EDS)	
<input type="checkbox"/> 12:45 p.m. to 2:15 p.m. IHCP Family Tree		<input type="checkbox"/> 2:30 p.m. to 3:30 p.m. Web interChange (EDS)	
<input type="checkbox"/> 3:30 p.m. to 4:30 p.m. Long Term Care Auditing and Billing (EDS)		<input type="checkbox"/> 3:30 p.m. to 5:30 p.m. HEDIS (Anthem, MDwise, and MHS)	
<input type="checkbox"/> 2:15 p.m. to 3:15 p.m. Meet Your EDS Field Consultant (EDS)		<input type="checkbox"/> 3:30 p.m. to 4:30 p.m. Pre-admission Screening and Resident Review (PASRR) (EDS)	
<input type="checkbox"/> 2:30 p.m. to 4:30 p.m. HEDIS (MDwise, Anthem, and MHS)		<input type="checkbox"/> 3:45 p.m. to 4:45 p.m. National Provider Identifier (NPI) (EDS)	
<input type="checkbox"/> 2:15 p.m. to 3:15 p.m. Care Select – Working With Members With Intellectual or Physical Challenges (DDRS Outreach Services)		<input type="checkbox"/> 4:45 p.m. to 5:15 p.m. Meet Your EDS Field Consultant (EDS)	

Seminar Sessions Thursday, October 22, 2009		
CMS-1500 Prior Authorization and Top Denials – 10:00 a.m. to 12:45 p.m. – <i>Select individual sessions</i>		CMS-1500 – 8:00 a.m. to 4:00 p.m. – <i>Select individual sessions</i>
<input type="checkbox"/>	10:00 a.m. to 10:45 a.m.	CMS-1500 Prior Authorization and Top Denials (Anthem)
<input type="checkbox"/>	11:00 a.m. to 11:45 a.m.	CMS-1500 Prior Authorization and Top Denials (MHS)
<input type="checkbox"/>	12:00 p.m. to 12:45 p.m.	CMS-1500 Prior Authorization and Top Denials (MDwise)
<input type="checkbox"/>	8:00 a.m. to 9:45 a.m.	CMS-1500 Physician Billing (EDS)
<input type="checkbox"/>	2:15 p.m. to 3:00 p.m.	CMS-1500 Medicare Replacement Claims (EDS)
<input type="checkbox"/>	3:15 p.m. to 4:00 p.m.	CMS-1500 Medicare Crossover Claims (EDS)
<input type="checkbox"/>	8:00 a.m. to 9:45 a.m.	Care Select (EDS)
<input type="checkbox"/>	10:00 a.m. to 11:00 a.m.	Care Select – CMO (MDwise and ADVANTAGE)
<input type="checkbox"/>	10:00 a.m. to 11:00 a.m.	Mental Health (EDS)
<input type="checkbox"/>	11:15 a.m. to 1:15 p.m.	HEDIS (MDwise, Anthem, and MHS)
<input type="checkbox"/>	11:15 a.m. to 12:45 p.m.	Mental Health – MCO (All Contractors)
<input type="checkbox"/>	1:30 p.m. to 3:00 p.m.	Third Party Liability (EDS)
<input type="checkbox"/>	1:00 p.m. to 2:00 p.m.	Web interChange (EDS)
<input type="checkbox"/>	1:00 p.m. to 2:30 p.m.	Presumptive Eligibility for Pregnant Women and Notification of Pregnancy (EDS)
<input type="checkbox"/>	3:15 p.m. to 4:15 p.m.	Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) (EDS)
<input type="checkbox"/>	4:00 p.m. to 5:00 p.m.	Meet Your EDS Field Consultant
<input type="checkbox"/>	4:30 p.m. to 5:15 p.m.	Adjustments (EDS)
<input type="checkbox"/>	2:45 p.m. to 3:45 p.m.	Prenatal Care Initiatives (OMPP)
<input type="checkbox"/>	4:15 p.m. to 5:00 p.m.	Remittance Advice and Financial Transactions (EDS)