IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201033 AUGUST 31, 2010

2010 IHCP Provider Seminar scheduled for October 19-21 in Indianapolis

The Office of Medicaid Policy and Planning and HP Enterprise Services (HP) invite Indiana Health Coverage Programs (IHCP) providers to attend the 2010 IHCP Provider Seminar October 19-21, 2010, in Indianapolis. There is no cost for the seminar.

The seminar features three full days of important information. Topics include program overviews and specific program billing guidelines, as well as sessions about how to perform claim adjustments and prior authorizations. Sessions will be led by HP, ADVANTAGE Health Solutions[SM], Anthem, Managed Health Services (MHS), MDwise, MAXIMUS Administrative Services, and the Division of Family Resources. See the full seminar lineup to pick your "can't miss" sessions.

Seminar registration

Providers can now register for the 2010 IHCP Seminar online! Go to the IHCP Web site and select **Provider Education** from the Quick Links column, then **Workshop Registration Tool**, or go directly to the Workshop Registration page. The

Continue

registration page provides instructions, including the Workshop Registration Tool Quick Reference. If you register online, you receive immediate registration confirmation. When registering, you will be asked to select the sessions you wish to attend. All registration is on a first-come, first-served basis, so sign up early for the best selection.

A few walk-in registrations will be allowed. However, walk-in registration is not recommended, as the most popular sessions fill up well before the start of the seminar, and walk-in registrants will be allowed to attend sessions only as space is available.

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

Seminar location/hotel reservation information

The seminar will be at the following location:

Indianapolis Marriott East

7202 E. 21st Street

Indianapolis, IN 46219

1-800-228-9290 (for hotel reservations only)

(317) 352-1231 (for hotel information only)

Walk-in registration is not recommended, as the most popular sessions fill up well before the start of the seminar, and walk-in registrants will be allowed to attend sessions only as space is available.

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

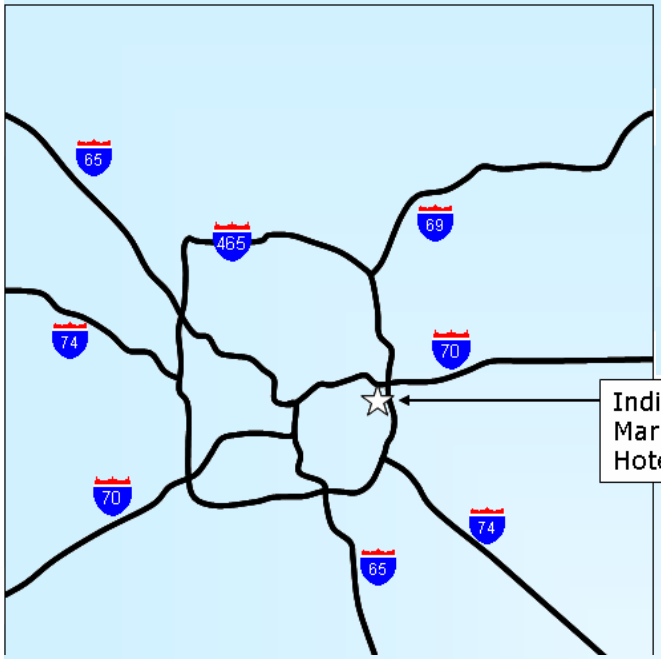
Guest room reservations are available at the special rate of $104 plus tax per night and may be made by calling 1-800-228-9290 or (317) 352-1231. When making reservations by telephone, indicate you are attending the “Medicaid Seminar” to secure the special rate. You may also reserve guest rooms online – enter group code “ATWATWA” 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 8, 2010.

Directions

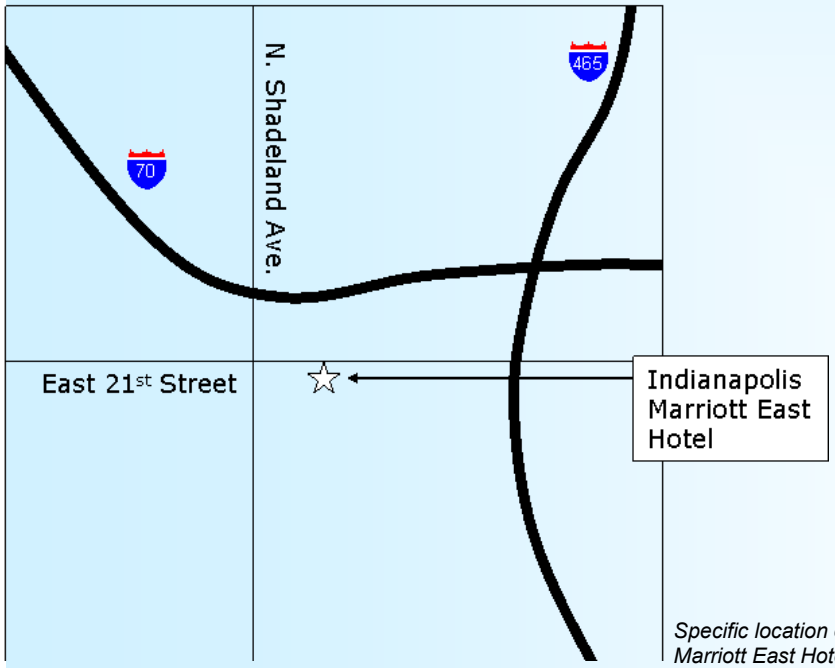
The Indianapolis Marriott East hotel is on the near northeast side of Indianapolis, at 21st Street east of Shadeland Avenue, west of I-465, and south of I-70.

The maps on the next page show the location of the Marriott East. For more specific directions from your location, please visit a map search Web site, such as www.mapquest.com.

Seminar location – Indianapolis Marriott East Hotel



General location of Indianapolis Marriott East Hotel



Specific location of Indianapolis Marriott East Hotel

Seminar sessions and descriptions

During online registration, you must specify the seminar sessions you want to attend. Descriptions of seminar sessions and session schedules begin on the next page.

Session descriptions

Session name	Description
Behavioral Health Roundtable Presented by representatives from Anthem, Managed Health Services, and MDwise	This is an opportunity for behavioral health providers to participate in a question-and-answer session with each of the managed care organizations.
Bridging the Gap Presented by representatives from Anthem, Managed Health Services, and MDwise	This session, for mental and physical health providers, covers the importance of follow-up care as it relates to the integration of behavioral and physical health. The session focuses on member coordination of care and provides information about billing guidelines and the importance of the seven-day follow-up after hospitalization for a mental illness. Patients transitioning from inpatient care to home after discharge based on the Health Plan Employer Data and Information Set (HEDIS) and National Committee for Quality Assurance (NCQA) performance measures will also be discussed. The session provides clinical and billing instructions for inpatient and outpatient behavioral health providers. This session provides one unit of continuing education units (CEUs) for clinical staff in attendance for the entire session. A roundtable discussion follows this session.
***Care Select* 101** Presented by representatives from ADVANTAGE Health Solutions and MDwise	This session provides an overview of the new changes to the *Care Select* program. The overview includes details of the new program goals and the focus on disease management for specific chronic conditions.
Claim Adjustment Process Presented by HP provider field consultants	This session provides step-by-step instructions for completing claim adjustments online using Web interChange. The session is necessary for anyone who corrects claims for resubmission to HP. Instructions for completing the paper Adjustment Request Form are also discussed, and you will learn when it is required to submit adjustments via the paper method.
CMS-1500 Billing – HP Presented by HP provider field consultants	This session covers basic billing guidelines for various service types, including anesthesia, injections, surgical services, therapies, evaluation and management codes, obstetrics, and more. A review of the top claim denial reasons and resolutions is included. This session is ideal for new Medicaid billers.
CMS-1500 Billing – MHS Presented by representatives from Managed Health Services	This session offers useful information to providers that bill professional claims. Providers learn about the most common reasons for denials, and how to correct and prevent them. Prior authorization is also discussed. This session is ideal for billing and office staff.
CMS-1500 Billing – Anthem Presented by representatives from Anthem	This session offers useful information to providers that bill professional claims to Anthem. You will learn about the common reasons for managed care organization (MCO) claim denials, along with how to correct and prevent them. You will also learn how to access important information via the Web site and find out about upcoming changes. Prior authorization is also discussed. This session is vital if you interact with Anthem.

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CMS-1500 Billing – MDwise Presented by representatives from MDwise	This session offers useful information to providers that bill professional claims to MDwise. Providers learn about the most common reasons for MDwise claim denials and discuss resolutions to prevent future claim denials. The session also covers an explanation of National Correct Coding Initiative (NCCI) edits and how they will affect your claim submissions. This session is vital if you interact with MDwise for Hoosier Healthwise (HHW) and the Healthy Indiana Plan (HIP).
CMS-1500 Billing Medicare Replacement Plans Presented by HP provider field consultants	This helpful session contrasts Medicare replacement claims and Medicare crossover claims. During this session, you will learn how to submit Medicare replacement claims (also known as Medicare HMO claims) to HP. You will receive detailed instructions for submitting these claims electronically using Web interChange and via the paper claim form.
CMS-1500 Medicare Crossover Claim Billing Presented by HP provider field consultants	This session focuses on billing instructions for submitting Medicare crossover claims to HP. You will receive detailed instructions for submitting crossover claims electronically using Web interChange. The paper claim form instructions are also reviewed.
Correct Coding Initiative Presented by HP provider field consultants	This session discusses the implementation of Correct Coding Initiative (CCI) for Medicaid claims. The CCI initiative was developed by the Centers for Medicare & Medicaid Services (CMS) to promote editing and auditing methodologies to control improper coding. This is an important topic for coders, compliance staff, and billers of physician and outpatient hospital claims.
Dental Billing Guidelines Presented by HP provider field consultants	This session features a live demonstration of Web interChange and is a must for all dental providers. Additional 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 is also discussed.
Division of Family Resources Presented by representatives from the Division of Family Resources	Applicants apply for Medicaid benefits through the Division of Family Resources. This session offers an overview of the Medicaid eligibility process. You have the opportunity to ask questions and receive responses to noncase-specific scenarios, including spend-down and benefit package assignment. You will also find out who to contact for assistance.
Durable Medical Equipment Roundtable Presented by representatives from Anthem, Managed Health Services, and MDwise	This session provides an overview of durable medical equipment billing, PA, common denials, and avenues of resolution, including a question-and-answer session for providers. This is a shared session with each of the managed care entities (MCEs), and each MCE will deliver information during the session.

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HealthWatch/Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Presented by HP provider field consultants and representatives from the managed care organizations	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.
Enrollment Broker Functions Presented by representatives from MAXIMUS Administrative Services	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 referring members to other IHCP vendors. This session is ideal for primary care practices that serve members enrolled in Hoosier Healthwise risk-based managed care, *Care Select*, or the Healthy Indiana Plan.
HEDIS Presented by representatives from Anthem, Managed Health Services, and MDwise	This session provides an overview of HEDIS and includes MCO-specific measures targeted to primary medical providers (family practice, pediatrics, obstetrics/gynecology, general practice, and internal medicine), which includes documentation guidelines for each measure, time frames for submitted records, preventive services and screenings, EPSDT guidelines, and pay-for-performance bonus information. This session is ideal for clinical and billing staff, and primary medical provider office management. This is a shared session with each of the MCEs, and each MCE will deliver information during the session.
HIP HIP Hooray Presented by representatives from Anthem, Managed Health Services, and MDwise	The MCEs provide a comprehensive overview and updates on the Healthy Indiana Plan. The tools and materials received during this session will bring you up to date with the latest information from the MCEs. The updates include new forms, POWER accounts, prior authorization, HEDIS requirements, benefits, claims filing guidelines, and resolution. We encourage providers and staff members who interact with HIP and Hoosier Healthwise patients to attend this session.
Home Health and Hospice Presented by HP provider field consultants	This combined session provides helpful information related to home health billing and an overview of the Medicaid hospice benefit. Home health topics include overhead reimbursement and the impact of prior authorized units. Hospice topics include election, revocation, discharge, and the various hospice levels of care. Both home health and hospice providers will benefit from a discussion of the top reasons for claim denials.
IHCP Family Tree Presented by HP provider field consultants	This session describes the structure of the Indiana Medicaid program. You will learn about the Traditional Medicaid, *Care Select*, Healthy Indiana Plan, and risk-based managed care programs, and about the contractors involved with each program. This session is ideal for those who are new to Medicaid.
Life of a Claim Presented by HP provider field consultants	Have you wondered how your claims are processed? This session breaks down the steps that have an impact on all claims submitted to HP. You will learn how prior authorization, system edits and audits, pricing, and medical policy suspensions affect how claims are processed. But it doesn't end there. There will also be a discussion about ways to correct your claims through the online adjustments process. This session is ideal for those who are new to Medicaid.
Medical Equipment Guidelines Presented by HP provider field consultants	This session is geared to suppliers of durable medical equipment (DME). In this session, you will learn IHCP policy concerning equipment rental versus purchase, repair, and replacement, and more. DME billing is discussed, as well as the most common reasons for claim denials and methods for claim resolution.

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Medical Policy Presented by HP provider field consultants	This session provides insight into the work of the Policy, Coverage and Benefits Unit within the Office of Medicaid Policy and Planning. Come learn how you can make recommendations for policy changes, including covered revenue code/Healthcare Common Procedure Coding System (HCPCS) combinations, benefit limitations, the coverage of new codes, and more. This session is appropriate for all providers.
Medical Review Team Presented by HP provider field consultants	This session provides an overview of the billing requirements for Medical Review Team (MRT) claims. The discussion reviews how the member eligibility process works, the types of exams and service performed, and obtaining authorization for additional services. The top reasons for MRT claim denials will be discussed, along with methods of resolution.
Mental Health – HP Presented by HP provider field consultants	This session provides an overview of mental health policy and billing guidelines from the Traditional Medicaid perspective. This comprehensive session includes topics such as outpatient mental health, the Medicaid Rehabilitation Option transformation, somatic treatment, assertive community treatment, and psychiatric residential treatment facility services. You will also learn about the top reasons for claim denials and how to resolve them.
MHS Web Portal Presented by representatives from Managed Health Services	This session provides a review of the basic functions of the MHS Web site. You will learn how to verify eligibility and third-party liability information, submit claims, download explanations of benefits (EOBs), and check claims status.
Need a Ride Presented by representatives from LCP and MDwise	This session is conducted by Medicaid transportation contractors. It includes an overview of transportation services, such as trip limitations, how members schedule rides, and additional information.
Pre-admission Screening and Resident Review (PASRR) Presented by HP provider field consultants	This session provides an overview of PASRR and discusses claim submission guidelines, including how to establish PASRR eligibility in the claims processing system, Indiana*AIM*. This session is ideal for community mental health centers, diagnostic and evaluation teams, and representatives from the Area Agencies on Aging.
Prenatal Care Coordination Presented by representatives of the Office of Medicaid Policy and Planning (OMPP), the Indiana State Department of Health (ISDH), the Indiana Perinatal Network, and representatives from Anthem, Managed Health Services, and MDwise	This session walks through the revised prenatal care coordination forms and provides a fresh perspective on prenatal care coordination. A collaborative team from the OMPP, ISDH, Indiana Perinatal Network (IPN), and managed care organizations will present an overview of the statewide initiatives to improve birth outcomes. The presenters show how to access the newly revised prenatal care coordination forms and operational guidelines. Prenatal care coordinators will have an opportunity to ask questions and learn about resources available through the MCOs, IPN, and ISDH.

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Presumptive Eligibility for Pregnant Women and Notification of Pregnancy Presented by HP provider field consultants and representatives from Anthem, Managed Health Services, and MDwise	The Presumptive Eligibility (PE) program provides payment for ambulatory prenatal services furnished to pregnant women who have no Medicaid eligibility. Providers that treat pregnant women will learn about this program and how they can help improve healthy birth outcomes and assist pregnant women in applying for Hoosier Healthwise. Included is a focused session that provides billing instructions for submitting PE/Notification of Pregnancy (NOP) claims to the managed care entities. During this same session, you will learn about the common reasons for MCO PE/NOP claim denials, as well as how to correct and prevent them.
Prior Authorization Basics for Traditional Medicaid and *Care Select* Presented by representatives from ADVANTAGE Health Solutions and MDwise, and HP provider field consultants	This session provides a general prior authorization overview for providers participating in the Indiana *Care Select* Program and Traditional Medicaid Programs. You will learn how to complete the paper Prior Authorization Request form and where to obtain the correct prior authorization forms. You will also learn which provider specialties can submit prior authorizations electronically via Web interChange, how to complete the request on Web interChange, and how to check prior authorization status using the PA Inquiry feature of Web interChange. This session is ideal for primary medical providers (PMPs) and any specialty provider rendering services to *Care Select* and Traditional Medicaid members.
Prior Authorization – Anthem Presented by representatives of Anthem	This informative session instructs providers on the avenues for requesting prior authorization at Anthem. The top reasons for prior authorization suspensions are also discussed.
Prior Authorization – MHS Presented by representatives of Managed Health Services	In this informative session, you learn about the avenues for requesting prior authorization at MHS. The top reasons for prior authorization suspensions are also discussed.
Right Choices Program Presented by representatives from Anthem, Managed Health Services, and MDwise	This session, given jointly by the MCEs, provides clear and succinct information regarding the Right Choices Program. You will learn about the purpose of the program, the identity and selection process involved with members in the program, and your role in the program. You will also receive information about claims and billing issues, and information about referring members to specialists or other facilities. Member notifications for inclusion in the Right Choices Program are also provided so you know exactly what the member receives regarding the rationale for inclusion.
Show Me the Money Presented by representatives from MDwise	This session is for targeted primary medical providers' (family practice, pediatrics, general practice and internal medicine, and obstetrics/gynecology) office staff and other providers. You will learn how performance measures are analyzed and presented to provider offices, and how increased quality of care and appropriate billing in each performance measure can relate to pay-for-performance initiatives. The session also focuses on the importance of HEDIS, NCQA, and EPSDT services as they relate to MDwise. You will receive tools and resources to help promote increased performance.
Spend-down Presented by HP provider field consultants	This session instructs how a member's spend-down affects claims processing. You will learn how the spend-down is applied, how you collect spend-down dollars, and how to identify those who have spend-downs.

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Take It to the Mic Presented by representatives from MDwise	If you are unable to attend any of the MDwise sessions, come to this session with questions for MDwise and its delivery systems – you may ask any and all questions to the designated MDwise staff.
Third Party Liability Presented by HP provider field consultants	This session shows how to identify when a member has coverage through a third-party liability (TPL) insurer. You will learn how to update incorrect or missing TPL information for members. Resolving TPL-related claim denials and billing procedures will also be covered. This session is ideal for all providers.
Third-Party Liability Roundtable Presented by HP provider field consultants and representatives from Anthem, Managed Health Services, and MDwise	TPL applies when a member has insurance coverage other than Medicaid. This session offers you the opportunity to ask questions and receive responses to matters relating to third-party liability and its impact on claims processing.
Transportation Guidelines Presented by HP provider field consultants	This session provides an overview of transportation policy and billing.
UB-04 Billing – MHS Presented by representatives from Managed Health Services	This session offers useful information if you bill institutional claims. You will learn about the most common reasons for denials, and how to correct and prevent them. Prior authorization is also discussed. This session is ideal for billing and office staff.
UB-04 Billing – Anthem Presented by representatives from Anthem	This session offers useful information if you bill institutional claims to Anthem. You will learn about common reasons for MCO claim denials and how to correct and prevent them. You will also learn how to access important information via the Web site and find out about upcoming changes. Prior authorization is also discussed. This session is vital if you interact with Anthem.
UB-04 Billing – MDwise Presented by representatives from MDwise	This session offers useful information if you bill institutional claims to MDwise. You will learn about the most common reasons for MDwise claim denials and discuss resolutions to prevent future claim denials. The session will also discuss National Correct Coding Initiative (NCCI) edits and how they will affect outpatient claim submissions. This session is vital if you interact with MDwise for Hoosier Healthwise and the Healthy Indiana Plan.
UB-04 Billing Medicare Replacement Plans Presented by HP provider field consultants	This helpful session contrasts Medicare replacement claims and Medicare crossover claims. During this session, you learn how to submit Medicare replacement claims (also known as Medicare HMO claims) to HP electronically using Web interChange and via the paper claim form.

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UB-04 Institutional Claims Presented by HP provider field consultants	This session presents instructions for completing the UB-04 claim form, and reviews both inpatient and outpatient billing guidelines.
UB-04 Medicare Crossover Claims Presented by HP provider field consultants	This session focuses on billing instructions for submitting Medicare crossover claims to HP. You will receive detailed instructions for submitting crossover claims electronically using Web interChange. Paper claim form instructions will also be reviewed.
UB-04 Medicare Exhaust Claims Presented by HP provider field consultants	Medicare exhaust claims can be confusing. During this session, institutional billers learn what constitutes a Medicare exhaust claim. You will learn in detail how to submit these claims via Web interChange and on the paper claim form. You will also learn how to use the Notes and Attachments features of Web interChange to send these claims and how to resolve claim denials common to this type of claim. If you bill on the UB-04 claim form, this session is for you.
Vision Services – HP Presented by HP provider field consultants	This session covers billing guidelines for vision claims submitted to HP. Also covered are vision policy, benefit limitations, prior authorization, third-party liability billing, spend-down, and the impact of member assignment with the managed care organizations.
Vision Services – MCO Presented by representatives from Anthem, Managed Health Services, and MDwise	This session assists providers with billing guidelines for vision services, benefit limitations, prior authorization, common denials, and avenues of resolution. Vendors for each vision provider will be present to address questions. This is a shared session with each of the MCEs – each MCE and vision provider will deliver information during the session.
Waiver Billing Presented by HP 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. This session is ideal for all waiver providers and case managers billing for waiver program services.
Web interChange Basic Functions Presented by HP provider field consultants	This session covers the most-used functions of Web interChange. You will learn how to verify a member's eligibility, check physician and managed care assignment, submit claims, look up claim status, and more. This session is beneficial to those new to Medicaid.
Web interChange Advanced Functions Presented by HP provider field consultants	This session features lesser-used capabilities of Web interChange, including the Administrator Request Form and administrator functions, updating provider profile information, and sending paper attachments for electronic claims.
You Have Been Authorized Presented by representatives from MDwise	This session provides guidelines to assist providers and medical staff about how to obtain prior authorization, including an overview of the new universal prior authorization form, services that require prior authorization, and the appeal process.

Continue

Session schedule for Tuesday, October 19, 2010

	Salon A	Salon C	Salon 3
8:00 a.m.	UB-04 Medicare Crossover Claims (HP) 8:00 a.m. – 8:45 a.m.		Web interChange Advanced Functions (HP) 8:00 a.m. – 9:30 a.m.
8:15 a.m.		*Care Select* 101 (ADVANTAGE and MDwise) 8:15 a.m. – 9:45 a.m.	
8:30 a.m.			
8:45 a.m.	Break		
9:00 a.m.	UB-04 Medicare Exhaust Claims (HP) 9:00 a.m. – 9:45 a.m.		
9:15 a.m.			
9:30 a.m.			Break
9:45 a.m.	Break	Break	Division of Family Resources (DFR) 9:45 a.m. – 10:45 a.m.
10:00 a.m.	UB-04 Billing Medicare Replacement Plans (HP) 10:00 a.m. – 10:45 a.m.	Prior Authorization Basics for Traditional Medicaid and *Care Select* (ADVANTAGE and MDwise) 10:00 a.m. – 11:30 a.m.	
10:15 a.m.			
10:30 a.m.			
10:45 a.m.	Break		Break
11:00 a.m.	UB-04 Institutional Claims (HP) 11:00 a.m. – 12:30 p.m.		Enrollment Broker (MAXIMUS) 11:00 a.m. – 12:00 p.m.
11:15 a.m.			
11:30 a.m.		Break	
11:45 a.m.		Home Health and Hospice (HP) 11:45 a.m. – 12:45 p.m.	
Noon			Break
12:15 p.m.			Spend-down (HP) 12:15 p.m. – 1:15p.m.
12:30 p.m.	Break		
12:45 p.m.	Life of a Claim (HP) 12:45 p.m. –1:45 p.m.	Break	
1:00 p.m.		Claim Adjustment Process (HP) 1:00 p.m. – 2:00 p.m.	
1:15 p.m.			Break
1:30 p.m.			"HIP HIP Hooray" (Healthy Indiana Plan) (HIP Plans Combined) 1:30 p.m. – 2:30 p.m.
1:45 p.m.	Break		
2:00 p.m.	"You have been Authorized" Prior Authorization (MDwise) 2:00 p.m. – 2:45 p.m.	Break	
2:15 p.m.		"Show me the Money" Pay for Performance (MDwise) 2:15 p.m. – 3:00 p.m.	
2:30 p.m.			Break
2:45 p.m.	Break		Correct Coding Initiative (CCI) (HP) 2:45 p.m. –-3:45 p.m.
3:00 p.m.	Prior Authorization	Break	

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	Salon A	Salon C	Salon 3
3:15 p.m.	(MHS) 3:00 p.m. – 3:45 p.m.	UB-04 Billing (MHS) 3:15 p.m. – 3:50 p.m.	
3:30 p.m.			
3:45 p.m.	Break		Break
4:00 p.m.	Prior Authorization (Anthem) 4:00 p.m. – 4:45 p.m.	UB-04 Billing (Anthem) 3:55 p.m. – 4:30 p.m.	Medical Policy (HP) 4:00 p.m. – 5:00 p.m.
4:15 p.m.			
4:30 p.m.		UB-04 Billing (MDwise) 4:35 p.m. – 5:10 p.m.	
4:45 p.m.			
5:00 p.m.			

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

Session schedule for Wednesday, October 20, 2010

	Salon A	Salon C	Salon 3
8:00 a.m.	Vision Services (HP) 8:00 a.m. – 8:45 a.m.	Dental Billing Guidelines (HP) 8:00 a.m. – 9:15 a.m.	Waiver Billing (HP) 8:00 a.m. – 8:45 a.m.
8:15 a.m.			
8:30 a.m.			
8:45 a.m.	Break		Break
9:00 a.m.	Vision Roundtable (Combined MCO subcontractors) 9:00 a.m. – 9:45 a.m.		Transportation Guidelines (HP) 9:00 a.m. – 10:00 a.m.
9:15 a.m.		Break	
9:30 a.m.		"HIP HIP Hooray" (Healthy Indiana Plan) (HIP Plans Combined) 9:30 a.m. – 10:30 a.m.	
9:45 a.m.	Break		
10:00 a.m.	Medical Equipment Guidelines (DME) (HP) 10:00 a.m. – 11:15 a.m.		Break
10:15 a.m.			"Need A Ride" Transportation – Anthem/ (LCP Subcontractor) 10:15 a.m. – 11:00 a.m.
10:30 a.m.		Break	
10:45 a.m.		Spend-down (HP) 10:45 to 11:45	
11:00 a.m.			Break
11:15 a.m.	Break		"Need A Ride" Transportation – MHS (LCP Subcontractor) 11:15 a.m. –-12:00 p.m.
11:30 a.m.	Medical Equipment Guidelines (DME) Roundtable Combined MCO 11:30 a.m. – 12:15 p.m.		
11:45 a.m.			
Noon		Break	Break
12:15 p.m.	Break		"Need A Ride"

Continue

	Salon A	Salon C	Salon 3
12:30 p.m.	Third Party Liability (HP)	IHCP Family Tree (HP)	Transportation (MDwise)
12:45 p.m.	12:30-2:00 p.m.	12:30 p.m. – 1:45 p.m.	12:15 p.m. – 1:00 p.m.
1:00 p.m.			Break
1:15 p.m.			Web interChange Advanced Functions (HP)
1:30 p.m.			1:15 p.m. – 2:45 p.m.
1:45 p.m.		Break	
2:00 p.m.	Break	Prenatal Care Coordination (PNCC) (OMPP, ISDH, IPN, Anthem, MHS, MDwise) 2:00 p.m. – 4:00 p.m.	
2:15 p.m.	Third Party Liability Roundtable (HP and MCEs) 2:15 p.m. – 2:45 p.m.		
2:30 p.m.			
2:45 p.m.	Break		Break
3:00 p.m.	Correct Coding Initiative (CCI) (HP) 3:00 p.m. – 4:00 p.m.		Medical Policy (HP) 3:00 p.m. – 4:00 p.m.
3:15 p.m.			
3:30 p.m.			
3:45 p.m.			
4:00 p.m.	Break	Break	Break
4:15 p.m.	Medical Review Team (MRT) (HP) 4:15 p.m. – 4:45 p.m.	Right Choices Program (MCOs) 4:15 p.m. – 5:15 p.m.	Web interChange Basic Functions (HP) 4:15 p.m. – 5:15 p.m.
4:30 p.m.			
4:45 p.m.	Break		
5:00 p.m.	Pre-Admission Screening Resident Review (PASRR) (HP) 5:00 p.m. – 5:30 p.m.		

Session schedule for Thursday, October 21, 2010

	Salon A	Salon C	Salon 3
8:00 a.m.	CMS-1500 Billing (HP) 8:00 a.m. – 9:30 a.m.	HealthWatch/Early and Periodic Screening, Diagnosis and Treatment (EPSDT) (HP and MCOs) 8:15 a.m. – 9:15 a.m.	Division of Family Resources (DFR) 8:00 a.m. – 9:00 a.m.
8:15 a.m.			
8:30 a.m.			
8:45 a.m.			
9:00 a.m.			Break
9:15 a.m.		Break	Mental Health (HP) 9:15 a.m. – 10:45 a.m.
9:30 a.m.	Break	*Care Select* 101	

Continue

	Salon A	Salon C	Salon 3
9:45 a.m.	CMS-1500 Billing (Anthem) 9:45 a.m. – 10:30 a.m.	(ADVANTAGE and MDwise) 9:30 a.m. – 11:00 a.m.	
10:00 a.m.			
10:15 a.m.			
10:30 a.m.	Break		
10:45 a.m.	CMS-1500 Billing (MHS) 10:45 a.m. – 11:30 a.m.		Break
11:00 a.m.		Break	Bridging the Gap (Mental Health) (MCE subcontractors) 11:00 a.m. – 12:30 p.m.
11:15 a.m.		Prior Authorization Basics for Traditional Medicaid and Indiana *Care Select* (ADVANTAGE and MDwise) 11:15 a.m. – 12:45 p.m.	
11:30 a.m.	Break		
11:45 a.m.	CMS-1500 Billing (MDwise) 11:45 a.m. – 12:30 p.m.		
Noon			
12:15 p.m.			
12:30 p.m.	Break		Behavioral Health Roundtable 12:30 p.m. – 1:10 p.m.
12:45 p.m.	Life of a Claim (HP) 12:45 p.m. – 1:45 p.m.	Break	
1:00 p.m.		Prior Authorization (Anthem) 1:00 p.m. – 1:45 p.m.	
1:15 p.m.			Break
1:30 p.m.			Correct Coding Initiative (CCI) (HP) 1:30 p.m. – 2:30 p.m.
1:45 p.m.	Break	Break	
2:00 p.m.	Presumptive Eligibility and Notification of Pregnancy Overview and Billing Guidelines (HP and MCOs) 2:00 p.m. – 3:00 p.m.	Prior Authorization (MHS) 2:00 p.m. – 2:45 p.m.	
2:15 p.m.			
2:30 p.m.			Break
2:45 p.m.		Break	CMS-1500 Medicare Crossover Claim Billing (HP) 2:45 p.m. – 3:30 p.m.
3:00 p.m.	Break	Third Party Liability (HP) 3:00 p.m. – 4:30 p.m.	
3:15 p.m.	"You Have Been Authorized" Prior Authorization (MDwise) 3:15 p.m. – 4:00 p.m.		
3:30 p.m.			Break
3:45 p.m.			CMS-1500 Billing Medicare Replacement Plans (HP) 3:45 p.m. – 4:30 p.m.
4:00 p.m.	Break		
4:15 p.m.	HEDIS (MCOs) 4:15 p.m. – 5:30 p.m.		
4:30 p.m.			