



**P R O V I D E R   B U L L E T I N**

BT 200131

AUGUST 10, 2001

**To: All Indiana Health Coverage Programs Providers**

**Subject: Indiana Health Coverage Programs 2001 Seminar**

**Overview**

The Office of Medicaid Policy and Planning (OMPP), the Office of Children’s Health Insurance Program (CHIP), and EDS invite all Indiana Health Coverage Programs (IHCP) providers to attend the second annual IHCP seminar. These seminar sessions will be offered at various times during the four-day IHCP seminar. Representatives from Managed Health Services (MHS), Evercare Corporation (formerly Lifemark), Health Care Excel (HCE), provider associations, EDS provider consultants, and other EDS unit representatives will be in attendance.

The 2001 seminars will be held September 18-21 at the Four Points by Sheraton on the east side of Indianapolis.

***Seminar Session Descriptions***

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

Table 1.1 – Class Descriptions

Session Name	Description
Ambulance	Ambulance providers, business office managers, medical billing supervisors and billing personnel should plan to attend this session that provides education about coverage guidelines and program limitations for ambulance transportation services. The session includes information about covered and non-covered transports, the top ten denial reasons, and frequently asked questions.

(Continued)

Table 1.1 – Class Descriptions

Session Name	Description
Care Coordination	Care Coordination is the process that integrates services according to individual needs for Pregnancy Care Coordination and HIV/AIDS. This session includes instructions for care coordination services using the HCFA-1500 claim form. In addition, the session provides information to familiarize providers with the proper Health Care Financing Administration (HCFA) Common Procedures Coding System (HCPCS) codes for billing care coordination services, the proper documentation to maintain in a member's chart, the top ten denial reasons, and frequently asked questions.
Dental	This session includes information about Hoosier Healthwise, dental service limitations, IHCP-covered American Dental Association (ADA) and HCPCS codes, the top ten denial reasons, and frequently asked questions. <b>*This course has been approved by the Dental Assisting National Board for three continuing education credit hours (CEU).</b>
Durable Medical Equipment (DME)	Business managers and DME billers should plan to attend this session. The session is also appropriate for hospitals billing items such as the vagus nerve transmitter using the HCFA-1500 claim form with a DME provider number. This session provides education about repair and replacement, rental versus purchase, prior authorization, capped rental items, and oxygen services. This session includes information about the top ten denial reasons and frequently asked questions.
Early Periodic Screening and Diagnosis Testing (EPSDT)/ Vaccines for Children (VFC)	Physician offices and clinics that provide services to members younger than 21 years old should plan to attend this session. The session includes clinical and billing information. Attendees learn how to appropriately document and code well child visits, sick child visits, and immunizations (including those provided by the VFC Program). The session includes information about completing the HCFA-1500 claim form as it pertains to EPSDT. This session includes information about the top ten denial reasons, frequently asked questions, and a discussion about the three Hoosier Healthwise delivery systems.
Health Care Financing Administration (HCFA)-1500 Roundtable	This session is presented in a casual format to allow providers and billers to ask questions of a panel of experts on HCFA-1500 claim types. EDS provider representatives are on the panel and will help answer questions.
Health Insurance Portability and Accountability Act (HIPAA)	This session is offered to help providers better understand the requirements associated with HIPAA and how those changes will affect claim submission and office practices.
Home Health	This session provides information for new billers and can be a refresher course for experienced billers. The session provides general information about home health services for members who are considered homebound and require home health services. The session covers billing procedure codes, current home health reimbursement rates, multiple visit billing, home infusion and enteral therapy, tocolytic therapy, and prior authorization. The session also includes information about the top ten denials for home health services and frequently asked questions.

(Continued)

Table 1.1 – Class Descriptions

Session Name	Description
IHCP 201	This session is designed for experienced billers or those practices experiencing complex claim issues. This session includes information about member eligibility, Eligibility Verification Systems, spenddown, and Qualified Medicare Beneficiaries (QMB-Only and QMB-Also). Additional information is also provided about charging IHCP members, third party liability, claim filing procedures, filing limit documentation requirements, remittance advice statements, and ways to submit requests to written correspondence. Provider enrollment update process, ways to link group members, rendering and billing, and crossover issues are also covered. This session also provides information about the top ten denials and frequently asked questions.
Infusion Therapy	Providers billing infusion therapy on a HCFA-1500 should plan to attend this session detailing billing instructions relative to this specialty area. Home health providers also enrolled as a durable medical equipment (DME) or a pharmacy provider should also plan to attend this session.
Long Term Care (LTC)/Hospice	Intake coordinators, billing staff at long-term care facilities, and hospice providers should plan to attend this session about successfully billing long-term care and hospice. This session provides general information about hospice billing for members receiving hospice care in a long-term care facility. This session covers information about LTC facility and hospice provider responsibilities. It includes information about level-of-care (LOC) and Form 450B reviews for long term care members, the Pre-Admission Screening and Resident Review (PASRR) process, EDS audit procedures, and billing considerations for hospice members. Billing education includes information about Hoosier Healthwise, the top ten denial reasons, and frequently asked questions.
Managed Care Roundtable	This session is presented in a casual format to allow providers and billers to ask questions of a panel of experts on managed care. Representatives from Lifemark, Managed Health Services, MDwise, and Harmony Health Plan, as well as representatives of the EDS Managed Care Unit host the session.
Medical Policy and Surveillance and Utilization Review (SUR)	Health Care Excel (HCE) offers this session to providers and billers that wish to better understand how medical policy is set and how to submit suggestions for IHCP coverage. SUR is also covered in the second portion of the session. This portion of the session will assist providers in understanding the audit process and outcomes.
Member Eligibility and Spenddown	All types of providers are encouraged to attend this session as a high volume of claim denials is associated with these two topics. This session includes information about common errors and frequently asked questions.
Mental Health	This session focuses on outpatient mental health and clinic services and covers provider types, claim filing information, reimbursement for mid-level practitioners, Health Services Providers in Psychology (HSPPs), and physicians. This session covers program rules and coverage limitations for outpatient mental health and clinic services, as well as information about the top ten denial reasons, and frequently asked questions.
Non-Ambulance Transportation	Non-emergency transportation providers and billers should plan to attend this session that provides education about coverage guidelines and program limitations for non-ambulatory and taxi transportation services. The session provides information about coverage guidelines, prior authorization requirements, tips on obtaining prior authorization documentation, and appropriate billing codes. This session also provides information about the top ten denial reasons and frequently asked questions.

(Continued)

Table 1.1 – Class Descriptions

Session Name	Description
Obstetrics/ Gynecology (OB/GYN)	OB/GYN providers, office managers, and billing staff should attend this session that provides detailed information about important issues related to billing procedures for OB/GYN services, the appropriate required documentation, and use of consent forms. This session covers OB/GYN services, clinic and offices visits, diagnosis codes, echographies, family planning, sterilization, and hysterectomy services. This session includes the top ten denials and frequently asked questions.
Pharmacy	Pharmacists, pharmacy technicians, and those billing pharmaceuticals in their practice should plan to attend this session. This session provides information about coverage and reimbursement policies, general pharmacy billing guidelines, claim submission, and billing limitations. It also addresses spenddown, guidelines for billing the member, and new program changes. This session provides information about the top ten denials and frequently asked questions.
Physician	This session provides education about emergency room physician billing, and evaluation and management services that include consultations and hospital discharge services billed on a HCFA-1500 claim form. This session includes information about billing lab services provided in an office setting and the VFC Program. This session includes the top ten denial reasons and frequently asked questions.
Prior Authorization (PA)	This session is presented by HCE and provides an overview of the PA process. The session also includes information about how to submit information for PA, information about the types of services requiring PA, and information about the internal processes used to review requests for PA.
Provider Electronic Solutions and the IHCP Web Site	This general information session introduces information about the options available for billing or verifying member eligibility using Provider Electronic Solutions. The session will cover information about Provider Electronic Solutions software installation and recent updates to the software for crossover claims. Also, EDS provider representatives will demonstrate the IHCP Web site. The session includes high-level information about the online fee schedule and <i>IHCP Provider Manual</i> that are available on the Web site.  Provider Electronic Solutions software is available free of charge at the Provider Electronic Solutions booth.
Provider Enrollment and Updates	Providers experiencing electronic crossover problems, those preparing to enroll new providers, and those wishing to obtain detailed information on how to determine if claim payments problems are related to rendering/billing should attend this session. This session provides vital information about solving issues facing the IHCP and provider community including receiving payments for physicians no longer employed by the group, sole proprietors whose payments go to a previous employer, and payments to incorrect addresses. The session also covers claim denials for Clinical Laboratory Improvement Amendments (CLIA) eligibility, claims paid by electronic funds transfer (EFT) and others paid by check, and general denials for providers billing rendering provider numbers in both blocks 24K and 33 of the HCFA-1500 claim form and how this affects eligibility to perform services.
Surgery/ Anesthesia Billing	This session provides information about appropriate billing and claim adjudication when billing the IHCP for surgeries. The session includes education about modifiers applicable to the IHCP program. Discussion items include topics such as assistant surgeons, co-surgeons, billing for consultations that coincide with a surgical procedure, and billing practices for anesthesia and associated modifiers. This session includes the top ten denial reasons and frequently asked questions.

(Continued)

Table 1.1 – Class Descriptions

Session Name	Description
UB-92 Roundtable	This session is presented in a casual format to allow providers and billers to ask questions of a panel of experts on UB-92 claim types.
Waiver	Anyone billing or interested in becoming a waiver provider should attend this session. This session provides general information and HCFA-1500 billing instructions for the five waiver programs: Aged and Disabled, Autism, ICF/MR, Medically Fragile Children, and Traumatic Brain Injury (TBI) waiver programs. This session includes information about the top ten claim denials and frequently asked questions.

## Registration

*Note: A deposit of \$25 per person is required to pre-register and must accompany the completed pre-registration form (attached). Make checks payable to EDS. Deposits will be returned only to those registrants who attend the seminar. Deposits will not be returned to those who register, but do not attend. Checks will be mailed to the check addressee 30 days after the seminar.*

The deadline for mail-in pre-registration is September 4, 2001, two weeks prior to the date the seminar begins. Individuals may also register in person on a space-available basis.

After a mail-in registration form is processed, a red-stamped copy of the form will be mailed to the registrant. The registrant should bring this original red-stamped copy to check-in.

On each day of the seminar, pre-registered individuals must check in no later than 10 minutes before the start of each session or their seats may be reassigned. Walk-in registration for those not pre-registered begins 10 minutes before the start of each session. Failure to pre-register may result in sessions not being available due to space limitations. If there are any questions, please call EDS at (317) 488-5195 to leave a message. Calls will be returned within 24 hours.

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

## Seminar Session Availability

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

**Directions**

Table 1.2 – Directions to the Four Points by Sheraton in Indianapolis

Address	From	Directions
Four Points by Sheraton 7701 E. 42 <sup>nd</sup> Street Indianapolis (317) 897-4000	East (I-70)	Exit I-70 to I-465 North. Exit East Pendleton Pike and turn right. At the first stoplight merge right onto 42 <sup>nd</sup> Street. Immediately turn right into the parking lot of the Four Points by Sheraton.
	West (I-70)	Exit I-70 to I-465 North. Exit East Pendleton Pike and turn right. At the first stoplight merge right onto 42 <sup>nd</sup> Street. Immediately turn right into the parking lot of the Four Points by Sheraton.
	North (I-65)	Exit I-65 to I-465 East, which becomes I-465 South. Exit East Pendleton Pike and turn left. After driving under the I-465 overpass, at the first stoplight merge right onto 42 <sup>nd</sup> Street. Immediately turn right into the parking lot of the Four Points by Sheraton.
	South (I-65)	Exit I-65 to I-465 East, which becomes I-465 North. Exit East Pendleton Pike and turn right. At the first stoplight merge right onto 42 <sup>nd</sup> Street. Immediately turn right into the parking lot of the Four Points by Sheraton.

**Seminar Session Information**

Table 1.3 provides information on the session offerings and associated session number codes for IHCP seminar registration.

Table 1.3 – Session Information

Tuesday, September 18, 2001		
Time	Session Number	Description
8 a.m. – 9:30 a.m. (please choose only one)	1A	IHCP 201
	1B	Care Coordination
	1C	HCFA-1500 Roundtable (Part 1)
	1D	PA
10 am – 11:30 a.m. (please choose only one)	1E	Provider Electronic Solutions and the IHCP Web Site
	1F	Physician
	1G	HIPAA
	1H	HCFA-1500 Roundtable (Part 2)
1 p.m. – 2:30 p.m. (please choose only one)	1I	Medical Policy and SUR
	1J	Provider Enrollment and Updates
	1K	Ambulance
	1L	Dental
3 p.m. – 4:30 p.m. (please choose only one)	1M	HIPAA
	1N	Non-Ambulance Transportation
	1O	Mental Health
	1P	Member Eligibility and Spenddown
8 a.m. to 5 p.m.	Booths	Registration, Claims Research, Provider Electronic Solutions, Managed Care Organizations, HCE, Vendors, and Provider Associations

(Continued)

Table 1.3 – Session Information

Wednesday, September 19, 2001		
Time	Session Number	Description
8 a.m. – 9:30 a.m. (please choose only one)	2A	Physician
	2B	Pharmacy
	2C	Medical Policy and (SUR)
	2D	Home Health
10 am – 11:30 a.m. (please choose only one)	2E	OB-GYN
	2F	Infusion Therapy
	2G	LTC and Hospice
	2H	Provider Electronic Solutions and the IHCP Web Site
1 p.m. – 2:30 p.m. (please choose only one)	2I	Surgery and Anesthesia Billing
	2J	HIPAA
	2K	PA
	2L	UB-92 Roundtable (Part 1)
3 p.m. – 4:30 p.m. (please choose only one)	2M	EPSDT and VFC
	2N	Waiver
	2O	DME
	2P	UB-92 Roundtable (Part 2)
8 a.m. to 5 p.m.	Booths	Registration, Claims Research, Provider Electronic Solutions, Managed Care Organizations, HCE, Vendors, and Provider Associations

(Continued)



Table 1.3 – Session Information

<b>Thursday, September 20, 2001</b>		
<b>Time</b>	<b>Session Number</b>	<b>Description</b>
8 a.m. – 9:30 a.m. (please choose only one)	3A	Provider Enrollment and Updates
	3B	Managed Care Roundtable (Part 1)
	3C	Dental
	3D	EPSDT and VFC
10 am – 11:30 a.m. (please choose only one)	3E	HIPAA
	3F	Waiver
	3G	Mental Health
	3H	Managed Care Roundtable (Part 2)
1 p.m. – 2:30 p.m. (please choose only one)	3I	IHCP 201
	3J	Home Health
	3K	Physician
	3L	Managed Care Roundtable (Part 1)
3 p.m. – 4:30 p.m. (please choose only one)	3M	Provider Electronic Solutions and the IHCP Web Site
	3N	PA
	3O	Surgery and Anesthesia Billing
	3P	Managed Care Roundtable (Part 2)
8 a.m. to 5 p.m.	Booths	Registration, Claims Research, Provider Electronic Solutions, Managed Care Organizations, HCE, Vendors, and Provider Associations

<b>Friday, September 21, 2001</b>		
<b>Time</b>	<b>Session Number</b>	<b>Description</b>
8 a.m. – 9:30 a.m. (please choose only one)	4A	Non-Ambulance Transportation
	4B	HIPAA
	4C	IHCP 201
	4D	OB/GYN
10 am – 11:30 a.m. (please choose only one)	4E	Member Eligibility and Spenddown
	4F	LTC and Hospice
	4G	Provider Enrollment and Updates
	4H	Provider Electronic Solution and the IHCP Web Site
8 a.m. to 12 p.m.	Booths	Registration, Claims Research, Provider Electronic Solutions, Managed Care Organizations, HCE, Vendors, and Provider Associations



Indiana Health Coverage Programs



PROVIDER TRAINING SESSION  
PREREGISTRATION FORM

*Note: A deposit of \$25 per person is required with each completed pre-registration form. Make checks payable to EDS. Deposits will be returned only to those registrants who attend the seminar. Deposits will not be returned to those who register but do not attend. For those who attend the seminar, the deposit check will be returned to the check addressee 30 days following the seminar.*

The deadline for mail-in pre-registration is September 4, 2001, two weeks prior to the date the seminar begins. Individuals may also register in person on a space-available basis.

After a mail-in registration form is processed, a red-stamped copy of the form will be mailed to the registrant with a listing of hotels and restaurants in the area. **The registrant should bring this original red-stamped copy to check-in.**

**On each day of the seminar, pre-registered individuals must check in no later than 10 minutes before the start of each session or their seats may be reassigned. Walk-in registration for those not pre-registered begins 10 minutes before the start of each session.** If there are any questions, please call EDS at (317) 488-5195 to leave a message. Calls will be returned within 24 hours.

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

*Please print or type the information requested (mail in one form and one \$25 deposit per person regardless of the number of sessions requested):*

***No registration will be accepted without a check for a \$25 deposit.***

***Faxed registrations will not be accepted because a deposit check is also required with registration.***

