

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201441 SEPTEMBER 2, 2014

## 2014 IHCP Annual Provider Seminar scheduled for October 14-16 in Indianapolis

The Indiana Family and Social Services Administration (FSSA) and HP Enterprise Services invite Indiana Health Coverage Programs (IHCP) providers to attend the 2014 IHCP Annual Provider Seminar October 14-16, 2014, 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 tips and reminders on various session topics. Sessions will be led by HP, ADVANTAGE Health Solutions<sup>SM</sup>, Anthem, Managed Health Services (MHS), MDwise, and the Division of Family Resources. See the attached full seminar lineup to pick your “can’t-miss” sessions.



### Seminar registration

Providers may register online for the seminar by visiting the [Workshop Registration](#) page at indianamedicaid.com. The registration page provides instructions, including the *Workshop Registration Tool Quick Reference*. Those who register online receive immediate registration confirmation. When registering, you must 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.

Walk-in registrations will be allowed; however, it is not recommended. 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 layering to accommodate variations in room temperature.

### Seminar location/hotel reservation information

The seminar will be held at the following location:

Indianapolis Marriott East Hotel  
7202 E. 21<sup>st</sup> Street  
Indianapolis, IN 46219

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

Guest room reservations are available at the special rate of \$120 plus tax per night. To reserve a room at the special rate, call 1-800-991-3346 or (317) 352-1231 and indicate you are attending the “Indiana Medicaid Seminar.” The *special rate applies to reservations made on or before September 19, 2014*. Reservations may also be made online at [Book your group rate: Indiana Medicaid Seminar](#).

Reserve your hotel room at the special rate on or before September 19, 2014. Call or reserve online and indicate you are attending the Indiana Medicaid Seminar.

**Directions**

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

The following maps show the location of the Indianapolis Marriott East Hotel. For more specific directions from your location, please visit a map-search website, such as [mapquest.com](http://mapquest.com).

*Indianapolis map showing location of Indianapolis Marriott East Hotel*

*Map of specific location of Indianapolis Marriott East Hotel*



**Seminar sessions and descriptions**

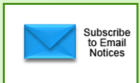
During online registration, you must specify the seminar sessions you want to attend. Session descriptions and the daily schedules are provided as an attachment to this bulletin for your reference.

**QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at 1-800-577-1278.

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# 2014 IHCP Annual Provider Seminar

## Session Descriptions and Schedule

### Session Descriptions

Session Name	Description
<b>ADVANTAGE Care Select 101</b> Presented by representatives from ADVANTAGE Health Solutions <sup>SM</sup>	This session provides an overview of the Indiana <i>Care Select</i> program, including the program's goals, eligibility requirements, and focus on disease management and complex case management for specific chronic conditions. Other topics include general prior authorization (PA), the Right Choices Program (RCP), and program quality. This session is ideal for primary medical providers (PMPs) and specialty care providers interested in becoming participating providers with the Indiana <i>Care Select</i> program, as well as for providers now participating in the program.
<b>Anthem 101</b> Presented by representatives from Anthem	Join Anthem to learn what resources are available to you for navigating Anthem Medicaid.
<b>Anthem CMS-1500 Billing</b> Presented by representatives from Anthem	This session provides an overview and some helpful hints for Anthem-enrolled <i>CMS-1500</i> professional providers.
<b>Anthem: How to Be an Adolescent Champion</b> Presented by representatives from Anthem	Interested in being an Adolescent Champion? Join Anthem to learn how to focus on adolescents, why it's important to focus on adolescents, and characteristics of an adolescent-focused practice.
<b>Anthem UB-04 Billing</b> Presented by representatives from Anthem	This session provides an overview and some helpful hints for Anthem-enrolled <i>UB-04</i> institutional providers.
<b>Billing CMS-1500 Claims on Web interChange</b> Presented by HP provider field consultants	This session provides instruction on billing and researching <i>CMS-1500</i> professional claim denials using Web interChange. In addition, providers will learn how to use the "Notes" and "Attachments" functions. Provider profiles, prior authorization (PA), and Medicaid-secondary billing will also be discussed.
<b>Claim Adjustment Process</b> Presented by HP provider field consultants	This session provides an overview of the claim adjustment processes via Web interChange as well as paper claim adjustments. The session will also cover how to void previously submitted claims, timely filing limitations, and the administrative review and appeal processes.
<b>CMS-1500 Billing and Reimbursement – Fee-for-Service</b> Presented by HP provider field consultants	This session will help providers understand what provider types bill on the <i>CMS-1500</i> professional claim form, how fee-for-service claims are billed and reimbursed, and general billing and coverage guidelines for many of the professional services billable to the Indiana Health Coverage Programs (IHCP), including anesthesia, chiropractic, therapy, injections, obstetrics, and more.
<b>Communicating with IHCP – Who You Gonna Call?</b> Presented by HP provider field consultants	This session gives an overview of the claim submission and remittance processes along with an overview of Indiana Health Coverage Programs (IHCP) contractors and departments and how to contact them for assistance. This session is ideal for all providers.
<b>Dental Billing – The Easy Way</b> Presented by HP provider field consultants	This session covers dental billing guidelines. Dental providers will learn how to use Web interChange to submit dental claims. Presenters will also discuss Indiana Health Coverage Programs (IHCP) dental policies and issues related to providing dental services to Qualified Medicare Beneficiary (QMB) members.
<b>DME/HME – What you need to know</b> Presented by HP provider field consultants	Durable medical equipment (DME) and home medical equipment (HME) providers will learn tips to get claims paid the first time, be reminded of billing for manually priced items, and learn how to resolve claim denials.

Session Name	Description
<p><b>Early and Periodic Screening, Diagnosis, and Treatment</b> Presented by representatives from Anthem, Managed Health Services, and MDwise</p>	<p>The focus of this session is to familiarize primary care providers (pediatricians, family practice, internal medicine, and general practice) with the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Presenters will provide a program overview, a description of covered services and specialties, billing guidelines, strategies to maximize opportunities in reimbursement and outreach, and current trends. The presentation also covers recent changes to the EPSDT program, including the addition of Body Mass Index (BMI) collection.</p>
<p><b>Get Even More Hip with HIP 2.0</b> Presented by representatives from HP, Anthem, Managed Health Services, and MDwise</p>	<p>This presentation provides an overview of the proposed Healthy Indiana Plan (HIP) 2.0 program. Discussion topics will include coverage and benefit packages, transition of nondisabled Traditional Medicaid members and existing HIP members to HIP 2.0, and provider participation and reimbursement. Each MCE will outline their implementation plans for HIP 2.0 and how primary care and specialty providers can participate.</p>
<p><b>Home Health, Hospice, and Long Term Care – Billing Tips and Reminders</b> Presented by HP provider field consultants</p>	<p>This session includes claim filing guidelines when level-of-care needs change, retro-rate adjustments for long term care and hospice facilities, and claim denial resolution.</p>
<p><b>Hospital Presumptive Eligibility</b> Presented by HP provider field consultants</p>	<p>This session instructs acute care hospitals how to complete the Hospital Presumptive Eligibility (HPE) qualified provider application in Web interChange. HPE qualified providers are able to determine presumptive eligibility for individuals who may qualify for coverage under the Indiana Health Coverage Programs (IHCP).</p>
<p><b>Life of a Claim</b> Presented by HP Provider field consultants</p>	<p>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 (PA), system edits and audits, pricing, and medical policy suspensions affect claims processing. Presenters will also discuss ways to correct claims through the online adjustment process. This session is ideal for those who are new to Medicaid.</p>
<p><b>MDwise 101</b> Presented by representatives from MDwise</p>	<p>This session details the Hoosier Healthwise, <i>Care Select</i>, Healthy Indiana Plan, and MDwise Marketplace programs specific to MDwise providers. Participants will leave this session with an understanding of who to contact for what, billing guidelines, and who is eligible for each program. Additionally, information will be provided on behavioral health and how that operates under MDwise as well as information on the Right Choices Program (RCP), eligibility, and formulary specifics for the marketplace.</p>
<p><b>MDwise CMS-1500 and Prior Authorization</b> Presented by representatives from MDwise</p>	<p>This session is for providers who bill services using the <i>CMS-1500</i> professional claim form. Participants will leave this session with helpful tips on claims submission, how to avoid claims denial, prior authorization, and how to file a claim dispute. This session will also cover provider enrollment and disenrollment, Right Choices Program (RCP) and member's benefits. Please come and be prepared to engage in topic discussion with MDwise delivery system representatives.</p>
<p><b>MDwise: Need a Ride</b> Presented by representatives from MDwise</p>	<p>This session, conducted by MDwise transportation contractors, includes an overview of transportation services, such as trip limitations, how members schedule rides, and additional information.</p>
<p><b>MDwise Telemedicine Program: Using Integrated Approach to Serve the Underserved Effectively</b> Presented by representatives from MDwise</p>	<p>MDwise is piloting the use of telemedicine technology to introduce behavioral health medication management services in the primary care office setting with its <i>Care Select</i> population. MDwise would like to educate its primary medical providers about this service and invite them to participate in a pilot with MDwise to connect members in their practice who are prescribed behavioral health medications with a psychiatrist who can assist the member in managing their medications.</p>

Session Name	Description
<p><b>MDwise UB-04 Billing</b> Presented by representatives from MDwise</p>	<p>This session is for providers that bill services using the <i>UB 04</i> institutional claim form. Participants will leave this session with helpful tips on claims submission, how to avoid claims denials, prior authorization, and how to file a claim dispute. This session also covers Healthy Indiana Plan (HIP) and Hoosier Healthwise billing guidelines. Please come prepared to engage in topic discussion with MDwise and MDwise delivery system representatives.</p>
<p><b>Medicaid 101</b> Presented by HP provider field consultants</p>	<p>This session covers the basics of the Indiana Health Coverage Programs (IHCP). You will learn about Traditional Medicaid, <i>Care Select</i>, Healthy Indiana Plan (HIP), and Hoosier Healthwise programs and the contractors that are tasked with administering these programs.</p>
<p><b>Mental Health – Fee-for-Service</b> Presented by HP provider field consultants</p>	<p>This session will give providers a thorough understanding of who can provide mental health services, what services are covered, and how they should be billed fee-for-service (FFS). Responsibilities of physicians, health service providers in psychology (HSPPs), and midlevel practitioners will be reviewed. The Medicaid Rehabilitation Option (MRO), 1915(i), psychiatric residential treatment facility (PRTF), and partial hospitalization programs will be covered. Prior authorization requirements and managed care considerations will also be reviewed, as well as the top 10 claim denial reasons for mental health provider specialties.</p>
<p><b>Mental Health – MCE Behavioral Health Roundtable</b> Presented by representatives from Anthem, Managed Health Services, and MDwise</p>	<p>This forum focuses on mental health from a managed care perspective. The session includes discussion about the behavioral health toolkit, prior authorization (PA) updates, claims updates, and a brief overview of what to expect in the future.</p>
<p><b>MHS CMS-1500 Billing Guidelines and Tips</b> Presented by representatives from Managed Health Services</p>	<p>This session is for providers that bill <i>CMS-1500</i> professional claims to Managed Health Services (MHS) Hoosier Healthwise and Healthy Indiana Plan (HIP). MHS will present guidelines and helpful tips for submitting claims, avoiding claim denials, and filing claim disputes. The MHS secure website billing will be highlighted. Attendees will be invited to visit the MHS booth to set up secure billing access.</p>
<p><b>MHS Prior Authorization 101</b> Presented by representatives from Managed Health Services</p>	<p>This session walks providers through the Managed Health Services (MHS) prior authorization (PA) process from initiation to completion. Presenters will review the top services that require PA, tips for successful approval, and the appeals process. This session is designed for all provider types.</p>
<p><b>MHS UB-04 Billing and Claims Process</b> Presented by representatives from Managed Health Services</p>	<p>This session is for providers that bill <i>UB-04</i> institutional claims for Managed Health Services (MHS) Hoosier Healthwise and Healthy Indiana Plan (HIP). Presenters will review the claim submission process, how to resolve claim disputes, and medical necessity appeals. Billing via the MHS secure website will also be highlighted.</p>
<p><b>Presumptive Eligibility for Pregnant Women and Notification of Pregnancy</b> Presented by representatives from HP, Anthem, Managed Health Services, and MDwise</p>	<p>The Presumptive Eligibility for Pregnant Women (PEPW) program provides payment for initial ambulatory services furnished to pregnant women who do not have Medicaid eligibility established at the time of their office visit. Whether you are a current PEPW provider or you would like to participate in the PEPW program, you are encouraged to attend this session, which offers an overview of the program, tips for success, and valuable updates. Presenters will also cover Notification of Pregnancy (NOP) billing and criteria for successful NOP submissions.</p>

Session Name	Description
<p><b>Prior Authorization 101 for Traditional Medicaid and Care Select</b> Presented by representatives from ADVANTAGE Health Solutions</p>	<p>This session provides in-depth information about prior authorization (PA) for providers participating in Indiana <i>Care Select</i> and Traditional Medicaid. Topics include:</p> <ul style="list-style-type: none"> <li>• How to complete and submit the universal <i>Indiana Health Coverage Programs (IHCP) Prior Authorization Request</i> form</li> <li>• Documentation of medical necessity</li> <li>• General PA guidelines and processes for: <ul style="list-style-type: none"> <li>– Elective inpatient admission</li> <li>– Medicaid Rehabilitation Option (MRO)</li> <li>– Behavioral health</li> <li>– Physical, occupational, and speech therapy</li> <li>– Durable medical equipment (DME)</li> <li>– An overview of provider appeals (administrative review and hearings)</li> </ul> </li> </ul> <p>This session is ideal for primary medical providers (PMPs), specialty care providers, hospitals, community mental health centers, and ancillary providers serving <i>Care Select</i> and Traditional Medicaid members.</p>
<p><b>Provider Enrollment – Refresh and Review</b> Presented by HP provider field consultants</p>	<p>This presentation serves as a refresher for providers on what is needed for successful Indiana Health Coverage Programs (IHCP) enrollment transactions from initial enrollment through completing profile updates. The presentation focuses on transaction requirements and tips and addresses frequently asked questions. Information will be provided on where to locate transaction tools, how to properly complete and submit documentation, and how to avoid many of the common enrollment transaction pitfalls.</p>
<p><b>Provider Healthcare Portal Overview</b> Presented by HP provider field consultants</p>	<p>This session introduces the new Indiana Health Coverage Programs (IHCP) Provider Healthcare Portal that is under development as a part of IHCP's future Medicaid Management Information System (MMIS). The presentation includes information about the basic navigation and functionality of the portal, and highlights the new features that will be available to IHCP providers.</p>
<p><b>Research and Resolve CMS-1500 Claim Denials</b> Presented by HP provider field consultants</p>	<p>Providers will learn how to research <i>CMS-1500</i> professional claims on the Web interChange. Participants will understand denials and know how to resolve and rebill claims.</p>
<p><b>Research and Resolve UB-04 Claim Denials</b> Presented by HP provider field consultants</p>	<p>Providers will learn how to research UB-04 institutional claims on the Web interChange. Participants will understand denials and know how to resolve and rebill claims.</p>
<p><b>Self-Referral Services – MCE Roundtable</b> Presented by representatives from Anthem, Managed Health Services, and MDwise</p>	<p>Hear updates from all three managed care entities (MCEs), specifically regarding self-referral services from vision, podiatry, chiropractic, and durable medical equipment (DME) providers in this open format session. Updates on benefits and prior authorization will be presented, and representatives from all MCEs will be available for questions.</p>
<p><b>Surfing the IHCP Website</b> Presented by HP provider field consultants</p>	<p>This session is intended to give providers a comprehensive overview of the Indiana Health Coverage Programs (IHCP) website. The session outlines the vast amount of information on the website, illustrates the ease of finding information, and shows how to access links to other valuable websites. Providers will take a tour of the website map, explore quick links, and be able to hone their researching skills. This session should be valuable for all provider types.</p>
<p><b>Third Party Liability</b> Presented by HP provider field consultants</p>	<p>This session explains basic Third Party Liability (TPL) concepts. The session shows providers how to identify a member with coverage through a third-party insurer and how to update incorrect or missing third-party insurer information. Billing procedures and methods of resolution for TPL-related claim denials will also be covered. This session is ideal for all providers.</p>

Session Name	Description
<b>Transportation...Keeping You on the Right Track</b> Presented by HP provider field consultants	This session explains new enrollment requirements specifically for transportation providers and the difference between revalidation and recertification, as it pertains to transportation providers. The session also reviews fee-for-service billing and prior authorization guidelines, and offers tips on ways to prevent and resolve common claim denials.
<b>Transportation with Anthem</b> Presented by representatives from LCP Transportation	This session provides an overview of Anthem's Hoosier Healthwise and Healthy Indiana Plan (HIP) transportation benefits. LCP is the transportation vendor used by Anthem.
<b>Transportation with MHS</b> Presented by representatives from LCP Transportation	This session offers an overview of transportation services for Managed Health Services (MHS) members including the scheduling process and more. LCP is the transportation vendor used by MHS.
<b>UB-04 Claim Billing and Reimbursement – Fee-for-Service</b> Presented by HP Provider field consultants	This session is beneficial for new billers to learn coverage and billing basics for UB-04 institutional claims. The class includes the basic guidelines for billing fee-for-service (FFS) claims to the Indiana Health Coverage Programs (IHCP) for different types of services rendered in a facility setting.
<b>Understanding the Role of the Division of Family Resources</b> Presented by representatives from the Division of Family Resources	This session addresses the Division of Family Resources (DFR) processes and how these processes may affect Indiana Health Coverage Programs (IHCP) providers and members. This session also presents how providers can contact DFR staff when there are discrepancies with a member's eligibility, such as name, date of birth, or Qualified Medicare Beneficiary (QMB). A brief presentation regarding the proposed Healthy Indiana Plan (HIP) 2.0 program will also be made.
<b>Understanding your Remittance Advice</b> Presented by HP provider field consultants	This session teaches you how to read the Remittance Advice (RA), which is the Indiana Health Coverage Programs (IHCP) version of an explanation of benefits (EOB). After this session, you will be able to understand the accounts receivable section of the RA, read the financial summary page, and handle stale-dated checks.
<b>Vision Services</b> Presented by HP provider field consultants	This session provides detailed information on coverage, billing, and reimbursement for ophthalmological services. Providers will learn the importance of verifying eligibility and recognizing aid categories that cover vision services. The top 10 reasons for claim denials will be discussed. Providers will understand Indiana Health Coverage Programs (IHCP) policy regarding lenses, frames, and replacement eyeglasses, as well as routine and medical examinations. Prior authorization (PA) requirements and situations where it is appropriate to bill the recipient for noncovered services will also be reviewed.
<b>Waiver Billing with Common Denials</b> Presented by HP Provider field consultants	This session is oriented to prospective and current Home and Community-Based Services (HCBS) 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.

## Session Schedule for Tuesday, October 14, 2014

*(UB-04 Focus)*

	Salon 5	Salon B/C	Salon D/E
8:00 a.m.	Medicaid 101 (8 a.m. – 9:15 a.m.)	Provider Enrollment – Refresh and Review (8 a.m. – 8:45 a.m.)	MDwise <i>UB-04</i> Billing (8 a.m. – 9 a.m.)
8:15 a.m.		Break 8:45 a.m. – 9 a.m.	
8:30 a.m.			Break 9 a.m. – 9:15 a.m.
8:45 a.m.		Break 9:15 a.m. – 9:30 a.m.	
9:00 a.m.	Communicating with IHCP – Who You Gonna Call? (9:30 a.m. – 10:30 a.m.)		Provider Healthcare Portal Overview (9 a.m. – 10 a.m.)
9:15 a.m.		Break 10 a.m. – 10:15 a.m.	
9:30 a.m.			Break 10:15 a.m. – 10:30 a.m.
9:45 a.m.		Break 10:30 a.m. – 10:45 a.m.	
10:00 a.m.	Hospital Presumptive Eligibility (10:45 a.m. – 11:30 a.m.)		Surfing the IHCP Website (10:15 a.m. – 11 a.m.)
10:15 a.m.		Break 11 a.m. – 11:15 a.m.	
10:30 a.m.			Break 11:30 a.m. – 11:45 a.m.
10:45 a.m.		Break 11:30 a.m. – 11:45 a.m.	
11:00 a.m.	<i>UB-04</i> Claims Billing and Reimbursement – Fee-for Service (11:45 a.m. – 12:45 p.m.)		Third Party Liability (11:15 a.m. – Noon)
11:15 a.m.		Break Noon – 12:15 p.m.	
11:30 a.m.			Break 12:45 p.m. – 1 p.m.
11:45 a.m.		Home Health, Hospice, and Long Term Care – Billing Tips and Reminders (1 p.m. – 2 p.m.)	
Noon	Break 1 p.m. – 1:15 p.m.		
12:15 p.m.			Break 2 p.m. – 2:15 p.m.
12:30 p.m.	Research and Resolve for <i>UB-04</i> Claim Denials (2:15 p.m. – 3:15 p.m.)		
12:45 p.m.		Break 2 p.m. – 2:15 p.m.	
1:00 p.m.			Break 3:15 p.m. – 3:30 p.m.
1:15 p.m.		Claim Adjustment Process (3:30 p.m. – 4:15 p.m.)	
1:30 p.m.	Break 3:30 p.m. – 3:45 p.m.		
1:45 p.m.			Break 4:15 p.m. – 4:30 p.m.
2:00 p.m.	Break 4:30 p.m. – 4:45 p.m.		
2:15 p.m.		Break 4:45 p.m. – 5:00 p.m.	
2:30 p.m.			
2:45 p.m.			
3:00 p.m.			
3:15 p.m.			
3:30 p.m.			
3:45 p.m.			
4:00 p.m.			
4:15 p.m.			
4:30 p.m.			
4:45 p.m.			
5:00 p.m.			

*Note: Registration and booths are open from 8 a.m. to 5 p.m. Provider reception will be held Wednesday.*



## Session Schedule for Wednesday, October 15, 2014

(CMS-1500 Focus)

	Salon 5	Salon B/C	Salon D/E	
8:00 a.m.	CMS-1500 Billing and Reimbursement – Fee for Service (8 a.m. – 9 a.m.)	Early and Periodic Screening, Diagnosis, and Treatment (8 a.m. – 9 a.m.)	Mental Health - MCE Behavioral Health Roundtable (8 a.m. – 9 a.m.)	
8:15 a.m.				
8:30 a.m.				
8:45 a.m.				
9:00 a.m.	Break 9 a.m. – 9:15 a.m.	Break 9 a.m. – 9:15 a.m.	Break 9 a.m. – 9:15 a.m..	
9:15 a.m.	Medicaid 101 (9:15 a.m. – 10:30 a.m.)	Mental Health – Fee-for-Service (9:15 a.m. – 10:15 a.m.)	Anthem CMS-1500 Billing (9:15 a.m. – 10:15 a.m.)	
9:30 a.m.				
9:45 a.m.		Break 10:15 a.m. – 10:30 a.m.	Break 10:15 a.m. – 10:30 a.m.	
10:00 a.m.				
10:15 a.m.	Break 10:30 a.m. – 10:45 a.m.	Provider Healthcare Portal Overview (10:30 a.m. – 11:30 a.m.)	MHS CMS-1500 Billing Guidelines and Tips (10:30 a.m. – 11:30 a.m.)	
10:30 a.m.	Communicating with IHCP – Who You Gonna Call? (10:45 a.m. – 11:45 a.m.)			
10:45 a.m.				
11:00 a.m.				
11:15 a.m.	Break 11:30 a.m. – 11:45 a.m.	Break 11:30 a.m. – 11:45 a.m.		
11:30 a.m.				
11:45 a.m.	Break 11:45 a.m. – Noon	Provider Enrollment – Refresh and Review (11:45 a.m. – 12:30 p.m.)	MDwise CMS-1500 and Prior Authorization (11:45 a.m. – 12:45 p.m.)	
Noon	Presumptive Eligibility for Pregnant Women and Notification of Pregnancy (Noon – 12:45 p.m.)			
12:15 p.m.				
12:30 p.m.	Break 12:30 p.m. – 12:45 p.m.	Break 12:30 p.m. – 12:45 p.m.	Break 12:45 p.m. – 1 p.m.	
12:45 p.m.	Break 12:45 p.m. – 1 p.m.	Third Party Liability (12:45 p.m. – 1:30 p.m.)	Prior Authorization 101 for Traditional Medicaid and Care Select (1 p.m. – 2 p.m.)	
1:00 p.m.	Billing CMS-1500 Claims on Web interChange (1 p.m. – 2 p.m.)			
1:15 p.m.				Break 1:30 p.m. – 1:45 p.m.
1:30 p.m.				
1:45 p.m.	Break 2 p.m. – 2:15 p.m.	Understanding Your Remittance Advice (1:45 p.m. – 2:30 p.m.)	Break 2 p.m. – 2:15 p.m.	
2:00 p.m.				
2:15 p.m.	Research and Resolve for CMS-1500 Claim Denials (2:15 p.m. – 3 p.m.)	Break 2:30 p.m. – 2:45 p.m.	Anthem: How to be an Adolescent Champion (2:15 p.m. – 3:15 p.m.)	
2:30 p.m.				
2:45 p.m.		Life of a Claim (2:45 p.m. – 3:30 p.m.)	Break 3:15 p.m. – 3:30 p.m.	
3:00 p.m.	Break 3 p.m. – 3:15 p.m.			
3:15 p.m.	Get Even More Hip with HIP 2.0 (3:15 p.m. – 4:45 p.m.)	Break 3:30 p.m. – 3:45 p.m.	MHS Prior Authorization 101 (3:30 p.m. – 4:30 p.m.)	
3:30 p.m.				
3:45 p.m.		Claim Adjustment Process (3:45 p.m. – 4:30 p.m.)		
4:00 p.m.				
4:15 p.m.				
4:30 p.m.				
4:45 p.m.				
5:00 p.m.				

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

Provider reception will be held from 5:30 p.m. to 7:30 p.m. in the Freedom Hall B.

## Session Schedule for Thursday, October 16, 2014

	Salon 5	Salon B/C	Salon D/E
8:00 a.m.	Medicaid 101 (8 a.m. – 9:15 a.m.)		Self-Referral Services – MCE Roundtable (8 a.m. – 9 a.m.)
8:15 a.m.		Provider Enrollment – Refresh and Review (8:15 a.m. – 9 a.m.)	
8:30 a.m.			
8:45 a.m.			
9:00 a.m.			
9:15 a.m.	Break 9:15 a.m. – 9:30 a.m.	DME/HME – What You Need to Know (9:15 a.m. – 10:15 a.m.)	ADVANTAGE Care Select 101 (9:15 a.m. – 10:15 a.m.)
9:30 a.m.	Transportation...Keeping You on the Right Track (9:30 a.m. – 10:30 a.m.)		
9:45 a.m.			
10:00 a.m.			
10:15 a.m.		Break 10:15 a.m. – 10:30 a.m.	Break 10:15 a.m. – 10:30 a.m.
10:30 a.m.	Break 10:30 a.m. – 10:45 a.m.	Vision Services (10:30 a.m. – 11:30 a.m.)	MDwise: Need a Ride (10:30 a.m. – 11:30 a.m.)
10:45 a.m.	Dental Billing – The Easy Way (10:45 a.m. – 12:15 p.m.)		
11:00 a.m.			
11:15 a.m.			
11:30 a.m.			
11:45 a.m.		Waiver Billing with Common Denials (11:45 a.m. – 12:45 p.m.)	Transportation with Anthem (11:45 a.m. – 12:45 p.m.)
Noon	Break 12:15 p.m. – 12:30 p.m.		
12:15 p.m.			
12:30 p.m.	Understanding the Role of the Division of Family Resources (12:30 p.m. – 1:30 p.m.)	Break 12:45 p.m. – 1 p.m.	Break 12:45 p.m. – 1 p.m.
12:45 p.m.		Provider Healthcare Portal Overview (1 p.m. – 2 p.m.)	Transportation with MHS (1 p.m. – 2 p.m.)
1:00 p.m.			
1:15 p.m.			
1:30 p.m.			
1:45 p.m.	Surfing the IHCP Website (1:45 p.m. – 2:30 p.m.)	Break 2 p.m. – 2:15 p.m.	Break 2 p.m. – 2:15 p.m.
2:00 p.m.		Third Party Liability (2:15 p.m. – 3 p.m.)	Prior Authorization 101 for Traditional Medicaid and Care Select (2:15 p.m. – 3:15 p.m.)
2:15 p.m.			
2:30 p.m.			
2:45 p.m.			
3:00 p.m.	Get Even More Hip with HIP 2.0 (2:45 p.m. – 4:15 p.m.)	Break 3 p.m. – 3:15 p.m.	Break 3:15 p.m. – 3:30 p.m.
3:15 p.m.		Understanding Your Remittance Advice (3:15 p.m. – 4 p.m.)	MDwise 101 (3:30 p.m. – 4:30 p.m.)
3:30 p.m.			
3:45 p.m.			
4:00 p.m.			
4:15 p.m.			
4:30 p.m.			
4:45 p.m.			
5:00 p.m.			

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