

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201234 SEPTEMBER 11, 2012

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## **Mark your calendars — 2012 IHCP Annual Provider Seminar scheduled for October 23-25 in Indianapolis**

The Office of Medicaid Policy and Planning (OMPP) and HP Enterprise Services invite Indiana Health Coverage Programs (IHCP) providers to attend the IHCP Annual Provider Seminar October 23-25, 2012, in Indianapolis. There is no cost for the seminar.

The seminar features three full days of important information, including program overviews and billing guidelines for specific programs, as well as sessions on Medicaid Recovery Audit Contractor (RAC) audits and member eligibility. HP, ADVANTAGE Health Solutions<sup>SM</sup>, Anthem, Managed Health Services (MHS), MDwise, MAXIMUS, and the Division of Family Resources will lead sessions – see the seminar lineup on the following pages to select your “can’t-miss” sessions.

### **Seminar registration**

To register for the seminar online, go to the [Workshop Registration page](#) on indianamedicaid.com. Use the Provider Education Quick Link in the right navigation panel of the provider home page for easy access. The registration page provides

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instructions, including the Workshop Registration Tool Quick Reference. If you register online, you will receive immediate confirmation. 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 and hotel reservations

The seminar will be at the following location:

Caribbean Cove Hotel and Conference Center

3850 DePauw Boulevard

Indianapolis, IN 46268

(317) 872-9790 (for hotel information and reservations)

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

Guest room reservations are available at the special rate of \$109 (single king bed) or \$119 (two double beds), plus tax, per night. To reserve a room at the special rate, call (317) 872-9790 and indicate you are attending the “Medicaid seminar.” The special rate applies to reservations made on or before October 1, 2012.

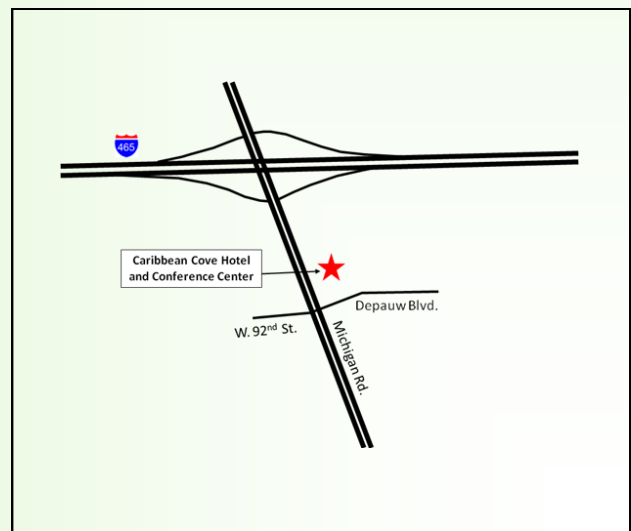
### Directions

The Caribbean Cove Hotel and Conference Center is on the northwest side of Indianapolis, just southwest of the I-465 and North Michigan Road interchange. For more specific directions from your location, please visit a map-search website.

*Indianapolis map showing the Caribbean Cove Hotel and Conference Center*



*Map showing the Caribbean Cove Hotel and Conference Center, 3850 DePauw Boulevard*



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### Seminar sessions and descriptions

During online registration, you must specify the sessions you want to attend. Session descriptions and the seminar schedule are listed in the following tables.

#### Session descriptions

Session Name	Description
<b>Affordable Care Act – Provider Enrollment and Ordering, Prescribing, and Referring Providers</b> Presented by HP provider field consultants	In this session, you will learn how elements of the <i>Affordable Care Act</i> affect provider enrollment and revalidation responsibilities. You will also learn about the new Ordering, Prescribing, and Referring (OPR) Provider type. This session is intended for those who perform enrollment and credentialing functions for your organization.
<b>Avenues of Resolution</b> Presented by HP provider field consultants	Information provided in this session will help you determine the correct organization or unit to contact when questions arise regarding program administration and claims processing.
<b>Care Select 101</b> Presented by representatives from ADVANTAGE Health Solutions and MDwise	This session provides an overview of Indiana <i>Care Select</i> , including the program's goals, eligibility requirements, and focus on disease and complex case management for specific chronic conditions. Other topics include general prior authorization (PA), the Right Choices Program (RCP), and <i>Care Select</i> quality measures.
<b>Claim Adjustment Process</b> Presented by HP provider field consultants	This session, which provides step-by-step instructions for completing claim adjustments online using Web interChange, is recommended for anyone who corrects claims for resubmission to HP. Presenters will also discuss how and when to complete and submit the paper Adjustment Request Form.
<b>CMS-1500 Billing – Fee-for-Service</b> Presented by HP provider field consultants	This session addresses basic fee-for-service (FFS) billing guidelines for various services, including anesthesia, injections, surgical services, therapies, evaluation and management codes, obstetrics, and more. Discussion will include newly implemented code auditing guidelines affecting lab, bilateral, add-on, and component procedures, as well as reasons for claim denial and resolutions. This session is ideal for new Medicaid billers.
<b>CMS-1500 Billing and Prior Authorization with MDwise</b> Presented by representatives from MDwise	This session is for MDwise providers who bill services using the CMS-1500 claim form. You will leave this session with helpful tips for submitting claims, requesting prior authorization (PA), filing claim disputes, and avoiding claim denials. This session will also cover provider enrollment and disenrollment, the Right Choices Program (RCP), and member benefits. Please come prepared to discuss CMS-1500 billing and PA with MDwise delivery system representatives.

Continue

*Session descriptions*

<b>Session name</b>	<b>Description</b>
<p><b>CMS-1500 Billing with MHS Made Simple</b> Presented by representatives from Managed Health Services</p>	<p>This session is for providers that bill professional claims for MHS Hoosier Healthwise and MHS Healthy Indiana Plan (HIP). Presenters will explain MHS claim processing guidelines and procedures. You will learn the most common reasons for claim rejections and claim denials, and how to correct and prevent them. A review of the prior authorization (PA) process, including avenues for requesting PA and the top reasons for PA suspensions and denials, will be provided. Finally, presenters will cover the appeals process for claims and medical necessity, and MHS provider enrollment, credentialing, and contracting.</p>
<p><b>CMS-1500 Medicare Crossover and Replacement Plan Billing</b> Presented by HP provider field consultants</p>	<p>This session discusses the new method for submitting Medicare Replacement Plan claims. You will also learn how to submit Medicare crossover claims. Presenters will emphasize electronic submission using Web interChange; however, they will also address how to submit paper claim forms.</p>
<p><b>Cultural Competency – How Well Do You Know Your Patients?</b> Presented by representatives from MDwise</p>	<p>This session will help you make a difference in the lives of your members by responding to an increasingly diverse member population, improving health outcomes, and improving quality of care. The session introduces resources you can use to provide better care to members, as well as tools and strategies to address the needs of your members in a culturally competent manner.</p>
<p><b>Dental Billing Guidelines</b> Presented by HP provider field consultants</p>	<p>Dental providers will learn how to use Web interChange to submit dental claims. Presenters will discuss Indiana Health Coverage Programs (IHCP) dental policies, spend-down, and more, including issues related to providing dental services to qualified Medicare beneficiary (QMB) members.</p>
<p><b>Division of Family Resources</b> Presented by representatives from the Division of Family Resources</p>	<p>Applicants apply for Medicaid benefits through the Division of Family Resources (DFR). This session offers an overview of the Medicaid eligibility determination process. You will have the chance 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 help.</p>
<p><b>Early and Periodic Screening, Diagnosis, and Treatment</b> Presented by representatives from HP, Anthem, Managed Health Services, and MDwise</p>	<p>This session on Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is ideal for primary care providers, billing staff, clinical staff, and office management. Presenters will provide a program overview, description of covered services, billing guidelines, outreach strategies, and strategies to maximize opportunities when providing EPSDT services.</p>
<p><b>Electronic Health Records</b> Presented by HP provider field consultants</p>	<p>The American <i>Recovery and Reinvestment Act</i> (Recovery Act) of 2009 provides for incentive payments to eligible professionals (EP) and eligible hospitals (EH) that are meaningful users of certified electronic health record technology. Come learn how to register your electronic health records (EHR) system to qualify for EHR payments.</p>

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Session name	Description
<p><b>Enrollment Broker Services</b></p> <p>Presented by representatives from MAXIMUS</p>	<p>This session covers the role of enrollment brokers in all Indiana managed care programs, including Hoosier Healthwise, <i>Care Select</i>, Healthy Indiana Plan (HIP), and Presumptive Eligibility for Pregnant Women (PE). Presenters will discuss roles and responsibilities, along with contact information.</p>
<p><b>Finance: Understanding Your Remittance Advice</b></p> <p>Presented by HP provider field consultants</p>	<p>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.</p>
<p><b>HIP HIP Hooray</b></p> <p>Presented by representatives from Anthem, Managed Health Services, and MDwise</p>	<p>The managed care entities (MCEs) will present a comprehensive overview of the Healthy Indiana Plan (HIP) program, with updates and information specific to each MCE's plan. The session describes covered services, prior authorization (PA), claims filing, Personal Wellness Responsibility (POWER) Accounts, and provider enrollment. This session is ideal for all HIP providers.</p>
<p><b>Health Management Systems Cost Recovery</b></p> <p>Presented by HP provider field consultants</p>	<p>Health Management Systems (HMS) is a contractor working with the Indiana Health Coverage Programs (IHCP) to identify and recover overpayments made to providers. This session presents an overview of the functions performed by HMS, including use of the credit balance worksheet and the Medicare recovery process.</p>
<p><b>Introduction to the IHCP</b></p> <p>Presented by HP provider field consultants</p>	<p>This session covers the overall structure of the Indiana Medicaid program. You will learn about Traditional Medicaid, <i>Care Select</i>, Healthy Indiana Plan (HIP), and Hoosier Healthwise programs, as well as about the contractors involved with each program. This session is ideal for those who are new to Medicaid.</p>
<p><b>Life of a Claim</b></p> <p>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 your claims through the online adjustment process. This session is ideal for those who are new to Medicaid.</p>
<p><b>Manual Pricing</b></p> <p>Presented by HP provider field consultants</p>	<p>This session explains how to determine when a code does not have an established reimbursement rate and is manually priced. Presenters will also cover how to submit electronic and paper claims that require a manufacturer's suggested retail price (MSRP) invoice.</p>
<p><b>MDwise Quality – Make it Count</b></p> <p>Presented by representatives from MDwise</p>	<p>This session provides an overview of MDwise's quality goals for 2013, emphasizing measures targeted toward primary medical providers (PMPs) – family practice, pediatrics, obstetrics/gynecology, general practice, and internal medicine. The presentation will include guidelines for the targeted measures, preventive measures and screenings, and pay-for-performance information for PMPs contracted with MDwise. The session also focuses on the importance of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), the Healthcare Effectiveness Data and Information Set (HEDIS), and the National Committee for Quality Assurance (NCQA). You will also receive tools and resources to help promote increased performance. This session is ideal for clinical and billing staff, and PMP office management.</p>

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Session name	Description
<p><b>MDwise Right Choices Program and Community Outreach</b></p> <p>Presented by representatives from MDwise</p>	<p>This session helps you understand the Right Choices Program (RCP) and how to be sure you are “locked in” to rendering services to RCP members. Presenters will also discuss resources for marketing, outreach, and awareness of MDwise products and services.</p>
<p><b>Meet Your MDwise Delivery System Representatives</b></p> <p>Presented by representatives from MDwise</p>	<p>Representatives from each MDwise delivery system will provide updates and answer questions.</p>
<p><b>Medical Equipment Guidelines</b></p> <p>Presented by HP provider field consultants</p>	<p>Medical equipment providers will gain an understanding of durable medical equipment (DME) guidelines, including capped rental, repair versus replacement, preferred diabetic supplies, and more. You will also learn the top reasons for DME claim denials and how to resolve them.</p>
<p><b>Medical Review Team</b></p> <p>Presented by HP provider field consultants</p>	<p>This session provides an overview of the billing requirements for Medical Review Team (MRT) claims, including how the member eligibility process works, the types of exams and service performed, and how to obtain authorization for additional services. You will also learn the top reasons for MRT claim denials and how to resolve them.</p>
<p><b>Mental Health – Fee-for-Service</b></p> <p>Presented by HP provider field consultants</p>	<p>This comprehensive session focuses on mental health policy and billing guidelines under fee-for-service (FFS), including outpatient mental health, the Medicaid Rehabilitation Option (MRO) transformation, somatic treatment, assertive community treatment, and psychiatric residential treatment facility services. You will also learn the top reasons for claim denials and how to resolve them.</p>
<p><b>Mental Health MCE Roundtable</b></p> <p>Presented by representatives from Anthem, Cenpatico, and MDwise</p>	<p>This forum lets you ask questions – and get answers – about Medicaid mental health benefits from a managed care perspective.</p>
<p><b>MHS – Your Partner for Better Health</b></p> <p>Presented by representatives from Managed Health Services</p>	<p>In this session, designed for primary medical providers (PMPs) contracted with MHS, you will learn about the MHS quality initiatives, including Healthcare Effectiveness Data and Information Set (HEDIS) and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services. MHS will also cover resources and tools to help you increase quality scores.</p>
<p><b>Need a Ride with MDwise?</b></p> <p>Presented by representatives from MTM and MDwise</p>	<p>This session, conducted by MDwise and its transportation contractor, includes an overview of transportation services, such as trip limitations, how members schedule rides, and additional information.</p>

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Session name	Description
<p><b>Patient Care Collaboration</b></p> <p>Presented by representatives from Managed Health Services</p>	<p>This session discusses MHS' care coordination and disease management programs. You will learn how the MHS programs are designed to increase member compliance. Representatives from the MHS Connections and Case Management Unit will be available to answer questions.</p>
<p><b>Practice Optimization Strategies</b></p> <p>Presented by representatives from Anthem</p>	<p>This session, designed for practice managers, office managers, and Anthem providers, will help you create a well-defined, structured work environment by enhancing office staff roles, improving time management skills, defining goals, and using self-audit techniques. Presenters will discuss "best practices" from across the state that lead to improved outcomes.</p>
<p><b>Pre-Admission Screening and Resident Review</b></p> <p>Presented by HP provider field consultants</p>	<p>This session provides an overview of Pre-Admission Screening and Resident Review (PASRR) and discusses claim submission guidelines, including how to establish PASRR eligibility in the claims processing system, IndianaAIM. This session is ideal for community mental health centers, diagnostic and evaluation teams, and representatives from the Area Agencies on Aging.</p>
<p><b>Prepayment Surveillance &amp; Utilization Review</b></p> <p>Presented by representatives from the Program Integrity Unit at the Office of Medicaid Policy and Planning</p>	<p>In this session, you will learn about the purpose of review activities conducted under the Surveillance and Utilization Review (SUR) process, including policies and procedures that affect prepayment review.</p>
<p><b>Presumptive Eligibility and Notification of Pregnancy</b></p> <p>Presented by representatives from HP, Anthem, Managed Health Services, and MDwise</p>	<p>The Presumptive Eligibility (PE) for Pregnant Women 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 PE provider, or whether you would like to participate in the PE program, we encourage you 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>
<p><b>Prior Authorization 101 for Traditional Medicaid and Care Select</b></p> <p>Presented by representatives from ADVANTAGE Health Solutions and MDwise</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>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 PA</li> <li>– Physical, occupational, and speech therapy</li> <li>– Durable medical equipment (DME)</li> </ul> </li> </ul>

Session name	Description
	<p>– An overview of administrative review and hearings</p> <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>Program Integrity</b></p> <p>Presented by representatives from the Program Integrity Unit at the Office of Medicaid Policy and Planning</p>	<p>Discussion will cover various types of audit and compliance issues with a focus on provider self-audits. The session will also provide an overview of Recovery Audit Contractor (RAC) activities.</p>
<p><b>Provider Enrollment – Top Reasons for Returns to Providers</b></p> <p>Presented by HP provider field consultants</p>	<p>Good news for credentialing staff and anyone responsible for completing provider enrollment forms – this session highlights the top errors that prevent enrollment forms from processing to completion. You will learn tips to ensure that future enrollment and profile maintenance forms are completed correctly.</p>
<p><b>Ride Along with MHS</b></p> <p>Presented by representatives from LCP</p>	<p>This session, presented by LCP, the transportation vendor used by MHS, offers an overview of transportation services, the scheduling process for MHS members, and more.</p>
<p><b>Secrets to Submitting Clean CMS-1500 Claims with Anthem</b></p> <p>Presented by representatives from Anthem</p>	<p>Come learn everything you ever wanted to know about CMS-1500 claim filing updates, common denials and resolution, and provider file updates with Anthem.</p>
<p><b>Secrets to Submitting Clean UB-04 Claims with Anthem</b></p> <p>Presented by representatives from Anthem</p>	<p>Come learn everything you ever wanted to know about UB-04 claim filing updates, common denials and resolution, and provider file updates with Anthem.</p>
<p><b>Self-Referral MCE Roundtable</b></p> <p>Presented by representatives from Anthem, Managed Health Services, and MDwise</p>	<p>This valuable session allows managed care providers of durable medical equipment (DME), home health, chiropractic, and other self-referral services to ask questions and get answers about claims, prior authorization (PA), and member benefits.</p>
<p><b>Spend-down</b></p> <p>Presented by HP provider field consultants</p>	<p>This session addresses how a member's spend-down affects claims processing, including how the spend-down is applied, how you collect spend-down dollars, and how to identify members who are subject to spend-down.</p>

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Session name	Description
<p><b>Third-Party Liability</b> Presented by HP provider field consultants</p>	<p>This session helps you identify members with coverage through a third-party insurer. You will learn how to update incorrect or missing third-party insurer information for members and how to resolve claim denials related to third-party liability (TPL) issues. Presenters will also cover billing procedures for claims involving TPL. This session is ideal for all providers.</p>
<p><b>Third-Party Liability MCE Roundtable</b> Presented by representatives from Anthem, Managed Health Services, and MDwise</p>	<p>This roundtable presents information about each provider's responsibility to exhaust other payment sources before claims may be billed to the managed care entities. You will also learn about using the 90-day provision for claim submission and the responsibilities affecting you and the managed care entities (MCEs).</p>
<p><b>Transportation for Anthem Members</b> Presented by representatives from LCP</p>	<p>This session includes an overview of Anthem transportation services, such as trip limitations and how members schedule rides. It also addresses the Medicaid requirements effective January 2011, including the required office hours, the change in Package C coverage, and noncovered trips.</p>
<p><b>Transportation Guidelines – Fee-for-Service</b> Presented by HP provider field consultants</p>	<p>This session provides an overview of fee-for-service (FFS) transportation policy and billing.</p>
<p><b>UB-04 Billing to MHS with Ease</b> Presented by representatives from Managed Health Services</p>	<p>This session offers useful information for providers that bill institutional claims for MHS Hoosier Healthwise and MHS Healthy Indiana Plan (HIP). You will learn the most common reasons for rejections and denials, and how to correct and prevent them. Presenters will also discuss the prior authorization (PA) process and the top reasons for PA suspensions and denials. Finally, presenters will cover the appeals process for claims and medical necessity, and MHS contracting, enrollment, and credentialing.</p>
<p><b>UB-04 Billing with MDwise</b> Presented by representatives from MDwise</p>	<p>This session is for providers who bill services to MDwise using the UB-04 claim form (institutional claim form). You will leave this session with helpful tips for submitting claims, requesting prior authorizations (PA), filing claim disputes, and avoiding claim denials. This session will also cover Healthy Indiana Plan (HIP) and Hoosier Healthwise billing guidelines. Please come prepared to discuss UB-04 billing with MDwise delivery system representatives.</p>
<p><b>UB-04 Institutional Claims-Fee-for-Service</b> Presented by HP provider field consultants</p>	<p>This session shows how to complete the UB-04 claim form and reviews inpatient and outpatient billing guidelines for fee-for-service (FFS) claims. Discussion will include newly implemented code auditing guidelines that have an impact on outpatient claims.</p>
<p><b>UB-04 Medicare Crossover and Replacement Plan Billing</b> Presented by HP provider field</p>	<p>This session focuses on billing instructions for submitting Medicare crossover and replacement plan claims to HP. Presenters will emphasize electronic submission using Web interChange; however, they will also address how to submit paper</p>

Session name	Description
consultants	claim forms.
<b>Vision Services Presented</b> by HP provider field consultants	This session covers billing guidelines for vision claims submitted to HP. Also covered are Indiana Health Coverage Programs (IHCP) vision policies, benefit limitations, prior authorization (PA) requirements, third-party liability (TPL) billing, spend-down, and the impact of member assignment with the managed care entities (MCEs).
<b>Vision MCE Roundtable</b> Presented by vision subcontractors for Anthem, Managed Health Services, and MDwise	This roundtable will present vision providers with guidelines for billing vision services and requesting prior authorization (PA) within managed care. The session will also discuss benefit limitations, common denials, and avenues of resolution for the three managed care entities (MCEs).
<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.
<b>Web interChange</b> Presented by HP provider field consultants	This session covers administrator and user functions, and instructs billers how to research claim denials using Web interChange. In addition, participants will learn how to use the Notes and Attachments functions, and how to correct claim denials online. Presenters will also discuss provider profiles, prior authorization (PA), and Medicaid-secondary billing.
<b>Welcome to ICD-10</b> Presented by representatives from the HP ICD-10 Team	This session offers an introduction to and comparison between the International Classification of Diseases, Tenth Revision (ICD-10), and the International Classification of Diseases, Ninth Revision (ICD-9), explaining the rationale behind the transition and the improvements inherent in the change.
<b>What to Expect on October 1, 2013</b> Presented by representatives from the HP ICD-10 Team	The International Classification of Diseases, Tenth Revision (ICD-10) implementation date is October 1, 2014. However, some changes to IndianaAIM will be effective October 1, 2013. This presentation outlines those changes and how they will affect you.

**Questions?**

If you have questions about this bulletin, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

# 2012 IHCP ANNUAL PROVIDER SEMINAR

## Session Schedule

Tuesday, October 23, 2012

Time	Monte Carlo AB (120)	Monte Carlo CD (120)	Grimaldi (130)	Monaco (100)
8:00 a.m.	UB-04 Institutional Claims – Fee-for-Service (HP) 8:00 a.m. – 9:45 a.m.	Break	Web interChange (HP) 8:00 a.m. – 9:45 a.m.	MDwise Quality – “Make It Count” (MDwise) 8:00 a.m. – 9:00 a.m.
		Care Select 101 (ADVANTAGE and MDwise) 8:15 a.m. – 9:15 a.m.		
9:00 a.m.	Break	Break	Break	Break
				Welcome to ICD-10 (HP) 9:15 a.m. – 9:45 a.m.
10:00 a.m.	UB-04 Billing to MHS with Ease (MHS) 10:00 a.m. – 11:00 a.m.	Claim Adjustment Process (HP) 10:00 a.m. – 11:00 a.m.	Prior Authorization 101 for Traditional Medicaid and Care Select (ADVANTAGE and MDwise) 10:00 a.m. – 11:00 a.m.	Electronic Health Records (HP) 10:00 a.m. – 10:30 a.m.
11:00 a.m.	Break	Break	Break	Provider Enrollment – Top Reasons for Returns to Providers (HP) 10:45 a.m. – 11:45 a.m.
	Secrets to Submitting Clean UB-04 Claims with Anthem (Anthem) 11:15 a.m. – 12:15 p.m.	Manual Pricing (HP) 11:15 a.m. – 12:15 p.m.	Spend-down (HP) 11:45 a.m. – 12:45 p.m.	
Noon	Break	Break		Break
	1:00 p.m.	UB-04 Billing with MDwise (MDwise) 12:30 p.m. – 1:30 p.m.	Finance – Understanding Your Remittance Advice (HP) 12:30 p.m. – 1:30 p.m.	MDwise Right Choices Program and Community Outreach (MDwise) 1:00 p.m. – 1:30 p.m.
2:00 p.m.	UB-04 Medicare Crossover and Replacement Plan Billing (HP) 1:45 p.m. – 2:45 p.m.	Prepayment Surveillance and Utilization Review (OMPP) 2:15 p.m. – 3:00 p.m.	Enrollment Broker Services (MAXIMUS) 1:45 p.m. – 2:45 p.m.	Introduction to the IHCP (HP) 1:45 p.m. – 3:15 p.m.
3:00 p.m.	Avenues of Resolution (HP) 3:00 p.m. – 3:30 p.m.	Break	Program Integrity (OMPP) 3:00 p.m. – 4:00 p.m.	Break
	Break	Meet Your MDwise Delivery System Representatives (MDwise) 3:15 p.m. – 4:15 p.m.		
4:00 p.m.	Life of A Claim (HP) 3:45 p.m. – 4:45 p.m.			Cultural Competency – How Well Do You Know Your Patients? (MDwise) 3:30 p.m. – 4:30 p.m.
5:00 p.m.				

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

## 2012 IHCP ANNUAL PROVIDER SEMINAR

Wednesday, October 24, 2012

Time	Monte Carlo AB (120)	Monte Carlo CD (120)	Grimaldi (130)	Monaco (100)
8:00 a.m.	Vision Services (HP) 8:00 a.m. – 9 a.m.	Break	Break	Dental Billing Guidelines (HP) 8:00 a.m. – 9:30 a.m.
		Waiver Billing with Common Denials (HP) 8:15 a.m. – 9:15 a.m.	HIP HIP Hooray (MCEs) 8:15 a.m. – 9:45 a.m.	
9:00 a.m.	Vision MCE Roundtable (MCEs' Subcontractors) 9:05 a.m. – 9:50 a.m.	Break	Break	Break
		Electronic Health Records (HP) 9:30 a.m. – 10:00 a.m.		
10:00 a.m.	Break	Break	Break	Break
11:00 a.m.	Medical Equipment Guidelines (HP) 10:00 a.m. – 11:00 a.m.	Break	Health Management Systems Cost Recovery (HP) 10:00 a.m. – 11:00 a.m.	Transportation Guidelines – Fee-for-Service (HP) 10:00 a.m. – 11:00 a.m.
	Break	Affordable Care Act – Provider Enrollment and Ordering, Prescribing, and Referring Providers (HP) 10:30 a.m. – 11:30 a.m.	Break	Break
Noon	Self-Referral MCE Roundtable (MCEs) 11:15 a.m. – 11:55 a.m.	Break	Prior Authorization 101 for Traditional Medicaid and Care Select (ADVANTAGE and MDwise) 11:15 a.m. – 12:15 p.m.	Transportation for Anthem Members (LCP Subcontractor) 11:15 a.m. – 12:15 p.m.
	Break	Provider Enrollment – Top Reasons for Returns to Providers (HP) 11:45 a.m. – 12:45 p.m.	Break	Break
1:00 p.m.	Third-Party Liability (HP) 12:15 p.m. – 1:15 p.m.	Break	Finance – Understanding Your Remittance Advice (HP) 12:30 p.m. – 1:30 p.m.	Ride Along with MHS (LCP Subcontractor) 12:30 p.m. – 1:15 p.m.
	Break	What to Expect on October 1, 2013 (HP) 1:00 p.m. – 1:45 p.m.	Break	Break
2:00 p.m.	Third-Party Liability MCE Roundtable (MCEs) 1:30 p.m. – 2:30 p.m.	Break	Program Integrity (OMPP) 1:45 p.m. – 2:45 p.m.	Need a Ride with MDwise? (MTM Subcontractor and MDwise) 1:30 p.m. – 2:15 p.m.
	Break	Spend-down (HP) 2:00 p.m. – 3:00 p.m.	Break	Break
3:00 p.m.	Medical Review Team (HP) 3:00 p.m. – 3:30 p.m.	Break	Web interChange (HP) 3:00 p.m. – 4:45 p.m.	Prepayment Surveillance and Utilization Review (OMPP) 2:30 p.m. – 3:15 p.m.
	Break	Patient Care Collaboration (MHS) 3:15 p.m. – 4:15 p.m.	Break	Break
4:00 p.m.	Pre-Admission Screening Resident Review (HP) 3:45 p.m. – 4:15 p.m.			CMS-1500 Medicare Crossover and Replacement Plan Billing (HP) 3:45 p.m. – 4:45 p.m.
5:00 p.m.				

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

## 2012 IHCP ANNUAL PROVIDER SEMINAR

Thursday, October 25, 2012

Time	Monte Carlo AB (120)	Monte Carlo CD (120)	Grimaldi (130)	Monaco (100)
8:00 a.m.	CMS-1500 Billing – Fee-for-Service (HP) 8:00 a.m. – 9:15 a.m.	<b>Break</b>	Web interChange (HP) 8:00 a.m. – 9:45 a.m.	Division of Family Resources (DFR) 7:45 a.m. – 8:45 a.m.
9:00 a.m.		Early and Periodic Screening, Diagnosis, and Treatment (MCEs and HP) 8:15 a.m. – 9:15 a.m.		<b>Break</b>
	<b>Break</b>	<b>Break</b>		What to Expect on October 1, 2013 (HP) 9:00 a.m. – 9:30 a.m.
10:00 a.m.	Secrets to Submitting Clean CMS-1500 Claims with Anthem (Anthem) 9:30 a.m. – 10:45 a.m.	Care Select 101 (ADVANTAGE and MDwise) 10:15 a.m. – 11:15 a.m.	<b>Break</b>	<b>Break</b>
	<b>Break</b>		Mental Health – Fee-for-Service (HP) 10:00 a.m. – 11:00 a.m.	CMS-1500 Medicare Crossover and Replacement Plan Billing (HP) 9:45 a.m. – 10:45 a.m.
11:00 a.m.	<b>Break</b>		<b>Break</b>	<b>Break</b>
	CMS-1500 Billing with MHS Made Simple (MHS) 11:00 a.m. – 12:15 p.m.	<b>Break</b>	<b>Break</b>	Provider Enrollment – Top Reasons for Returns to Providers (HP) 11:00 a.m. – Noon
Noon	<b>Break</b>	Presumptive Eligibility and Notification of Pregnancy (MCEs and HP) 11:30 a.m. – 12:30 p.m.	Mental Health MCE Roundtable (MCEs) 11:15 a.m. – 12:15 p.m.	<b>Break</b>
	<b>Break</b>	<b>Break</b>	<b>Break</b>	Manual Pricing (HP) 12:15 p.m. – 1:15 p.m.
1:00 p.m.	CMS-1500 and Prior Authorization with MDwise (MDwise) 1:00 p.m. – 2:15 p.m.		Affordable Care Act – Provider Enrollment and Ordering, Prescribing, and Referring Providers (HP) 12:30 p.m. – 1:30 p.m.	<b>Break</b>
	<b>Break</b>		<b>Break</b>	Avenues of Resolution (HP) 1:30 p.m. – 2:30 p.m.
2:00 p.m.		MHS – Your Partner for Better Health (MHS) 1:45 p.m. – 2:45 p.m.		<b>Break</b>
	Claim Adjustment Process (HP) 2:30 p.m. – 3:30 p.m. HP)	<b>Break</b>	Program Integrity (OMPP) 2:15 p.m. – 3:15 p.m.	<b>Break</b>
3:00 p.m.		Practice Optimization Strategies (Anthem) 3:00 p.m. – 4:00 p.m.	<b>Break</b>	Health Management Systems Cost Recovery (HP) 2:45 p.m. – 3:45 p.m.
4:00 p.m.			Prepayment Surveillance and Utilization Review (OMPP) 3:30 p.m. – 4:15 p.m.	
5:00 p.m.				

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