



I M P O R T A N T I N F O R M A T I O N

P R O V I D E R W O R K S H O P S

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 2001 second quarter IHCP workshops free of charge. The morning session will begin promptly at 9 a.m., and is designed for newly enrolled providers and new billing analysts. Directions to workshop locations will be available on the IHCP Web site by Friday, May 4, 2001.

Table 1.1 – IHCP Workshop Locations

Workshop Date	Registration Deadline	City	Location
June 4, 2001	May 29, 2001	Richmond	Reid Memorial Hospital-Wallace Auditorium 1401 Chester Blvd. Richmond, Indiana
June 12, 2001	June 5, 2001	Indianapolis	Methodist Hospital - Petticrew Auditorium I65 at 21 st Street Indianapolis, Indiana
June 12, 2001	June 5, 2001	Terre Haute	Terre Haute Regional 1606 N. 7 th Street Terre Haute, Indiana
June 14, 2001	June 7, 2001	Fort Wayne	Lutheran Hospital-Kachmann Auditorium 7950 W. Jefferson Fort Wayne, Indiana
June 20, 2001	June 13, 2001	Crown Point	St. Anthony Medical Center Marian Education Center 1201 South Main Street Crown Point, Indiana

Table 1.2 – Session Information

Time	Topic
9:00-11:45 a.m.	IHCP 101 Workshop <ul style="list-style-type: none"> • 590 Program • Traditional Medicaid Program • Hoosier Healthwise Benefit Packages • Eligibility Verification Systems (EVS) • Third party liability (TPL) • Claim processing guidelines
1:00-3:30 p.m.	Provider Electronic Solutions <ul style="list-style-type: none"> • Web demo New Crossover Claim Forms <ul style="list-style-type: none"> • Common filing errors on both UB-92 and HCFA Crossover claim forms • Effect of provider numbers on the automation process • Trading partner participation with the IHCP programs Question and Answer Session/Meet your Provider Relations Field Consultant

Registration: Please print or type the information below and fax to (317) 488-5376.

Name of Registrant (s) _____

Provider Number _____

Provider Name _____

Provider Address _____

City _____ State _____ ZIP _____

Provider Telephone _____ Provider Fax _____

I (we) will attend:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> June 4, 2001, Richmond | <input type="checkbox"/> both sessions | <input type="checkbox"/> a.m. session only | <input type="checkbox"/> p.m. session only |
| <input type="checkbox"/> June 12, 2001, Indianapolis | <input type="checkbox"/> both sessions | <input type="checkbox"/> a.m. session only | <input type="checkbox"/> p.m. session only |
| <input type="checkbox"/> June 12, 2001, Terre Haute | <input type="checkbox"/> both sessions | <input type="checkbox"/> a.m. session only | <input type="checkbox"/> p.m. session only |
| <input type="checkbox"/> June 14, 2001, Fort Wayne | <input type="checkbox"/> both sessions | <input type="checkbox"/> a.m. session only | <input type="checkbox"/> p.m. session only |
| <input type="checkbox"/> June 20, 2001, Crown Point | <input type="checkbox"/> both sessions | <input type="checkbox"/> a.m. session only | <input type="checkbox"/> p.m. session only |

*Note: Seating for these sessions is limited to two registrants per provider number. An EDS staff member will contact your office prior to the workshop to confirm your attendance. **Workshop registrations will be accepted until the workshop deadline or until capacity is reached. Receipt of your fax does NOT guarantee registration. If you do not receive a phone call from an EDS staff member your attendance is NOT confirmed due to seating capacity.** These workshops will be offered each quarter and information about future workshops will be forthcoming. Please direct any questions regarding these workshops to EDS representatives at (317) 488-5195.*