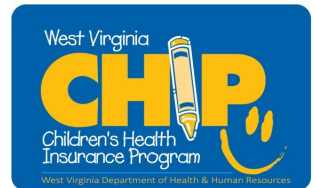
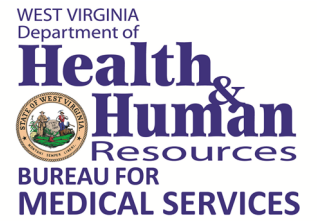




Spring 2017 Provider Workshops

WV Medicaid
WVCHIP



Register Today

Molina Medicaid Solutions
PO Box 625
Charleston WV 25322-0625

Type address here or use Mail Merge to automatically address
this publication to multiple recipients.

Molina Medicaid Solutions
PO Box 625
Charleston WV 25322-0625



Spring 2017 Provider

Please join us at the 2017 Spring Provider Workshops so that you and your staff will be aware of upcoming developments which may impact your practice/organization. The WV Bureau for Medical Services (BMS), WV Children's Health Insurance Program (WVCHIP), and Molina Medicaid Solutions will be conducting eight Provider Workshops throughout the state from April 3 - 13th, 2017. In addition, the Medicaid Managed Care Organizations, and Medicaid contractors will be presenting. Workshops are offered at various locations to accommodate as many providers as possible. All sessions will provide the same information. The agenda items will impact a wide variety of providers.

Topics include:

- ◆ **Provider Enrollment Maintenance Portal Updates**
- ◆ **LARC (Long-Acting Reversible Contraception)**
- ◆ **Screening of Network Providers**

Presenters:

- ◆ WV Medicaid
- ◆ Molina
- ◆ KEPRO (formerly APS Healthcare)
- ◆ Maximus
- ◆ Medicaid Managed Care Organizations

Workshop Locations April 3-13, 2017

- ◆ **4/3: Martinsburg - Holiday Inn**
- ◆ **4/4: Wheeling - Oglebay Resort/Pine Room**
- ◆ **4/5: Morgantown - Waterfront Resort**
- ◆ **4/6: Vienna - Grand Pointe Conf. Center**
- ◆ **4/10: Roanoke - Stonewall Resort**
- ◆ **4/11: Charleston - Beni Kedem**
- ◆ **4/12: Huntington - St. Mary's Conf. Center**
- ◆ **4/13: Beckley - Tamarack**

Registration begins at 8:00 a.m.

Workshops are from 9:00 a.m. to 1:00 p.m.

A light breakfast will be provided.

Please RSVP by March 17th by completing a registration form via one of the following:

• **Online:**

www.wvmmis.com (under the 2017 Spring Provider Workshop link)

• **Email:**

WVProviderFieldRepresentative@MolinaHealthCare.com

Subject Line: *Attn: Spring 2017 Provider Workshop*

You may also detach the form below and submit by March 17th via:

- **Fax:** (304) 348-3380

Attn: Spring 2017 Provider Workshop

- **Mail:** *Attn: Spring 2017 Provider Workshop*

Molina Medicaid Solutions

P.O. Box 625

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April 2017 Locations:

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___ **4/13: Beckley - Tamarack**

Number of attendees: _____

Provider Name: _____

Contact Name: _____

Phone Number: (_____) _____

E-Mail: _____