

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201648 AUGUST 30, 2016



2016 IHCP Annual Provider Seminar scheduled for October 18-20 in Indianapolis

The Indiana Family and Social Services Administration (FSSA) and Hewlett Packard Enterprise (HPE) invite Indiana Health Coverage Programs (IHCP) providers to attend the 2016 IHCP Annual Provider Seminar. The seminar begins Tuesday, October 18, and continues through Thursday, October 20. 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 a preview of the functions available in the new Provider Healthcare Portal scheduled to be released later this year. Sessions will be led by HPE, Anthem, Managed Health Services (MHS), MDwise, Cooperative Managed Care Services (CMCS), and FSSA. For information about the full seminar lineup and to pick your “can’t-miss” sessions, see the attached [Session Descriptions and Schedule](#).

Seminar registration

Providers may register for the seminar online by visiting the [Workshop Registration](#) page at indianamedicaid.com. The registration page provides instructions, including the *Workshop Registration Tool Quick Reference*. Registration for the IHCP Annual Provider Seminar is a two-step process. During registration, you must first register for the seminar. After you have confirmed your registration, you must then register for each session you would like to attend. Session descriptions and the daily schedule are attached to this bulletin for your reference. A link to this information can also be found on the [2016 IHCP Annual Provider Seminar](#) page at indianamedicaid.com. Those who register online receive immediate registration confirmation. All registration is on a first-come, first-served basis, so sign up early for the best selection.

Presentations for all sessions will be available on the [Provider Education](#) page at indianamedicaid.com before the seminar. Providers may print hard copies of each presentation for reference, if desired. Paper copies of the presentations will **not** be provided.

Walk-in registrations will be allowed; however, it is not recommended as space is limited. The most popular sessions reach capacity well before the start of the seminar. Walk-in registrants will be allowed to attend sessions only if 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 at the following location:

Indianapolis Marriott East Hotel
7202 East 21st Street
Indianapolis, IN 46219

Guest room reservations are available at the special rate of \$129 plus tax per night. To reserve a room at the special rate, use the following link, [Book your group rate for Indiana Medicaid Seminar 2016](#), or call 1-800-991-3346 and indicate you are attending the “Indiana Medicaid Seminar.” The special rate applies to reservations made on or before September 17, 2016.

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

Directions

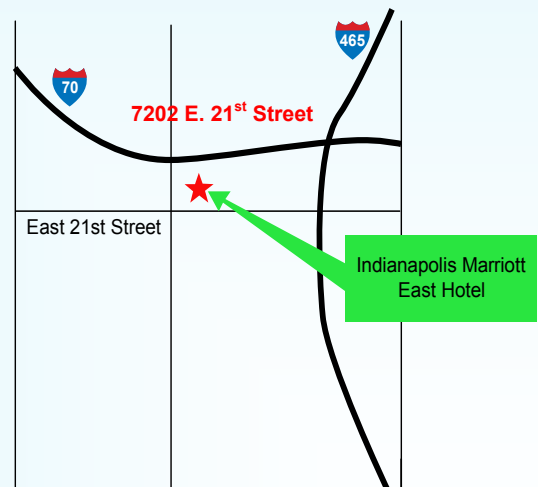
The Indianapolis Marriott East Hotel is located on the near northeast side of Indianapolis on 21st Street, east of Shadeland Avenue, west of I-465, and south of I-70.

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](#).

Indianapolis map showing location of Indianapolis Marriott East Hotel



Map of specific location of Indianapolis Marriott East Hotel



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2016 IHCP Annual Provider Seminar

Session Descriptions and Schedule

Session Descriptions

Note: *The presentations for all sessions will be available on the [Provider Education](#) page at indianamedicaid.com before the seminar. Providers may print hard copies of the presentations for reference, if desired. Copies will not be provided.*

Session Name	Description
Anthem 101 Presented by representatives from Anthem	At this session, providers will learn about the various Indiana Health Coverage Programs (IHCP) managed care products and the general scope of services available. The session also covers Anthem resources available to providers to support the care management of IHCP members.
Anthem CMS-1500 Billing and Claim Processing Presented by representatives from Anthem	This session is for Anthem network providers that bill professional claims for Anthem's Hoosier Healthwise, Healthy Indiana Plan (HIP), or Hoosier Care Connect members. Providers will learn about Anthem's claim-processing guidelines and will leave the session with helpful tips for submitting claims, requesting prior authorization (PA), avoiding claim denials, filing claim disputes, and understanding the claim-resolution process. Providers will also learn how to access important information online and find out about upcoming changes.
Anthem HIP POWER Account Presented by representatives from Anthem	In this session, Anthem offers providers an overview of its debit card payment processes, along with instructions and training for how providers can be paid in real time for services rendered to Healthy Indiana Plan (HIP) members.
Anthem Home Health and Hospice Presented by representatives from Anthem	This presentation gives Anthem home health and hospice providers a better understanding of how claims are processed for these types of services. The presentation also details information about how to complete claim forms correctly.
Anthem: LCP Transportation Presented by representatives from Anthem and Anthem's transportation contractor	This session includes an overview of transportation services, such as trip limitations, how members schedule rides, and additional information for meeting the transportation needs of Anthem's Hoosier Healthwise, Healthy Indiana Plan (HIP), and Hoosier Care Connect members.
Anthem Pay-for-Performance (HEDIS) Presented by representatives from Anthem	This presentation discusses Anthem's approach to Healthcare Effectiveness Data and Information Set (HEDIS®) measures and outlines strategies for improving provider documentation, tips for monitoring provider panels, and incentives for achieving quality targets and improving compliance.
Anthem Presents: Hoosier Care Connect and the Big White Wall Presented by representatives from Anthem	Providers will learn how to introduce Hoosier Care Connect members to the <i>Big White Wall</i> , a safe, anonymous, online support site where members can get help, 24 hours a day/7 days a week, with things that might be troubling them. The site allows users to connect with individuals, many of whom have dealt with issues similar to those experienced by Anthem members, who can offer assistance or advice. On the "Wall," members can access information about resources, self-management tools, avenues for art expression, and more. The site is moderated by healthcare professionals.
Anthem Prior Authorization Presented by representatives from Anthem	Anthem's clinical team will provide useful information on the prior authorization process and how to avoid authorization disputes.

Session Name	Description
Anthem: Recovery Coach Program Presented by representatives from Anthem	Providers will learn how Anthem spearheaded the development of a Substance Use Disorder (SUD)-recovery coaching pilot as a case management intervention strategy for individuals with multiple medical conditions and untreated SUDs – persons otherwise difficult to engage in case management. Providers will also learn about efforts to develop interventions for and responses to the opioid epidemic.
Anthem UB-04 Billing and Claim Processing Presented by representatives from Anthem	This session is for Anthem network providers that bill using the UB-04 claim form (institutional claim form) for Anthem's Hoosier Healthwise, Healthy Indiana Plan (HIP), and Hoosier Care Connect members. The session covers helpful tips for submitting claims, requesting prior authorization (PA), filing claim disputes, and avoiding claim denials. Participants also learn how to access important information online and find out about upcoming changes.
Anthem: Using the Availity Web Portal Presented by representatives from Anthem	Through this presentation, physicians and other providers in Anthem's network will understand how to access Availity's secure web portal. Providers will learn how to use the portal to simplify and streamline work processes, including how to access rosters, provider panels, and claim activity.
Claim Adjustment Process: Fee-for-Service CMS-1500 Presented by HPE provider field consultants	This session provides an overview of the claim adjustment process related to fee-for-service <i>professional</i> paper claims. The session also covers voiding previously submitted claims, timely filing limitations, and the administrative review and appeal processes.
Claim Adjustment Process: Fee-for-Service UB-04 Presented by HPE provider field consultants	This session provides an overview of the claim adjustment process related to fee-for-service <i>institutional</i> paper claims. The presentation also covers voiding previously submitted claims, timely filing limitations, and the administrative review and appeal processes.
Conversation with your Managed Care Representative Presented by representatives from Anthem, Managed Health Services, and MDwise	This session gives providers an informal opportunity to meet their provider relations representatives from each of the managed care entities (MCEs). Providers will receive updated territory maps, business cards, and information about how their representatives can help them.
Dental Claims – Fee-for-Service (including Portal demonstration) Presented by HPE provider field consultants	This session, intended for dental office staff that bill or follow up on claim payments, shows participants how to avoid common denials for fee-for-service dental claims. The session demonstrates how dental providers can use the new IHCP Provider Healthcare Portal to securely submit electronic claims with all necessary attachments, as well as how to verify the status of submitted claims, make any necessary claim adjustments, or void their claims.
DentaQuest Presented by representatives from DentaQuest	In this session, participants learn valuable information about dental services provided to Anthem and MDwise members. DentaQuest, the Hoosier Care Connect and Healthy Indiana Plan (HIP) dental benefits administrator for Anthem and MDwise, will provide an overview of its program, including information about creating user accounts, accessing and using the company's web portal, and a general Q&A.
Division of Family Resources Presented by representatives from the FSSA's Division of Family Resources	The Division of Family Resources (DFR) will explain the various avenues available to members applying for Medicaid benefits and how eligibility is determined. In addition to describing the life cycle of an application, the DFR will explain what is required for some members at redetermination, how to submit an authorized representative form, and what happens when a person is approved or denied for Social Security benefits.

Session Name	Description
Home and Community-Based Services Waiver Program 2016 Presented by HPE provider field consultants	This session provides an overview of the Home and Community-Based Services (HCBS) waiver program, including a step-by-step guide on how to determine member eligibility, billing and electronic claim filing, how to read your Remittance Advice, and timely filing guidelines.
Home Health, Hospice, and Long-Term Care – Fee-for-Service Presented by HPE provider field consultants	Presenters will discuss billing tips and frequently asked questions regarding fee-for-service home health, hospice, and long-term care services.
IHCP: Current Achievements and Looking Forward Presented by the FSSA's Office of Medicaid Policy and Planning	Deputy Medicaid Director Shane Hatchett will present current Indiana Medicaid initiatives and discuss projects on the horizon for the Office of Medicaid Policy and Planning. The deputy director will allow time for comments from attending providers, making this session an opportunity for providers to offer feedback and suggestions about the Indiana Health Coverage Programs.
MDwise 101 Presented by representatives from MDwise	Beginning with an overview of the history of MDwise and a breakdown of the MDwise delivery systems, this session also covers provider enrollment and disenrollment, the Right Choices Program (RCP), and member benefits.
MDwise CMS-1500 Billing and Claim Processing Presented by representatives from MDwise	This session is for MDwise network providers that bill services using the <i>CMS-1500</i> claim form. Participants will leave this session with helpful tips on claim submission, submission requirements, commonly missed fields on the <i>CMS-1500</i> , how to avoid claims denials, and how to file claim disputes. Come prepared to engage in discussion with MDwise representatives.
MDwise HIP POWER Account Presented by representatives from MDwise	Find out why the Healthy Indiana Plan (HIP) Personal Wellness and Responsibility (POWER) Account was established, what the contributions are, and how the account is used. Presenters will also explain the process and advantages of the MDwise HIP prepayment tool for claim prepayment.
MDwise Home Health and Hospice Presented by representatives from MDwise	This session helps MDwise home health and hospice providers understand coverage limitations, in addition to changes in benefits and claims processing.
MDwise Pay-for-Performance (HEDIS) Presented by representatives from MDwise	What is Healthcare Effectiveness Data and Information Set (HEDIS)? What does pay-for-performance mean? Come learn more about how rates are used to measure the performance of health plans, and how boosting these rates could lead to annual bonus payouts to MDwise providers while contributing to the quality of care for MDwise members.
MDwise Prior Authorization Presented by representatives from MDwise	Presenters will explain MDwise's <i>Provider Prior Authorization Guide</i> and give an overview of general guidelines and requirements for most PA requests, including turnaround times for submissions.
MDwise Transportation: Ride Right Presented by representatives from MDwise and MDwise transportation contractors	Conducted by MDwise transportation contractors, this session includes an overview of transportation services, such as trip limitations, how MDwise members schedule rides, and other information.
MDwise UB-04 Billing and Claim Processing Presented by representatives from MDwise	This session is for MDwise providers that bill services using the <i>UB-04</i> claim form (institutional claim form). Participants will leave this session with helpful tips on claims submission, avoiding claim denials, prior authorization, and filing claim disputes. The session also covers Healthy Indiana Plan (HIP), Hoosier Healthwise, and Hoosier Care Connect billing guidelines. Come prepared to engage in discussion with MDwise representatives.
MDwise Web Portal Presented by representatives from MDwise	This presentation provides information on updates and enhancements to the MDwise Web Portal, including how to request access to the portal, what information is available on the portal, and navigating through the portal, as well as other helpful information.

Session Name	Description
Mental Health Services Presentation and Roundtable Presented by representatives from HPE, Anthem, Managed Health Services, and MDwise	A brief presentation covers common questions regarding mental health services, including which benefit packages cover mental health services, inpatient and partial hospitalization services, and guidance on obtaining prior authorization. The presentation will be followed by a roundtable discussion of credentialing, prior authorization updates, and claim updates, and will conclude with a brief wrap-up of what to expect in the future.
MHS 101 Presented by representatives from Managed Health Services	This session offers an orientation on providing services for Managed Health Services (MHS) members. Attendees learn the basics about Healthy Indiana Plan (HIP), Hoosier Healthwise, and Hoosier Care Connect members, as well as where to send claims, how to send PA requests, and how to resolve issues.
MHS CMS-1500 Billing and Claim Processing Presented by representatives from Managed Health Services	Designed for providers in the MHS network that bill for services using the <i>CMS-1500</i> claim form, this session thoroughly explains MHS claim processing guidelines and procedures. Helpful tips for submitting claims and avoiding claim rejections and claim denials are also covered, along with how to resolve claim disputes.
MHS Dental Health & Wellness Presented by representatives from Envolve	This session offers an overview of the new Dental Health & Wellness Benefit Management program from Managed Health Services (MHS) and Centene Corporation. The session will include: <ul style="list-style-type: none"> • Who we are • Role of representative and contact information • Web Portal overview • Claims – including turnaround time • Authorizations and prepay review • Credentialing and contracting
MHS HIP POWER Account Presented by representatives from Managed Health Services	Directed to nonfacility providers that render services to MHS Healthy Indiana Plan (HIP) members, this session offers an overview of Personal Wellness and Responsibility (POWER) Accounts, along with instructions and training on how providers can be reimbursed in real time for services rendered to MHS HIP members. Detailed procedures for using the online tool and subsequent claim submission are also covered.
MHS Home Health and Hospice Presented by representatives from Managed Health Services	This presentation offers MHS home health providers a better understanding of how claims are processed. The presentation covers detailed information on how to complete a claim form correctly, including billing for overhead costs. The session also focuses on prior authorization requests for home health services.
MHS Pay-for-Performance (HEDIS) Presented by representatives from Managed Health Services	MHS provides an overview of Healthcare Effectiveness Data and Information Set (HEDIS), a description of covered services and specialties, outreach strategies, and current trends, as well as featured reporting.
MHS Prior Authorization Presented by representatives from Managed Health Services	This session, designed for all provider types, details the MHS prior authorization (PA) process from start to finish. Providers will learn authorization requirements, tips for successful approval, and the appeals process.
MHS Provider Web Portal Presented by representatives from Managed Health Services	This session provides an overview of the MHS Provider Web Portal. The presentation is best-suited for staff new to the portal or anyone wanting a refresher of portal features. Topics include a valuable explanation of eligibility, claim submission, prior authorization, and quality reporting.
MHS Transportation Services Presented by representatives from Managed Health Services (MHS) and MHS transportation contractors	An overview of the services LCP Transportation provides for MHS members, this presentation also covers scheduling, claim filing, and more.

Session Name	Description
<p>MHS UB-04 Billing and Claim Processing Presented by representatives from Managed Health Services</p>	<p>Designed for MHS network providers that bill services using the <i>UB-04</i> institutional claim form, this session provides useful information on prior authorization, claim submission, and avoiding claim rejections and denials, along with how to resolve claim and authorization disputes.</p>
<p>Prior Authorization 101 – Fee-for-Service Presented by representatives from Cooperative Managed Care Services (CMCS)</p>	<p>This session provides an overview of prior authorization (PA) for services rendered under the fee-for-service delivery system. Topics include:</p> <ul style="list-style-type: none"> • How to complete and submit the universal <i>Indiana Health Coverage Programs (IHCP) Prior Authorization Request Form</i> • Documentation of medical necessity • General PA guidelines and processes for: <ul style="list-style-type: none"> – Elective inpatient admission – Medicaid Rehabilitation Option (MRO) – Behavioral health – Physical, occupational, and speech therapy – Durable medical equipment (DME) • An overview of provider appeals (administrative review and hearings) <p>This session is ideal for primary medical providers (PMPs), specialty care providers, hospitals, community mental health centers, and ancillary providers.</p>
<p>Program Integrity: A Quality-Based Approach to a Collaborative Future Presented by representatives from FSSA’s Quality and Compliance Office</p>	<p>The Family and Social Services Administration (FSSA) Program Integrity staff discuss changes and restructuring of quality initiatives within the FSSA and introduce providers to vendors chosen to lead future program integrity efforts for the FSSA. Finally, the session includes updated lists of recent audit trends, educational information, and key federal requirements.</p>
<p>Provider Healthcare Portal Demonstration: Claim Denials – Institutional Claims (UB-04) Presented by HPE provider field consultants</p>	<p>This session demonstrates how institutional providers verify the status of submitted fee-for-service claims, and make necessary adjustments to or void claims in the new IHCP Provider Healthcare Portal. This session is designed for provider staff that bill using the institutional claim form (837I electronic transaction or <i>UB-04</i> claim form) and are responsible for claim payment and resolution.</p>
<p>Provider Healthcare Portal Demonstration: Claim Denials – Professional Claims (CMS-1500) Presented by HPE provider field consultants</p>	<p>This session demonstrates how professional billers verify the status of submitted fee-for-service claims and make necessary adjustments to or void claims in the new IHCP Provider Healthcare Portal. This session is designed for provider staff that bill using the professional claim form (837P electronic transaction or <i>CMS-1500</i> claim form) and are responsible for claim payment and resolution.</p>
<p>Provider Healthcare Portal Demonstration: How to Submit Institutional Claims (UB-04) Presented by HPE provider field consultants</p>	<p>Providers will learn how to submit <i>UB-04</i> institutional claims using the new IHCP Provider Healthcare Portal, as well as how to use the member-focused search screen to submit <i>UB-04</i> claims and perform other functions that can be accessed from that screen. This presentation is ideal for all providers billing fee-for-service <i>UB-04</i> institutional claims.</p>
<p>Provider Healthcare Portal Demonstration: How to Submit Professional Claims (CMS-1500) Presented by HPE provider field consultants</p>	<p>Providers will learn how to submit <i>CMS-1500</i> claims using the new IHCP Provider Healthcare Portal, and how to use the member-focused search screen to submit <i>CMS-1500</i> claims and perform other functions that can be accessed from that screen. This presentation is ideal for all providers billing fee-for-service <i>CMS-1500</i> professional claims.</p>

Session Name	Description
Provider Healthcare Portal Demonstration: Member Management and Eligibility Presented by HPE provider field consultants	This presentation highlights the member-management features of the new IHCP Provider Healthcare Portal, including the member-focused viewing function, which allows providers to access broad information about the care rendered to a specific member from a single screen. Providers will also learn how to perform a member-focused search and view current eligibility, coverage details, and other pertinent information about a member's IHCP coverage.
Provider Healthcare Portal Demonstration: PA and Care Management Presented by HPE provider field consultants	Providers will be introduced to the care management features of the new IHCP Provider Healthcare Portal: <ul style="list-style-type: none"> • Prior authorization (PA) – This feature allows providers to create and submit fee-for-service PA requests, including easily uploading supporting documentation. Providers can quickly view the status of their authorizations and make any necessary modifications for denied or suspended requests. • Right Choices Program (RCP) referral – A member's designated RCP primary medical provider (PMP) can manage the member's providers and specialists on the member's RCP lock-in list through the Portal. • Notice of Pregnancy (NOP) inquiry – Providers can view Notifications of Pregnancy that have been previously submitted.
Provider Healthcare Portal Demonstration: Provider Enrollment Presented by HPE provider field consultants	The Provider Enrollment feature in the new IHCP Provider Healthcare Portal is an easy-to-use wizard that allows providers to electronically submit applications for Indiana Health Coverage Programs (IHCP) enrollment, process or request profile maintenance updates, and revalidate their enrollments. Providers will see how required enrollment documentation can be uploaded and submitted electronically with enrollment transactions, and how to navigate through an application, enter information, save their enrollment information at any point in the process, and resume the application at a later time. After submitting their enrollment transactions, providers will learn how to verify the status of their transactions online.
Provider Healthcare Portal Demonstration: User Registration and Delegate Management Presented by HPE provider field consultants	This session gives an overview of the new IHCP Provider Healthcare Portal's user registration and delegate management functions, including how to establish the provider and user delegate accounts. Learn new terminology used with the Portal; how to optimize the user registration process; how to add, delete, and edit delegates; and how to assign authorized functions to delegates. Important security features will also be explained. This session is essential for all Portal users, especially for those individuals who are web administrators on Web interChange.
Remittance Advice 101 Presented by HPE provider field consultants	This presentation walks providers through the Remittance Advice (RA), including explaining financial transactions such as account receivables, and helps providers understand the detail and summary pages of the RA. Information on electronic funds transfer (EFT) and checks, as well as how to access RAs, will also be provided.
Self-Referral Services Roundtable (Vision, Podiatry, Chiropractic, and DME) Presented by representatives from Anthem, Managed Health Services, and MDwise	Hear updates from all three managed care entities (MCEs), specifically directed toward vision, podiatry, chiropractic, and durable medical equipment (DME) providers, in this open format session. Providers will hear updates on benefits and prior authorization, and representatives from all MCEs will be available for questions.
Transportation Services – Fee-for-Service Presented by HPE provider field consultants	This presentation, ideal for new transportation providers and a good refresher for seasoned providers, helps transportation providers understand ambulatory versus nonambulatory services. It also helps fee-for-service providers better understand billing units and requirements, as well as provides helpful hints for resolving common claim questions.

Session Name	Description
<p>Utilizing Online IHCP Resources Presented by HPE provider field consultants</p>	<p>What resources are available at indianamedicaid.com? The session answers that question, including how to find information about becoming an Indiana Health Coverage Programs (IHCP) provider; general provider resources; resources for specific provider types; and IHCP news, bulletins, and banner pages.</p>
<p>Vision Services – Fee-for-Service Presented by HPE provider field consultants</p>	<p>This workshop gives a comprehensive overview of vision services rendered through the IHCP traditional fee-for-service delivery system. Topics include eligibility determinations, benefit plans, delivery systems, and reimbursement requirements. The session also outlines IHCP medical policy for examinations, lenses, frames, replacement eyeglasses, and other ophthalmology services. A review of common billing errors and resolutions is on the agenda, as well as information related to provider enrollment. Ophthalmologists, optometrists, and opticians should plan to attend this session.</p>

Session Schedule for Tuesday, October 18, 2016

	Salons 1-3	Salon 4	Salon 5	Salon 6	
8:00 a.m.	MDwise CMS-1500 Billing and Claim Processing (8 a.m. – 9 a.m.)	Claim Adjustment Process – Fee-for-Service CMS-1500 (8 a.m. – 8:45 a.m.)	MHS 101 (8 a.m. – 9 a.m.)	Provider Healthcare Portal: User Registration and Delegate Management (8 a.m. – 8:45 a.m.)	
8:15 a.m.					
8:30 a.m.		Break 8:45 a. m. – 9 a.m.		Break 8:45 a. m. – 9 a.m.	
8:45 a.m.					
9:00 a.m.	Break 9 a.m. – 9:15 a.m.	Prior Authorization 101 – Fee-for-Service (9 a.m. – 9:45 a.m.)	MDwise 101 (9:15 a.m. – 10:15 a.m.)	Provider Healthcare Portal: Member Management and Eligibility (9 a.m. – 9:45 a.m.)	
9:15 a.m.					
9:30 a.m.	Anthem CMS-1500 Billing and Claim Processing (9:15 a.m. – 10:15 a.m.)	Break 9:45 a.m. – 10 a.m.		Break 9:45 a. m. – 10 a.m.	
9:45 a.m.					
10:00 a.m.	Break 10:15 a.m. – 10:30 a.m.	Remittance Advice 101 (10 a.m. – 10:30 a.m.)	Break 10:15 a.m. – 10:30 a.m.	Provider Healthcare Portal: How to Submit Professional Claims (CMS-1500) (10 a.m. – 11:15 a.m.)	
10:15 a.m.					
10:30 a.m.	MHS CMS-1500 Billing and Claim Processing (10:30 a.m. – 11:30 a.m.)	Break 10:30 a.m. – 10:45 a.m.	Anthem 101 (10:30 a.m. – 11:30 a.m.)	Break 11:15 a. m. – 11:30 a.m.	
10:45 a.m.		Program Integrity: A Quality-Based Approach for a Collaborative Future (10:45 a.m. – 11:30 a.m.)			
11:00 a.m.				IHCP: Current Achievements and Looking Forward (11:35 a.m. – Noon)	
11:15 a.m.					
11:30 a.m.	Lunch Break 11:30 a.m. – 1 p.m.	Lunch Break Noon – 1 p.m.	Lunch Break 11:30 a.m. – 1 p.m.	Provider Healthcare Portal: PA and Care Management (11:30 a.m. – Noon)	
11:45 a.m.					
Noon					
12:15 p.m.					
12:30 p.m.					
12:45 p.m.					
1:00 p.m.	MDwise Pay-for-Performance (HEDIS) (1 p.m. – 2 p.m.)	Division of Family Resources (1 p.m. – 1:45 p.m.)	Anthem Presents: Hoosier Care Connect and the <i>Big White Wall</i> (1 p.m. – 1:45 p.m.)	Provider Healthcare Portal: Claim Denials – Professional Claims (CMS-1500) (1 p.m. – 2:15 p.m.)	
1:15 p.m.		Break 1:45 p.m. – 2 p.m.	Break 1:45 p.m. – 2 p.m.		
1:30 p.m.					
1:45 p.m.	Break 2 p.m. – 2:15 p.m.	Mental Health Services Presentation and Roundtable (2 p.m. – 3:30 p.m.)	MHS HIP POWER Account (2 p.m. – 2:30 p.m.)	Break 2:15 p. m. – 2:30 p.m.	
2:00 p.m.					
2:15 p.m.	MHS Pay-for-Performance (HEDIS) (2:15 p.m. – 3:15 p.m.)		Break 2:30 p.m. – 2:45 p.m.	Anthem HIP POWER Account (2:45 p.m. – 3:15 p.m.)	Provider Healthcare Portal: Provider Enrollment (2:30 p.m. – 3:30 p.m.)
2:30 p.m.					
2:45 p.m.					
3:00 p.m.	Break 3:15 p.m. – 3:30 p.m.	Break 3:15 p.m. – 3:30 p.m.			
3:15 p.m.					
3:30 p.m.	Break 3:30 p.m. – 3:45 p.m.	Utilizing Online IHCP Resources (3:45 p.m. – 4:45 p.m.)	MDwise HIP POWER Account (3:30 p.m. – 4 p.m.)	Break 3:30 p. m. – 3:45 p.m.	
3:45 p.m.	Anthem Pay-for-Performance (HEDIS) (3:30 p.m. – 4:30 p.m.)				Provider Healthcare Portal: How to Submit Professional Claims (CMS-1500) (3:45 p.m. – 5 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 7:30 a.m. to 5 p.m.

Session Schedule for Wednesday, October 19, 2016

	Salons 1-3	Salon 4	Salon 5	Salon 6			
8:00 a.m.	Anthem – Using the Availity Web Portal (8 a.m. – 9 a.m.)	Transportation Services – Fee-for-Service- (8 a.m. – 9 a.m.)	MDwise Prior Authorization (8:30 a.m. – 9:30 a.m.)	Provider Healthcare Portal: User Registration and Delegate Management (8 a.m. – 8:45 a.m.)			
8:15 a.m.				Break 8:45 a. m. – 9 a.m.			
8:30 a.m.				Provider Healthcare Portal: Member Management and Eligibility (9 a.m. – 9:45 a.m.)			
8:45 a.m.				Break 9:45 a. m. – 10 a.m.			
9:00 a.m.	Break 9 a.m. – 9:15 a.m.	Break 9 a.m. – 9:15 a.m.	Break 9:30 a.m. – 10:30 a.m.	Provider Healthcare Portal: How to Submit Professional Claims (CMS-1500) (10 a.m. – 11:15 a.m.)			
9:15 a.m.	MHS Transportation Services (9:15 a.m. – 10:15 a.m.)	Program Integrity: A Quality-Based Approach for a Collaborative Future (9:15 a.m. – 10 a.m.)		Break 11:15 a. m. – 11:30 a.m.			
9:30 a.m.		Break 10 a.m. – 10:15 a.m.		Provider Healthcare Portal: PA and Care Management (11:30 a.m. – Noon)			
9:45 a.m.		Home and Community-Based Services (HCBS) Waiver 2016 (10:15 a.m. – 11:30 a.m.)		Lunch Break Noon – 1 p.m.			
10:00 a.m.	Break 10:15 a.m. – 10:30 a.m.	Lunch Break 11:30 a.m. – 1 p.m.	MHS Prior Authorization (10:30 a.m. – 11:30 a.m.)	Lunch Break Noon – 1 p.m.			
10:15 a.m.	Anthem: LCP Transportation (10:30 a.m. – 11:30 a.m.)			Break 2 p.m. – 2:15 p.m.	Provider Healthcare Portal: Claim Denials – Professional Claims (CMS-1500) (1 p.m. – 2:15 p.m.)		
10:30 a.m.				Break 2:30 p.m. – 2:45 p.m.	Break 2:15 p. m. – 2:30 p.m.		
10:45 a.m.					Prior Authorization 101 – Fee-for-Service (2:45 p.m. – 3:30 p.m.)	Provider Healthcare Portal: Provider Enrollment (2:30 p.m. – 3:30 p.m.)	
11:00 a.m.	Lunch Break 11:30 a.m. – 1 p.m.	Lunch Break Noon – 1 p.m.	Lunch Break 11:30 a.m. – 1 p.m.	Provider Healthcare Portal: How to Submit Institutional Claims (UB-04) (3:45 p.m. – 5 p.m.)			
11:15 a.m.				MDwise Transportation: Ride Right (1 p.m. – 2 p.m.)	Anthem Prior Authorization (1 p.m. – 2 p.m.)	Break 3:30 p. m. – 3:45 p.m.	
11:30 a.m.						Break 3:30 p.m. – 3:45 p.m.	Break 3:30 p. m. – 3:45 p.m.
11:45 a.m.							MHS Dental Health & Wellness (2:45 p.m. – 3:30 p.m.)
Noon	Self-Referral Services Roundtable (Vision, Podiatry, Chiropractic, and DME) (2:15 p.m. – 3:15 p.m.)	Vision Services – Fee-for-Service (3:45 p.m. – 4:30 p.m.)	DentaQuest (3:45 p.m. – 4:30 p.m.)	Break 3:30 p. m. – 3:45 p.m.			
12:15 p.m.				Break 3:15 p.m. – 3:30 p.m.	MHS Dental Health & Wellness (2:45 p.m. – 3:30 p.m.)	Break 3:30 p. m. – 3:45 p.m.	
12:30 p.m.						Break 3:30 p.m. – 3:45 p.m.	Break 3:30 p. m. – 3:45 p.m.
12:45 p.m.							
1:00 p.m.	Conversation with Your Managed Care Representative (3:30 p.m. – 4:30 p.m.)	Break 3:30 p.m. – 3:45 p.m.	Break 3:30 p.m. – 3:45 p.m.	Break 3:30 p. m. – 3:45 p.m.			
1:15 p.m.				Break 3:30 p.m. – 3:45 p.m.	Break 3:30 p. m. – 3:45 p.m.		
1:30 p.m.						Break 3:30 p.m. – 3:45 p.m.	Break 3:30 p. m. – 3:45 p.m.
1:45 p.m.							
2:00 p.m.	Break 2 p.m. – 2:15 p.m.	Break 2:30 p.m. – 2:45 p.m.	Break 2 p.m. – 2:45 p.m.	Break 3:30 p. m. – 3:45 p.m.			
2:15 p.m.				Break 2:30 p.m. – 2:45 p.m.	Break 2:30 p. m. – 2:30 p.m.		
2:30 p.m.						Break 2:30 p.m. – 2:45 p.m.	Break 2:30 p. m. – 2:30 p.m.
2:45 p.m.							
3:00 p.m.	Break 3:15 p.m. – 3:30 p.m.	Break 3:30 p.m. – 3:45 p.m.	Break 3:30 p.m. – 3:45 p.m.	Break 3:30 p. m. – 3:45 p.m.			
3:15 p.m.				Break 3:30 p.m. – 3:45 p.m.	Break 3:30 p. m. – 3:45 p.m.		
3:30 p.m.						Break 3:30 p.m. – 3:45 p.m.	Break 3:30 p. m. – 3:45 p.m.
3:45 p.m.							
4:00 p.m.	Break 3:15 p.m. – 3:30 p.m.	Break 3:30 p.m. – 3:45 p.m.	Break 3:30 p.m. – 3:45 p.m.	Break 3:30 p. m. – 3:45 p.m.			
4:15 p.m.				Break 3:30 p.m. – 3:45 p.m.	Break 3:30 p. m. – 3:45 p.m.		
4:30 p.m.						Break 3:30 p.m. – 3:45 p.m.	Break 3:30 p. m. – 3:45 p.m.
4:45 p.m.							
5:00 p.m.	Break 3:15 p.m. – 3:30 p.m.	Break 3:30 p.m. – 3:45 p.m.	Break 3:30 p.m. – 3:45 p.m.	Break 3:30 p. m. – 3:45 p.m.			

Note: Registration and booths are open from 7:30 a.m. to 5 p.m.

Session Schedule for Thursday, October 20, 2016

	Salons 1-3	Salon 4	Salon 5	Salon 6	
8:00 a.m.	MDwise <i>UB-04</i> Billing and Claim Processing (8 a.m. – 9 a.m.)	Home Health, Hospice, and Long-Term Care – Fee-for-Service (8 a.m. – 9 a.m.)	MHS Provider Web Portal (8 a.m. – 9 a.m.)	Provider Healthcare Portal: User Registration and Delegate Management (8 a.m. – 8:45 a.m.)	
8:15 a.m.				Break 8:45 a.m. – 9 a.m.	
8:30 a.m.				Provider Healthcare Portal: Member Management and Eligibility (9 a.m. – 9:45 a.m.)	
8:45 a.m.				Break 9:45 a.m. – 10 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.	Provider Healthcare Portal: Member Management and Eligibility (9 a.m. – 9:45 a.m.)	
9:15 a.m.	Anthem <i>UB-04</i> Billing and Claim Processing (9:15 a.m. – 10:15 a.m.)	Prior Authorization 101 – Fee-for-Service (9:15 a.m. – 10 a.m.)	MDwise Web Portal (9:15 a.m. – 10:15 a.m.)	Break 9:45 a.m. – 10 a.m.	
9:30 a.m.				Break 10 a.m. – 10:15 a.m.	
9:45 a.m.				Provider Healthcare Portal: How to Submit Institutional Claims (<i>UB-04</i>) (10 a.m. – 11:15 a.m.)	
10:00 a.m.	Break 10:15 a.m. – 10:30 a.m.	Program Integrity: A Quality-Based Approach for a Collaborative Future (10:15 a.m. – 11 a.m.)	Break 10:15 a.m. – 10:30 a.m.	Break 11:15 a.m. – 11:30 a.m.	
10:15 a.m.	MHS <i>UB-04</i> Billing and Claim Processing (10:30 a.m. – 11:30 a.m.)			Anthem: Using the Availity Web Portal (10:30 a.m. – 11:30 a.m.)	Provider Healthcare Portal: PA and Care Management (11:30 a.m. – Noon)
10:30 a.m.					Break 11 a.m. – 11:15 a.m.
10:45 a.m.					Claim Adjustment Process – Fee-for-Service <i>UB-04</i> (11:15 a.m. – Noon)
11:00 a.m.	Lunch Break 11:30 a.m. – 1 p.m.	Lunch Break Noon – 1 p.m.	Lunch Break 11:30 a.m. – 1 p.m.	Lunch Break Noon – 1 p.m.	
11:15 a.m.				Break 11:15 a.m. – 11:30 a.m.	
11:30 a.m.				Remittance Advice 101 (1 p.m. – 1:30 p.m.)	
11:45 a.m.				Break 1:30 p.m. – 1:45 p.m.	
Noon				Division of Family Resources (1:45 p.m. – 2:30 p.m.)	
12:15 p.m.	Anthem Home Health and Hospice (1 p.m. – 2 p.m.)	Anthem: Recovery Coach Program (1 p.m. – 2 p.m.)	Anthem: Recovery Coach Program (1 p.m. – 2 p.m.)	Provider Healthcare Portal: Claim Denials – Institutional Claims (<i>UB-04</i>) (1 p.m. – 2:15 p.m.)	
12:30 p.m.				Break 2:15 p.m. – 2:30 p.m.	
12:45 p.m.	Break 2 p.m. – 2:15 p.m.	MHS Home Health and Hospice (2:15 p.m. – 3:15 p.m.)	Utilizing Online IHCP Resources (2:45 p.m. – 3:30 p.m.)	Break 2:15 p.m. – 2:30 p.m.	
1:00 p.m.	MHS Home Health and Hospice (2:15 p.m. – 3:15 p.m.)			Provider Healthcare Portal: Provider Enrollment (2:30 p.m. – 3:30 p.m.)	Break 2:30 p.m. – 2:45 p.m.
1:15 p.m.					Break 3:15 p.m. – 3:30 p.m.
1:30 p.m.	MDwise Home Health and Hospice (3:30 p.m. – 4:30 p.m.)			Provider Healthcare Portal: How to Submit Institutional Claims (<i>UB-04</i>) (3:45 p.m. – 5 p.m.)	
1:45 p.m.				Break 3:30 p.m. – 3:45 p.m.	
2:00 p.m.				Break 3:30 p.m. – 3:45 p.m.	
2:15 p.m.				Break 3:30 p.m. – 3:45 p.m.	
2:30 p.m.	MDwise Home Health and Hospice (3:30 p.m. – 4:30 p.m.)			Break 3:30 p.m. – 3:45 p.m.	
2:45 p.m.				Break 3:30 p.m. – 3:45 p.m.	
3:00 p.m.	MDwise Home Health and Hospice (3:30 p.m. – 4:30 p.m.)			Break 3:30 p.m. – 3:45 p.m.	
3:15 p.m.				Break 3:30 p.m. – 3:45 p.m.	
3:30 p.m.	MDwise Home Health and Hospice (3:30 p.m. – 4:30 p.m.)			Break 3:30 p.m. – 3:45 p.m.	
3:45 p.m.				Break 3:30 p.m. – 3:45 p.m.	
4:00 p.m.	MDwise Home Health and Hospice (3:30 p.m. – 4:30 p.m.)			Break 3:30 p.m. – 3:45 p.m.	
4:15 p.m.				Break 3:30 p.m. – 3:45 p.m.	
4:30 p.m.	MDwise Home Health and Hospice (3:30 p.m. – 4:30 p.m.)			Break 3:30 p.m. – 3:45 p.m.	
4:45 p.m.				Break 3:30 p.m. – 3:45 p.m.	
5:00 p.m.	MDwise Home Health and Hospice (3:30 p.m. – 4:30 p.m.)				

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