IHCP *bulletin*

2017 IHCP Annual Provider Seminar scheduled for October 17-19 in Indianapolis

The Indiana Family and Social Services Administration (FSSA) and DXC Technology (DXC) invite Indiana Health Coverage Programs (IHCP) providers to attend the 2017 IHCP Annual Provider Seminar. The seminar begins Tuesday, October 17, and continues through Thursday, October 19. There is no cost for the seminar.

The seminar features three full days of valuable information. Topics include program overviews and specific program billing guidelines, as well as other important IHCP information. Sessions will be led by DXC, Anthem, CareSource, Managed Health Services (MHS), MDwise, Cooperative Managed Care Services (CMCS), and the 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 is also available on the *2017 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 accessible via the *Provider Education* page at indianamedicaid.com before the seminar. Providers are advised to print hard copies of each presentation for reference, if desired. Paper copies of the presentations will not be provided at the seminar.

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. Beverage service will not be available this year; however, a restaurant, coffee bar, and vending machines are available at the facility where drinks, snacks, and lunch can be purchased, if desired.

Seminar location and hotel reservation information

The seminar will be held 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 $133 plus tax per night. To reserve a room at the special rate, make your reservations online on the Marriott East website (preferred) or call (317) 352-1231 or 1-800-991-3346 and indicate you are attending the "Indiana Medicaid Seminar." The special rate applies to reservations made on or before September 29, 2017. **Note: Please do not call the hotel to register for seminar sessions.**

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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A printer-friendly version of this publication, in black and white and without graphics, is available for your convenience.

2017 IHCP Annual Provider Seminar
Session Descriptions and Schedule

Session Descriptions

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

> *Note: Providers are welcome to meet with their IHCP and managed care field consultants each morning before the first sessions from 8 a.m.-8:20 a.m. (Eastern Time) in salons 1-3 and 5. No registration is necessary.*

Session Name	Description
Anthem – *CMS-1500* Billing and Claims Process	This session is for Anthem network providers that bill *CMS-1500* (professional) claims for Anthem's Hoosier Healthwise, Healthy Indiana Plan (HIP), and Hoosier Care Connect members. Presenters will explain Anthem's claim-processing guidelines, and providers will leave the session with helpful tips for submitting claims, taxonomy/National Provider Identifier (NPI) requirements, requesting prior authorization (PA), filing claim disputes, and avoiding claim denials. Providers will also learn how to access important information online and find out about upcoming changes. Finally, Anthem presenters will cover the claim resolution and provider enrollment processes.
Anthem – Medicaid 201	This presentation provides a brief overview of IHCP managed care and important NCQA and Healthcare Effectiveness Data and Information Set (HEDIS) measure training. The session offers resources and tools to help providers improve HEDIS scores, with the shared goal of improving member outcomes.
Anthem – Prior Authorization Tools	This session offers useful information for providers using the new Interactive Care Review (ICR) system, along with the provider look-up tool (PLUTO). Providers also learn about the prior authorization (PA) process, the top reasons for PA suspensions and denials, and the appeals process in relation to claims and medical necessity.
Anthem – Quality Improvement Strategies	This presentation provides a brief overview of IHCP managed care and discusses quality improvement strategies, including member incentives and introducing Anthem's 2018 Provider Bonus Programs.
Anthem – Transportation	This session includes an overview of transportation services, such as trip limitations, how members schedule rides, and additional information for Anthem's Hoosier Healthwise, Healthy Indiana Plan (HIP), and Hoosier Care Connect members.
Anthem – *UB-04* Billing and Claims Process	This session is for Anthem network providers that bill *UB-04* (institutional) claims for Anthem's Hoosier Healthwise, Healthy Indiana Plan (HIP), and Hoosier Care Connect members. The session covers helpful tips for submitting claims, taxonomy/National Provider Identifier (NPI) requirements, 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	Anthem physicians and other providers will understand how to access Availity's secure multihealth plan web portal. Availity can help providers improve efficiencies through simplified and streamlined health plan administration. Providers will learn how to access rosters, provider panels, and claim activity.
CareSource – 101	This session orients health partners to CareSource. Topics include CareSource history and mission, sample ID cards, covered services, pharmacy, and resources. Join our provider engagement specialists to learn how CareSource effectively works with its health partners.
CareSource – *CMS-1500* Billing and Claims Processing	Health partners billing *CMS-1500* (professional) claims for CareSource Hoosier Healthwise and Healthy Indiana Plan (HIP) members are invited to attend this session. Our claim-filing requirements, process, common claim denials/rejections, and dispute process will be discussed. Health partners will also learn where to find CareSource administrative, medical, pharmacy, and reimbursement policies.
CareSource – Dental	Dental health partners attending this session will receive an overview on dental coverage and CareSource's relationship with Scion. Other topics of discussion include how to verify eligibility, dental services requiring prior authorization, where to submit claims, how to enroll for electronic funds transfer (EFT), and the Scion Provider Portal.
CareSource – Life Services and Job Connect	CareSource always puts people over profit through the Life Services approach. The mission of Life Services is to make a sustained impact on members' lives by effectively addressing the obstacles that impede progress toward self-sufficiency, improved health, and well-being. This session reviews this unique approach in making a lasting difference in members' lives
CareSource – Prior Authorization	This session reviews prior authorization submission processes, time frames, and services that require prior authorization for all health partners, including dental. Self-referral services, as well as prior authorizations for high-tech imaging, will also be discussed.
CareSource – Provider Portal	Participating CareSource health partners will gain a better understanding of how to navigate through the Provider Portal and its many functions. Topics include registration, claims, payment history, provider maintenance, pharmacy, and membership lists.
CareSource – Transportation	Join CareSource provider engagement specialists to receive information about transportation vendors, service areas, and contact information. Additional topics include how to request and receive transportation, as well as limitations and other transportation options.
CareSource – *UB-04* Billing and Claims Processing	Health partners billing *UB-04* (institutional) claims for CareSource Hoosier Healthwise and Healthy Indiana Plan members are invited to attend this session. Claim-filing guidelines and process, common claim denials/rejections, and dispute process will be discussed. Health partners will also learn where to find CareSource medical, pharmacy, and reimbursement policies.
DentaQuest – Anthem and MDwise	Join DentaQuest for an overview of dental plans and covered services for Anthem and MDwise members.
FFS – Behavioral Health (DXC)	This session demonstrates how mental health providers can make best use of the reference materials available on the IHCP website. It also provides a brief overview of the IHCP Provider Healthcare Portal (Portal), as well as recent updates affecting mental health providers. The session also includes a review of secondary claim billing on the Portal.
FFS – Dental (DXC)	This session covers specific fee-for-service (FFS) billing tips for dental providers, as well as a walkthrough on billing secondary claims on the IHCP Provider Healthcare Portal.

FFS – Durable Medical Equipment (DXC)	This session demonstrates how durable medical equipment (DME) providers can make best use of the reference materials available on the IHCP website. It also provides a brief overview of the IHCP Provider Healthcare Portal (Portal), as well as recent updates affecting DME and home medical equipment (HME) providers. The session also includes a review of fee-for-service (FFS) secondary claim billing on the Portal.
FFS – HCBS Waiver Services (DXC)	This session provides an overview of home and community-based services (HCBS) waiver programs with a step-by-step guide on how to determine member eligibility, billing and electronic claim filing, how to read a Remittance Advice, and timely filing guidelines.
FFS – Home Health, Hospice, and Nursing Facility (DXC)	This session reviews information and tips for these specific provider types. Fee-for-service (FFS) claim-billing tips and explanations are included.
FFS – Prior Authorization on the Portal (DXC)	Providers will receive a thorough understanding of how to submit a prior authorization (PA) request on the IHCP Provider Healthcare Portal, including the required fields, how to follow through to get the status of the request, and how to update a PA request.
FFS – Prior Authorization Process (CMCS)	This session provides an overview of the prior authorization process through Cooperative Managed Care Services (CMCS). The session includes time to address provider questions.
FFS – Submitting *CMS-1500* Professional Claims (DXC)	This session is for provider types that bill fee-for-service (FFS) *CMS-1500* (professional) claims. An overview and step-by-step process will demonstrate how to submit professional claims via the IHCP Provider Healthcare Portal.
FFS – Submitting Secondary *CMS-1500* Professional Claims (DXC)	This session explains how to submit fee-for-service (FFS) *CMS-1500* (professional) secondary claims for third-party liability (TPL), Medicare, and Medicare Replacement Plans via the IHCP Provider Healthcare Portal and via paper. *Note: This session is not necessary for waiver and common carrier transportation providers.*
FFS – Submitting *UB-04* Primary and Secondary Institutional Claims (DXC)	This session is for the provider types that bill fee-for-service (FFS) *UB-04* (institutional) claims through the IHCP Provider Healthcare Portal or via paper. This presentation is a step-by-step process of how to submit your *UB-04* primary claims, as well as secondary claims. Information will be presented on how to update third-party liability (TPL) information on the Portal.
FFS – Transportation (DXC)	This session provides education to transportation providers on processes for billing fee-for-service (FFS) transportation services and clarifying IHCP policies.
FFS – Vision (DXC)	This session demonstrates how vision services providers can best use the reference materials available on the IHCP website. It also provides a brief overview of the IHCP Provider Healthcare Portal (Portal), as well as recent updates affecting vision providers. The session also includes a review of fee-for-service (FFS) secondary claim billing on the Portal.
FSSA – Division of Aging (DA)	The Division of Aging (DA) will review the updated process for Preadmission Screening and Resident Review (PASRR). The various assessments, provider roles, outcomes, and expectations will be discussed. Helpful tips for resolving common issues will also be presented.

FSSA – Division of Family Resources (DFR)	The Division of Family Resources (DFR) will present an overview on health coverage, including how to apply for benefits, checking case status using the Benefit and Agency Portal, authorized representatives, authorization of disclosure of information, and how to contact the DFR and the local offices. The session includes time to ask general program-related questions. (Note: Case-specific questions and/or concerns should be emailed to the DFR Regional Mailbox in your respective region.)
FSSA – Division of Mental Health and Addiction (DMHA) 1115 Demonstration Waiver for Substance Use Disorder	Attendees will receive a general overview of the services offered through Indiana's Substance Use Disorder 1115 Demonstration Waiver (SUD Waiver). The session includes a discussion of service expectations, according to criteria outlined by the American Society of Addiction Medicine (ASAM), and a review of the implementation timeline.
FSSA – Division of Mental Health and Addiction (DMHA) Adult 1915 (i) Home and Community-Based Services Programs	This session provides an overview of the home and community-based services (HCBS) programs for adults: • Adult Mental Health Habilitation (AMHH) is a program serving individuals age 35 or older who are enrolled in Medicaid and have an AMHH-eligible diagnosis and that would benefit from keeping or learning skills to maintain a healthy, safe lifestyle in the community. • Behavioral and Primary Healthcare Coordination (BPHC) serves individuals 19 years old or older with a BPHC eligible primary mental health diagnosis who meet the needs-based criteria. Attendees will learn about the programs, including a brief history, member eligibility criteria, the referral and enrollment process for potential applicants, and information about service providers.
FSSA – Division of Mental Health and Addiction (DMHA) Youth 1915 (i) Child Mental Health Wraparound Program	This session provides an overview of the Child Mental Health Wraparound (CMHW) home and community-based services (HCBS) program for youth ages 6-17 with serious emotional disorders (SED). Information includes member access and eligibility, service types and reimbursement, and provider requirements.
FSSA – IHCP Moving Forward	This session presents an overview of current IHCP projects and initiatives.
FSSA – Program Integrity	This session provides an overview of the Program Integrity initiative.
IHCP Eligibility (DXC)	This session walks participants through the process of how to verify member eligibility, how to understand the aid categories, and how to know if the member has coverage for the service being rendered.
IHCP Provider Enrollment (DXC)	Providers will learn the processes for submitting profile updates via the IHCP Provider Healthcare Portal. Participants will understand which updates are processed real-time and which require processing by the Provider Enrollment Unit staff prior to the change taking effect.
IHCP Provider Healthcare Portal – Overview (DXC)	This session provides navigational tools to guide users through an overview of the IHCP Provider Healthcare Portal.
IHCP Today (DXC)	This is a basic "IHCP 101" session combined with information about how to use online resources to find information. A hierarchical organizational chart and helpful information to assist the provider community will be provided.
MCE Behavioral Health Roundtable (All MCEs)	The roundtable presents an overview of behavioral health services for all the managed care entities. It includes discussions on prior authorization updates, claim updates, and a brief overview of what to expect in the future.

MCE Home Health and Hospice Roundtable (All MCEs)	This roundtable provides home health and hospice providers in all managed care networks with updates to assist them with understanding coverage limitations and changes in benefits and claim processing.
MCE Self-Referral Services Roundtable (All MCEs)	Hear from all four managed care entities (MCEs) with updates specifically about 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.
MDwise – 101: A MDwise Overview	This session provides an overview of the history of MDwise and a breakdown of our MDwise delivery systems. This session also covers provider enrollment and disenrollment, the Right Choices Program (RCP), and members' benefits.
MDwise – *CMS-1500* Billing and Claims Process	This session is for providers that bill *CMS-1500* (professional) claims. Participants will leave this session with helpful tips on claim submission, submission requirements, commonly missed fields on the *CMS-1500*, how to avoid claim denials, and how to file a claim dispute. Please come prepared to engage in this topic of discussion with MDwise and the delivery system representatives.
MDwise – Pay for Performance (HEDIS)	This session explains what Healthcare Effectiveness Data and Information Set (HEDIS) is and what pay for performance means. Come learn more about the pay-for-performance rates and how they are used. Learn how boosting performance could lead to annual bonus payouts while contributing to the quality of care for MDwise members.
MDwise – Portal	This session provides information on updates and enhancements to the MDwise web portal, which includes information on how to request access to the portal, what information can be found on the portal, navigating through the portal, and other helpful information.
MDwise – Prior Authorization	This session provides education about the Provider Prior Authorization Guide. Representatives will explain where to find the guide for each program and give an overview of general guidelines and requirements for most prior authorization requests, including turnaround times for submissions and responses.
MDwise – Provider Enrollment	This session educates providers on the credentialing and enrollment requirements and processes for being an MDwise provider. Included are an overview of required forms, the credentialing and enrollment workflow, and information on who to contact with questions.
MDwise – Transportation: Ride Right	This session, conducted by MDwise transportation contractors, includes an overview of transportation services, such as trip limitations, how members schedule rides, and additional information.
MDwise – *UB-04* Billing and Claims Processing	This session is for providers who bill *UB-04* (institutional) claims. Participants will leave this session with helpful tips on claim submission, how to avoid claim 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 discussions with MDwise delivery system representatives.
Meet your IHCP and MCE Field Consultants Forum	This open forum lets providers meet their IHCP and managed care field consultants in a relaxed setting to make introductions and exchange contact information. No registration is necessary.
MHS – 101	This session is an introductory session for new or potential Managed Health Services (MHS) providers. 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, how to resolve issues, and incentives designed to improve care for the members.

MHS – *CMS-1500* Billing and Claims Process	Designed for providers in the Managed Health Services (MHS) network that bill *CMS-1500* (professional) claims, this session thoroughly explains MHS claim-processing guidelines and procedures. Helpful tips for submitting claims and avoiding claim rejections, top claim denials, and how to resolve claim concerns will also be covered.
MHS – Envolve Dental	In this session, providers will receive up-to-date information on Envolve dental provider services, including the provider web portal, updated information on timely filing submissions, and additional claim and prior authorization processes.
MHS – Pay for Performance (HEDIS)	This session provides an overview of Healthcare Effectiveness Data and Information Set (HEDIS). A description of covered services and specialties, outreach strategies, and current trends will be provided. This session also focuses on enhanced featured reporting.
MHS – Prior Authorization	Intended for all provider types, this session details the MHS prior authorization (PA) process from start to finish. Providers will learn authorization requirements, where to send PA requests, tips for successful approval, and what options are available for PA appeals.
MHS – Transportation – LCP	This session is an overview of services LCP Transportation provides for Managed Health Services (MHS) members. This presentation covers scheduling, claim filing, and other exciting transportation news.
MHS – *UB-04* Billing and Claims Process	This session is designed for Managed Health Services (MHS) network providers that bill *UB-04* (institutional) claims. This session provides useful information on claim submission, prior authorization, and avoiding claim rejections and denials, along with how to resolve claim and authorization disputes.
MHS – Web Portal	This session provides an overview of the Managed Health Services (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 an explanation of eligibility, claim submission, prior authorization, and quality reporting.
OptumRx – Overview of Pharmacy Benefit Manager (PBM) Services – Fee-for-Service (FFS)	This session covers the following: • FFS pharmacy claim processing • Clinical and technical call center operations, including first-line prior authorization calls • Preferred Drug List development and maintenance • Pharmacy prior authorization management, including point of sale (SilentAuth) • Maximum Allowable Cost rate setting for prescription drug, over-the-counter (OTC), and blood factor products • Federal and supplemental rebate invoicing, processing, and payment reconciliation • Reporting (*ad hoc* and standard) • Drug Utilization Review Board support • Therapeutics Committee support • Mental Health Quality Advisory Board support • RetroDUR • Pharmacy provider audits • Web portal services

Session Schedule for Tuesday, October 17, 2017
(*CMS-1500/Professional Emphasis*)

	Salon 4 (IHCP)	Salon 6 (IHCP)	Salons 1-3 (MCEs)	Salon 5 (MCEs)
8:00 a.m.			Meet your Provider Representative (No registration required) (8 a.m. - 8:20 a.m.)	Meet your Provider Representative (No registration required) (8 a.m. - 8:20 a.m.)
8:15 a.m.				
8:30 a.m.	FSSA - Program Integrity (8:30 a.m. - 9 a.m.)	IHCP Provider Healthcare Portal – Overview (DXC) (8:30a.m. - 9:15a.m.)	MDwise – *CMS-1500* Billing and Claims Process (8:30 a.m. - 9:15 a.m.)	MHS 101 (8:30 a.m. - 9:15 a.m.)
8:45 a.m.				
9:00 a.m.	BREAK			
9:15 a.m.	FSSA – IHCP Moving Forward (9:15 a.m. - 9:45 a.m.)	BREAK	BREAK	BREAK
9:30 a.m.		IHCP Eligibility (DXC) (9:30a.m. - 10:15a.m.)	Anthem – *CMS-1500* Billing and Claims Process (9:30 a.m. - 10:15 a.m.)	MDwise 101 – A MDwise Overview (9:30 a.m. - 10:15 a.m.)
9:45 a.m.	BREAK			
10:00 a.m.	FFS – PA Process (CMCS) (10 a.m. – 10:30 a.m.)			
10:15 a.m.		BREAK	BREAK	BREAK
10:30 a.m.	BREAK	FFS – Submitting *CMS-1500* Professional Claims (DXC) (10:30 a.m. - 11 a.m.)	MHS – *CMS-1500* Billing and Claims Process (10:30 a.m. - 11:15 a.m.)	CareSource 101 (10:30 a.m. - 11:15 a.m.)
10:45 a.m.	FSSA – Division of Aging (DA) (10:45 a.m. - 11:15 a.m.)			
11:00 a.m.		BREAK		
11:15 a.m.	BREAK	FFS – Submitting Secondary *CMS-1500* Professional Claims (DXC) (11:15 a.m. - Noon)	BREAK	BREAK
11:30 a.m.	FSSA-DMHA Youth 1915(i) CMHW Program (11:30 a.m. - Noon)		CareSource – *CMS-1500* Billing and Claims Processing (11:30 a.m. - 12:15 p.m.)	Anthem – Medicaid 201 (11:30 a.m. - 12:15 p.m.)
11:45 a.m.				
Noon	LUNCH	LUNCH	LUNCH	LUNCH
12:15 p.m.				
12:30 p.m.				
12:45 p.m.				
1:00 p.m.	FSSA – Division of Family Resources (DFR) (1 p.m. - 1:30 p.m.)	OptumRx – Overview (1 p.m. - 1:30 p.m.)	MDwise – Pay for Performance (HEDIS) (1:15 p.m. - 1:45 p.m.)	MCE Behavioral Health Roundtable (1:15 p.m. - 2:45 p.m.)
1:15 p.m.				
1:30 p.m.	BREAK	BREAK		
1:45 p.m.		IHCP Today (DXC) (1:45 p.m. - 2:30 p.m.)	BREAK	
2:00 p.m.	FFS – Submitting Secondary *CMS-1500* Professional Claims (DXC) (2 p.m. - 2:45 p.m.)			
2:15 p.m.			MHS Pay for Performance (HEDIS) (2:15 p.m. - 2:45 p.m.)	
2:30 p.m.		BREAK		
2:45 p.m.	BREAK	IHCP Provider Enrollment (DXC) (2:45 p.m. - 3:45 p.m.)	BREAK	
3:00 p.m.	FFS – Behavioral Health (DXC) (3 p.m. - 3:45 p.m.)		Anthem – Quality Improvement Strategies (3 p.m. - 3:30 p.m.)	
3:15 p.m.				
3:30 p.m.				
3:45 p.m.	BREAK	BREAK		
4:00 p.m.	Meet your IHCP and MCE Field Consultants Forum (4 p.m. - 5 p.m.) (No registration required)	FFS – Prior Authorization on the IHCP Portal (DXC) (4 p.m. - 4:45 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. until 5 p.m.

Session Schedule for Wednesday, October 18, 2017
(Specialty Provider Emphasis)

	Salon 4 (IHCP)	Salon 6 (IHCP)	Salons 1-3 (MCEs)	Salon 5 (MCEs)
8:00 a.m.			Meet your Provider Representative (No registration required) (8 a.m. - 8:20 a.m.)	Meet your Provider Representative (No registration required) (8 a.m. - 8:20 a.m.)
8:15 a.m.				
8:30 a.m.	FSSA – Program Integrity (8:30 a.m. - 9 a.m.)	FFS – HCBS Waiver Services (DXC) (8:30 a.m. - 9:30 a.m.)	Anthem – Using the Availity Web Portal (8:30 a.m. - 9 a.m.)	MDwise – Prior Authorization (8:30 a.m. - 9:30 a.m.)
8:45 a.m.				
9:00 a.m.	BREAK		BREAK	
9:15 a.m.	FSSA – IHCP Moving Forward (9:15 a.m. - 9:45 a.m.)	BREAK	MHS – Transportation – LCP (9:15 a.m. - 10 a.m.)	BREAK
9:30 a.m.				
9:45 a.m.	BREAK	FFS – Durable Medical Equipment (DXC) (9:45 a.m. - 10:45 a.m.)	BREAK	CareSource – Prior Authorization (9:45 a.m. - 10:45 a.m.)
10:00 a.m.	FFS – PA Process (CMCS) (10 a.m. - 10:30 a.m.)		Anthem – Transportation (10:15 a.m. - 11 a.m.)	
10:15 a.m.				
10:30 a.m.	BREAK			
10:45 a.m.	FSSA – Division of Aging (DA) (10:45 a.m. - 11:15 a.m.)	BREAK	BREAK	BREAK
11:00 a.m.		IHCP Provider Enrollment (DXC) (11 a.m. - Noon)	BREAK	MHS – Prior Authorization (11 a.m. - Noon)
11:15 a.m.	BREAK		CareSource – Transportation (11:15 a.m. - Noon)	
11:30 a.m.	FSSA – Division of Family Resources (DFR) (11:30 a.m. - Noon)			
11:45 a.m.				
Noon	LUNCH	LUNCH	LUNCH	LUNCH
12:15 p.m.				
12:30 p.m.				
12:45 p.m.				
1:00 p.m.	FSSA-DMHA Adult 1915(i) HCBS programs (1 p.m. - 1:30 p.m.)	FFS – Dental (DXC) (1 p.m. - 2 p.m.)	MDwise – Transportation – Ride Right (1 p.m. - 1:45 p.m.)	Anthem – Prior Authorization Tools (1 p.m. - 2 p.m.)
1:15 p.m.				
1:30 p.m.	BREAK		BREAK	
1:45 p.m.	FFS – Vision (DXC) (1:45 p.m. - 2:30 p.m.)	BREAK	MCE Self-Referral Services Roundtable (All MCEs) (2 p.m. - 3:15 p.m.)	BREAK
2:00 p.m.		FFS – Transportation (DXC) (2:15 p.m. - 3 p.m.)		CareSource – Dental (2:15 p.m. - 3 p.m.)
2:15 p.m.				
2:30 p.m.	BREAK			
2:45 p.m.	OptumRx - Overview (2:45 p.m. - 3:15 p.m.)			
3:00 p.m.		BREAK		BREAK
3:15 p.m.		FFS – Prior Authorization on the Portal (DXC) (3:15 p.m. - 4 p.m.)	BREAK	MHS – Envolve Dental (3:15 p.m. - 4 p.m.)
3:30 p.m.			Meet your IHCP and MCE Field Consultants Forum (3:30 p.m. - 5 p.m.) (No registration required)	
3:45 p.m.				
4:00 p.m.		BREAK		BREAK
4:15 p.m.		IHCP Today (DXC) (4:15 p.m. - 5:15 p.m.)		DentaQuest – MDwise and Anthem (4:15 p.m. - 5 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. until 5 p.m.

Session Schedule for Thursday, October 19, 2017
(*UB-04/Institutional Emphasis*)

	Salon 4 (IHCP)	Salon 6 (IHCP)	Salons 1-3 (MCEs)	Salon 5 (MCEs)
8:00 a.m.			Meet your Provider Representative (No registration required) (8 a.m. - 8:20 a.m.)	Meet your Provider Representative (No registration required) (8 a.m. - 8:20 a.m.)
8:15 a.m.				
8:30 a.m.	FSSA – Program Integrity (8:30 a.m. - 9 a.m.)	IHCP Provider Healthcare Portal-Overview (DXC) (8:30 a.m. - 9:15 a.m.)	MDwise – *UB-04* Billing and Claims Processing (8:30 a.m. - 9:15 a.m.)	MHS – Web Portal (8:30 a.m. - 9:15 a.m.)
8:45 a.m.				
9:00 a.m.	BREAK			
9:15 a.m.	FSSA – Division of Family Resources (DFR) (9:15 a.m. - 9:45 a.m.)	BREAK	BREAK	BREAK
9:30 a.m.		IHCP Eligibility (DXC) (9:30 a.m. - 10:15 a.m.)	Anthem – *UB-04* Billing and Claims Processing (9:30 a.m. - 10:15 a.m.)	MDwise – Web Portal (9:30 a.m. - 10:15 a.m.)
9:45 a.m.	BREAK			
10:00 a.m.	FFS – PA Process (CMCS) (10 a.m. - 10:30 a.m.)			
10:15 a.m.		BREAK	BREAK	BREAK
10:30 a.m.	BREAK	FFS – Submitting *UB-04* Primary and Secondary Claims (DXC) (10:30 a.m. - Noon)	MHS – *UB-04* Billing and Claims Process (10:30 a.m. - 11:15 a.m.)	CareSource – Provider Portal (10:30 a.m. - 11:15 a.m.)
10:45 a.m.	FSSA – Division of Aging (DA) (10:45 a.m. - 11:15 a.m.)			
11:00 a.m.				
11:15 a.m.	BREAK		BREAK	BREAK
11:30 a.m.	FSSA – IHCP Moving Forward (11:30 a.m. - Noon)		MDwise – Provider Enrollment (11:30 a.m. - Noon)	Anthem – Using the Availity Web Portal (11:30 a.m. - 12:15 p.m.)
11:45 a.m.				
Noon	LUNCH	LUNCH	LUNCH	LUNCH
12:15 p.m.				
12:30 p.m.				
12:45 p.m.				
1:00 p.m.	FSSA – DMHA 1115 Demonstration Waiver for Substance Use Disorder (1 p.m. - 1:30 p.m.)	FFS – Home Health, Hospice, and Nursing Facility (DXC) (1 p.m. - 1:45 p.m.)	CareSource – *UB-04* Billing and Claims Processing (1 p.m. - 1:45 p.m.)	
1:15 p.m.				
1:30 p.m.	BREAK			
1:45 p.m.	OptumRx - Overview (1:45 p.m. - 2:15 p.m.)	BREAK	BREAK	Meet your IHCP and MCE Field Consultants (1:45 p.m. - 4:45 p.m.) (No registration required)
2:00 p.m.		IHCP Provider Enrollment (DXC) (2 p.m. - 2:45 p.m.)	MCE Home Health and Hospice Roundtable (All MCEs) (2 p.m. - 3 p.m.)	
2:15 p.m.	BREAK			
2:30 p.m.	IHCP Today (DXC) (2:30 p.m. - 3:15 p.m.)			
2:45 p.m.		BREAK		
3:00 p.m.		FFS – Prior Authorization on the Portal (DXC) (3 p.m. - 3:45 p.m.)	BREAK	
3:15 p.m.			CareSource – Life Services and Job Connect (3:15 p.m. - 4 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 7:30 a.m. until 5 p.m.