IHCP *bulletin*

2018 IHCP Annual Provider Seminar scheduled for October 23-25 in Indianapolis

The Indiana Family and Social Services Administration (FSSA) and DXC Technology (DXC) invite Indiana Health Coverage Programs (IHCP) providers to attend the 2018 IHCP Annual Provider Seminar. The seminar begins Tuesday, October 23, and continues through Thursday, October 25. There is no cost for the seminar.

The seminar features 3 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 *Provider Education* 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 *2018 IHCP Annual Provider Seminar* page at indianamedicaid.com before the seminar. Providers are advised to print paper 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.

Reminder to providers: Please do not bring protected health information (PHI) to the conference.

### 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 $137 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 October 10, 2018 . **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 use the Maps app on your cell phone or visit a map -search website, such as mapquest.com.

Indianapolis map showing location of
Indianapolis Marriott East Hotel

Indianapolis Marriott
East Hotel
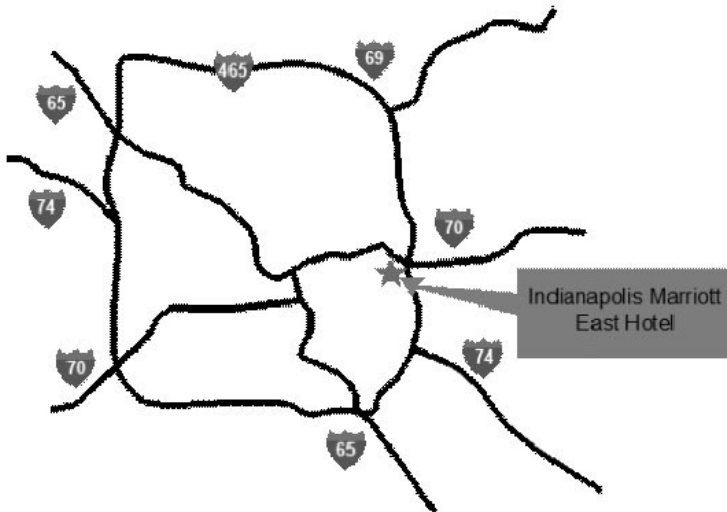
Map of specific location of
Indianapolis Marriott East Hotel

7202 E. 21st Street

East 21st Street

Indianapolis Marriott
East Hotel
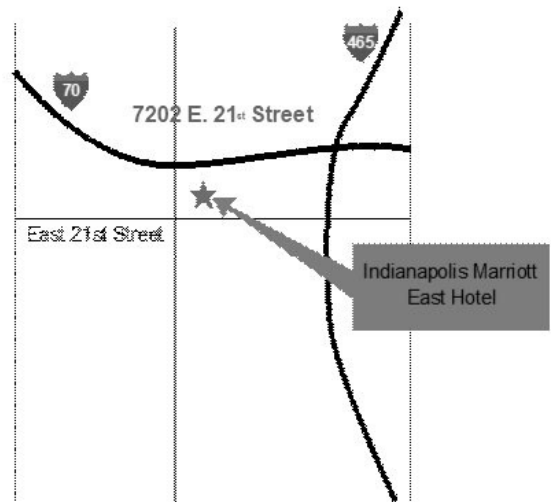
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2018 IHCP Annual Provider Seminar
Session Descriptions and Schedule

Session Descriptions

The presentations for all sessions will be available on the _2018 IHCP Annual Provider Seminar_ page at indianamedicaid.com before the seminar begins. Providers are advised to print paper copies of the presentations for reference, if desired. Copies will not be provided at the seminar.

Session Name	Description
Anthem Behavioral Health	The presentation will include discussion on credentialing, prior authorization updates, claims, and a brief overview of what to expect in the future. Participants are allowed to claim up to one continuing education unit of credit commensurate with the extent of their participation in this activity.
Anthem – Benefits Plus	Anthem will provide a high-level overview of the value of _Healthy Indiana Plan (HIP) Plus_. This presentation will include how _HIP Plus_ gives members more bang for their buck! Anthem Blue Cross and Blue (Anthem) wants to help members understand how _HIP Plus_ will benefit them
Anthem – _CMS-1500/UB-04_ Billing and Claims Process	This session is for Anthem network providers that bill professional and facility 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, meeting 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 – Gateway to Work 2019	This session will include explanations of the three distinct categories: 1. Gateway to Work (GTW) Exempt: Healthy Indiana Plan (HIP) member meets one of the GTW exemptions. 2. Gateway to Work Required – HIP member meets GTW requirements based on their reported employment or education. 3. Gateway to Work Required – Reporting: HIP member does not meet either of the above based on their HIP application or reported data
Anthem – Logisticare _Presenters include representatives from Anthem's transportation contractor_	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 – Prior Authorization Tools	This session offers useful information for providers that use the new Interactive Care Review (ICR) system along with the provider look-up tool (PLUTO). Providers will also learn about prior authorization (PA), the top reasons for PA suspensions and denials, and the appeal process in relation to claims and medical necessity.
Anthem – Quality Improvement Strategies	This presentation will provide a brief overview of Medicaid managed care; discuss quality improvement strategies, including member incentives; and introduce Anthem's 2018 Provider Bonus Programs.
Anthem – Using the Availity Web Portal	Anthem physicians and other providers will learn how to access Availity's secure multi-health plan web portal. Availity will identify how providers can improve efficiencies through simplified and streamlined health plan administration. Providers will learn how to access rosters, provider panels, and claim activity in the portal.
CareSource 101	This session will orient health partners to CareSource. Topics include CareSource history and mission, sample ID cards, covered services, pharmacy, and resources. Participants will learn how they can effectively partner with CareSource.

Session Name	Description
CareSource Behavioral Health	In this session, health partners will learn CareSource's Behavioral Health strategy and Care4U model. Additional topics will include 2018 behavioral health service updates.
CareSource *CMS-1500*/*UB-04* Billing and Claims Process	Health partners billing *UB-04* and *CMS-1500* claims for CareSource Hoosier Healthwise and Healthy Indiana Plan (HIP) members are invited to attend this session. Topics of discussion will include claim filing requirements, the submission process, and instructions on filing disputes and appeals.
CareSource Dental	Dental health partners attending this session will learn about CareSource's relationship with Scion. Topics include eligibility verification, dental services requiring prior authorization, claim submission, enrollment for electronic funds transfer (EFT), and the Scion Provider Portal.
CareSource Prior Authorization	This session reviews prior authorization submissions, time frames, and services that require prior authorization (PA) for all health partners, including dental. Self-referral services as well as PA for high-tech imaging will also be discussed.
CareSource Provider Web Portal	Participating CareSource health partners will gain a better understanding of how to navigate through the CareSource Provider Portal and its many functions. Topics will include registration, claims, clinical practice registry, payment history, provider maintenance, pharmacy, and membership lists.
CareSource Quality	Join CareSource provider engagement specialists to learn about CareSource's Quality Improvement and Management Programs. Topics include the Quality of Care (QOC) process as well as the available 2018 member incentive programs. Upcoming provider webinars that will give CareSource health partners the opportunity to earn continuing medical education (CME) credits will be announced.
CareSource Transportation	CareSource provider engagement specialists provide information about CareSource's transportation vendor, LCP. Additional topics include how to request and receive transportation as well as limitations and other transportation options.
Conduent – FSSA EnCred Project	This presentation provides an overview and update on the FSSA EnCred Project, including the project scope, current status, and implementation timeline. In addition, the presentation will outline the process at a high level and provide a roadmap for the future.
Conduent – FSSA EnCred Demonstration	This presentation provides a high-level demonstration of the components of the EnCred enrollment and credentialing solution that have been developed to date, including dashboard functionality.
DentaQuest – Anthem and MDwise	In this session, DentaQuest, the dental benefits administrator for Anthem and MDwise members, provides information about dental services; gives an overview of its program, including information about creating user accounts to access and use the company's web portal; and offers a general Q&A session.
FFS – Behavioral Health (DXC)	This session provides an in-depth review of mental health and substance abuse services covered by the IHCP. Topics include inpatient and outpatient mental health services, enhanced substance abuse programs, opioid treatment programs, and other mental health services. Billing aspects are covered, as well as service limitations.
FFS – Dental (DXC)	This session provides specific billing information for dental providers as well as guidance on how to submit secondary claims via the Provider Healthcare Portal.
FFS – Durable Medical Equipment (DXC)	This session serves as a reminder session for seasoned staff as well as a basic class for new durable medical equipment (DME) billers with a general overview of DME billing information. The session includes information about reference materials for the prior authorization and billing process, general billing tips, and special billing instruction such as manually priced items.
FFS – HCBS Waiver Services (DXC)	This session provides a general overview of the home and community-based services (HCBS) waiver programs. Topics include review of available reference materials, waiver service descriptions, general billing tips, claim submission on the IHCP Provider Healthcare Portal, electronic visit verification (EVV) systems, and nonemergency transportation.
FFS – Home Health, Hospice, and Nursing Facility (DXC)	This session provides reference resources; billing tips; coverage and specific information for each provider type, including coordination of care; and managed care enrollment reminders.

Session Name	Description
FFS – Prior Authorization on the IHCP Portal (DXC)	This session provides information on determining if a prior authorization is required; creating, viewing and updating authorizations on the IHCP Provider Healthcare Portal; and reminders and helpful tools.
FFS – Submitting *CMS-1500* Professional Claims (DXC)	This session provides an overview as well as the step-by-step process of submitting professional claims via the IHCP Provider Healthcare Portal.
FFS – Submitting Secondary *CMS-1500* Professional Claims (DXC)	This session provides detailed instructions on submitting *CMS-1500* secondary claims through the IHCP Provider Healthcare Portal, including when the primary explanation of benefits (EOB) is required, adding attachments, and submitting third-party liability (TPL) updates.
FFS – *UB-04* Tips and Reminders (DXC)	This session provides *UB-04* billing staff with education on *UB-04* requirements as well as helpful day-to-day billing tips that address the most common questions from acute care providers. The session includes an overview of how to find code sets, revenue code linkages, revenue code requirements, and other materials on the IHCP website specific to *UB-04* billing. Also included are reminders of the requirements of billing Medicaid as the secondary payer.
FFS – Understanding your Remittance Advice (DXC)	"CRACKING THE CODE": This session provides detailed information that will assist providers in understanding their traditional fee-for-service Remittance Advices (RAs). The session explains the financial cycles, the various sections of the RA, including paid, denied, suspended, and adjusted claims; payment holds; financial transactions; the financial summary, as well as EOB, ARC, REMARK, and service codes.
FFS – Vision (DXC)	This session provides an overview of provider-specific code set tables for vision services, coverage guidelines for specific vision services, and timely filing guidelines. The session includes detailed instructions for submitting *CMS-1500* secondary claims via the IHCP Provider Healthcare Portal.
FSSA – Division of Family Resources	The Division of Family Resources (DFR) presents an overview of health coverage eligibility determinations, redeterminations, aid categories, checking case status using the Benefit and Agency Portal, authorized representatives, and how to contact the DFR and local office in your area. There will be an opportunity to ask program-related questions.
FSSA – IHCP Moving Forward	This session presents an overview of current IHCP projects and initiatives.
FSSA – Pharmacy Updates	Indiana Medicaid Pharmacy Team updates, projects, and progress are the topics of this session.
FSSA – Program Integrity	This session provides an overview of the Program Integrity initiative.
IHCP Eligibility (DXC)	This session provides an in-depth overview of IHCP member eligibility, including the role of the Division of Family Resources (DFR), a review of aid categories and the importance of eligibility verification, a discussion of fee-for-service and managed care programs and benefits, and an explanation of member copayments. The session will provide valuable information for all provider types.
IHCP Provider Healthcare Portal Enrollment (DXC)	This session is intended for seasoned or new staff involved with provider enrollment. Related information on updates to the IHCP Provider Healthcare Portal will be reviewed. Guidance will also be provided on enrollment processes and requirements, including information on how to correctly submit enrollments to avoid rejections. (*Note: This session will not provide step-by-step instructions on the IHCP enrollment process.*)
IHCP Provider Healthcare Portal Overview (DXC)	This session provides an overview of the IHCP Provider Healthcare Portal (Portal). The session includes information that is relevant to all provider types. Basic information on navigating the Portal will be reviewed. This session is ideal for new users of the Portal or seasoned users that would like a refresher.
IHCP Today (DXC)	This session combines *IHCP 101* with a tutorial on how to use online resources to find information and who to call when other avenues have been exhausted. It explains the organizational structure of the Indiana Family and Social Services Administration (FSSA) and offers other helpful information that will assist the provider community.
MCE Applied Behavioral Analysis (ABA) Roundtable (All MCEs)	This roundtable provides ABA providers in all managed care networks with updates to assist them with understanding coverage limitations and changes in benefits and claim processing.

Session Name	Description
MCE Chiropractic Roundtable (All MCEs)	This roundtable provides chiropractic providers in all managed care networks with updates to assist them with understanding coverage limitations and changes in benefits and claim processing.
MCE Durable Medical Equipment (DME) Roundtable (All MCEs)	This roundtable provides DME providers in all managed care networks with updates to assist them with understanding coverage limitations and changes in benefits and claim processing.
MCE Home Health and Hospice Roundtable (All MCEs)	This presentation provides home health and hospice providers with a better understanding of how claims are processed for these types of services. The presentation also covers detailed information about how to complete a claim correctly and information about reimbursement.
MCE Questions for your Territory Representative	This open forum allows providers to meet their managed care field consultants in a relaxed setting to make introductions, exchange contact information, and ask questions. No registration is necessary.
MCE Self-Referral Services Roundtable (All MCEs)	In this open format session, hear updates from all four managed care entities (MCEs) regarding self-referral for vision, chiropractic, and durable medical equipment (DME) services. The session also includes updates on benefits and prior authorization. Representatives from all MCEs are available for questions.
MDwise 101	This session announces the great changes coming to MDwise in 2019. Learn about authorization, claims, portal, and delivery system updates.
MDwise Behavioral Health	With the ongoing fight against opioid addiction, MDwise presents ways to treat members through education and various treatment plans. Authorization updates and information about where to find additional behavioral health education resources for members and office staff will be discussed.
MDwise – *CMS-1500*/*UB-04* Billing and Claims Process	In this session, MDwise reviews both professional and facility claim policies with providers. Participants will learn about upcoming changes for 2019.
MDwise – Prior Authorization	Review the authorization procedures and requirements while learning about the changes coming in 2019.
MDwise – Quality	Come learn about MDwise quality initiatives and how MDwise can assist your office in reaching its fullest quality potential.
MDwise – Transportation with Ride Right	Providing quality member care is difficult if members are unable to get to their appointment. Ride Right will discuss how they provide nonemergent transportation to MDwise members.
MDwise – Web Portal	Do you know all the benefits of using the MDwise Portal and provider website? Join MDwise to review claims and eligibility access and for an introduction to the changes coming in 2019.
MHS 101	This session is an introductory session for new or potential 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 – Behavioral Health	This session provides a general overview of behavioral health services and coverage including the MHS Behavioral Health Provider Network. Participants will be provided a general overview including provider enrollment, demographic updates, claim processing, National Correct Coding Initiative (NCCI) edits, dispute resolution, prior authorization, and the resources available through MHS' provider portal.
MHS – *CMS-1500*/*UB-04* Billing and Claims Process	Designed for providers in the MHS network that bill for services using either *CMS-1500* claims or *UB-04* claims, this session thoroughly explains MHS claim processing guidelines and procedures. Helpful tips for submitting claims, avoiding claim rejections, top claim denials, and resolving claim concerns will be covered.
MHS – Evolve Dental 101	MHS dental partners will receive an overview on dental coverage and updates. Topics include sedation, dental extractions, recoups, LexisNexis, out-of-network providers, peer-to-peer requests, provider updates and changes, and how to maneuver in the provider portal.
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 prior authorization requests, tips for successful approval, and what options are available for PA appeals.
MHS – Quality	This session is geared to primary care providers and gives an overview of Healthcare Effectiveness Data and Information Set (HEDIS). A description of

Session Name	Description
	covered services and specialties, outreach strategies, and current trends will be discussed. This session also focuses on enhanced featured reporting.
MHS – Transportation (LCP)	Attendees will be given an overview of how LCP Transportation supports MHS' nonemergent transportation benefits for Healthy Indiana Plan (HIP), Hoosier Healthwise, and Hoosier Care Connect members.
MHS – Web Portal	This session provides an overview of MHS' provider 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.
MOMS Helpline	This session gives participants an overview of the Maternal and Child Health (MCH) MOMS Helpline. Information will be shared about how the MOMS Helpline can help health care providers and members connect with a multitude of resources focused on improving the health of mothers and babies to reduce the infant mortality rate.
Prior Authorization for Medicaid Fee-for-Service (CMCS)	This session provides an overview of the prior authorization (PA) process for services rendered through the IHCP fee-for-service delivery system. Topics include: • Helpful hints to get started for all PA requests • General PA guidelines and processes • Common PA suspension/denial reasons
Southeastrans Process and Procedures	All Southeastrans portals (Facility, Member, and Provider) will be reviewed. Call Center procedures and provider expectations will be explained. Southeastrans will provide a Q&A time for questions, including questions related to Emergency Medical Services (EMS) changes and the temporary return to the nonbroker model for facilities.

	Salon 3 (DXC and FSSA)	Salon 4 (DXC and FSSA)	Salon 5 (MCEs)	Salon 6 (MCEs)
8:00 a.m.				
8:15 a.m.				
8:30 a.m.	FFS – Submitting *CMS-1500* Professional Claims (DXC) (8:30 a.m. – 9:15 a.m.)	Conduent – FSSA EnCred Project (8:30 a.m. – 9:30 a.m.)	MHS 101 (8:30 a.m. – 9:15 a.m.)	Anthem – Gateway to Work 2019 (8:45 a.m. – 9:15 a.m.)
8:45 a.m.				
9:00 a.m.				
9:15 a.m.	**BREAK**		**BREAK**	**BREAK**
9:30 a.m.	FFS – Submitting Secondary *CMS-1500* Professional Claims (DXC) (9:30 a.m. – 10:15 a.m.)	**BREAK**	MDwise *CMS-1500/UB-04* Billing and Claims Process (9:30 a.m. – 10:30 a.m.)	MHS – Behavioral Health (9:30 a.m. – 10:15 a.m.)
9:45 a.m.		Conduent – FSSA EnCred Demonstration (9:45 a.m. – 10:45 a.m.)		
10:00 a.m.				
10:15 a.m.	**BREAK**			**BREAK**
10:30 a.m.	IHCP Today (DXC) (10:30 a.m. – 11:15 a.m.)		**BREAK**	CareSource Behavioral Health (10:30 a.m. – 11:15 a.m.)
10:45 a.m.		**BREAK**	Anthem *CMS-1500/UB-04* Billing and Claims Process (10:45 a.m. – 11:30 a.m.)	
11:00 a.m.		Southeastrans Process and Procedures (11 a.m. – 11:45 a.m.)		
11:15 a.m.	**BREAK**			**BREAK**
11:30 a.m.	FFS – Understanding your Remittance Advice (DXC) (11:30 a.m. – Noon)		**BREAK**	Anthem – Benefits Plus (11:30 a.m. – Noon)
11:45 a.m.		**BREAK**		
Noon	**LUNCH**	**LUNCH**	**LUNCH**	**LUNCH**
12:15 p.m.				
12:30 p.m.				
12:45 p.m.				
1:00 p.m.	IHCP Provider Healthcare Portal Overview (DXC) (1 p.m. – 1:45 p.m.)	FSSA – Program Integrity (1 p.m. – 1:30 p.m.)	CareSource *CMS-1500/UB-04* Billing and Claims Process (1 p.m. – 2 p.m.)	MDwise Behavioral Health (1 p.m. – 1:45 p.m.)
1:15 p.m.				
1:30 p.m.		**BREAK**		
1:45 p.m.	**BREAK**	FSSA – IHCP Moving Forward (1:45 p.m. – 2:15 p.m.)		**BREAK**
2:00 p.m.	FFS – Prior Authorization on the IHCP Portal (DXC) (2 p.m. – 2:30 p.m.)		**BREAK**	MDwise 101 (2 p.m. – 2:45 p.m.)
2:15 p.m.		**BREAK**	MHS *CMS-1500/UB-04* Billing and Claims Process (2:15 p.m. – 3:15 p.m.)	
2:30 p.m.	**BREAK**	FSSA – Division of Family Resources (2:30 p.m. – 3 p.m.)		
2:45 p.m.	FFS – Behavioral Health (DXC) (2:45 p.m. – 3:30 p.m.)			**BREAK**
3:00 p.m.		**BREAK**		Anthem Behavioral Health (3 p.m. – 3:45 p.m.)
3:15 p.m.		FSSA – Pharmacy Updates (3:15 p.m. – 3:45 p.m.)	**BREAK**	
3:30 p.m.	**BREAK**		CareSource 101 (3:30 p.m. – 4:30 p.m.)	
3:45 p.m.		**BREAK**		**BREAK**
4:00 p.m.	IHCP Eligibility (DXC) (3:45 p.m. – 4:45 p.m.)	IHCP Provider Healthcare Portal Enrollment (DXC) (4 p.m. – 5 pm)		MHS – Quality (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 24, 2018
(Specialty Provider Emphasis)

	Salon 3 (DXC and FSSA)	Salon 4 (DXC and FSSA)	Salon 5 (MCEs)	Salon 6 (MCEs)
8:00 a.m.				
8:15 a.m.				
8:30 a.m.	FFS – HCBS Waiver Services (DXC) (8:30 a.m. – 9:30 a.m.)	Conduent – FSSA EnCred Project (8:30 a.m. – 9:30 a.m.)	MHS – Transportation (LCP) (8:30 a.m. – 9 a.m.)	Anthem – Prior Authorization Tools (8:30 a.m. – 9:30 a.m.)
8:45 a.m.				
9:00 a.m.			**BREAK**	
9:15 a.m.			Anthem – Logisticare Transportation (9:15 a.m. – 9:45 a.m.)	
9:30 a.m.	**BREAK**	**BREAK**		**BREAK**
9:45 a.m.	FFS – Durable Medical Equipment (DXC) (9:45 a.m. – 10:45 a.m.)	Conduent FSSA Encred Demonstration (9:45 a.m. – 10:45 a.m.)	**BREAK**	CareSource Prior Authorization (9:45 a.m. – 10:45 a.m.)
10:00 a.m.			CareSource Transportation (10 a.m. – 10:30 a.m.)	
10:15 a.m.				
10:30 a.m.			**BREAK**	
10:45 a.m.	**BREAK**	**BREAK**	MDwise – Transportation with Ride Right (10:45 a.m. – 11:15 a.m.)	**BREAK**
11:00 a.m.	FFS – Dental (DXC) (11 a.m. – Noon)	Prior Authorization for Medicaid Fee-for-Service (CMCS) (11 a.m. – 11:30 a.m.)		MHS – Prior Authorization (11 a.m. – Noon)
11:15 a.m.			**BREAK**	
11:30 a.m.		**BREAK**	Anthem – Benefits Plus (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.	IHCP Today (DXC) (1 p.m. – 1:45 p.m.)	Southeastrans Process and Procedures (1 p.m. – 1:45 p.m.)	MCE DME Roundtable (1 p.m. – 1:45 p.m.)	DentaQuest – Anthem and MDwise (1 p.m. – 1:45 p.m.)
1:15 p.m.				
1:30 p.m.				
1:45 p.m.	**BREAK**	**BREAK**	**BREAK**	**BREAK**
2:00 p.m.	IHCP Provider Healthcare Portal Overview (DXC) (2 p.m. – 2:45 p.m.)	FSSA – IHCP Moving Forward (2 p.m. – 2:30 p.m.)	MCE Self-Referral Services Roundtable (2 p.m. – 2:30 p.m.)	CareSource Quality (2 p.m. – 2:45 p.m.)
2:15 p.m.				
2:30 p.m.		**BREAK**	**BREAK**	
2:45 p.m.	**BREAK**	FSSA – Program Integrity (2:45 p.m. – 3:15 p.m.)	MCE Chiropractic Roundtable (2:45 p.m. – 3:15 p.m.)	**BREAK**
3:00 p.m.	FFS – Vision (DXC) (3 p.m. – 3:45 p.m.)			MHS – Evolve Dental 101 (3 p.m. – 3:45 p.m.)
3:15 p.m.		**BREAK**	**BREAK**	
3:30 p.m.		FSSA – Division of Family Resources (3:30 p.m. – 4 p.m.)	MDwise – Prior Authorization (3:30 p.m. – 4:30 p.m.)	
3:45 p.m.	**BREAK**			**BREAK**
4:00 p.m.	FFS – Prior Authorization on the IHCP Portal (DXC) (4 p.m. – 4:30 p.m.)	**BREAK**		CareSource Dental (4 p.m. – 4:45 p.m.)
4:15 p.m.		MOMS Helpline (4:15 p.m. – 4:45 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 25, 2018
(*UB-04/Institutional Emphasis*)

	Salon 3 (DXC and FSSA)	Salon 4 (DXC and FSSA)	Salon 5 (MCEs)	Salon 6 (MCEs)
8:00 a.m.				
8:15 a.m.				
8:30 a.m.	FFS – Understanding your Remittance Advice (DXC) (8:30 a.m. – 9 a.m.)	Conduent – FSSA EnCred Project (8:30 a.m. – 9:30 a.m.)	MDwise *CMS-1500*/*UB-04* Billing and Claims Process (8:30 a.m. – 9:30 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.	IHCP Today (DXC) (9:15 a.m. – 10 a.m.)			**BREAK**
9:30 a.m.		**BREAK**	**BREAK**	CareSource Provider Web Portal (9:30 a.m. – 10:15 a.m.)
9:45 a.m.		Conduent – FSSA EnCred Demonstration (9:45 a.m. – 10:45 a.m.)	Anthem *CMS-1500*/*UB-04* Billing and Claims Process (9:45 a.m. – 10:30 a.m.)	
10:00 a.m.	**BREAK**			
10:15 a.m.	FFS – Prior Authorization on the IHCP Portal (DXC) (10:15 a.m. – 11 a.m.)			**BREAK**
10:30 a.m.			**BREAK**	MDwise – Web Portal (10:30 a.m. – 11:15 a.m.)
10:45 a.m.		**BREAK**	MHS *CMS-1500*/*UB-04* Billing and Claims Process (10:45 a.m. – 11:45 a.m.)	
11:00 a.m.	**BREAK**	Southeastrans Process and Procedures (11 p.m. – 11:45 a.m.)		
11:15 a.m.	IHCP Provider Healthcare Portal Overview (DXC) (11:15 a.m. – Noon)			**BREAK**
11:30 a.m.				Anthem – Gateway to Work 2019 (11:30 a.m. – Noon)
11:45 a.m.		**BREAK**	**BREAK**	
Noon				
12:15 p.m.	**LUNCH**	**LUNCH**	**LUNCH**	**LUNCH**
12:30 p.m.				
12:45 p.m.				
1:00 p.m.	FFS – UB-04 Tips and Reminders (DXC) (1 p.m. – 2:30 p.m.)	FSSA – Program Integrity (1 p.m. – 1:30 p.m.)	CareSource *CMS-1500*/*UB-04* Billing and Claims Process (1 p.m. – 2 p.m.)	Anthem – Using the Availity Web Portal (1 p.m. – 1:45 p.m.)
1:15 p.m.				
1:30 p.m.		**BREAK**		
1:45 p.m.		FSSA – IHCP Moving Forward (1:45 p.m. – 2:15 p.m.)		**BREAK**
2:00 p.m.			**BREAK**	MCE ABA Roundtable (2 p.m. – 2:45 p.m.)
2:15 p.m.		**BREAK**	MCE Home Health and Hospice Roundtable (2:15 p.m. – 3:15 p.m.)	
2:30 p.m.	**BREAK**	FSSA – Division of Family Resources (2:30 p.m. – 3 p.m.)		
2:45 p.m.	IHCP Eligibility (DXC) (2:45 p.m. – 3:45 p.m.)			**BREAK**
3:00 p.m.		**BREAK**		Anthem – Quality Improvement Strategies (3 p.m. – 4 p.m.)
3:15 p.m.		IHCP Provider Healthcare Portal Enrollment (DXC) (3:15 p.m. - 4:15 p.m.)	**BREAK**	
3:30 p.m.			MDwise – Quality (3:30 p.m. – 4:15 p.m.)	
3:45 p.m.	**BREAK**			
4:00 p.m.	FFS – Home Health, Hospice, and Nursing Facility (DXC) (4 p.m. – 4:45 p.m.)			**BREAK**
4:15 p.m.		**BREAK**	**BREAK**	MCE Questions for your Territory Representative (4:15 p.m. – 5 p.m.)
4:30 p.m.		FSSA – Pharmacy Updates (4:30 p.m. – 5 p.m.)	MOMS Helpline (4:30 p.m. – 5 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.