

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT201949

SEPTEMBER 12, 2019



2019 IHCP Annual Provider Seminar scheduled for October 15-17 in Indianapolis

The Indiana Family and Social Services Administration (FSSA) and DXC Technology (DXC) invite Indiana Health Coverage Programs (IHCP) providers to attend the 2019 IHCP Annual Provider Seminar. The seminar begins Tuesday, October 15, and continues through Thursday, October 17. 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, Southeasterns, Division of Family Resources (DFR), the Program Integrity unit of the Office of Medicaid Policy and Planning (OMPP), and the FSSA. For information about the full seminar lineup and to pick your “cannot-miss” sessions, see the attached [Session Descriptions and Schedule](#).

Seminar registration

Providers are requested to register for the seminar online by visiting the [Workshop Registration](#) page at in.gov/medicaid/providers. The registration page provides instructions, including the *Workshop Registration Tool Quick Reference Guide*. 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 Opportunities](#) page at in.gov/medicaid/providers. Those who register online receive immediate registration confirmation. All registration is on a first-come, first-served basis, so sign up early.

Presentations for all sessions will be accessible via the [2019 IHCP Annual Provider Seminar](#) page at in.gov/medicaid/providers 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.

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

Business casual attire is recommended for comfort. Consider layering to accommodate variations in room temperature. Beverage service will not be available; however, a restaurant, coffee bar, and vending machines are available at the facility where drinks, snacks, and lunch can be purchased.

Seminar location and hotel reservation information

The seminar will be held at the following location:

Indianapolis Marriott East Hotel
7202 E. 21st St.
Indianapolis, IN 46219

Guest room reservations are available at the special rate of \$139 plus tax per night. To reserve a room at the special rate, make your reservations online on the [seminar welcome page](#) (preferred) or call 1-800-991-3346 and indicate you are attending the “DXC IHCP annual seminar.” The special rate applies to reservations made on or before **September 23, 2019.**

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



Map of specific location of Indianapolis Marriott East Hotel



QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without photos, is available for your convenience.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [Bulletins](#) page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at in.gov/medicaid/providers.



2019 IHCP Annual Provider Seminar

Session Descriptions and Schedule

Session Descriptions

The presentations for all sessions will be available on the [2019 IHCP Annual Provider Seminar](https://www.in.gov/medicaid/providers) page at [in.gov/medicaid/providers](https://www.in.gov/medicaid/providers) 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 – IngenioRx	Anthem is excited to announce the launch of its new pharmacy benefit manager, IngenioRx. This session provides the background into IngenioRx, and how it impacts members and prescribers.
Anthem – AIM Overview	American Imaging Management, Inc. (AIM) will be on hand to provide a high level overview of what AIM is, what their purpose is, and how they work with Anthem.
Anthem – AIM Rehabilitation	This session provides background into the AIM rehabilitation program, including physical, occupational, and speech therapy. AIM representatives will also demonstrate their provider portal and answer some frequently asked questions.
Anthem – Availity - How to Start and Complete an Appeal	Anthem will provide an overview of the new claim dispute process using Availity. This session will show your appeals team how to file a reconsideration and appeal through the Availity portal. This presentation will also guide you through how to filter your disputes and how to submit an inquiry through secure messaging.
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 – Inpatient Utilization Management Process	This session offers useful information for providers that includes the inpatient workflow from start to finish of an inpatient notification. It includes an overview of the case review types and health plan case review types, as well as the prior authorization process.
Anthem – Logisticare <i>(Presenters include representatives from Anthem's transportation contractor)</i>	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 – Member Outreach	This session is a high-level overview of what Anthem's Member Outreach team does to assist members with getting the care they need.
Anthem – Outpatient Utilization Management Process	This session offers useful information for providers that includes the outpatient Utilization Management at the Health Plan level. It includes an overview of the case review types and health plan case review types as well as the prior authorization process.
Anthem Behavioral Health	The session presents prior authorization (PA), intensive outpatient treatment (IOT), and a brief overview of what to expect in the future. This presentation also includes updates related to applied behavioral analysis (ABA), substance use disorder (SUD), inpatient services, and psychological testing.
CareSource – Behavioral Health	In this session, health partners will learn CareSource's behavioral health strategy, how to request a member referral, access standards, member release requirements, and follow-up after hospitalization for mental illness. Additional topics include 2019 behavioral health service updates.

Session Name	Description
CareSource – CMS-1500 and UB-04 Billing and Claims Process	Health partners billing <i>UB-04</i> and <i>CMS-1500</i> claims for CareSource Hoosier Healthwise and Healthy Indiana Plan members are invited to attend this session. Topics of discussion include claim filing requirements, submission process, and instructions on filing disputes and appeals and introduction of CareSource's new electronic funds transfer (EFT) vendor.
CareSource – Dental	Dental health partners attending this session will learn about CareSource's relationship with Scion. Other topics include how to verify eligibility, dental services requiring prior authorization (PA), where to submit claims, how to enroll for electronic funds transfer (EFT), and the Scion Provider Portal.
CareSource – Member Outreach	This session will orient health partners to member outreach efforts offered by CareSource. Topics include CareSource's extra benefits, health and wellness programs, member events as well as our care and disease management catalog. Join our provider engagement specialists to learn how CareSource can effectively partner with health partners.
CareSource – Prior Authorization	This session reviews prior authorization (PA) submission, specifically via the CareSource Provider Portal and services that require PA. Self-referral services as well as PA for high-tech imaging will also be discussed.
CareSource – Provider Portal	Participating CareSource health partners will gain a better understanding on how to navigate through the Provider Portal and its many functions. Topics include registration, claims, clinical practice registry, payment history, provider maintenance, pharmacy, and membership lists.
CareSource – Quality	Join CareSource provider engagement specialists to learn about our Quality Improvement and Management Programs. Topics include CareSource's Quality of Care (QOC) process as well as the available performance outcomes and member experience.
CareSource – Transportation	Join CareSource provider engagement specialists to receive information about our transportation vendor, LCP. Additional topics include how to request and receive transportation as well as limitations and other transportation options.
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.
DXC – FFS - Behavioral Health	This session provides a comprehensive overview of behavioral health services, including a review of the many recent changes. The presentation includes a review of inpatient and outpatient mental health services, as well as intensive outpatient treatment (IOT), crisis intervention, peer recovery, and other behavioral health services.
DXC – FFS - Submitting Secondary CMS-1500 Professional Claims	This session is relevant to all <i>CMS-1500</i> professional billers for secondary claim submission. Presenters will show the step-by-step process to submit secondary third-party liability (TPL), Medicare, and Medicare Replacement Plans via the IHCP Provider Healthcare Portal. The presentation includes adding correct insurance information, making TPL updates, and instructions for adding required attachments to claims.
DXC – FFS - Dental	Attendees will review key factors in understanding eligibility in relation to dental services and learn how to submit secondary claims on the IHCP Provider Healthcare Portal.
DXC – FFS - DME Basics	This presentation is a ground-level basic presentation geared to new billing staff for durable medical equipment (DME) products. It is an overview of the in.gov provider website. Attendees will also learn about manual pricing and attachments.
DXC – FFS - Electronic Visit Verification (EVV)	DXC will present a high-level overview of the electric visit verification (EVV) timeline. This session includes a discussion of the <i>21st Century Cures Act</i> , the Sandata solution, and information for providers that are choosing to stay with their current EVV vendor.
DXC – FFS - Eligibility and Portal Overview	This session presents easy-to-follow navigation for new users of the IHCP Provider Healthcare Portal with an emphasis on eligibility. The session is relevant to all provider types.

Session Name	Description
DXC – FFS - Provider Enrollment on the Portal	This session presents helpful reminders when submitting enrollment transactions on the IHCP Provider Healthcare Portal. Providers will learn what the requirements are and what documents are needed, how to add rendering providers, and how to make other enrollment changes. Revalidation tips and guidelines will be presented as well as a reminder to monitor the status of the submitted application. This session is relevant to all provider types and specialties.
DXC – FFS - Frequently Asked Questions (FAQs)	This brief, 30-minute session provides answers to general questions that are frequently asked by providers, including issues facing Medicaid providers. The session will be of interest to all provider types.
DXC – FFS - Home Health, Hospice, and Long-Term Care (LTC)	The session offers reference resources, correct billing instructions, coverage details, and other information vitally important for new billing staff; it also serves as a reminder to seasoned staff.
DXC – FFS - Life of a Claim	This session provides an overview of the life of a claim at DXC. Have you wondered how your claims are processed? This session breaks down the steps that apply to all claims submitted to DXC. Learn how prior authorization (PA), system edits and audits, pricing, and medical policy suspensions affect claim processing. Presenters will also discuss ways you can correct your claims through the online adjustment process. This session is ideal for those who are new to Medicaid.
DXC – FFS - Prior Authorization on the IHCP Portal	This session explains how to determine whether a PA is required and how to create, view, and update authorizations on the IHCP Provider Healthcare Portal. Reminders and helpful tools are also included.
DXC – FFS - Secure Correspondence	This session is relevant to all provider types and specialties. Providers will learn how to access Secure Correspondence on the IHCP Provider Healthcare Portal and submit transactions as well as information and attachments. Providers will learn when it is appropriate to use Secure Correspondence.
DXC – FFS - Submitting Professional Claims on the IHCP Portal	This session provides a step-by-step process and overview of how to submit professional claims via the IHCP Provider Healthcare Portal.
DXC – FFS - Submitting <i>UB-04</i> and Secondary Claims via the Provider Portal	This session is for providers that bill using the institutional claim (<i>UB-04</i> claim form or electronic equivalent). This presentation is a step-by-step process of how to submit institutional primary claims and secondary claims via the IHCP Provider Healthcare Portal. Also included are how to update third-party liability (TPL) information on the Portal, IHCP updates, and helpful tools.
DXC – FFS - Vision Services	This session is an overview of the reference resources available on the IHCP provider website, including provider-specific code set tables, coverage guidelines for specific services, and timely filing guidelines. The session includes detailed instructions about submitting professional (<i>CMS-1500</i>) secondary claims via the IHCP Provider Healthcare Portal.
DXC – FFS - Waiver Services	Topics discussed will include a review of available reference materials, waiver service descriptions, claim submission on the IHCP Provider Healthcare Portal, and electronic visit verification (EVV) systems.
FSSA – Community Health Workers: A Community Health Integration Program	Community health workers (CHWs) are a vital component of the Indiana healthcare delivery system. Learn more about CHWs and how the IHCP plans to use these providers to improve the lives of members. This session will explore the qualifications, reimbursable functions, and billing requirements.
FSSA – DFR Administered Health Coverage Programs	This session is a high-level overview of the Division of Family Resources (DFR) and the programs administered, including Healthy Indiana Plan (HIP), Hoosier Healthwise, and Medicaid for the Aged, Blind, and Disabled. Additional topics include financial and nonfinancial eligibility requirements, program highlights, HIP Plan options, and an overview of the application and recertification processes. The presentation will conclude with a 15-minute Q&A session.
FSSA – Gateway to Work 101	The goal of Gateway to Work is to increase community engagement and connect members to gainful employment. The program is designed to improve physical and mental health and overall enrollee financial stability and well-being. This session provides an overview of Gateway to Work requirements and explains exemptions, qualifying activities, reporting, and at-risk member outreach.
FSSA – Program Integrity	This session provides an overview of the Program Integrity initiative.

Session Name	Description
FSSA – Provider Relations 2020	This session will be an interactive session, encouraging providers to share their opinions about provider workshops, learning opportunities, and overall interaction with the Office of Medicaid Policy and Planning (OMPP).
FSSA – The Doctor Is In	This session describes the role of physicians in the FSSA and Medicaid and how they use their medical training to assist with all the Medicaid products.
FSSA – IHCP Moving Forward	This session is an overview of current IHCP projects and initiatives.
MCE – Combined FQHC/RHC 101	This session covers federally qualified health center (FQHC) and rural health clinic (RHC) topics, and presents enrollment and credentialing for Anthem, CareSource, MDwise, and MHS.
MCE – Combined Provider Resources	In this session, providers will learn about provider resources available to assist in improving their experience with each managed care entity.
MCE – Combined Emergency Room Readmission	This session covers the policy on readmissions for the emergency room for each managed care entity (MCE). Topics include defining “same or similar conditions,” exclusions, and postpayment review as applicable.
MCE – Combined Introduction to Billing	Identifying what health insurance a patient has is the first step necessary to billing. This introduction to billing will be significant to billers with less than 2 years of experience. Throughout this presentation, billers will be educated about how to access general IHCP and managed care entity (MCE) billing and reimbursement guidelines, claim information specific to a particular provider service, and what steps are necessary to identify billing errors versus processing errors.
MDwise – Behavioral Health	This presentation covers applied behavioral analysis (ABA) services, substance use disorder (SUD) residential services, the opioid treatment program, prior authorization (PA) and claims, and contact and resource information.
MDwise – Provider Portal	This presentation discusses features of the Provider Page, accessing the Portal, features of the Portal (including claim and eligibility review and quality reports), and contact and resource information.
MDwise – CMS-1500/UB-04 Billing and Claims Process	This presentation covers verifying eligibility, PA submission, claim submission, claim billing requirements and adjustments, and contact and resource information.
MDwise – Member Outreach	Discussion includes how the MDwise Outreach Team helps members, member benefits and resources, and MDwise outreach coordinators and their contact information.
MDwise – Prior Authorization	This presentation covers the process of submitting PA, PA timelines and appeals, and contact and resource information.
MDwise – Transportation	This presentation covers the Southeasterns broker and client relationship, eligibility and PA, scheduling trips, Southeasterns’ Portal access, provider network, and training and compliance.
MHS – Behavioral Health	This 45-minute session provides a general overview of behavioral health services and coverage, including the MHS Behavioral Health Provider Network. Providers will receive a general overview to include provider enrollment, demographic updates, the claim process (with dispute resolution), PA, and various online resources.
MHS – CMS-1500 Billing and UB-04 Billing and Claims Process	Designed for providers in the MHS network that bill for services using the CMS-1500 claim form or the UB-04 claim form, this session explains MHS claim-processing guidelines and procedures. Helpful tips for submitting claims and avoiding claim rejections, top claim denials are also covered, along with how to resolve claim concerns.
MHS – Community and Member Engagement Programs	Learn about events and programs that MHS hosts for our members and the community. These outreach programs help MHS meet our members where they are and offer personalized support. Additionally, find out how the MHS Outreach team partners with primary medical providers (PMPs) to close gaps in healthcare.
MHS – Envolv Dental 101	Dental partners attending this session will receive an overview on dental coverage and updates. Other topics include sedation, dental extractions, recoups, out-of-network providers, peer-to-peer requests, provider updates, and how to navigate in the Envolv Provider Portal.
MHS – How to Make Prior-Authorizations Work for You	Intended for all provider types, this session details the MHS 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.

Session Name	Description
MHS – Maximizing Your Quality Performance	This 45-minute session provides a general overview of the Healthcare Effectiveness Data and Information Set (HEDIS) as it relates to a primary care provider's practice. The presenters will discuss navigating the MHS Provider Analytics tool so that providers will be able to maximize their pay-for-performance bonus. Providers will be introduced to IMPACT, the MHS risk-adjustment tool, as well as presented a general overview of the Interpreta tools offered to MHS providers.
MHS – Transportation (LCP)	Attendees will be given an overview of how LCP Transportation supports MHS members and changes regarding billing and claim payment of emergent and nonemergent transportation benefits.
MHS – Web Portal	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 an explanation of eligibility, claim submission, prior authorization (PA), and quality reporting.
Southeastrans – FFS Nonemergency Medical Transportation Broker	Southeastrans (the fee-for-service nonemergency medical transportation broker), will give an overview of Southeastrans history, facility outreach efforts, quality assurance, compliance, and provider relations. The presenter will also communicate improvements made since June 2018 and upcoming changes.

Session Schedule for Tuesday, October 15, 2019
(CMS-1500/Professional Emphasis)

	Salons 1 – 3 (DXC and FSSA)	Salon 4 (DXC and FSSA)	Salon 5 (MCEs)	Salon 6 (MCEs)
8:30 a.m.	FFS – Submitting Professional Claims on the IHCP Portal (DXC) (8:30 a.m. - 9:15 a.m.)	The Doctor Is In (FSSA) (8:45 a.m. - 9:30 a.m.)	Combined FQHC/ RHC 101 (8:30 a.m. - 9:15 a.m.)	MHS – Maximizing Your Quality Performance (8:30 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	Combined MCE Introduction To Billing (9:30 a.m. - 10:30 a.m.)	MHS Behavioral Health (9:30 a.m. - 10:15 a.m.)
9:45 a.m.				
10:00 a.m.				
10:15 a.m.	BREAK	Gateway to Work (FSSA) (9:45 a.m. - 10:45 a.m.)		BREAK
10:30 a.m.	FFS – Prior Authorization on the IHCP Portal (DXC) (10:30 a.m. - 11 a.m.)		BREAK	CareSource Behavioral Health (10:30 a.m. - 11:15 a.m.)
10:45 a.m.		BREAK	MDwise CMS-1500/ UB-04 Billing and Claims Process (10:45 a.m. - 11:45 a.m.)	
11:00 a.m.		FFS - Provider Enrollment on the Portal (DXC) (11 a.m. - Noon)		
11:15 a.m.	BREAK			BREAK
11:30 a.m.	FFS – Frequently Asked Questions (FAQs) (DXC) (11:15 a.m. - Noon)			Combined MCE Provider Resources (11:30 a.m. - Noon)
11:45 a.m.		BREAK		
Noon				
12:15 p.m.				
12:30 p.m.				
12:45 p.m.				
1:00 p.m.	FFS – Eligibility and Portal Overview (DXC) (1 p.m. - 2 p.m.)	Program Integrity (FSSA) (1 p.m. - 1:30 p.m.)	Anthem 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.		BREAK		
1:30 p.m.				
1:45 p.m.		IHCP Moving Forward (FSSA) (1:45 p.m. - 2:45 p.m.)		
2:00 p.m.	BREAK		BREAK	Anthem Behavioral Health (2 p.m. - 2:45 p.m.)
2:15 p.m.	FFS – Life of a Claim (DXC) (2:15 p.m. - 3 p.m.)		CareSource CMS-1500/ UB-04 Billing and Claims Process (2:15 p.m. - 3:15 p.m.)	
2:30 p.m.				
2:45 p.m.		BREAK		
3:00 p.m.	BREAK	Community Health Workers (FSSA) (3 p.m. - 3:45 p.m.)		CareSource Quality (3 p.m. - 3:45 p.m.)
3:15 p.m.	FFS – Secure Correspondence (DXC) (3:15 p.m. - 3:45 p.m.)		BREAK	
3:30 p.m.				
3:45 p.m.	BREAK	BREAK	MHS CMS-1500/UB-04 Billing and Claims Process (3:30 p.m. - 4:30 p.m.)	
4:00 p.m.	FFS – Behavioral Health (DXC) (4 p.m. - 5 p.m.)	Provider Relations 2020 (FSSA) (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 16, 2019
(Specialty Provider Emphasis)

	Salons 1 – 3 (DXC and FSSA)	Salon 4 (DXC and FSSA)	Salon 5 (MCEs)	Salon 6 (MCEs)
8:30 a.m.	FFS – Waiver Services (DXC) (8:30 a.m. - 9:30 a.m.)	Division of Family Resources (DFR) Administered Health Coverage Programs (FSSA) (8:45 a.m. - 9:30 a.m.)	MHS Transportation (LCP) (8:30 a.m. - 9 a.m.)	Anthem Outpatient Utilization Management (8:30 a.m. - 8:55 a.m.)
8:45 a.m.				BREAK
9:00 a.m.			BREAK	Anthem Inpatient Utilization Management (9:05 a.m. - 9:30 a.m.)
9:15 a.m.			Anthem Logisticare Nonemergent Transportation (9:15 a.m. - 9:45 a.m.)	BREAK
9:30 a.m.	BREAK	BREAK		
9:45 a.m.	FFS – Electronic Visit Verification (EVV) (DXC) (9:45 a.m. - 10:15 a.m.)	Gateway to Work 101 (FSSA) (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.	BREAK		BREAK	
10:30 a.m.				
10:45 a.m.	FFS – Durable Medical Equipment Basics (DXC) (10:30 a.m. - 11:30 a.m.)	BREAK	MDwise Transportation: Southeastrans (10:45 a.m. - 11:15 a.m.)	BREAK
11:00 a.m.		FFS – Provider Enrollment on the Portal (DXC) (11 a.m. - Noon)	BREAK	MHS – How to Make Prior-Authorizations Work for You (11 a.m. - Noon)
11:15 a.m.			Anthem Member Outreach (11:30 a.m. - Noon)	
11:30 a.m.	BREAK			
11:45 a.m.				
Noon				
12:15 p.m.	LUNCH	LUNCH	LUNCH	LUNCH
12:30 p.m.				
12:45 p.m.				
1:00 p.m.	FFS – Dental (DXC) (1 p.m. - 1:45 p.m.)	The Doctor Is In (FSSA) (1 p.m. - 1:45 p.m.)	CareSource Member Outreach (1 p.m. - 1:30 p.m.)	DentaQuest (Anthem and MDwise) (1 p.m. - 1:45 p.m.)
1:15 p.m.			BREAK	
1:30 p.m.				
1:45 p.m.	BREAK	BREAK	MHS – Community and Member Engagement Programs (1:45 p.m. - 2:15 p.m.)	BREAK
2:00 p.m.	FFS – Eligibility and Portal Overview - Overview (DXC) (2 p.m. - 3 p.m.)	IHCP Moving Forward (FSSA) (2 p.m. - 3 p.m.)	BREAK	CareSource Dental (2 p.m. - 2:45 p.m.)
2:15 p.m.				
2:30 p.m.			MDwise Member Outreach (2:30 p.m. - 3 p.m.)	BREAK
2:45 p.m.				
3:00 p.m.	BREAK	BREAK	BREAK	
3:15 p.m.	FFS – Vision Services (DXC) (3:15 p.m. - 4 p.m.)	Southeastrans (3:15 p.m. - 4 p.m.)	MDwise Prior Authorization (3:15 p.m. - 4:15 p.m.)	MHS – Envolv Dental (3 p.m. - 3:45 p.m.)
3:30 p.m.				
3:45 p.m.				
4:00 p.m.	BREAK	BREAK		
4:15 p.m.	FFS – Frequently Asked Questions (FAQs) (DXC) (4:15 p.m. - 4:45 p.m.)	Provider Relations 2020 (FSSA) (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 17, 2019
(UB-04/Institutional Emphasis)

	Salons 1 –3 (DXC and FSSA)	Salon 4 (DXC and FSSA)	Salon 5 (MCEs)	Salon 6 (MCEs)	
8:30 a.m.	FFS – Frequently Asked Questions (FAQs) (DXC) (8:30 a.m. - 9:15 a.m.)		Combined MCE Introduction To Billing (8:30 a.m. - 9:30 a.m.)	Anthem AIM Rehabilitation (8:30 a.m. - 9:15 a.m.)	
8:45 a.m.		Program Integrity (FSSA) (8:45 a.m. - 9:30 a.m.)			
9:00 a.m.					
9:15 a.m.	BREAK			BREAK	
9:30 a.m.	FFS – Provider Enrollment on the Portal (DXC) (9:30 a.m. - 10:30 a.m.)	BREAK	BREAK	CareSource Provider Portal (9:30 a.m. - 10:15 a.m.)	
9:45 a.m.		Gateway to Work (FSSA) (9:45 a.m. - 10:45 a.m.)	Anthem <i>CMS-1500/UB-04</i> Billing and Claims Process (9:45 a.m. - 10:45 a.m.)		BREAK
10:00 a.m.					
10:15 a.m.	BREAK				
10:30 a.m.	BREAK			MDwise Provider Portal (10:30 a.m. - 11:15 a.m.)	
10:45 a.m.	FFS – Submitting <i>UB-04</i> and Secondary Claims via the Provider Portal (DXC) (10:45 a.m. - 11:45 a.m.)	BREAK	BREAK		
11:00 a.m.		Community Health Workers (FSSA) (11 a.m. - 11:45 a.m.)	MHS <i>CMS-1500/UB-04</i> Billing and Claims Process (11 a.m. - Noon)		BREAK
11:15 a.m.					
11:30 a.m.	BREAK			BREAK	
11:45 a.m.					
Noon		LUNCH	LUNCH		LUNCH
12:15 p.m.					
12:30 p.m.					
12:45 p.m.					
1:00 p.m.	FFS – Life of a Claim (DXC) (1 p.m. - 1:45 p.m.)	The Doctor Is In (FSSA) (1 p.m. - 1:45 p.m.)	CareSource <i>CMS-1500/UB-04</i> Billing and Claims Process (1 p.m. - 2 p.m.)	Anthem Availity (1 p.m. - 1:45 p.m.)	
1:15 p.m.					
1:30 p.m.					
1:45 p.m.	BREAK	BREAK		BREAK	
2:00 p.m.	FFS – Secure Correspondence (DXC) (2 p.m. - 2:30 p.m.)	IHCP Moving Forward (FSSA) (2 p.m. - 3 p.m.)	BREAK	MHS Web Portal (2 p.m. - 2:45 p.m.)	
2:15 p.m.			MDwise <i>CMS-1500/UB-04</i> Billing and Claims Process (2:15 - 3:15 p.m.)		
2:30 p.m.					BREAK
2:45 p.m.	FFS – Home Health, Hospice, and Long-Term Care (LTC) (DXC) (2:45 p.m. - 3:30 p.m.)	BREAK		BREAK	Anthem AIM Overview (3 p.m. - 3:30 p.m.)
3:00 p.m.					
3:15 p.m.					
3:30 p.m.	BREAK	Provider Relations 2020 (FSSA) (3:15 p.m. - 4 p.m.)	Anthem IngenioRx (3:30 p.m. - 4 p.m.)		
3:45 p.m.	FFS – Eligibility and Portal Overview (DXC) (3:45 p.m. - 4:45 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.