

2012 First-Quarter IHCP Provider Workshops

Table 1 – Session Descriptions

Session Name	Description
Finance Presented by HP provider relations field consultants	This session provides detailed information regarding all financial transactions, including adjustments (check-related, noncheck-related, and nonclaim-specific), expenditures, nonclaim-specific payouts, and accounts receivables.
IHCP Updates Presented by HP provider relations field consultants	This session covers changes to the IHCP program.
Indiana Care Select Updates Presented by representatives of ADVANTAGE Health Solutions SM	This session presents updates to the <i>Care Select</i> program for 2012, as well as updates and reminders of other changes, including Electronic Health Records (EHR) and the upcoming implementation of the International Classification of Diseases, Tenth Edition (ICD-10). <ul style="list-style-type: none"> ■ Coverage of bridge appointments ■ Indiana <i>Care Select</i> referrals ■ Working with a member's care management organization (CMO) ■ Primary medical provider (PMP) enrollment using the universal provider enrollment
Manually Priced Claims Billing Presented by HP provider relations field consultants	This session provides detailed information about billing claims to the IHCP when a billed code is manually priced and requires an invoice for payment calculation.
MDwise Hoosier Healthwise and Healthy Indiana Plan (HIP) Updates Presented by representatives of MDwise	This session covers recent updates to MDwise Hoosier Healthwise and HIP for first-quarter 2012, including: <ul style="list-style-type: none"> ■ Hoosier Healthwise plan updates ■ HIP plan updates
MHS and Cenpatico Behavioral Health: 2012 Updates for Hoosier Healthwise and Healthy Indiana Plan (HIP) Presented by representatives MHS and CBH	This session covers important updates for 2012, including information related to the MHS website update, 5010 compliance, prior authorization changes, National Correct Coding Initiative (NCCI) editing, and pay-for-performance initiatives. You will receive tools and resources to promote increased performance in 2012.

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Provider Enrollment Presented by HP provider relations field consultants	This session provides an overview of the changes to provider enrollment as a result of the <i>Affordable Care Act</i> . Providers learn how processes for enrollment applications and screening, rendering provider linkages, and provider profile updates have changed. This session is
Quality and Healthcare Effectiveness Data and Information Set (HEDIS) Presented by representatives from Anthem	An overview of quality assurance processes with Anthem, including Healthcare Effectiveness Data and Information Set (HEDIS) measures, as well as member eligibility and the managed care model. This session also includes general updates from Anthem.

Session times and room numbers appear on the next page.

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Table 2 – Session Schedule

Time	
8:00 a.m.	Provider Enrollment (HP) 8:00 a.m. – 9:00 a.m.
9:00 a.m.	Break
	IHCP Updates (HP) 9:15 a.m. – 9:45 a.m.
10:00 a.m.	Break
	Finance (HP) 10:00 a.m. – 11:00 p.m.
11:00 a.m.	Break
	Manual Pricing (HP) 11:15 p.m. – noon
12:00 a.m.	Lunch
1:00 p.m.	Indiana Care Select Updates (ADVANTAGE Health Solutions and MDwise) 1:00 p.m. – 1:55 p.m.
2:00 p.m.	Break
	MDwise Hoosier Healthwise and Healthy Indiana Plan (HIP) Updates (MDwise) 2:00 p.m. – 2:55 p.m.
3:00 p.m.	Break
	Quality and Healthcare Effectiveness Data and Information Set (HEDIS) (Anthem) 3:00 p.m. – 3:55 p.m.
4:00 p.m.	Break
	MHS and Cenpatico Behavioral Health: 2012 Updates for Hoosier Healthwise and Healthy Indiana Plan (HIP) (MHS and CBH) 4:00 p.m. – 4:55 p.m.