

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201566 SEPTEMBER 3, 2015

2015 IHCP Annual Provider Seminar scheduled for October 13-15 in Indianapolis

The Indiana Family and Social Services Administration (FSSA) and HP Enterprise Services invite Indiana Health Coverage Programs (IHCP) providers to attend the 2015 IHCP Annual Provider Seminar October 13-15, 2015, in Indianapolis. There is no cost for the seminar.

The seminar features three full days of important information. Topics include program overviews and specific program billing guidelines, as well as an introduction to the new Provider Healthcare Portal, which will be released later this year. Sessions will be led by HP, ADVANTAGE Health SolutionsSM, Anthem, Managed Health Services (MHS), and MDwise. For information about the full seminar lineup and to pick your “can’t-miss” sessions, see the attached [Session Descriptions and Schedule](#).

This year, the annual IHCP Provider Reception will be held on Tuesday, October 13, 2015, from 5 p.m. to 7 p.m. This complimentary reception will include brief remarks from a guest speaker and offer a great opportunity for all seminar attendees to meet their field consultants.

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*. During registration, you must specify the seminar sessions you want to attend. Session descriptions and the daily schedule are provided as an attachment to this bulletin for your reference. A link to this information can also be found on the [2015 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.

Walk-in registrations will be allowed; however, it is not recommended. The most popular sessions fill up well before the start of the seminar, and walk-in registrants will be allowed to attend sessions only as space is available.

For comfort, business casual attire is recommended. Consider layering to accommodate variations in room temperature.

Seminar location/hotel reservation information

The seminar will be held at the following location:

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

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



Guest room reservations are available at the special rate of \$122 plus tax per night. To reserve a room at the special rate, call 1-800-991-3346 or (317) 352-1231 and indicate you are attending the “Indiana Medicaid Seminar.” The special rate applies to reservations made on or before September 12, 2015.

Directions

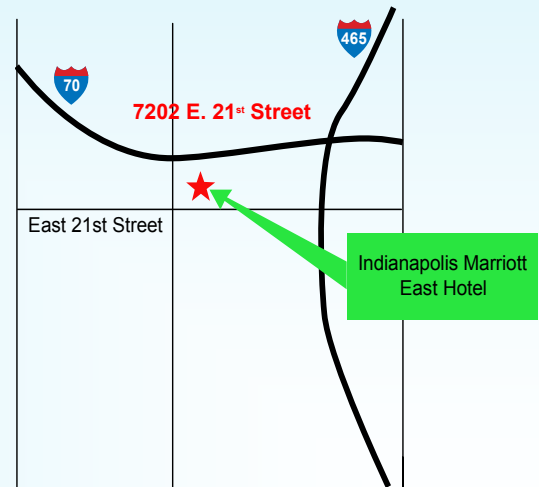
The Indianapolis Marriott East Hotel is located on the near northeast side of Indianapolis on 21st Street, east of Shadeland Avenue, west of I-465, and south of I-70.

The following maps show the location of the Indianapolis Marriott East Hotel. For more specific directions from your location, please visit a map-search website, such as mapquest.com.

Indianapolis map showing location of Indianapolis Marriott East Hotel



Map of specific location of Indianapolis Marriott East Hotel

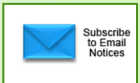


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2015 IHCP Annual Provider Seminar

Session Descriptions and Schedule

Session Descriptions

Session Name	Description
Anthem CMS-1500 and Updates Presented by representatives from Anthem	This session is for Anthem network providers that bill professional claims for Anthem's Hoosier Healthwise, Healthy Indiana Plan (HIP), 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, 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 claims resolution and provider enrollment processes.
Anthem ICD-10 Presented by representatives from Anthem	In this session, Anthem provides an update on the October 1, 2015, implementation of ICD-10, including compliance and resource information.
Anthem: Navigating Our Website Presented by representatives from Anthem	Join Anthem to learn what resources are available when navigating the Anthem Medicaid website.
Anthem: Need a Ride? Presented by representatives from Anthem and Anthem's transportation contractor	This session includes an overview of transportation services, such as trip limitations, how members schedule rides, and additional information for Anthem's Hoosier Healthwise, Healthy Indiana Plan (HIP), and Hoosier Care Connect members.
Anthem Quality: Prevent "Well-Check Burnout" Presented by representatives from Anthem	Anthem's overall goal is to deliver quality care for its members. This presentation offers helpful tools for minimizing the "burnout" associated with making sure all members are seen for well-checks and preventive care, while at the same time, achieving quality goals – despite the pressures of a busy office. This presentation discusses Healthcare Effectiveness Data and Information Set (HEDIS®) measures and strategies for improving provider documentation, tips for monitoring provider panels, and incentives for achieving quality targets and improving compliance.
Anthem UB-04 and Updates Presented by representatives from Anthem	This session is for Anthem network providers that bill using the <i>UB-04</i> claim form (institutional claim form) for Anthem's Hoosier Healthwise, Healthy Indiana Plan (HIP), and Hoosier Care Connect members. The session covers helpful tips for submitting claims, requesting prior authorization (PA), filing claim disputes, and avoiding claim denials. Participants also learn how to access important information online and find out about upcoming changes.
Billing Medicaid as a Secondary Payer Presented by HP Provider Relations field consultants	This session details how to correctly submit fee-for-service (FFS) claims for members who have other resources available to help pay the cost of medical care, including Traditional Medicare, Medicare Replacement Plans, and commercial insurance plans. It also outlines how to report changes in members' primary insurance.
Claim Adjustment Process Presented by HP Provider Relations field consultants	This session presents the different types of adjustments that can be performed on Web interChange and submitted on paper claim forms for fee-for-service (FFS) claims. The session covers system-initiated adjustments as well as provider-related adjustments. Providers receive detailed information on how to submit a claim adjustment correctly the first time.
CMS-1500 Claim Submission and Resolution Presented by HP Provider Relations field consultants	Providers receive detailed instructions on paper and electronic fee-for-service (FFS) claim submissions. This session explains processes to research adjudicated claims, including when to copy, replace, and void claims. Instructions for submitting paper and electronic secondary claims are also presented. This session is suitable for new and seasoned providers.

Session Name	Description
<p>Communicating with the IHCP: Who You Gonna Call? Presented by HP Provider Relations field consultants</p>	<p>This presentation provides an overview of how to find important contact information as well as answers to questions about how to perform the following and more:</p> <ul style="list-style-type: none"> Enroll as an Indiana Health Coverage Programs (IHCP) provider. Access Web interChange and member eligibility information. Submit fee-for-service (FFS) claims electronically. Check FFS claims status. Submit FFS prior authorization requests. <p>It also shows providers how to use the IHCP website at indianamedicaid.com as a self-help research tool that saves them time.</p>
<p>Dental: Fee-for-Service and DentaQuest Presented by HP provider field consultants and representatives from DentaQuest</p>	<p>In this session, participants learn valuable information about dental services provided under the fee-for-service (FFS) and risk-based managed care (RBMC) delivery systems. This session covers Web interChange eligibility inquiry, including how to determine aid categories, delivery systems, third-party liability (TPL) resources, and benefit limitations. Presenters also discuss dental coverage guidelines, as well as common billing issues such as claim filing, check/Remittance Advice (RA) inquiry, claim inquiry, and copy/void/replacements. DentaQuest, the Hoosier Care Connect and Healthy Indiana Plan (HIP) dental benefits administrator, provides an overview of its program, including information about creating user accounts, accessing and using the company's web portal, and a general Q&A.</p>
<p>DME/HME and Medical Supplies Presented by HP Provider Relations field consultants</p>	<p>This course covers Indiana Health Coverage Programs (IHCP) policy and billing guidelines for durable medical equipment (DME), home medical equipment (HME), and medical supplies. The presentation provides an overview of how managed care, provider enrollment, eligibility determinations, benefit plans, and delivery systems, affect DME/HME providers. Also included is a review of medical policy governing services and supplies, a review of common billing errors, and helpful tips for resolving issues. This session benefits all DME, HME, and medical supply providers.</p>
<p>EHR Meaningful Use: What's Necessary for 2015 and 2016 Presented by Natalie Stewart, senior advisor, EHR/Meaningful Use</p>	<p>With the release of the Electronic Health Record (EHR) Meaningful Use final rule of 2015, several changes impact ambulatory clinics for the 2015 and 2016 reporting year. Join this session as Purdue healthcare advisors walk through this complex program by:</p> <ul style="list-style-type: none"> • Discussing the immediate impacts of the 2015 final rule, ensuring providers are prepared to attest this year • Explaining the impacts of this new final rule on the 2016 reporting year • Highlighting what is coming with Stage 3 Meaningful Use and considerations for success
<p>Healthy Indiana Plan (HIP) Roundtable Presented by representatives from Anthem, Managed Health Services, and MDwise</p>	<p>The managed care entities (MCEs) present a comprehensive overview of the Healthy Indiana Plan (HIP) and updates and information specific to each MCE's plan. The session provides a description of covered services, prior authorization, claims filing, Personal Wellness and Responsibility (POWER) Accounts, and provider enrollment. This session is ideal for all HIP providers.</p>
<p>HIP Debit Card Payments Presented by representatives from Anthem, Managed Health Services, and MDwise</p>	<p>Healthy Indiana Plan (HIP) managed care entities (MCEs) offer a joint overview of their debit card payment processes, along with instructions and training for how providers can be paid in real time for services rendered to HIP members.</p>
<p>Home and Community-Based Services Waiver Program Presented by HP provider field consultants</p>	<p>This course provides an overview of waiver services and waiver administrators, including contact information. It includes detailed billing instructions for Web interChange, and incorporates the claim copy, void, and replace functions. Providers also learn additional tips on claim research and resolution and helpful resources. This course is valuable for new and seasoned waiver providers.</p>

Session Name	Description
Home Health, Hospice, and Long-Term Care: Billing Tips and Reminders Presented by HP provider field consultants	This presentation provides home health, hospice, and long-term care 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 form correctly and information about revenue and Healthcare Common Procedure Coding System (HCPCS) codes.
Hoosier Care Connect Roundtable Presented by representatives from Anthem, Managed Health Services, and MDwise	This session details the Hoosier Care Connect program, including contact information, billing guidelines, and eligibility. Additional information includes how behavioral health services are rendered, as well as information about the Right Choices Program (RCP), eligibility, and drug formularies.
HP Customer Assistance Call Center FAQs Presented by HP provider field consultants	This presentation provides information about the role of the HP Customer Assistance call center and includes answers to the questions providers call about most frequently. Providers learn important information and research techniques to help minimize their need to call Customer Assistance. This session would benefit all providers.
Indiana Health Coverage Programs (IHCP) 101 Presented by HP Provider Relations field consultants	This session covers the basics about providing services under the Indiana Health Coverage Programs (IHCP). Attendees learn about Healthy Indiana Plan (HIP), Hoosier Healthwise, Hoosier Care Connect, and Traditional Medicaid, including the contractors administering these programs. The session covers filing claims, obtaining and reading Remittance Advices (RAs), and more.
MDwise CMS-1500 and Prior Authorization Presented by representatives from MDwise	This session is for MDwise network providers that bill services using the CMS-1500 claim form. Participants leave this session with helpful tips on claim submission, how to avoid claim denial, prior authorization, and how to file a claim dispute. The session also covers provider enrollment and disenrollment, Right Choices Program (RCP), and member benefits. Please come prepared to engage in discussions with MDwise and the MDwise delivery system representatives.
MDwise HIP Debit Card Presented by representatives from MDwise	This presentation educates MDwise network providers on the rollout of the Healthy Indiana Plan (HIP) debit card. The session outlines the MDwise debit card process and walks providers through how to access and use the MDwise process.
MDwise ICD-10 Presented by representatives from MDwise	This ICD-10 session for MDwise network providers: <ul style="list-style-type: none"> • Provides general updates on ICD-10. • Reinforces the steps for ICD-10 transition. • Reviews what providers can expect after ICD-10 implementation.
MDwise Need a Ride? Presented by representatives from MDwise and MDwise transportation contractors	This session includes an overview of transportation services for MDwise members, such as trip limitations, how members schedule rides, and additional information.
MDwise UB-04 Presented by representatives from MDwise	This session is for MDwise network providers that bill services using the UB-04 claim form (institutional claim form). Participants leave this session with helpful tips on claim submission, how to avoid claim denials, prior authorization, and how to file a claim dispute. The session also covers Healthy Indiana Plan (HIP) and Hoosier Healthwise billing guidelines. Please come prepared to engage in discussion with MDwise and the MDwise delivery system representatives.
Meet Your MCE Provider Rep Presented by representatives from Anthem, Managed Health Services, and MDwise	This session gives providers an informal opportunity to meet their provider relations representatives from each of the managed care entities (MCEs).
Mental Health Fee-for-Service Presented by HP Provider Relations field consultants	In this presentation, providers receive detailed information on inpatient and outpatient fee-for-service (FFS) mental health billing, specialized programs, prior authorization requirements, and criteria for becoming a qualified provider. Providers learn who to bill for specific services and receive updates on common denials and how to avoid them.

Session Name	Description
<p>Mental Health: MCE Behavioral Health Roundtable Presented by representatives from Anthem, Managed Health Services, and MDwise</p>	<p>The roundtable presents an overview of behavioral health services for managed care entity (MCE) members. It includes discussion on credentialing, prior authorization updates, claims updates, and a brief overview of what to expect in the future.</p>
<p>MHS CMS-1500 Billing Presented by representatives from Managed Health Services</p>	<p>This session is for MHS network providers that bill services using the CMS-1500 claim form. MHS claim processing guidelines and procedures are explained. Helpful tips for submitting claims, avoiding claim rejections and claim denials are covered along with how to resolve claim disputes. The provider enrollment and disenrollment process is also covered. Attendees are invited to visit the MHS booth to set up secure web access, which allows users to view, file and correct online claim submissions.</p>
<p>MHS ICD-10 Need to Know Presented by representatives from Managed Health Services</p>	<p>This session is geared toward all provider types within the MHS network that are interested in a basic understanding of ICD-10 implementation at MHS. Claim system and authorization processes are covered, along with various tips and tools to assist with the transition.</p>
<p>MHS LCP Transportation Services Presented by representatives from Managed Health Services</p>	<p>This session offers an overview of processes and services provided by LCP for MHS members. Topics include the scheduling process, claim filing procedures, and more.</p>
<p>MHS POWER Account Training Presented by representatives from Managed Health Services</p>	<p>This session is geared toward nonfacility providers that render services to MHS Healthy Indiana Plan (HIP) members. A general overview of Personal Wellness and Responsibility (POWER) Accounts is provided along with instructions and training on how providers can be paid in real time for services rendered to MHS HIP members. Procedures regarding use of the online tool and subsequent claim submission are covered.</p>
<p>MHS UB-04 Billing Presented by representatives from Managed Health Services</p>	<p>This session is for MHS network providers that bill services using the <i>UB-04</i> institutional claim form. Useful information on the prior authorization process, claim submission, and avoiding claim rejections and denials is covered along with how to resolve claim and authorization disputes. Attendees are invited to visit the MHS booth to set up secure web access, which allows users to view, file, and correct online claim submissions.</p>
<p>Prior Authorization 101 for Traditional Medicaid Presented by representatives from ADVANTAGE Health Solutions</p>	<p>This session provides an overview of prior authorization (PA) for providers serving the Indiana Health Coverage Programs (IHCP) Traditional Medicaid members. Topics include:</p> <ul style="list-style-type: none"> • How to complete and submit the universal IHCP Prior Authorization Request Form • Documentation of medical necessity • General PA guidelines and processes for: <ul style="list-style-type: none"> – Elective inpatient admission – Medicaid Rehabilitation Option (MRO) – Behavioral health – Physical, occupational, and speech therapy – Durable medical equipment – An overview of provider appeals (administrative review and appeals) <p>This session is ideal for all providers serving Traditional Medicaid members.</p>
<p>Provider Healthcare Portal Demonstration – Member Management Presented by HP representatives</p>	<p>Providers see how to use portal features to verify current member eligibility, benefit plan coverage and limitations, and Right Choices Program (RCP) lock-in information.</p> <p>Providers also see a demonstration of the Member-Focused Viewing feature that allows a provider to view a dashboard of screens showing a member's eligibility and coverage information, as well as the provider's claim history and prior authorization information for the member.</p>

Session Name	Description
Provider Healthcare Portal Demonstration – Prior Authorization and Care Management Presented by HP representatives	This demonstration explains how the portal allows providers to create and submit prior authorization requests for members, including the electronic submission of related supporting documentation. Participants see how to quickly view the status of their authorization requests and make necessary modifications for denied or suspended requests. Designated primary medical providers (PMPs) learn how to use the portal to manage the member's providers and specialists on the Right Choices Program (RCP) lock-in list.
Provider Healthcare Portal Demonstration – Provider Enrollment and Provider Maintenance Presented by HP representatives	The provider enrollment feature is an easy-to-use wizard that allows providers to enroll in the Indiana Health Coverage Programs (IHCP) electronically with the option to upload required supporting documentation. Providers see how to save their enrollment at any point in the process and resume the application at a later time as well how to verify the status of an application once submitted. The session also shows how to process provider maintenance updates.
Provider Healthcare Portal Demonstration – Secure Correspondence Presented by HP representatives	The portal's new secure correspondence feature allows providers to securely send inquiries and receive responses that include personally identifiable information (PII) and protected health information (PHI). This demonstration shows the provider how to select a message category to submit an inquiry and view the response.
Provider Healthcare Portal Demonstration – Claim Submission and Management Presented by HP representatives	This session demonstrates how providers can securely submit their professional, institutional, and dental claims electronically with all necessary attachments as well as how to verify the status of submitted claims and make any necessary adjustments to or void their claims. Providers see how easily payment history and Remittance Advices can be viewed.
Provider Healthcare Portal Demonstration – User Registration and Delegate Management Presented by HP representatives	This session demonstrates how providers register on the portal to access the secure site. This session also demonstrates how registered providers can add delegates to their provider profile and assign various permission levels for delegates to work in the portal on their behalf. The session shows how individual delegates register in the portal to access the permissions granted by the provider.
Self-Referral Services Roundtable Presented by representatives from Anthem, Managed Health Services, and MDwise	Hear from all three managed care entities (MCEs) with updates regarding self-referral for vision, podiatry, chiropractic, and durable medical equipment (DME) services in this open format session. The session also includes updates on benefits and prior authorization. Representatives from all MCEs are available for questions.
Surfing the IHCP Website Presented by HP Provider Relations field consultants	This presentation educates providers about how to navigate the Indiana Health Coverage Programs (IHCP) website to locate important and useful information. Providers learn about "Quick Links" and other features that help providers make the most efficient use of the IHCP website. This session is ideal for new providers, as well as seasoned providers.
Transportation Tracks Presented by HP Provider Relations field consultants	This presentation educates transportation providers about processes for revalidation and recertification. Also, providers learn billing requirements and helpful hints about how to resolve common fee-for-service claim questions. This session is ideal for new transportation providers and as a refresher for seasoned providers.
UB-04 Basics Presented by HP Provider Relations field consultants	This session is ideal for new billing staff wanting to learn more about how to find answers to fee-for-service claim questions. This presentation provides basic information about how to research, bill, and follow up institutional claims and also covers billing via Web interChange for Medicare crossovers, Medicare replacement claims, and third-party liability (TPL). The presenter also covers most frequent reasons for claim denials and how to resolve them.

Session Name	Description
Understanding your RA Presented by HP Provider Relations field consultants	This session provides an overview of the fee-for-service Remittance Advice (RA) – how to access, read, and understand the information on the RA. This presentation covers how to read crossover payments, as well as non-claim-specific financial transactions, and how to read third-party liability (TPL) payments and adjustments.

Session Schedule for Tuesday, October 13, 2015

	Salons 1-3 (MCEs)	Salon 4	Salon 5 (CoreMMIS)
8:00 a.m.			
8:15 a.m.	MDwise CMS-1500 and Prior Authorization (8:30 a.m. – 9:15 a.m.)	HP Customer Assistance Call Center FAQs (8 a.m. – 8:45 a.m.)	Provider Healthcare Portal – Secure Correspondence (8 a.m. – 8:45 a.m.)
8:30 a.m.			
8:45 a.m.		Break 8:45 a.m. – 9 a.m.	Break 8:45 a.m. – 9:15 a.m.
9:00 a.m.			
9:15 a.m.	Break 9:15 a.m. – 9:30 a.m.	Claim Adjustment Process (9 a.m. – 9:45 a.m.)	Provider Healthcare Portal – User Registration and Delegate Management (9:15 a.m. – 10:15 a.m.)
9:30 a.m.			
9:45 a.m.	Anthem CMS-1500 and Updates (9:30 a.m. – 10:15 a.m.)	Break 9:45 a.m. – 10 a.m.	
10:00 a.m.			
10:15 a.m.	Break 10:15 a.m. – 10:30 a.m.	Billing Medicaid as a Secondary Payer (10 a.m. – 11 a.m.)	Break 10:15 a.m. – 10:45 a.m.
10:30 a.m.			
10:45 a.m.	MHS CMS-1500 Billing (10:30 a.m. – 11:15 a.m.)		Provider Healthcare Portal – Provider Enrollment and Provider Maintenance (10:45 a.m. – 11:30 a.m.)
11:00 a.m.		Break 11 a.m. – 11:15 a.m.	
11:15 a.m.	Break 11:15 a.m. – 11:30 a.m.	Prior Authorization 101 for Traditional Medicaid (11:15 a.m. – Noon)	
11:30 a.m.	MHS ICD-10 Need to Know (11:30 a.m. – Noon)		
11:45 a.m.			
Noon	Lunch Break Noon – 1 p.m.	Lunch Break Noon – 1 p.m.	Lunch Break 11:30 a.m. – 1 p.m.
12:15 p.m.			
12:30 p.m.			
12:45 p.m.			
1:00 p.m.	Anthem: Navigating Our Website (1 p.m. – 2 p.m.)	CMS-1500 Claim Submission and Resolution (1 p.m. – 2:15 p.m.)	Provider Healthcare Portal – Prior Authorization and Care Management (1 p.m. – 1:45 p.m.)
1:15 p.m.			
1:30 p.m.			
1:45 p.m.			
2:00 p.m.	Break 2 p.m. – 2:15 p.m.		Break 1:45 p.m. – 2:30 p.m.
2:15 p.m.		Break 2:15 p.m. – 2:30 p.m.	
2:30 p.m.	MHS POWER Account Training (2:15 p.m. – 3:15 p.m.)	Mental Health Fee-for-Service (2:30 p.m. – 3:45 p.m.)	Provider Healthcare Portal – Member Management (2:30 p.m. – 3:30 p.m.)
2:45 p.m.			
3:00 p.m.			
3:15 p.m.	Break 3:15 p.m. – 3:30 p.m.		
3:30 p.m.	MDwise HIP Debit Card (3:30 p.m. – 4:30 p.m.)	Break 3:45 p.m. – 4 p.m.	Break 3:30 p.m. – 4 p.m.
3:45 p.m.			
4:00 p.m.		Surfing the IHCP Website (4 p.m. – 5 p.m.)	Provider Healthcare Portal – Claim Submission and Management (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 8 a.m. to 5 p.m.
 Provider reception will be held TODAY from 5-7 p.m. in Salon B/C.

Session Schedule for Wednesday, October 14, 2015

	Salons 1-3 (MCEs)	Salon 4	Salon 5 (CoreMMIS)
8:00 a.m.			
8:15 a.m.		Home Health, Hospice, and LTC: Billing Tips and Reminders (8 a.m. – 9 a.m.)	Provider Healthcare Portal – Secure Correspondence (8:15 a.m. – 9 a.m.)
8:30 a.m.	MDwise UB-04 (8:30 a.m. – 9:15 a.m.)		
8:45 a.m.			
9:00 a.m.		Break 9 a.m. – 9:15 a.m.	Break 9 a.m. – 9:30 a.m.
9:15 a.m.	Break 9:15 a.m. – 9:30 a.m.	Communicating with the IHCP (9:15 a.m. – 10:15 a.m.)	Provider Healthcare Portal – Provider Enrollment and Provider Maintenance (9:30 a.m. – 10:15 a.m.)
9:30 a.m.	Anthem UB-04 and Updates (9:30 a.m. – 10:15 a.m.)		
9:45 a.m.			
10:00 a.m.	Break 10:15 a.m. – 10:30 a.m.	Break 10:15 a.m. – 10:30 a.m.	Break 10:15 a.m. – 10:45 a.m.
10:15 a.m.	MHS UB-04 Billing (10:30 a.m. – 11:15 a.m.)	UB-04 Basics (10:30 a.m. – Noon)	Provider Healthcare Portal – User Registration and Delegate Management (10:45 a.m. – 11:45 a.m.)
10:30 a.m.			
10:45 a.m.			
11:00 a.m.			
11:15 a.m.			
11:30 a.m.	MDwise ICD-10 (11:30 a.m. – Noon)		
11:45 a.m.			
Noon	Lunch Break Noon – 1 p.m.	Lunch Break Noon – 1 p.m.	Lunch Break 11:45 a.m. – 1 p.m.
12:15 p.m.			
12:30 p.m.			
12:45 p.m.			
1:00 p.m.	Anthem Quality: Prevent "Well-Check Burnout" (1 p.m. – 2 p.m.)	Prior Authorization 101 for Traditional Medicaid (1 p.m. – 1:45 p.m.)	Provider Healthcare Portal – Claim Submission and Management (1 p.m. – 1:45 p.m.)
1:15 p.m.			
1:30 p.m.		Break 1:45 p.m. – 2 p.m.	Break 1:45 p.m. – 2:15 p.m.
1:45 p.m.	Break 2 p.m. – 2:15 p.m.	Billing Medicaid as a Secondary Payer (2 p.m. – 3 p.m.)	Provider Healthcare Portal – Prior Authorization and Care Management (2:15 p.m. – 3 p.m.)
2:00 p.m.			
2:15 p.m.	Mental Health: MCE Behavioral Health Roundtable (2:15 p.m. – 3:15 p.m.)		
2:30 p.m.			
2:45 p.m.	Break 3 p.m. – 3:15 p.m.	Break 3 p.m. – 3:30 p.m.	
3:00 p.m.	Break 3:15 p.m. – 3:30 p.m.	EHR Meaningful Use: What's Necessary for 2015 and 2016 (3:15 p.m. – 4:15 p.m.)	Provider Healthcare Portal – Member Management (3:30 p.m. – 4:30 p.m.)
3:15 p.m.			
3:30 p.m.	Hoosier Care Connect Roundtable (3:30 p.m. – 4:30 p.m.)		
3:45 p.m.			
4:00 p.m.	Break 4:15 p.m. – 4:30 p.m.		
4:15 p.m.		Understanding Your RA (4:30 p.m. – 5:15 p.m.)	
4:30 p.m.			
4:45 p.m.			
5:00 p.m.			

Note: Registration and booths are open from 8 a.m. to 5 p.m.

Session Schedule for Thursday, October 15, 2015

	Salons 1-3 (MCEs)	Salon 4	Salon 5 (CoreMMIS)	
8:00 a.m.				
8:15 a.m.	MDwise: Need a Ride? (8:15 a.m. – 9 a.m.)	Dental: FFS and DentaQuest (8 a.m. – 10 a.m.)	Provider Healthcare Portal – Secure Correspondence (8 a.m. – 8:45 a.m.)	
8:30 a.m.				
8:45 a.m.			Break 8:45 a.m. – 9:15 a.m.	
9:00 a.m.			Break 9 a.m. – 9:15 a.m.	
9:15 a.m.	Anthem: Need a Ride? (9:15 a.m. – 10 a.m.)		Provider Healthcare Portal – User Registration and Delegate Management (9:15 a.m. – 10:15 a.m.)	
9:30 a.m.				
9:45 a.m.				
10:00 a.m.	Break 10 a.m. – 10:15 a.m.	Break 10 a.m. – 10:15 a.m.		
10:15 a.m.	MHS LCP Transportation Services (10:15 a.m. – 11 a.m.)	IHCP 101 (10:15 a.m. – 11:15 a.m.)	Break 10:15 a.m. – 10:45 a.m.	
10:30 a.m.				
10:45 a.m.			Provider Healthcare Portal – Provider Enrollment and Provider Maintenance (10:45 a.m. – 11:30 a.m.)	
11:00 a.m.	Break 11 a.m. – 11:15 a.m.			
11:15 a.m.	Anthem ICD-10 (11:15 a.m. – 11:45 a.m.)	Lunch Break 11:15 a.m. – 12:15 p.m.		
11:30 a.m.				
11:45 a.m.	Lunch Break 11:45 a.m. – 12:45 p.m.	Home and Community-Based Services Waiver Program (12:15 – 1:30 p.m.)	Lunch Break 11:30 p.m. – 1 p.m.	
Noon				
12:15 p.m.				
12:30 p.m.				
12:45 p.m.	Self-Referral Services Roundtable (12:45 p.m. – 1:30 p.m.)			
1:00 p.m.				
1:15 p.m.			Provider Healthcare Portal – Prior Authorization and Care Management (1 p.m. – 1:45 p.m.)	
1:30 p.m.	Break 1:30 p.m. – 1:45 p.m.	Break 1:30 p.m. – 1:45 p.m.		
1:45 p.m.	Healthy Indiana Plan Roundtable (1:45 p.m. – 2:45 p.m.)	Transportation Tracks (1:45 p.m. – 3 p.m.)	Break 1:45 p.m. – 2:30 p.m.	
2:00 p.m.				
2:15 p.m.				
2:30 p.m.			Provider Healthcare Portal – Member Management (2:30 p.m. – 3:30 p.m.)	
2:45 p.m.	Break 2:45 p.m. – 3 p.m.			
3:00 p.m.	HIP Debit Card Payments (3 p.m. – 3:45 p.m.)	Break 3 p.m. – 3:15 p.m.		
3:15 p.m.				
3:30 p.m.				
3:45 p.m.	Break 3:45 p.m. – 4 p.m.	DME/HME and Medical Supplies (3:15 p.m. – 4:30 p.m.)	Break 3:30 p.m. – 4 p.m.	
4:00 p.m.	Meet Your MCE Provider Rep (4 p.m. – 5 p.m.)		Provider Healthcare Portal – Claim Submission and Management (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 8 a.m. to 5 p.m.