

2024 IHCP Works Annual Provider Seminar

Session Descriptions and Schedule

Session Descriptions

The presentations for all sessions will be available on the [2024 IHCP Works](https://www.in.gov/medicaid/providers) page at [in.gov/medicaid/providers](https://www.in.gov/medicaid/providers) beginning Oct. 1, 2024. Providers are advised to print paper copies of the presentations for reference, if desired. Copies will not be provided at the seminar.

Session Name and Presenter	Description
Acentra Prior Authorization (Presented by Acentra Health)	This session is a screen share of the prior authorization submission process from a provider's perspective. The presentation outlines required fields, how to search diagnosis (Dx) codes and Current Procedural Terminology (CPT® ¹) codes, how to add documents, and communications.
Prior Authorization: What Comes After Submission? (Presented by Acentra Health)	This session walks through what a provider can expect after prior authorization submission. This presentation outlines the process for reviews, turnaround time, contact information, possible denial reasons, pending cases for information, retro reasons, steps after denials and other special situations with prior authorization review.
Anthem Blue Cross and Blue Shield Behavioral Health Updates (Presented by Anthem)	Behavioral health partners, this one is for you. Whether you are new to the Anthem network or have been part of it for a long time, come join Anthem behavioral health subject matter experts as we go over the benefits, coordination of care, access to services and strategies for missed appointments. We are going to talk about additional training resources for you, the Interactive Care Reviewer, Patient 360 and much more.
Claims Update and Dispute Process (Presented by Anthem)	Anthem is using this opportunity to educate and update our provider partners on the claim process from start to finish. This includes eligibility verification through the resolution process. We will also highlight one of our top denials and how to avoid it.
Utilization Management Discussion (Presented by Anthem)	Join Anthem's Utilization Management leadership in a discussion on the process of obtaining a prior authorization. We will touch on the Indiana PathWays for Aging (PathWays), what our standard turnaround times are, and what you may see in the event of a case denial. We are also going to take you on a quick tour of the Prior Authorization Lookup Tool (PLUTO).
Digital Tools (Presented by Anthem)	Anthem is excited to announce new digital tools that will allow providers to update their demographics including our new Roster Automation tool. Not only will we educate on what these tools are and how important it is to use these tools, we will give a high-level overview of how to use the Roster Automation tool.
Indiana PathWays for Aging Provider Onboarding and Orientation (Presented by Anthem)	If you are a new provider partner to Anthem for the Indiana PathWays for Aging (PathWays), or you are already in network and want a refresher, join our PathWays Network Relations team for an onboarding and orientation session. We will provide an overview of the program as well as several other topics and resources.
LGBTQ+ Considerations for Providers (Presented by Anthem)	Anthem has partnered with Indiana Youth Group (IYG) to provide a tailored discussion about LGBTQ+ patients. IYG serves young people between the ages of 12-24 who self-identify as LGBTQ+ and their ally peers. This discussion will enable participants to identify and define terminology, explain the difference between gender and sex, demonstrate the understanding of the intersectionality that is experienced by the LGBTQ+ community, and finally identify any barriers to seeking medical care for LGBTQ+ people.
Home Health Updates and Overview (Presented by Anthem)	Home health providers, join Anthem in this session. We will provide some updates for you including breaking down the covered and non-covered benefits. We'll let you know who to contact for contracting questions or if you want to join our networks. We'll talk about the prior authorization (PA) process as well as electronic visit verification (EVV). We'll update you on some billing guidelines, reimbursement and the claim process.

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Session Name and Presenter	Description
Care Central Application (Presented by Anthem)	Care Central is an application within Availity Essentials that is tailored to Anthem's Indiana PathWays for Aging (PathWays) providers. If you are one of our PathWays partners, this session will cover Availity Essentials, basic navigation, tips and timesavers using this application. These are proprietary features that are critical to your operations.
Behavioral Health (Presented by CareSource)	This presentation will guide and educate behavioral health providers on CareSource's policies and procedures, covering aspects from provider enrollment, claim processing, prior authorization, provider portal and important resources.
Claims: Facility and Professional (Presented by CareSource)	In this presentation, topics covered will include CareSource's policies and procedures for facility and professional claim submission, claim status, the IHCP Provider Healthcare Portal, and important resources.
Prior Authorization (Presented by CareSource)	This presentation will discuss what services require prior authorization (PA), how to submit a PA request to CareSource and important resources for healthcare providers.
Provider Enrollment (Presented by CareSource)	This is an overview on contracting with CareSource, provider maintenance, credentialing and important resources.
Human Trafficking (Presented by CareSource)	CareSource will educate providers on what human trafficking is, our process and how a Medicaid health plan plays a role, specifically how CareSource and our health partners can help our members. This presentation is geared for all provider types.
Quality (Presented by CareSource)	This presentation will share information on CareSource Quality Improvement and Management Programs. Topics will include our Quality of Care (QOC) process as well as the available performance outcomes and member experience.
Dental 101 (Presented by CareSource)	CareSource will guide and educate dental providers on new oral health initiatives and strategies, provider contracting and enrollment, claim processing, prior authorization, provider portal and important resources.
Fee-for-Service Behavioral Health (Presented by Gainwell)	Overview of behavioral health services and requirements, including applied behavioral analysis (ABA), intensive outpatient treatment (IOT), opioid treatment programs (OTP), psychiatric therapy, Medicaid Rehabilitation Option (MRO), Child Mental Health Wraparound (CMHW), substance use disorder (SUD), Mobile Crisis Unit and helpful tools.
Submit CMS-1500 Primary and Secondary Claims via the IHCP Provider Healthcare Portal (Presented by Gainwell)	Education on submitting <i>CMS-1500</i> primary and secondary claims via the IHCP Provider Healthcare Portal, including claim submission tips, reminders, follow-up and checking claim status. The session also presents how to review claim denials and make corrections, as well as updating third-party liability (TPL) on the IHCP Provider Healthcare Portal and other helpful tools.
Fee-for-Service Home and Community Based Waiver Services (Presented by Gainwell)	This session provides a breakdown of the waiver programs, guidelines and billing. Helpful tools and resources to guide providers through claim submission on the IHCP Provider Healthcare Portal are included.
Getting to Know Your Fee for Service Remittance Advice (Presented by Gainwell)	This session provides information on retrieving the remittance advice (RA) and understanding the format. Gainwell will also review claim adjustments and how they reflect on accounts receivable, how to compare the claims on both the RA and the IHCP Portal, and provide resources and helpful tools.
IHCP Resources and Website Navigation (Presented by Gainwell)	Gainwell will provide education and self-help to navigate the IHCP website and the resources available to our provider community.
Secure Correspondence IHCP Provider Healthcare Portal (Presented by Gainwell)	During this session, Gainwell will discuss what written and secure correspondence can be used for, how to use it, and best practices to get the most useful information and best outcome for your inquiries.
Behavioral Health – Humana Healthy Horizons (Presented by Humana)	This session provides an introduction to Humana's behavioral health team, walkthrough of behavioral health guidelines, and how Humana can support our behavioral health network.
Claims Overview – Humana Healthy Horizons (Presented by Humana)	This session provides an overview of Humana's claims research team, PathWays claim specifics, the use of Availity and the dispute process.

Session Name and Presenter	Description
Provider Authorizations – What to Know (Presented by Humana)	Humana provides a complete walkthrough of the prior authorization process regarding how our care/service coordinators are involved, how to request authorization through our intake team, our new prior authorization digital tool, and a breakdown specifically for home health and hospice services.
How to Enroll with Humana Healthy Horizons (Presented by Humana)	This session provides a comprehensive summary of the Indiana PathWays for Aging (PathWays) enrollment process, including a demonstration on how a provider can initiate the enrollment process, all required documentation needed, and how our contracting team is involved after a request is received.
Indiana PathWays for Aging Waiver Overview (Presented by Humana)	Humana will be providing a complete overview for waiver providers and how we are supporting this provider network, including an introduction to our Home- and Community-Based Services (HCBS) Provider Engagement team, available resources, and need-to-know waiver specifics since Indiana PathWays for Aging went live.
Person-Centered Care (Presented by Humana)	This session presents an in-depth review into Humana's assistance to develop a comprehensive individual care/service plan. This includes "what matters, why it matters," a breakdown of how our coordinators are involved, and Humana will highlight transitions of care to ensure we adapt as a member's needs change.
Better Together – Care Management and Resources (Presented by Humana)	This session reviews how Humana's efforts work to improve the health of our members. This includes success stories from our care/service coordinators, a walkthrough on how the HealthEdge portal can simplify the provider's patient care experience, and the use of PathWays vendors to maximize available services.
Behavioral Health with MDwise (Presented by MDwise)	This presentation provides a walkthrough of behavioral health guidelines and how MDwise can assist our behavioral health network providers.
Claims From A to UB (Presented by MDwise)	MDwise talks through claim billing for both facility and professional services; how and where to submit claims; processes for disputing; and ways to avoid common barriers that may delay claim payment.
A Deep Dive into Prior Authorizations with MDwise (Presented by MDwise)	MDwise walks through our prior authorization (PA) processes and procedures, a review of the types of PA requests, and a step-by-step guide to using our PA Portal.
Navigating Provider Enrollment Landscape: Strategies for Successful Enrollment (Presented by MDwise)	MDwise introduces you to our online provider enrollment tool, MProvider Connect, and shows you how to use it, and the benefits of using it. We also provide tools on how to avoid delays in getting your providers successfully enrolled with us.
Maximizing Efficiency: Navigating Provider Inquiries through our Customer Service Unit (Presented by MDwise)	MDwise provides an overview of our Provider Customer Service Unit (PCSU) and how our team can assist you. This session will give providers insight to their first point of contact for claim inquiries and what they can expect from our teams.
Beyond Numbers: How Accurate Data Drives Health Equity (Presented by MDwise)	In this session, MDwise's chief equity officer explains what health equity is and how to talk about it. We will discuss how to address health equity from a provider perspective and the impact on your practice. We will also share ways that can help you collect more comprehensive demographic and social need information from your patients.
Healthier Together: Building Stronger Communities through Outreach (Presented by MDwise)	In this session, MDwise will provide an overview of our Community Outreach team. We will share what we are doing in the community, who our community partners are, and how our provider groups can partner with us for future events. We will also share information about our member programs and how they can positively impact the lives of our members.
Oral Health Matters: Bridging the Gap Between Dental and Medical Services (Presented by MDwise)	Learn from the MDwise dental director and medical director as they co-present on this important topic. This session helps you understand how dental health impacts physical health and some of the things MDwise is doing to bridge this gap.
Navigating Behavioral Health with MHS (Presented by MHS)	To assist healthcare providers that are eager to understand how MHS simplifies delivering behavioral health services, covering fundamental aspects from provider enrollment to claim processing and prior authorization.
Claims – UB-04 (Presented by MHS)	This session addresses provider facility (<i>UB-04</i>) billing needs, by walking through the claim submission process, how to appeal and dispute claims, portal functionality, and how to seek guidance on optimizing interactions with your MHS representative.

Session Name and Presenter	Description
How to Make Prior Authorizations Work for You (Presented by MHS)	An overview of what is new regarding the MHS prior authorization process, including portal navigation, telephonic and fax authorizations, and provider authorization appeals will be provided.
Provider Enrollment and Credentialing (Presented by MHS)	This session will educate providers on how to become contracted and enrolled as a participating provider; navigate how to make provider updates; and discuss provider directory requirements, credentialing and recredentialing process.
Claims – CMS-1500 (Presented by MHS)	MHS will address provider professional (<i>CMS-1500</i>) billing needs by walking through the claim submission process, how to appeal and dispute claims, portal functionality, and how to seek guidance on optimizing interactions with your MHS representative.
Involve Dental Overview (Presented by MHS)	This session provides an overview on dental benefits, claim submission process, member verification and provider resources.
Involve Vision Overview (Presented by MHS)	This presentation will provide an overview on vision benefits, claim submission process, member verification and provider resources.
Social Determinants Of Health: Food is Medicine (Presented by MHS)	Providers will learn about the nonmedical factors that influence health outcomes for Medicaid members. This presentation will focus on food access and "Food is Medicine" topics. Food insecurity is on the rise across Indiana, and low-income or marginalized communities are most at risk. MHS will present established mechanisms and a coordinated approach to identify individuals who are food insecure and connect them to appropriate food programs and culturally relevant interventions.
Self-Audit Guidance (Presented by the OMPP)	This presentation helps to explain the purpose of a self-audit and the steps required by providers when a Self-Audit Notification letter is received from the Family and Social Services Administration (FSSA).
Waiver Updates: Tips, Tricks and Resources (Presented by the OMPP)	The Office of Medicaid Policy and Planning (OMPP) Providers Relations team discusses recent waiver updates and equips providers with tools to navigate the new waiver landscape.
Certified Community Behavioral Health Clinic (CCBHC) Overview (Presented by the OMPP)	The Office of Medicaid Policy and Planning (OMPP) and the Division of Mental Health and Addiction (DMHA) come together to give an overview of the Certified Community Behavioral Health Clinic (CCBHC) model and what providers can expect from this implementation process.
FSSA Keynote: Dr. Dan Rusyniak (Presented by the FSSA)	Secretary of the Indiana Family and Social Services Administration (FSSA) Dr. Dan Rusyniak gives a message of welcome to the IHCP Works seminar and provides highlights of the Indiana Health Coverage Programs.
Behavioral Health (Presented by UnitedHealthcare)	Learn more about the UnitedHealthcare Community Plan for Behavioral Health in this session. Information regarding enrollment, attestation, prior authorization, community care, claims, telehealth services and contacts will be discussed. Get all the details needed here.
UB-04 and CMS-1500 Claims (Presented by UnitedHealthcare)	This UnitedHealthcare claims presentation will assist providers billing on a <i>UB-04</i> or <i>CMS-1500</i> claim form. You will walk away with information on how to bill your claims, as well as next steps if a claim were to deny or under or overpay.
Prior Authorization (Presented by UnitedHealthcare)	Join UnitedHealthcare (UHC) as we as discuss our prior authorization (PA) process where we will show providers how to: check if PA is required, start a new PA request and check the status of a request. UHC will also provide some tips that will make for a smoother process along with where to find medical policies that include the clinical criteria UHC follows for a more seamless process.
Provider Enrollment (Presented by UnitedHealthcare)	This UnitedHealthcare (UHC) presentation highlights the steps various provider types would need to take to request and become a contracted provider with UHC.
Waiver (Presented by UnitedHealthcare)	This presentation is targeted for waiver service providers. It covers contracting, notice of action, service plans and claims. We will finish with our Home- and Community-Based Services (HCBS) Provider Advocate Territory map to ensure all of your questions can be answered whether live at the seminar or months later.

Session Name and Presenter	Description
UHC Quality (Presented by UnitedHealthcare)	UnitedHealthcare Community Plan of Indiana involves providers in our Quality Improvement Program including through our Provider Quality Outreach. In this presentation, we outline how providers may utilize our guidelines, reporting, materials and best practices to enhance member care. In addition, the presentation outlines provider incentives available for provider efforts.
UHC Digital Solutions (Presented by UnitedHealthcare)	UnitedHealthcare (UHC) offers several digital solutions that can save time for both providers and UHC. This presentation will provide a brief overview of the digital solutions that we offer, how they work, associated information technology (IT) resources needed and who to contact if providers are interested in exploring any of these solutions further. These digital solutions allow for automation of checking claim status, submitting reconsiderations with attachments, checking eligibility and benefits, and more.

Session Schedules

The following color code key corresponds to tables in the session schedule for the entity presenting.

Acentra Health	Anthem	CareSource	Humana	Gainwell	MDwise	MHS	FSSA/OMPP	UnitedHealthcare
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Color Code Key

Session Schedule for Tuesday, Oct. 8, 2024

	Hendricks D	Hendricks C	Hendricks B	Hendricks A
8:30 a.m.				
8:45 a.m.				
9:00 a.m.				
9:15 a.m.				
9:30 a.m.				
9:45 a.m.				
10:00 a.m.	Anthem Blue Cross and Blue Shield Behavioral Health Updates (Anthem) (10 a.m. – 11 a.m.)	UB-04 and CMS-1500 Claims (UnitedHealthcare) (10 a.m. – 11 a.m.)	How to Make Prior Authorizations Work for You (MHS) (10 a.m. – 11 a.m.)	FSSA Keynote: Dr. Dan Rusyniak (FSSA) (9 a.m. – 10 a.m.)
10:15 a.m.				
10:30 a.m.				
10:45 a.m.				
11:00 a.m.	Behavioral Health (CareSource) (11 a.m. – noon)	Social Determinants Of Health: Food is Medicine (MHS) (11 a.m. – noon)	Navigating Provider Enrollment Landscape: Strategies for Successful Enrollment (MDwise) (11 a.m. – noon)	Person-Centered Care (Humana) (10 a.m. – 11 a.m.)
11:15 a.m.				
11:30 a.m.				
11:45 a.m.				
11:45 a.m.	UHC Digital Solutions (UnitedHealthcare) (11 a.m. – noon)			
Noon	LUNCH			
12:15 p.m.				
12:30 p.m.				
12:45 p.m.				
1:00 p.m.	Behavioral Health – Humana Healthy Horizons (Humana) (1 p.m. – 2 p.m.)	Prior Authorization (CareSource) (1 p.m. – 2 p.m.)	Certified Community Behavioral Health Clinic (CCBHC) Overview (OMPP) (1 p.m. – 2 p.m.)	Claims – UB-04 (MHS) (1 p.m. – 2 p.m.)
1:15 p.m.				
1:30 p.m.				
1:45 p.m.				
2:00 p.m.	Behavioral Health with MDwise (MDwise) (2 p.m. – 3 p.m.)	Acentra Prior Authorization (Acentra Health) (2 p.m. – 3 p.m.)	IHCP Resources and Website Navigation (Gainwell) (2 p.m. – 3 p.m.)	Utilization Management Discussion (Anthem) (2 p.m. – 3 p.m.)
2:15 p.m.				
2:30 p.m.				
2:45 p.m.				
3:00 p.m.	Secure Correspondence IHCP Provider Healthcare Portal (Gainwell) (3 p.m. – 4 p.m.)	Quality (CareSource) (3 p.m. – 4 p.m.)	Digital Tools (Anthem) (3 p.m. – 4 p.m.)	A Deep Dive into Prior Authorizations with MDwise (MDwise) (3 p.m. – 4 p.m.)
3:15 p.m.				
3:30 p.m.				
3:45 p.m.				
4:00 p.m.				

Note: Registration and booths are open from 8 a.m. until end of last session.

Color Code Key

Acentra Health	Anthem	CareSource	Humana	Gainwell	MDwise	MHS	FSSA/OMPP	UnitedHealthcare
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Session Schedule for Wednesday, Oct. 9, 2024

	Hendricks D	Hendricks C	Hendricks B	Hendricks A
8:30 a.m.				
8:45 a.m.				
9:00 a.m.	Fee-for-Service Behavioral Health (Gainwell) (9 a.m. – 10 a.m.)	Provider Enrollment (CareSource) (9 a.m. – 10 a.m.)	UB-04 and CMS-1500 Claims (Repeat of Tuesday session) (UnitedHealthcare) (9 a.m. – 10 a.m.)	Self-Audit Guidance (OMPP) (9 a.m. – 10 a.m.)
9:15 a.m.				
9:30 a.m.				
9:45 a.m.				
10:00 a.m.	Navigating Behavioral Health with MHS (MHS) (10 a.m. – 11 a.m.)	Home Health Updates and Overview (Anthem) (10 a.m. – 11 a.m.)	Provider Authorizations – What to Know (Humana) (10 a.m. – 11 a.m.)	Healthier Together: Building Stronger Communities through Outreach (MDwise) (10 a.m. – 11 a.m.)
10:15 a.m.				
10:30 a.m.				
10:45 a.m.				
11:00 a.m.	Behavioral Health (UnitedHealthcare) (11 a.m. – noon)	Claims: Facility and Professional (CareSource) (11 a.m. – noon)	Maximizing Efficiency: Navigating Provider Inquiries through our Customer Service Unit (MDwise) (11 a.m. – noon)	LGBTQ+ Considerations for Providers (Anthem) (11 a.m. – noon)
11:15 a.m.				
11:30 a.m.				
11:45 a.m.				
Noon	LUNCH			
12:15 p.m.				
12:30 p.m.				
12:45 p.m.				
1:00 p.m.	Prior Authorization: What Comes After Submission (Acentra Health) (1 p.m. – 2 p.m.)	Beyond Numbers: How Accurate Data Drives Health Equity (MDwise) (1 p.m. – 2 p.m.)	Dental 101 (CareSource) (1 p.m. – 2 p.m.)	Better Together – Care Management and Resources (Humana) (1 p.m. – 2 p.m.)
1:15 p.m.				
1:30 p.m.				
1:45 p.m.				
2:00 p.m.	Human Trafficking (CareSource) (2 p.m. – 3 p.m.)	Provider Enrollment and Credentialing (MHS) (2 p.m. – 3 p.m.)	Oral Health Matters: Bridging the Gap Between Dental and Medical Services (MDwise) (2 p.m. – 3 p.m.)	Submit CMS-1500 Primary and Secondary Claims via the IHCP Provider Healthcare Portal (Gainwell) (2 p.m. – 3 p.m.)
2:15 p.m.				
2:30 p.m.				
2:45 p.m.				
3:00 p.m.	UHC Quality (UnitedHealthcare) (3 p.m. – 4 p.m.)	Claims Update and Dispute Process (Anthem) (3 p.m. – 4 p.m.)	Engolve Dental Overview (MHS) (3 p.m. – 4 p.m.)	Getting to Know Your Fee-for-Service Remittance Advice (Gainwell) (3 p.m. – 4 p.m.)
3:15 p.m.				
3:30 p.m.				
3:45 p.m.				
4:00 p.m.				

Note: Registration and booths are open from 8 a.m. until end of last session.

Color Code Key

Acentra Health	Anthem	CareSource	Humana	Gainwell	MDwise	MHS	FSSA/OMPP	UnitedHealthcare
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Session Schedule for Thursday, Oct. 10, 2024

	Hendricks D	Hendricks C	Hendricks B	Hendricks A
8:30 a.m.				
8:45 a.m.				
9:00 a.m.				
9:15 a.m.		Claims: Facility and Professional (Repeat of Wednesday session) (CareSource) (9 a.m. – 10 a.m.)	Claims – CMS-1500 (MHS) (9 a.m. – 10 a.m.)	Indiana PathWays for Aging Waiver Overview (Humana) (9 a.m. – 10 a.m.)
9:30 a.m.				
9:45 a.m.				
10:00 a.m.		How to Enroll with Humana Healthy Horizons (Humana) (10 a.m. – 11 a.m.)	Claims From A to UB (MDwise) (10 a.m. – 11 a.m.)	Waiver (UnitedHealthcare) (10 a.m. – 11 a.m.)
10:15 a.m.				
10:30 a.m.				
10:45 a.m.				
11:00 a.m.		Prior Authorization (UnitedHealthcare) (11 a.m. – noon)	Claims Overview – Humana Healthy Horizons (Humana) (11 a.m. – noon)	Indiana PathWays for Aging Provider Onboarding and Orientation (Anthem) (11 a.m. – noon)
11:15 a.m.				
11:30 a.m.				
11:45 a.m.				
Noon	LUNCH			
12:15 p.m.	LUNCH			
12:30 p.m.	LUNCH			
12:45 p.m.	LUNCH			
1:00 p.m.		Waiver Updates: Tips, Tricks and Resources (OMPP) (1 p.m. – 2 p.m.)	Provider Enrollment (UnitedHealthcare) (1 p.m. – 2 p.m.)	Fee-for-Service Home- and Community-Based Waiver Services (Gainwell) (1 p.m. – 2 p.m.)
1:15 p.m.				
1:30 p.m.				
1:45 p.m.				
2:00 p.m.		Engolve Vision Overview (MHS) (2 p.m. – 3 p.m.)	Care Central Application (Anthem) (2 p.m. – 3 p.m.)	Person-Centered Care (Repeat of Tuesday session) (Humana) (2 p.m. – 3 p.m.)
2:15 p.m.				
2:30 p.m.				
2:45 p.m.				
3:00 p.m.				
3:15 p.m.				
3:30 p.m.				
3:45 p.m.				
4:00 p.m.				

Note: Registration and booths are open from 8 a.m. until 1 p.m.