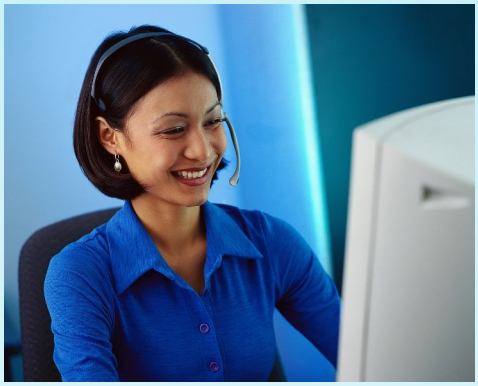
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202177 SEPTEMBER 7, 2021

2021 IHCP Works seminar to be held virtually Oct. 5-7



The Indiana Health Coverage Programs (IHCP) is excited to announce that providers can now register for the 2021 IHCP Works seminar. This year the three-day seminar will be presented virtually, beginning Tuesday, Oct. 5, and continues through Thursday, Oct. 7. There is no cost for the seminar; however, advance registration is required.

The seminar features three full days of valuable information. Topics include program overviews and specific program billing guidelines, as well as other important IHCP information. This year's seminar focuses on information and education for new providers on standard practices. It will also explore complex provider issues and methods of resolution through introductory sessions (101 track) and advanced sessions (201 track). Sessions will be led by Gainwell Technologies, Anthem, CareSource, Managed Health Services (MHS), MDwise, UnitedHealthcare and the Family and Social Services Administration (FSSA). For more information about the full seminar lineup and to pick your "can't miss" sessions, see the session descriptions and schedule attached to this bulletin.

In addition to the informational sessions, the seminar will include a new component that allows providers to sign up for a virtual one-on-one meeting with a provider representative from any of the managed care entities (MCEs) or Gainwell Technologies.

Seminar registration

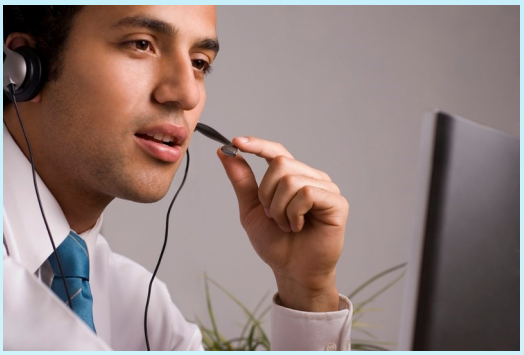
Providers may register for the seminar online by visiting the *Workshop Registration* page at in.gov/medicaid/providers.

Registration for the IHCP Works 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. For help registering, visit the registration page for instructions, including the *Workshop Registration Tool Quick Reference.*

Session descriptions and the daily schedule are attached to this bulletin for reference. A link to this information is also available on the *2021 IHCP Works Seminar* 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 for the best selection. **Registration for the virtual seminar will close on Friday, Oct. 1, 2021.**

One-on-one meeting registration

For the first time ever, the IHCP Works annual seminar will include an opportunity for providers to meet one-on-one with representatives from each MCE and Gainwell Technologies to review specific provider questions or concerns. The meetings are meant to allow space for one-on-one consultations between providers and provider representatives to resolve claim issues, provide policy clarification and more. The meetings will be secure and allow for providers and representatives to review and discuss protected health information (PHI).



Each MCE and Gainwell Technologies will be assigned nine 20-minute virtual time slots during which providers can discuss their issue. Time slots are available on a first-come, first-served basis. **Registration for the one-on-one sessions will close on Wednesday, Sept. 29.** Please note this is earlier than general seminar session registration.

To sign up for a time slot, providers must complete the following steps:

1. Go to SignUpGenius to register for a time slot.
2. After you have reached the SignUpGenius site, review which business partner is available for each date and time.

Available time slots will have a "Sign Up" box on the right-hand side. Time slots that are filled will say "Already filled." Providers can register for multiple time slots at once. However, providers must not sign up for multiple time slots for the same business partner. If providers sign up for multiple time slots for the same business partner, their one-on-one registrations will be canceled.

3. Select a time slot and business partner. Click the white box(es) next to the time slot(s) you would like to reserve.
4. Click **Submit and Sign Up** at the bottom of the screen.
5. In the "My Comment" section, enter the group name or other brief identifying information to allow the business partner to identify who they will be meeting with. Also enter a very brief description of the issue (for example, Retro PA question, recoupment issue or denied claim).

Do not include any PHI in the "My Comment" section.

6. Enter your first and last name and email in the spaces provided.
7. Scroll down and click **Sign Up Now**.
8. You will be redirected to a page that confirms your selections and comments.
9. Shortly after completing the registration, you will receive an email from OMPPProviderRelations@fssa.in.gov. This email will include an attachment that contains a Microsoft Outlook calendar invite for your registered time slots. The body of the email will confirm your time slot selections and your comments.

Before the seminar begins, you will receive another email containing the WebEx link for your registered time slot. See the *Connecting to a virtual session* section of this bulletin for instructions on joining a WebEx session. Providers must enter the room at their designated times. Providers will be placed in the waiting room and admitted by the business partner representatives. During their time slot, providers will have the opportunity to discuss their issue, share screens to show PHI, and set up next steps for resolution. PHI should not be shared in the chat function.

Connecting to a virtual session

The 2021 IHCP Works seminar is hosted through WebEx video conferencing. Providers must visit the *2021 IHCP Works Seminar* page at in.gov/medicaid/providers on the day of their registered session to access the appropriate WebEx link. The page lists three virtual (WebEx Room) links. Follow these steps:

1. Click the hyperlink for the session for which you registered.
2. After you click the appropriate WebEx Room link, you will be prompted to download WebEx if you do not have it on your system. Follow the download instructions.

Please allow enough time prior to the start of each meeting to complete any downloads required to access the session. The IHCP recommends downloading the WebEx application onto your computer instead of using the WebEx website.

3. Launch the WebEx application and sign in to the meeting. Click **Join as Guest**. You will be prompted by a second screen. Click **Join Meeting**. You will be placed in the virtual lobby until the host lets you in.
4. Ensure that your audio is enabled when you join the session. Depending on your system's settings, you may have to call in to connect your audio. Call-in numbers will be available on the *2021 IHCP Works Seminar* page at in.gov/medicaid/providers.
5. You will be placed into the session.

Questions?

If you have questions about the seminar, registration or technical issues, please contact the IHCP Works seminar voicemail at 317-488-5072.

QUESTIONS?

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

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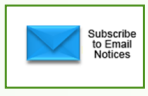

2021 IHCP Works Seminar
Session Descriptions and Schedule

Session Descriptions

The following tables present the 2021 IHCP Works Seminar sessions and descriptions.

IHCP Works Keynote Speaker Session Descriptions

Title	Short Description	Long Description
Keynote 1: Medicaid Today and Tomorrow *Allison Taylor, Medicaid director*	Hear from the Office of Medicaid Policy and Planning	Medicaid Director Allison Taylor will provide an update on the Office of Medicaid Policy and Planning's strategic vision and direction for the Medicaid program.
Keynote 2: Medicaid and the Social Determinants of Health *Rachel Lane, Office of Healthy Opportunities*	Hear from FSSA's executive leadership about Medicaid's focus on social determinants of health.	The Office of Healthy Opportunities will provide an introduction to the social determinants of health that impact Hoosiers' physical and mental health.
Keynote 3: Leading into the Future of FSSA *Dr. Dan Rusyniak, secretary of FSSA*	Hear from FSSA's new secretary	Dr. Dan Rusyniak will introduce himself as FSSA's newest secretary and discuss key priorities for the agency moving into 2022 and beyond.

Gainwell Technologies IHCP Works Session Descriptions

Title	Short Description	Long Description
Claims 101	Introduction to fee-for-service (FFS) claim submission process	This session provides an overview of FFS claim requirements and claim processing and payment systems, including using the Portal, voiding claims and more.
Prior Authorization 101	Introduction to fee-for-service (FFS) prior authorization (PA) process	This session provides an overview of the FFS PA process, including general requirements and how to create, view and update PAs.
Enrollment and Credentialing	Introduction to the IHCP provider enrollment process	This session provides an overview of what every provider needs to know to correctly enroll to bill for services. Topics include which forms to submit for successful enrollment, how to submit a change of ownership, how to link providers to your practice, revalidation and more.
Claims 201	In-depth review of fee-for-service (FFS) claim submission process	This session provides an in-depth review of the FFS claim submission process, including third-party liability (TPL), tricky denials, HMS and more.
Prior Authorization 201	In-depth review of fee-for-service (FFS) prior authorization (PA) process	This session provides an in-depth review of various PA scenarios, including transferring PAs, suspended PA, retroactive PA, the administrative review and appeal process for PAs, and more.

Title	Short Description	Long Description
Get to Know Your Remittance Advice (RA)	In-depth review of reading and interpreting fee-for-service (FFS) Remittance Advices (RAs)	This session provides a comprehensive review of RA categories, how to interpret adjustments and how to read summary pages.

FSSA IHCP Works Session Descriptions

Title	Short Description	Long Description
MQ (Medicaid Questions): A Medicaid Quiz Show	Participate in an interactive quiz show while learning about Medicaid	This game show will provide a series of generic questions about the IHCP, including provider enrollment, prior authorization and claim processing. Come have fun testing your Medicaid knowledge and learn more about specific processes.
Telehealth	In-depth review of telehealth policy	This session provides an overview of the past, present and future of the IHCP's telehealth policies.
Pharmacy Benefit	In-depth review of fee-for-service (FFS) pharmacy benefit	This session provides an in-depth review of the IHCP's FFS pharmacy benefit, including general billing guidance, carved-out drugs and more.
Right Choices Program	Introduction to Right Choices Program	This session will cover the basics of the Right Choices Program (RCP), discussing services carved out of RCP, eligibility verification for RCP members, billing for services rendered and detecting fraud, waste, and abuse within the program.
Social Determinants of Health	A closer look at social determinants of health in the provider's office	This session provides a deep dive into improving providers' interactions with Medicaid members by analyzing social determinants of health and resources providers can apply to impact member interactions and future FSSA programming for Medicaid members.

Anthem IHCP Works Session Descriptions

Title	Short Description	Long Description
Claims 101	Introduction to Anthem's claim requirements and claim processing and payment systems	This session provides an overview of claim submission, including checking eligibility, obtaining prior authorization, reviewing common denial reasons and how to resolve claims inquiries.
Prior Authorization 101	Introduction to Anthem's prior authorization (PA) process	This session provides an overview of Anthem's PA process, including outpatient utilization management (UM), inpatient UM, behavioral health UM and more.
Enrollment and Credentialing 101	Introduction to Anthem's provider enrollment and credentialing process	This session provides an overview of what every provider needs to know to correctly credential and bill for services. Topics include eligibility criteria, re-credentialing, ongoing sanction monitoring and more.

Title	Short Description	Long Description
Claims 201	In-depth review of Anthem's claim submission process	This session tells the story of a provider that use Anthem's claim submission and appeals process for successful payment. Attendees will review a submitted claim, read the explanation of benefits (EOB) and successfully appeal a denial.
Prior Authorization 201	In-depth review of Anthem's prior authorization (PA) process	This session provides an in-depth review of various PA scenarios. Learn about the conditions for retroactive eligibility and the process to obtain PA.
Anthem's Enhanced Benefits	Overview of benefits and services available to Anthem Medicaid members	This session provides an overview of Anthem's enhanced benefits, including smoking cessation, notification of pregnancy, resources available to support maternal and child health, and member rewards.

CareSource IHCP Works Session Descriptions

Title	Short Description	Long Description
Claims 101	Introduction to CareSource's claim requirements and claim processing and payment systems	This session provides an overview of CareSource's claims submission process, including checking eligibility, the claim dispute and appeals process, top denial reasons and more.
Prior Authorization 101	Introduction to CareSource's prior authorization (PA) process	This session provides an overview of CareSource's PA process, including submission instructions, retro authorization, dental authorizations and PA for newborns.
Enrollment and Credentialing 101	Introduction to CareSource's provider enrollment and credentialing process	This session provides an overview of what every provider needs to know to correctly enroll and bill for services. Topics include how to register on the Portal, credentialing criteria, recredentialing and more.
Claims 201	In-depth review of CareSource's claim submission process	This session provides an in-depth review of CareSource's claim submission process with a focus on top claim denial reasons and how to avoid or resolve them.
Prior Authorization 201	In-depth review of CareSource's prior authorization (PA) process	This session provides an in-depth review of various PA scenarios. Learn about retro authorizations, sterilization, newborn processes and navigating the dispute and appeals process.
The Importance of Care Coordination and the Exchange of Health Information Between Physical and Behavioral Health Providers	Overview of the care coordination services available to CareSource members	This session provides an overview of CareSource's care coordination program. The presentation will highlight the benefits of care coordination, how to obtain a release of information, resources available for providers and members in care coordination and how to submit a referral.

MDwise IHCP Works Session Descriptions

Title	Short Description	Long Description
Claims 101	Introduction to MDwise's claim requirements and claim processing and payment systems	This session provides an overview of MDwise's claims submission process, including checking eligibility, billing requirements, denials and rejections, and claim adjustments.

Title	Short Description	Long Description
Prior Authorization 101	Introduction to MDwise's prior authorization (PA) process	This session provides an overview of MDwise's PA process, including required forms, tips and tricks for successful submission, and the appeals process.
Enrollment and Credentialing 101	Introduction to MDwise's provider enrollment and credentialing process	This session provides an overview of what every provider needs to know to correctly enroll and bill for services. Topics include the enrollment process, tips for successful credentialing and post-enrollment provider updates.
Claims 201	In-depth review of MDwise's claim submission process	This session provides an in-depth review of MDwise's claim submission process through an interactive Q&A game with tips and tricks for successful claims submission.
Prior Authorization 201	In-depth review of MDwise's prior authorization process	This session provides an in-depth review of various prior authorization (PA) scenarios. Learn about navigating the Portal to determine eligibility, review a member health profile, access quality reports and more.
Behavioral Health Benefit Overview	Overview of the behavioral health and substance use disorder (SUD) services available to providers and members	This session provides an overview of behavioral health benefits in two parts. Part One includes services including intensive outpatient treatment (IOT), opioid treatment programs (OTPs) and more. Part Two reviews behavioral health quality measures.

MHS IHCP Works Session Descriptions

Title	Short Description	Long Description
Claims 101	Introduction to MHS' claim requirements and claim processing and payment systems	This session provides an overview of MHS' claim submission process, including how to submit a claim, prior authorization (PA), the dispute and appeals process and more.
Prior Authorization 101	Introduction to MHS' prior authorization (PA) process	This session provides an overview of MHS' PA process, including Portal navigation, telephonic and fax authorizations, and the PA appeals process.
Enrollment and Credentialing 101	Introduction to MHS' provider enrollment and credentialing process	This session provides an overview of what every provider needs to know to correctly enroll and bill for services. Topics include requesting a new contract, adding a provider to an existing contract, noncontracted provider enrollments and more.
Claims 201	In-depth review of MHS' claim submission process	This session provides an in-depth review of MHS' claim submission process with a focus on claim denial examples and how to how to avoid or resolve them.
Prior Authorization 201	In-depth review of MHS' prior authorization (PA) process	This session provides an in-depth review of various PA scenarios. Learn about specific PA requirements, how to avoid PA issues and tips for navigating the PA process.
MHS Member Benefits and Care Management Programs	Overview of benefits, services and resources available to providers and members.	This session provides an overview of benefits available through the member's selected health plan. Learn about member rewards, immunizations and preventive care, disease management, and more.

UnitedHealthcare IHCP Works Session Descriptions

Title	Short Description	Long Description
Claims 101	Introduction to UnitedHealthcare's claim requirements and claim processing and payment systems	This session provides an overview of UnitedHealthcare's claims submission process, including how to file a medical claim, a behavioral health claim, a vision claim or a dental claim.
Prior Authorization 101	Introduction to UnitedHealthcare's prior authorization (PA) process	This session provides an overview of UnitedHealthcare's PA process, including how to obtain a PA, how to dispute a denial and when to escalate a dispute to the Provider Advocate Team.
Enrollment and Credentialing 101	Introduction to UnitedHealthcare's provider enrollment and credentialing process	This session provides an overview of what every provider needs to know to correctly enroll and bill for services. Topics include how to enroll as a medical, behavioral health, vision or dental provider.
Claims 201	In-depth review of UnitedHealthcare's claim submission process	This session provides an in-depth review of UnitedHealthcare's claim submission process with a focus on tips for successful claim submission, coordination of benefits (COB), how to escalate a claim appeal and more.
Prior Authorization 201	In-depth review of UnitedHealthcare's prior authorization (PA) process	This session provides an in-depth review of various PA scenarios. Learn about how to avoid PA denials, retroactive authorizations, timeliness requirements and more.
Behavioral Health Roundtable *David Hoover Sr., provider relations advocate* *Belen Stewart, provider relations advocate*	Question and answer session focused on behavioral health-related inquiries submitted by providers	This session is a discussion about behavioral health-related questions submitted by providers prior to the seminar date. Hear from subject-matter experts as they unpack policies and processes related to enrollment and credentialing, billing and educational resources.

Session Schedules

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

Color Code Key

Gainwell	Anthem	CareSource	MDwise	MHS	FSSA	UnitedHealthcare

Session Schedule for Tuesday, October 5, 2021

	Tuesday, October 5		
	WebEx 1	**WebEx 2**	**WebEx 3**
9 a.m.	**Keynote: Dr. Dan Rusyniak, Secretary of FSSA** (9 a.m. – 9:30 a.m.)		
9:15 a.m.			
9:30 a.m.	**Behavioral Health Benefit Overview** (9:30 a.m. – 10:30 a.m.)	**Pharmacy Benefit** (9:30 a.m. – 10:30 a.m.)	**Enrollment and Credentialing 101** (9:30 a.m. – 10:30 a.m.)
9:45 a.m.			
10 a.m.			
10:15 a.m.			
10:30 a.m.	**Enrollment and Credentialing** (10:30 a.m. – 11:30 a.m.)	**Claims 101** (10:30 a.m. – 11:30 a.m.)	**Prior Authorization 101** (10:30 a.m. – 11:30 a.m.)
10:45 a.m.			
11 a.m.			
11:15 a.m.			
11:30 a.m.	**Enrollment and Credentialing 101** (11:30 a.m. – 12:30 p.m.)	**Medicaid Questions: A Medicaid Quiz Show** (11:30 a.m. – 12:30 p.m.)	**The Importance of Care Coordination** (11:30 a.m. – 12:30 p.m.)
11:45 a.m.			
Noon			
12:15 p.m.			
12:30 p.m.	**LUNCH**	**LUNCH**	**LUNCH**
12:45 p.m.			
1 p.m.	**Claims 101** (1 p.m. – 2 p.m.)	**Enrollment and Credentialing 101** (1 p.m. – 2 p.m.)	**Claims 101** (1 p.m. – 2 p.m.)
1:15 p.m.			
1:30 p.m.			
1:45 p.m.			
2 p.m.	**Claims 101** (2 p.m. – 3 p.m.)		**Claims 101** (2 p.m. – 3 p.m.)
2:15 p.m.			
2:30 p.m.			
2:45 p.m.			
3 p.m.			

Color Code Key

Gainwell	Anthem	CareSource	MDwise	MHS	FSSA	UnitedHealthcare

Session Schedule for Wednesday, October 6, 2021

	Wednesday, October 6		
	WebEx 1	**WebEx 2**	**WebEx 3**
9 a.m. – **9:15 a.m.**	**Keynote: Allison Taylor, Medicaid Director** (9 a.m. – 9:30 a.m.)		
9:30 a.m. – **10:15 a.m.**	**Prior Authorization 101** (9:30 a.m. – 10:30 a.m.)	**Enrollment and Credentialing 101** (9:30 a.m. – 10:30 a.m.)	**Claims 201 (More Advanced)** (9:30 a.m. – 10:30 a.m.)
10:30 a.m. – **11:15 a.m.**	**Telehealth** (10:30 a.m. – 11:30 a.m.)	**Claims 101** (10:30 a.m. – 11:30 a.m.)	**Prior Authorization 101** (10:30 a.m. – 11:30 a.m.)
11:30 a.m. – **11:45 a.m.**	**LUNCH**	**Prior Authorization 101** (11:30 a.m. – 12:30 p.m.)	**Behavioral Health Roundtable** (11:30 a.m. – Noon)
Noon – **12:45 p.m.**		**LUNCH**	**LUNCH**
1 p.m. – **1:45 p.m.**	**Right Choices Program** (1 p.m. – 2 p.m.)	**Prior Authorization 101** (1 p.m. – 2 p.m.)	**Claims 201 (More Advanced)** (1 p.m. – 2 p.m.)
2 p.m. – **2:45 p.m.**	**Prior Authorization 101** (2 p.m. – 3 p.m.)	**MHS Member Benefits and Care Management Programs** (2 p.m. – 3 p.m.)	**Prior Authorization 201 (More Advanced)** (2 p.m. – 3 p.m.)
3 p.m.			

Color Code Key

Gainwell	Anthem	CareSource	MDwise	MHS	FSSA	UnitedHealthcare

Session Schedule for Thursday, October 7, 2021

	Thursday, October 7		
	WebEx 1	**WebEx 2**	**WebEx 3**
9 a.m. **9:15 a.m.**	**Keynote: Rachel Lane, Office of Healthy Opportunities** (9 a.m. – 9:30 a.m.)		
9:30 a.m. **9:45 a.m.** **10 a.m.** **10:15 a.m.**	**Claims 201 (More Advanced)** (9:30 a.m. – 10:30 a.m.)	**Anthem's Enhanced Benefits** (9:30 a.m. – 10:30 a.m.)	**Prior Authorization 201 (More Advanced)** (9:30 a.m. – 10:30 a.m.)
10:30 a.m. **10:45 a.m.** **11 a.m.** **11:15 a.m.**	**Claims 201 (More Advanced)** (10:30 a.m. – 11:30 a.m.)	**Prior Authorization 201 (More Advanced)** (10:30 a.m. – 11:30 a.m.)	**Social Determinants of Health** (10:30 a.m. – 11:30 a.m.)
11:30 a.m. **11:45 a.m.** **Noon** **12:15 p.m.**	**Prior Authorization 201 (More Advanced)** (11:30 a.m. – 12:30 p.m.)	**Prior Authorization 201 (More Advanced)** (11:30 a.m. – 12:30 p.m.)	**LUNCH**
12:30 p.m. **12:45 p.m.**	**LUNCH**	**LUNCH**	
1 p.m. **1:15 p.m.** **1:30 p.m.** **1:45 p.m.**	**Prior Authorization 201 (More Advanced)** (1 p.m. – 2 p.m.)	**Claims 201 (More Advanced)** (1 p.m. – 2 p.m.)	**Enrollment and Credentialing 101** (1 p.m. – 2 p.m.)
2 p.m. **2:15 p.m.** **2:30 p.m.** **2:45 p.m.**	**Get to Know Your Remittance Advice (RA)** (2 p.m. – 3 p.m.)	**Claims 201 (More Advanced)** (2 p.m. – 3 p.m.)	
3 p.m.			