

2025 IHCP Works Annual Provider Seminar

Session Descriptions and Schedule

Session Descriptions

The presentations for all sessions will be available on the [2025 IHCP Works](https://in.gov/medicaid/providers) webpage at in.gov/medicaid/providers beginning Oct. 14, 2025. 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
Enhancing Educational Resources for Managing Prior Authorizations (Presented by Acentra Health)	This session provides a brief overview of Acentra Health, introduces the role of Provider Relations and Education and takes providers on a guided tour of the Training and Education website. This redesigned site offers multimedia resources with clear direction and useful information for account registration and submitting prior authorization requests as well as answers to your frequently asked questions.
Navigating the Prior Authorization Portal for Optimal Use (Presented by Acentra Health)	In this session, Acentra Health guides and educates providers through best practices and time savers for prior authorization setup, submissions and responses. This includes quick tips, common entry issues and using communication avenues for optimal results.
Anthem Indiana PathWays for Aging Dual Care – What to Expect (Presented by Anthem)	This session provides an overview of what Medicaid providers can expect with the implementation of Anthem's Dual Special Needs plan (D-SNP) plan, Indiana PathWays for Aging Dual Care, which will launch Jan. 1, 2026.
Physical and Behavior Health Prior Authorization (Presented by Anthem)	Anthem will discuss utilization management (UM) basics, portal usage, and Indiana Senate Bill (SB) 480 updates, including turnaround time (TAT) and prior authorization (PA) time frame.
LTSS Site Visits and Expectations (Presented by Anthem)	Long-Term Services and Supports (LTSS) Provider Relations will discuss the value of meeting your dedicated representative for your site visit, resources shared and what to expect during the site visit.
LTSS UM Process and Procedures (Presented by Anthem)	During this presentation, we will cover eligibility criteria to receive the PathWays Waiver benefit, how LTSS requests are received and authorized, and available LTSS home- and community-based services (HCBS) offered.
Hospice Billing (Presented by Anthem)	This session provides information regarding prior authorization and correct claim submission for hospice services as well as a question and answer (Q&A) portion for providers to bring their questions.
Quality Programs and Opportunities (Presented by Anthem)	This session presents Healthcare Effectiveness Data and Information Set (HEDIS) Gap Closure, including best practices, Electronic Clinical Data Systems (ECDS) reporting and priority quality measures.
Availity and Care Central Training and Navigation (Presented by Anthem)	An overview of the learning opportunities, tools within the Availity and Care Central platforms, and review of resources available to troubleshoot challenges will be presented in this session.
Resolving NPI Denials (Presented by Anthem)	This session reviews National Provider Identifier (NPI) billing requirements and Anthem NPI validation for billing, rendering, attending and ordering/prescribing/referring providers for professional and institutional claims, including group-enrolled providers.
Provider Tips, Tricks, and Helpful Hints (Presented by CareSource)	This session walks through the tips, tricks and helpful hints surrounding provider enrollment, access and availability (A&A), attestations, and site survey requirements. This organized approach should help streamline the processes related to provider enrollment, access and availability, attestations, and site surveys, ensuring compliance and smooth operations.

Session Name and Presenter	Description
Claim Rejected, Voided, or Denied, Now What? (Presented by CareSource)	This session includes common claim denials, submission timelines, timely filing, coverage of benefits, and the CareSource dispute and appeal process with answering what the provider should do when the claim either rejects, is voided or is denied. By following these guidelines, providers can reduce claim denials, streamline the appeals process and improve overall revenue cycle management.
Prior Authorization 101: Understanding the Essentials (Presented by CareSource)	The presentation will assist providers to identify what services require authorization and how to request authorization for services. Information will be given on the retroactive authorization process and peer review. This should help providers gain a clear understanding of the authorization processes, improving their efficiency and effectiveness in navigating these requirements.
Behavioral Health – Follow-Up After Hospitalization (FUH) and Member Rewards (Presented by CareSource)	This session reviews the FUH process to get reimbursed for follow-up after hospital stays and member reward incentives. This structured approach will help convey important information about the FUH process and encourage providers to improve their practices related to follow-up care and incentivizing patient engagement.
Purdue Farm Stress (Presented by CareSource)	The Purdue Farm Stress Team is dedicated to supporting the mental health and well-being of farmers, farm families and agribusinesses and reducing mental health stigma in our communities through various services and resources. Our team of experts works tirelessly to address the unique challenges faced by those in the farming industry.
DME and Home Health Refresher (Presented by CareSource)	This session will help providers gain a comprehensive understanding of the necessary authorizations, resources, fee schedules and documentation practices for home health and durable medical equipment (DME) services, ultimately improving their operational efficiency and patient care.
Provider Information Center (Presented by CareSource)	This presentation will assist providers in reviewing online resources via the CareSource website, which includes network notifications, policies, provider manuals, forms, and guidance on the provider portal. This will help providers gain a comprehensive understanding of how to navigate and make the most of the online resources available through the CareSource website.
2025 Dental (Presented by CareSource)	This session is a structured approach that will help dental providers understand the enrollment, claim submission and resolution processes with SkyGen, enhancing their operational efficiency and improving patient care.
IHCP Portal Navigation: Claim Tips and Tools (Presented by Gainwell)	This session provides a review of verifying eligibility; the most frequent denial reasons seen on claims; tips for secondary claim submission, adjustments and denials; submitting Medicare exhaust inpatient Part A claims on the Indiana Health Coverage Programs (IHCP) Provider Healthcare Portal (IHCP Portal); and remittance advice (RA) basics.
Claim Administrative Review and Appeals Process (Presented by Gainwell)	This session contains information on how to approach the Claim Administrative Review and Appeals process, as well as timely filing limitations for both paid claims and denied claims. The Claim Administrative Review and Appeals process for prior authorizations and transportation service claims are also key points. Providers will be given resources to assist in this process.
Best Practices for Using Secure and Written Correspondence (Presented by Gainwell)	This session provides updates to the Secure Correspondence process, what questions to submit to which team, and exploring the convenience of Secure Correspondence over Written Correspondence. Tips for utilizing your Provider Relations consultant for claim resolution first, reviewing <i>IHCP Bulletin BT202588</i> and other updates will also be presented.
Fee-for-Service Waiver and EVV 101 (Presented by Gainwell)	This session provides an overview of Home- and Community-Based waivers with emphasis on legally responsible individuals (LRIs) and electronic visit verification (EVV), address pick lists and other frequently asked questions, and review provider maintenance actions for adding specialties and additional demographics.
Provider Relations Consultants and Their Role in Assisting Providers (Presented by Gainwell)	This session will explain the type of services available from Gainwell Technologies Provider Relations consultants. Information on self-service tools will also be offered. This presentation is an opportunity for providers to learn the most effective way to utilize the assistance of their consultant.

Session Name and Presenter	Description
What to Expect During the Revalidation/Recertification Process (Presented by Gainwell)	This session provides an overview of the following enrollment processes: when and how providers are notified regarding revalidation and recertification, what documentation is needed and how to submit the required information to avoid termination, which may cause issues with claims, referrals and prescriptions, in addition to provider enrollments with the managed care entities (MCEs) and other partners.
Dental Providers (Presented by Gainwell)	This session provides an overview of benefits, claim submission and provider resources for fee-for-service (FFS) dental providers.
Portal Provider Maintenance (Presented by Gainwell)	How do you update your provider information? In this session, providers will learn where and how to make updates to addresses, licenses, disclosure changes (such as board of directors) and more.
Behavioral Health (Presented by Humana)	This session provides a summary of existing and new behavioral health initiatives, how to partner with Humana Healthy Horizons for behavioral health needs, and current ways Humana Healthy Horizons is working to support providers.
Waiver Services (Presented by Humana)	This session highlights Humana Healthy Horizon's waiver services. This includes reviewing the Provider Engagement team dedicated to long-term services and supports/home- and community-based service providers, what current training opportunities are available, and ways Humana is actively supporting waiver needs.
Claims (Presented by Humana)	This session provides an overview of the claim submission process including how to submit clean claims and corrected claims and the escalation process for claim issues. The session also includes how to access claim information in Availity, answer provider questions and review billing trends recently identified.
Prior Authorization (Presented by Humana)	In this session, Humana will discuss a complete overview of the Humana Healthy Horizons prior authorization process. The session will be co-led with Utilization Management leadership to share best practices when submitting authorizations timely and accurately and ways Humana Healthy Horizons is working to improve the prior authorization process.
Person-Centered Care (Presented by Humana)	This presentation describes the process in which Humana Healthy Horizons Care and Service Coordinators help support Indiana PathWays for Aging providers and members including giving an overview of what the person-centered approach is, how to assess member needs, address gaps in care and when to adjust care plans.
Workforce Development (Presented by Humana)	This session highlights the work Humana Healthy Horizons is doing to support ongoing provider workforce needs. An overview will be provided to introduce the Indiana Humana Healthy Horizons Workforce Development Lead, what resources are available and opportunities for providers to collaborate with MissionCare Collective.
Humana Resources (Presented by Humana)	This session provides a wide range of Humana Healthy Horizons resources that are available to all providers with there being a demonstration on how to access those resources, how the Provider Engagement team can assist in connecting providers with additional support, and how to collect feedback on what new resources providers would like implemented.
Behavioral Health with MDwise (Presented by MDwise)	A walkthrough of behavioral health guidelines and how MDwise can assist its behavioral health network providers.
Claims From A to UB (Presented by MDwise)	MDwise talks through claims billing for both facility and professional services; how and where to submit claims; processes for disputing including how to do so on the MDwise provider portal; 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 processes and procedures, including reviewing submission timelines, the types of PA requests and an overview to using our PA portal.

Session Name and Presenter	Description
Navigating Provider Enrollment Landscape: Strategies for Successful Enrollment (Presented by MDwise)	MDwise introduces you to our online provider enrollment tool, MProvider Connect, and shows how to use the tool and the benefits of using it. Tools will also be provided on how to avoid delays in getting providers successfully enrolled with MDwise.
MDwise Provider Portal: Discover the Power of the Portal (Presented by MDwise)	MDwise walks through its most recent provider portal enhancements, showing you how to easily navigate the new look highlighting the key tools including but not limited to: eligibility lookup, claim status check, submitting online disputes and pulling member rosters for primary medical providers (PMPs).
MDwise Quality Improvement and Engagement Strategies (Presented by MDwise)	Learn about the MDwise quality programs and how to earn incentive dollars. This session will deep dive into MDwise's Pay For Value program and highlight reports to help you meet your quality goals.
Introducing the Dental Office Toolkit: Functionality for Providers (Presented by MDwise)	Join Delta Dental as they walk you through their Dental Office Toolkit (DOT), which allows online claims processing and easy access to patient eligibility and benefit information 24/7.
MDwise Website: Navigating Online Provider Resources (Presented by MDwise)	Join to get a tour of key features of the MDwise website that every provider should know. By the end of this session, you will know where to find the most useful information quickly and easily.
Prior Authorization: Simplifying Prior Authorization for Better Patient Care (Presented by MHS)	In this informative session, participants will gain a comprehensive understanding of the prior authorization process. This session covers the key elements of prior authorization, including the steps involved and how to navigate familiar challenges. Attendees will learn best practices for submitting prior authorization requests, improving approval rates and reducing delays in patient care. We will discuss challenges and share strategies to reduce stress for both healthcare teams and patients. If you want to simplify the process and make your workflow more efficient, this is the session for you!
Quality: Enhancing Care for a Healthier Tomorrow (Presented by MHS)	Join us for an insightful session dedicated to exploring MHS' Quality Improvement programs, industry-leading standards and performance measures designed to elevate the quality of care you provide to your patients. Discover valuable tools and strategies that will help bridge member care gaps and boost your risk and pay-for-performance outcomes. Join us and be a catalyst for positive change in your healthcare community. This session will focus on our mission of <i>Transforming the health of the communities we serve, one person at a time</i> .
Provider Behavioral Health: Navigating Complexities and Optimizing Reimbursement (Presented by MHS)	This session is designed for healthcare providers who are eager to understand how MHS simplifies delivering behavioral health services. This session covers fundamental aspects from provider enrollment to claim processing and prior authorization. Join us to discover how MHS supports providers in delivering high-quality behavioral health care while ensuring a smooth and efficient administrative process. Do not miss this opportunity to enhance your proficiency and contribute to the well-being of individuals seeking behavioral health services.
CMS- 1500: Mastering Claims Submission and Billing Best Practices (Presented by MHS)	Step into this session designed exclusively for <i>CMS-1500</i> billing, where you can engage with MHS staff in an interactive and personalized setting. Whether you are curious about recent updates, have general inquiries or seek guidance on optimizing your interactions with your representative, this session addresses your <i>CMS-1500</i> billing needs. Join us for an enriching and collaborative session focused on you and your <i>CMS-1500</i> billing needs.
UB-04: Mastering Claims Submission and Billing Best Practices (Presented by MHS)	Sign up for this session designed exclusively for <i>UB-04</i> billing, where you can engage with MHS staff in an interactive and personalized setting. Whether you are curious about recent updates, have general inquiries or seek guidance on optimizing your interactions with your representative, this session addresses your specific <i>UB-04</i> billing needs. Join us for an enriching and collaborative session focused on you and your <i>UB-04</i> billing needs.

Session Name and Presenter	Description
MHS 101 (Presented by MHS)	<p>You're invited to attend our MHS 101 Training! This session is designed for all providers and offers a comprehensive overview of MHS. We will cover key topics related to the various products MHS offers, claim processing, authorization requirements and the wide range of resources available to support our provider partners. Whether you're newly enrolled or simply looking for a refresher, this training is a great opportunity to stay informed and connected.</p>
Provider Directory Accuracy and Updates (Presented by MHS)	<p>This session will cover the essential steps in making changes to your demographic information. In this presentation, you will be equipped with best practices for successfully updating your information. Whether you are new to the process or need a refresher, this session will help you navigate the MHS provider update tool with confidence, reduce delays and ensure compliance. In this session, you will also have the opportunity to ask questions and receive expert guidance to support your enrollment journey.</p>
SDOH: Housing is Healthcare – Advancing Health through Stable Housing (Presented by MHS)	<p>In this session, we will explore the nonmedical factors that significantly influence health outcomes, encompassing the conditions in which people are born, grow, work, live and age. This session will strengthen your understanding of health equity and its profound impact on individual and community well-being. Familiarize yourself with the resources MHS offers to lessen the burden and enhance the quality of life for individuals and communities. Learn how MHS is committed to promoting health equity through innovative programs, services and community partnerships. MHS uses national standards for Culturally and Linguistically Appropriate Services (CLAS) and insights from Social Determinants of Health (SDOH).</p>
Maintaining Waiver Certification (Presented by the OMPP)	<p>Please join the Office of Medicaid Policy and Planning (OMPP) Provider Services team for a presentation demonstrating how providers can maintain and update their waiver certification. The OMPP team will be discussing topics such as common errors seen in the certification process and how to avoid them, best practices for communicating with the OMPP Certification team, helpful resources and more!</p>
Box 33 Requirements: Reviewing Requirements and Reducing Claim Denials (Presented by the OMPP)	<p>The OMPP will review professional claim requirements for Box 33 for medical and atypical providers. This session will streamline the requirements for fee-for-service and managed care claims and help providers navigate one of the most common claim denial reasons for managed care claims.</p>
Medicaid Questions: A Quiz Game (Presented by the OMPP)	<p>This session is a fun, interactive opportunity to test your knowledge of the Medicaid program, including claim submission, provider enrollment and member eligibility.</p>
Program Integrity 101 for 2025 (Presented by the OMPP)	<p>Program Integrity (PI) 101 provides an essential overview of the mission, structure and tools that support program integrity efforts at the OMPP. This session covers the PI organization and its key partners, auditing processes such as post-pay and pre-payment reviews, and initiatives like targeted probe and educate investigations. Participants will learn about voluntary self-disclosure, audit survival strategies, and how results from Payment Error Rate Measure (PERM) Review Year (RY) 2024 and the upcoming PERM RY2027 shape oversight efforts. With insights into authority, collaboration, and compliance best practices, this presentation equips stakeholders with practical knowledge to navigate audits, strengthen accountability and ensure effective program operations.</p>
The Work of Transformation: BDS System Consolidation and the Good Life (Presented by the BDS)	<p>Change is scary. In the past year, the Bureau of Disabilities Services (BDS) has talked frequently about "system consolidation." What does it really mean? In this session, attendees will gain a better understanding of what system consolidation means (and what it does not mean), the BDS Portal and other system issues as we work together to transform the lives of those we support.</p>

Session Name and Presenter	Description
From Encounter to Reimbursement: A How-To Guide for FQHC/RHC Billing (Presented by the OMPP)	The OMPP is bringing the subject matter experts on federal quality health centers (FQHC)/rural health clinic (RHC) billing to you. In this session, they will provide practical guidance on how to bill FQHC/RHC claims with the Indiana Health Coverage Programs (IHCP) fee-for-service delivery system. Providers attending will be shown how to properly bill encounters with the T1015 code, learn about wrap payments and how to identify them on the remittance advice, how to bill crossover claims, bill dental claims, and how to bill carve-out procedures and telehealth services. This comprehensive session will also include valuable resources and allow time for questions and answers.
Unlocking the Essentials: An Introduction to UHC's Home and Community-Based Services (HCBS) (Presented by UnitedHealthcare)	This session offers a comprehensive introduction to UnitedHealthcare's Home and Community-Based Services (HCBS) program, designed to support members in receiving care in the most integrated setting possible. Attendees will gain insight into the foundational principles of HCBS, eligibility criteria, service coordination and the role of providers in delivering person-centered care. Whether you're new to HCBS or looking to refresh your understanding, this session will equip you with the knowledge needed to navigate the program effectively and support member independence and well-being.
Navigating Claims with Confidence: IHCP Overview for UHC Community Plan (Presented by UnitedHealthcare)	This session provides a comprehensive overview of the IHCP claim process as it relates to the UnitedHealthcare (UHC) Community Plan. Attendees will gain clarity on submission requirements, common issues and best practices for efficient claims management. Designed to support accuracy and confidence, this presentation offers practical guidance and resources to help streamline workflows and improve outcomes.
Navigating Prior Authorization: A Provider's Guide to Success (Presented by UnitedHealthcare)	Join UnitedHealthcare for an informative session on our prior authorization (PA) process. We'll guide providers through how to determine if a PA is required, submit a new PA request and check the status of an existing request. Additionally, UHC will share helpful tips to streamline the process and show you where to access medical policies that outline the clinical criteria we follow - making the experience more seamless for everyone involved.
UnitedHealthcare Informational Session on Nursing Facility Services (Presented by UnitedHealthcare)	Join us for a focused overview of nursing facility services under Indiana Medicaid, as administered by UnitedHealthcare. This session will cover service coverage, billing processes, prior authorization and recent policy updates. Attendees will gain practical insights into claims education, compliance and using UHC tools to support efficient service delivery.
Stronger Together: Navigating Behavioral Health Services with UnitedHealthcare (Presented by UnitedHealthcare)	This presentation provides a comprehensive overview of key processes and resources supporting patient access to care. Attendees will gain insights into enrollment procedures to ensure timely access to benefits, attestation requirements for compliance and service validation, and the prior authorization process for behavioral health services. We will be highlighting coordination of care between providers and the UHC network. The session will conclude with contact information for relevant departments and support teams to help streamline communication and problem resolution.
Discover the Impact that Quality of Care Can Have in Your Office for Hoosier Care Connect Providers (Presented by UnitedHealthcare)	UnitedHealthcare Community Plan of Indiana engages provider offices through Provider Quality Outreach to have more control in the quality of care for their patients. In this presentation, we will introduce the UHC Quality Team, go over reporting and ways to close gaps in care, and review the provider incentives available in 2025. In addition, attendees will become more familiar with ways the UHC Quality Team can assist their offices with information, education and reporting features.
Get Credentialed, Get Connected: Your UHC Enrollment Guide (Presented by UnitedHealthcare)	Join us as we guide providers through the process of enrolling and credentialing with UnitedHealthcare (UHC) for Indiana Medicaid Programs, including Hoosier Care Connect and Indiana PathWays for Aging.

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/BDS	UnitedHealthcare
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Color Code Key

Session Schedule for Tuesday, Oct. 21, 2025

	Hendricks D	Hendricks C	Hendricks B	Hendricks A
9:00 a.m.	CareSource: DME and Home Health Refresher	OMPP: Maintaining Waiver Certification	MDwise: MDwise Provider Portal: Discover the Power of the Portal	MHS: CMS-1500: Mastering Claims Submission and Billing Best Practices
9:30 a.m.				
10:00 a.m.	Gainwell: Claim Administrative Review and Appeals Process	OMPP: Box 33 Requirements: Reviewing Requirements and Reducing Claim Denials	Humana: Waiver Services	UHC: Get Credentialed, Get Connected: Your UHC Enrollment Guide
10:30 a.m.				
11:00 a.m.	Gainwell: Dental Providers	MHS: UB-04: Mastering Claims Submission and Billing Best Practices	Anthem: LTSS Site Visits and Expectations	CareSource: Provider Information Center
11:30 a.m.				
Noon	LUNCH			
12:30 p.m.				
1:00 p.m.				
1:30 p.m.	CareSource: 2025 Dental	Anthem: Resolving NPI Denials	Humana: Humana Resources	OMPP: Medicaid Questions: A Quiz Game
2:00 p.m.	MDwise: Introducing the Dental Office Toolkit: Functionality for Providers	MHS: Quality: Enhancing Care for a Healthier Tomorrow	Humana: Claims	UHC: UnitedHealthcare Informational Session on Nursing Facility Services
2:30 p.m.				
3:00 p.m.	MDwise: Claims From A to UB	Gainwell: What to Expect During the Revalidation/ Recertification Process	Anthem: LTSS UM Process and Procedures	Acentra: Enhancing Educational Resources for Managing Prior Authorizations
3:30 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/BDS	UnitedHealthcare
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Session Schedule for Wednesday, Oct. 22, 2025

	Hendricks D	Hendricks C	Hendricks B	Hendricks A
9:00 a.m.	Gainwell: IHCP Portal Navigation: Claim Tips and Tools	UHC: Navigating Claims with Confidence: IHCP Overview for UHC Community Plan	Anthem: Hospice Billing	Humana: Behavioral Health
9:30 a.m.				
10:00 a.m.	OMPP: Program Integrity 101 for 2025	UHC: Unlocking the Essentials: An Introduction to UHC’s Home and Community-Based Services (HCBS)	CareSource: Prior Authorization 101: Understanding the Essentials	MHS: Provider Behavioral Health: Navigating Complexities and Optimizing Reimbursement
10:30 a.m.				
11:00 a.m.	Humana: Person-Centered Care	Anthem: Physical and Behavioral Health PA	CareSource: Claim Rejected, Voided, or Denied, Now What?	MDwise: Behavioral Health with MDwise
11:30 a.m.				
Noon	LUNCH			
12:30 p.m.				
1:00 p.m.				
1:30 p.m.	MDwise: MDwise Website: Navigating Online Provider Resources	UHC: Discover the Impact that Quality of Care Can Have in Your Office for Hoosier Care Connect Providers	Gainwell: Portal Provider Maintenance	MHS: SDOH: Housing is Healthcare – Advancing Health through Stable Housing
2:00 p.m.	BDS: The Work of Transformation: BDS System Consolidation and the Good Life	Humana: Prior Authorization	Anthem: Quality Programs and Opportunities	UHC: Stronger Together: Navigating Behavioral Health Services with UnitedHealthcare
2:30 p.m.				
3:00 p.m.	Gainwell: Fee-for-Service Waiver and EVV 101	MDwise: Navigating Provider Enrollment Landscape: Strategies for Successful Enrollment	MHS: Prior Authorization: Simplifying Prior Authorization for Better Patient Care	CareSource: Behavioral Health – Follow-Up After Hospitalization (FUH) and Member Rewards
3:30 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/BDS	UnitedHealthcare
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Session Schedule for Thursday, Oct. 23, 2025

	Hendricks D	Hendricks C	Hendricks B	Hendricks A
9:00 a.m.	Acentra: Navigating the Prior Authorization Portal for Optimal Use	Gainwell: Best Practices for Using Secure and Written Correspondence	Humana: Workforce Development	Anthem: Availity and Care Central Training and Navigation
9:30 a.m.				
10:00 a.m.	MDwise: A Deep Dive into Prior Authorizations with MDwise	CareSource: Purdue Farm Stress	MHS: Provider Directory Accuracy and Updates	UHC: Navigating Claims with Confidence: IHCP Overview for UHC Community Plan
10:30 a.m.				
11:00 a.m.	Anthem: Indiana PathWays for Aging Dual Care – What to Expect	Humana: Prior Authorization	OMPP: From Encounter to Reimbursement: A How-To Guide for FQHC/RHC Billing	Gainwell: Provider Relations Consultants and Their Role in Assisting Providers
11:30 a.m.				
Noon	UHC: Navigating Prior Authorization: A Provider's Guide to Success	MHS: MHS 101	CareSource: Provider Tips, Tricks, and Helpful Hints	MDwise: MDwise Quality Improvement and Engagement Strategies
12:30 p.m.				
1:00 p.m.				

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