2026 IHCP Works Annual Provider Seminar Session Descriptions and Schedule

Session Descriptions

The presentations for all sessions will be available on the *2026 IHCP Works* webpage at in.gov/medicaid/providers beginning Sept. 29, 2026. 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	Targeted Audience
Improving Prior Authorization Processing and Outcomes for Behavioral Health Inpatient Admissions and Concurrent Review (Presented by Acentra Health)	This presentation focuses on key performance gaps in behavioral health inpatient admission and concurrent review submissions – high-impact areas with opportunities for improvement. Providers will learn that delayed admission notifications, late or missed concurrent reviews, and documentation shortfalls contribute to increased denials and delayed submission turnaround times. Prior authorization (PA) submission expectations, along with documentation requirements, and the review process will provide clarity and best practices for improved administrative outcomes.	Behavioral Health
Streamlining Prior Authorizations: Preventing Errors and Reducing Delays (Presented by Acentra Health)	This presentation provides healthcare providers with a clear, practical overview of PA requirements. This session explores common submission errors that can result in delays or denials, and actionable ways to improve accuracy and streamline workflows. Participants will learn how to proactively prevent adverse determinations by recognizing key denial drivers and applying best practices for complete and compliant submissions. Additionally, the session includes important considerations for navigating appeals effectively.	Fee-for-Service
Anthem PathWays Dual Care FIDE Overview (Presented by Anthem)	This presentation will include an overview of the Anthem Indiana PathWays for Aging (PathWays) Dual Care Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) benefits, billing guidance, provider expectations, escalation protocols and support.	PathWays
Anthem's Waiver Provider Overview (Presented by Anthem)	This presentation will discuss enrolling in the Anthem network, Care Central and Availity, disputes and appeals, resources, and support for Anthem waiver providers.	HCBS Waiver
Working with Carelon Behavioral Health and Anthem (Presented by Anthem)	This presentation will provide an overview of provider enrollment, claim support and provider communication for behavioral health providers.	Behavioral Health
Anthem Prior Authorizations (Presented by Anthem)	This presentation will discuss an overview of Anthem health plans, dual care, Availity usage, case denials, how to decrease denials, post denial options, PA lookup tool, behavioral health PA specifics and provider relations.	All Non-Waiver
Anthem Provider Enrollment (Presented by Anthem)	This presentation is a breakdown of all things provider enrollment, including paths for professional, ancillary, facility and institutional claims, as well as the process for contract change requests.	All Non-Waiver

Session Name and Presenter	Description	Targeted Audience
Understanding Anthem's Claims Processes (Presented by Anthem)	This session digs deep into understanding Anthem's claim processes while discussing Anthem's claim dispute resolution process, submission of corrected claims and webform process for communicating regarding your claim inquiry.	All Non-Waiver
Top Denials and How a Few Quick Tips Can Improve Your Accounts Receivable (A/R) (Presented by Anthem)	This presentation will share information relative to the top denials our medical claim providers receive and will provide education on resolution to improve your A/R.	All Non-Waiver
Improving Person-Centered Care Delivery (Presented by Anthem)	This training session will support attendees in gaining a greater understanding of how the lived experience of members impacts health outcomes and the importance of recognizing these experiences to provide care in a person-centered way. Additionally, techniques will be shared for applying person-centered care in clinical interactions and recognizing individual experiences to inform care decisions to create a positive impact on care outcomes.	All Non-Waiver
The ABCs of FQHCs (Presented by Anthem)	This presentation offers information about Anthem and federally qualified health centers (FQHCs) from a medical, dental, behavioral health, vision and pharmacy perspective. Key topics include available resources, resolving claim disputes and a general understanding of Anthem's FQHC processes.	FQHC
WellTrans – NEMT Benefit Overview/Provider Credentialing (Presented by CareSource)	Join the WellTrans presentation for a hands-on look at the nonemergency medical transportation (NEMT) benefit, featuring a live mock scheduling call. We'll cover advance and same-day trip scheduling, standing orders, covered destinations, mobility accommodations, rules for minors and additional riders, and the complaint process. Transportation providers will also learn how to apply to the WellTrans network, what credentialing requires and expected timelines.	NEMT
CareSource Behavioral Health (Presented by CareSource)	Join the CareSource presentation for a behavioral health session covering common claim rejections and denials, billing and authorization requirements, filing rules, appealing PathWays, credentialing, coordination of benefits, post-pay review, and provider resources to help claims pay correctly the first time.	Behavioral Health
Quality Programs and Priorities (Presented by CareSource)	Join the CareSource presentation to explore our quality program, provider incentives for notification of pregnancy (NOP), smoking cessation, and behavioral health screenings, plus member rewards, enhanced benefits, and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) service priorities. Learn how Community Health Liaisons can support your practice in improving outcomes for Indiana Medicaid members.	All Non-Waiver
CareSource's Learning Management System (LMS) for Providers (Presented by CareSource)	This presentation walks providers and office staff through HealthPlanResources.com, CareSource's learning management system, covering how to create an account, find custom trainings and the course catalog, navigate your learning journey, monitor team training completion, and get support when you need it.	All Non-Waiver

Session Name and Presenter	Description	Targeted Audience
Medicaid Provider Claims & Billing Guide (Presented by CareSource)	This CareSource provider education guide walks Indiana Health Coverage Programs (IHCP) partners through Medicaid claims and billing end to end. It covers claim forms and the claim lifecycle, eligibility and enrollment verification, submission methods, timely filing, and attachments. CareSource will address rejections and denials with prevention tips, corrected claims and coordination of benefits, and the dispute, appeal, and clinical appeal processes. PA rules, retroactive authorization criteria, time frames and key contacts will round out the session.	All Non-Waiver
CareSource's Provider Portal (Presented by CareSource)	This presentation will help you learn to get the most from the CareSource Provider Portal. This session walks providers through account setup and login, eligibility and member information, claim submission and status tracking, disputes and appeals, provider maintenance updates, PAs, and care management referrals – plus where to go for help.	All Non-Waiver
Dental – A Comprehensive Overview (Presented by CareSource)	Join CareSource for a practical session on dental enrollment and contracting, claim submission, disputes and appeals, PA, and the provider resources that keep your office running smoothly.	Dentist
Important Information and Resources for CareSource Providers (Presented by CareSource)	In this presentation, CareSource's Health Partnerships team will highlight key resources and requirements, including website navigation, provider communications, enrollment and contracting, maintenance updates, access and availability standards, directory attestation, site visits, and Provider Services contacts.	All Non-Waiver
***CMS-1500* NPI Rejections and Denials (Presented by CareSource)**	Stop losing revenue to preventable National Provider Identifier (NPI) errors – join the CareSource Health Partnerships Team presentation to learn the difference between rejections and denials, the most common causes of each, and how to verify enrollment, taxonomy, and service location details before you submit.	All Non-Waiver
Submitting Claim Adjustments, Voids and Accounts Receivables (Presented by Gainwell)	This training provides staff with guidance on types of adjustments as well as the difference between adjustments and resubmission. Participants will learn the process for requesting the void of encounter (shadow) claims, ensuring accurate claim adjudication and compliance with established procedures. The session will also cover when a claim note is required. In addition, this presentation will include a demonstration of how to read the accounts receivable (A/R) on the IHCP remittance advice (RA).	All
Staying Current on IHCP Provider Healthcare Portal Enrollments and Updates (Presented by Gainwell)	This educational session for staying current on IHCP Provider Healthcare Portal (IHCP Portal) enrollments and updates is designed to address some of the most frequently asked questions (FAQs) received from providers regarding enrollment and maintenance of provider records. Participants will learn how to update an existing specialty, such as changing from a Registered Behavior Technician (RBT) to Board Certified Assistant Behavior Analyst (BCaBA).	All

Session Name and Presenter	Description	Targeted Audience
Leadership Unplugged (Presented by Gainwell)	This educational session provides a broad overview of Gainwell Technologies' role in supporting the IHCP and the services available to providers. The session will highlight key enrollment modernization efforts, common challenges that have been addressed, and best practices providers can follow to help ensure successful and timely enrollment transactions. In addition, Gainwell will share a look ahead at future initiatives, including planned system enhancements that are being explored to improve provider support, streamline workflows, enhance self-service capabilities and create a more efficient enrollment experience.	All
Clean Claims, Fast Payments: Unlocking Efficient Claim Resolution (Presented by Gainwell)	This training is designed to provide both new and existing providers with essential guidance on common billing and enrollment topics that frequently generate questions and claim-processing issues. Participants will learn best practices for submitting secondary claims, understanding timely filing requirements, and ensuring claims are submitted accurately and within established deadlines.	All
Gainwell: ABA Beyond the Basics (Presented by Gainwell)	This claim-focused training is designed for applied behavior analysis (ABA) therapy providers that want to deepen their understanding of billing requirements and improve claim submission accuracy. Moving beyond introductory billing concepts, participants will learn how and when to apply modifiers correctly, the purpose they serve, and their impact on claim adjudication and reimbursement.	Behavioral Health-ABA Providers
Electronic Visit Verification Refresher (Presented by Gainwell)	This refresher training is designed to help providers strengthen their understanding of electronic visit verification (EVV) requirements. Participants will receive a review of key EVV processes, common issues that impact claim payment, and best practices for ensuring visit information is captured accurately and submitted successfully. The session will also provide an overview of available EVV training resources, including updates to training page locations, educational materials and self-service tools available to providers. In addition, attendees will receive a high-level discussion of waiver billing considerations and how EVV data may impact claim processing for waiver services.	Home Health, HCBS Waiver
Administrative Review and Appeals Best Practices (Presented by Gainwell)	This educational session is designed to help providers understand the administrative review and appeals process and how to effectively submit requests through the IHCP Portal. Participants will learn when an administrative review or appeal may be appropriate, important submission timelines, and key requirements for ensuring requests are complete and properly supported.	All
HMS Provider Portal Training (Presented by Gainwell)	This educational session is designed to help providers effectively navigate and utilize the HMS Provider Portal to manage their tasks and responsibilities with greater confidence and efficiency. Participants will receive an overview of key portal functions, learn how to access and interpret important information, and explore available tools and resources that support day-to-day operations.	All Non-Waiver

Session Name and Presenter	Description	Targeted Audience
Gainwell Knowledge Exchange Panel (Presented by Gainwell)	Join Gainwell subject matter experts for an interactive panel discussion focused on the most frequently asked questions received from providers. This session will provide practical guidance, clarifications, and best practices related to common provider challenges and recurring areas of confusion. Panelists will discuss the top ten questions submitted to Gainwell, covering topics such as claim processing, billing requirements, provider maintenance, portal navigation, program policies and operational updates.	All
Availity Essentials & Health Edge Navigation (Presented by Humana)	This presentation covers a full breakdown of the Availity Essentials and Health Edge portals. Topics will include how to register correctly within Availity, available resources and tools once registered, and troubleshooting tips or trainings accessed directly on the portal. Topics for Health Edge will also include how to access this portal within Availity Essentials and what care coordination information is available to view.	All
Humana Behavioral Health and Substance Use Disorder (Presented by Humana)	This presentation contains an overview of member and provider behavioral health support. Topics include behavioral health initiatives that Humana Healthy Horizons currently supports, updates to the Humana behavioral health toolkit and resources available to members experiencing mental health distress.	Behavioral Health
Humana Claims Education and Resolution (Presented by Humana)	This presentation contains an overview of the comprehensive process on claim research and resolution. Topics will include the definition of a clean claim, the differences between *CMS-1500* and *UB-04* billing, top denials received, and how providers can resolve issues either through corrected billing or through the Humana Healthy Horizons escalation process.	All
Humana Healthy Horizons Tips and Tricks (Presented by Humana)	This presentation contains an overview of available provider resources and how the Provider Engagement team can assist, including sharing news and announcement sign-ups, training resources, provider manuals, and the provider website.	All
Humana Indiana PathWays for Aging Dual Care (Presented by Humana)	This session features a synopsis of the Humana PathWays Dual Eligible Special Needs (D-SNP) program, including sharing the opportunity to receive person-centered care, coordinated care, and benefits beyond what standard Medicare and Medicaid cover.	All
Prior Authorizations Deep Dive (Presented by Humana)	This presentation features a comprehensive overview of our PA processes for both Long-Term Services and Supports (LTSS) and non-LTSS approvals. This includes a discussion on how requests are submitted, determined, how approvals are distributed externally, and how to escalate if there are issues or a disagreement on denials.	All Non-Waiver
Provider Enrollment from Beginning to End (Presented by Humana)	This presentation features the end-to-end process of enrolling in the Humana Healthy Horizons network, including what to expect from our contracting teams, credentialing completion, when demographic updates are needed and maintenance to ensure provider enrollment remains current.	All
Humana: Overpayments and Recoupments (Presented by Humana)	This presentation will focus on the overpayment and recoupment process with an emphasis on how overpayments are identified internally, the options for recovery when an overpayment letter is received and how Provider Engagement collaborates with the Provider Payment Integrity team to navigate provider recoupment questions or concerns.	All

Session Name and Presenter	Description	Targeted Audience
Transportation Benefits and Services (Presented by Humana)	Key topics of discussion for this presentation will include the differences between emergent, nonemergent and nonmedical transportation. The discussion will also include covered transportation services, enrollment as a transportation provider and common barriers Humana Healthy Horizons is able to remove.	All
Behavioral Health: Integrating Care for Better Outcomes (Presented by MHS)	Behavioral health is key to whole-person care, with providers leading improvements in access, coordination and outcomes. This Managed Health Services (MHS) session helps behavioral health and multidisciplinary teams navigate current challenges through key trends, documentation expectations and strategies for collaborating with physical health providers. Attendees will gain practical, actionable tools to strengthen communication, improve care quality and better support members with complex needs.	Behavioral Health
Prior Authorization: Streamlining the Process for Success (Presented by MHS)	Prior authorization (PA) can directly affect provider efficiency, patient access and practice performance. This session is designed to help providers and office teams better manage the PA on process by exploring common challenges, current regulatory updates, automation opportunities and proven best practices for reducing delays. Attendees will gain practical strategies to streamline workflows, support faster approvals, minimize denials and strengthen coordination with payers. Join us for timely, relevant guidance that can help your team improve day-to-day operations and deliver a smoother experience for both staff and patients.	All Non-Waiver
***CMS-1500*: Updates and Insights: Navigating Regulatory Changes (Presented by MHS)**	*CMS-1500* updates can have a direct impact on provider operations, billing accuracy and compliance readiness. This session is designed to help providers, office staff, and billing teams better understand recent regulatory changes and what they mean for day-to-day practices. Attendees will gain practical guidance on policy updates, compliance expectations, and best practices that can help reduce errors, improve efficiency, and support smoother claim processing. Join us for timely, relevant insights that can help your organization stay informed, prepared and successful in a changing healthcare environment.	All Non-Waiver
Understanding *UB-04* Billing: Key Components and Common Errors (Presented by MHS)	*UB-04* billing accuracy plays an important role in supporting provider reimbursement, operational efficiency and compliance. This session is designed to help providers, billing specialists, and revenue cycle teams better understand key components of the *UB-04* claim form, strengthen documentation practices, and avoid common errors that can delay payment. Attendees will gain practical guidance, real-world insights, and actionable strategies they can use to improve billing performance and reduce rework. Join us for a focused session that can help your team build confidence, improve accuracy and support stronger financial outcomes for your organization.	All Non-Waiver
Dental Overview (Presented by MHS)	Join us for an engaging dental provider presentation designed specifically to support your practice. This session will walk you through the dental provider portal, highlight key provider resources, and clarify contracting and credentialing processes to help streamline your workflow. You will also receive a demonstration of portal features and have the opportunity to get your questions answered in real time. Don't miss this chance to gain practical insights and tools that can enhance your day-to-day operations.	Dentist

Session Name and Presenter	Description	Targeted Audience
Provider Enrollment Made Simple: Fast-Track Your Approval **(Presented by MHS)**	This session is designed to give you the tools and insights you need to successfully complete your provider enrollment with ease and confidence. By attending, you will gain a clear understanding of required steps, key documentation, and proven strategies to help you avoid common delays and stay compliant. You'll also have direct access to experts who can answer your questions in real time, helping you move forward faster and more efficiently. Don't miss this opportunity to simplify your enrollment process and set yourself up for success.	All Non-Waiver
Quality Matters: Driving Improvement Through Data **(Presented by MHS)**	Quality is at the heart of better patient outcomes, – and providers play a critical role in driving measurable improvement. This session will highlight MHS' quality initiatives, Healthcare Effectiveness Data and Information Set (HEDIS)® and practical strategies providers can use to strengthen performance across their organizations. Attendees will gain actionable insights, real-world examples, and useful tools to help engage care teams, improve quality metrics and support shared goals for better member care. Join us to learn how your participation can make a meaningful impact on both practice performance and patient outcomes.	All Non-Waiver
Introduction to Managed Health Services (MHS) **(Presented by MHS)**	This presentation is an introductory session designed to help you build a strong foundation and understand how to work effectively with MHS. During this session, you will be introduced to our core products, claim processes and authorization requirements, along with key guidelines to help you navigate our systems with confidence. This is a great opportunity to learn the essentials, avoid common pitfalls and gain clarity on what to expect as a partner with MHS.	All Non-Waiver
Common Denials and How to Resolve Them **(Presented by MHS)**	Claim denials can create added work for providers, delay reimbursement and affect overall practice performance. This session is designed to help providers, billing teams, and office staff better understand the most common denial reasons, identify root causes, and apply effective resolution strategies. Attendees will gain practical tools, documentation tips, and actionable insights they can use to reduce rework, improve clean claim rates, and strengthen financial outcomes. Join us for a focused session that offers timely guidance to help your team prevent avoidable denials and improve operational efficiency.	All Non-Waiver
Audit Survival 101 **(Presented by FSSA/OMPP)**	Join the Indiana Family and Social Services (FSSA) Office of Medicaid Policy and Planning (OMPP) Program Integrity team for a practical, easy-to-navigate overview of how audits work and what to expect along the way. This session will break down why audits occur, the steps involved, key timelines and how to set realistic expectations throughout the process. We will also highlight common pitfalls, best practices for staying organized, communication tips and strategies to ensure a smooth experience from start to finish. This presentation is beneficial for any provider looking to build confidence, clarity and readiness when an audit comes your way.	All

Session Name and Presenter	Description	Targeted Audience
Indiana Rural Health Transformation Program (Presented by FSSA/OMPP)	In December 2025, Indiana was awarded a grant of nearly $207 million for the first year of a five-year program to address health outcomes in the state's rural communities. This federal funding is being used to support the Indiana Rural Health Transformation Program (RHTP) to improve healthcare access, quality and outcomes through system innovation. This five-year initiative focuses on promoting innovation, strategic partnerships, infrastructure development and workforce investment. This presentation will explore the 11 initiatives that Indiana has launched to support improved access, quality and outcomes for rural Hoosiers.	Rural Providers, All
Improving Outcomes for Justice-Involved Youth: What Providers Need to Know About CAA Coverage (Presented by FSSA/OMPP)	Indiana Medicaid is expanding access to continuous care for justice-involved youth, and carceral facilities play a critical role in making it happen. This workshop will introduce providers to the new benefit package established under Section 5121 of the *Consolidated Appropriations Act* (CAA), focusing on screening, diagnostic services, and targeted case management for eligible juveniles before and after release. Participants will learn how Indiana Medicaid and the Children's Health Insurance Program (CHIP) now support these Early and Periodic Screening, Diagnostic and Treatment (EPSDT) aligned screenings and diagnostic services within 30 days prior to release, or shortly after reentry, as well as targeted case management designed to promote continuity of care. We will walk through what is required, what is covered, and how this benefit can align operations to ensure youth receive timely, coordinated support.	Community Mental Health Centers (CMHCs), Carceral Facilities, Managed Care
Navigating Member Eligibility for Providers (Presented by FSSA/OMPP)	This presentation provides an overview of member eligibility processing beginning with the member's application. The goal is to help providers understand how members navigate applying, enrolling and receiving Medicaid benefits. This presentation will give insightful information to providers about navigating member eligibility related to claim issues such as retro eligibility, incorrect managed care organization (MCO) assignment and more.	All
Provider Enrollment: In the Know (Presented by FSSA/OMPP)	Whether you are a new provider or you have been enrolled for years, it is always good to be "in the know." This session will discuss recent provider enrollment changes that affect Indiana Medicaid providers with topics such as policy changes, enrollment errors and trending issues.	All
Box 33 Requirements: Reviewing Requirements and Reducing Claim Denials (Presented by FSSA/OMPP)	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 (FFS) and managed care claims and help providers navigate one of the most common claim denial reasons for managed care claims.	All
Medicaid Questions: A Quiz Game (Presented by FSSA/OMPP)	This session is a fun, interactive opportunity to test your knowledge of the Medicaid program, including questions on claim submission, provider enrollment and member eligibility.	All
The OMPP HCBS Certification Guide (Presented by FSSA/OMPP)	Please join the OMPP Provider Services team for a presentation that demonstrates how providers can maintain and update their waiver certification. The OMPP team will discuss topics such as Provider Recertification Renewals, how to complete address change requests, best practices for communicating with the OMPP Certification team, available resources and more.	HCBS Waiver

Session Name and Presenter	Description	Targeted Audience
Partnering for Better Care: Behavioral Health Success with UnitedHealthcare (Presented by UnitedHealthcare)	This presentation will explain how providers navigate behavioral health services with UnitedHealthcare, focusing on enrollment, credentialing and maintaining accurate provider information. It outlines key processes like PA, claim submission and issue resolution, while emphasizing compliance, timely filing and coordination of care. Overall, it highlights tools, best practices, and support resources to help providers effectively serve members and work within the UnitedHealthcare system.	Behavioral Health
Understanding Nursing Facility Services with UnitedHealthcare (Presented by UnitedHealthcare)	This presentation will equip providers with a clear understanding of how to work with UnitedHealthcare, including how to verify member eligibility, submit and manage claims, and navigate reimbursement rules. It also covers patient liability, special billing scenarios (like hospice and Medicare crossover), and the proper steps for resolving claim issues (Service Model), along with tools and resources to streamline day-to-day operations.	Nursing Facility
NEMT Provider Enrollment (Presented by UnitedHealthcare)	This presentation will provide a comprehensive overview of the LCP Transportation vendor experience, beginning with how prospective transportation providers become part of our network and continuing through their day-to-day operations after approval. We will evaluate the current vendor enrollment process, including website accessibility, opportunities to improve the online experience and the addition of vendor enrollment through the phone interactive voice response (IVR) system. We will also review each step required to join the LCP Vendor Network, expected approval timelines, and the implementation of an annual Vendor Agreement to ensure all participating providers remain current with LCP policies and contractual requirements. The presentation will also demonstrate how approved vendors interact with LCP's technology and operations. Topics will include how transportation trips are assigned through our automated dispatch system, member preferred-provider requests, how providers use the Vendor Portal to accept or decline trips, view trip details, submit required documentation, invoice for payment and receive real-time notifications when trip information changes. Finally, we will discuss the processes LCP uses to monitor vendor performance and compliance, ensuring providers consistently meet contractual, operational, safety, and regulatory standards. Together, these initiatives are designed to create a more efficient onboarding process, improve communication with providers, strengthen compliance oversight and enhance the overall quality of service delivered to our members.	NEMT
Navigating UHC as a Medical Provider (Presented by UnitedHealthcare)	This presentation is a general discussion to educate providers on the claim process (including how to submit an authorization, how to join the network, how to use the portal and PathWays product info). This presentation aims to streamline how a claim is processed.	All Non-Waiver

Session Name and Presenter	Description	Targeted Audience
UHC Service Coordination in Action: How Care Coordination and LTSS Support Work Together (Presented by UnitedHealthcare)	This training outlines the Service Coordination model implemented within the PathWays program, including the structure, roles and processes used to support member care across settings. It reviews requirements for assessment completion, service plan development, and post-transition follow-up, as well as coordination with providers and community resources. The session highlights expectations for timely communication and collaboration to ensure compliance with state and federal requirements while promoting safe, effective and person-centered care delivery.	Home Health, HCBS Waiver
Maximizing Efficiency with the UHC Provider Portal (Presented by UnitedHealthcare)	This Provider Portal Training introduces healthcare providers to the UnitedHealthcare Provider Portal as a comprehensive, cost-free self-service tool designed to streamline administrative and clinical workflows. Through the training, providers learn how to securely access the portal using a One Healthcare ID and navigate its central features, which support eligibility verification, claim management, prior authorization, document access and communication – all available 24/7 without needing to call or submit paper requests.	All Non-Waiver
An Introduction for Providers to UHC's Home- and Community-Based Services (HCBS) (Presented by UnitedHealthcare)	This Home- and Community-Based Services (HCBS) training session is designed to help providers successfully operate within the UnitedHealthcare Community Plan by focusing on the key processes that directly impact payment and compliance. Providers will learn how to correctly use the UnitedHealthcare Provider Portal to check eligibility, access service authorizations, and submit claims, along with understanding the critical role of the Person-Centered Service Plan (PCSP) and why services must align with approved authorizations before billing. The session also provides practical guidance on accurate claims submission – such as using the correct IHCP Provider ID (formerly referred to as LPI) instead of an NPI – and highlights common errors that lead to denials.	HCBS Waiver

Session Schedule

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

Acentra Health	Anthem	CareSource	Gainwell	Humana	MHS	FSSA/OMPP	UHC

Color Code Key

Session Schedule for Tuesday, Oct. 6, 2026

	Hendricks D	Hendricks C	Hendricks B	Hendricks A
9:00 AM	UHC: Navigating UHC as a Medical Provider	CareSource: Dental – A Comprehensive Overview	Anthem: Anthem Prior Authorizations	Humana: Provider Enrollment from Beginning to End
10:00 AM	UHC: An Introduction for Providers to UHC's Home- and Community-Based Services (HCBS)	MHS: Dental Overview	Anthem: Improving Person-Centered Care Delivery	Gainwell: Gainwell Knowledge Exchange Panel
11:00 AM	Acentra Health: Streamlining Prior Authorizations: Preventing Errors and Reducing Delays	MHS: Provider Enrollment Made Simple: Fast-Track Your Approval	Humana: Availity Essentials & Health Edge Navigation	Gainwell: Electronic Visit Verification Refresher
12:00 PM - 1:30 PM	LUNCH	LUNCH	LUNCH	LUNCH
1:30 PM	OMPP: Medicaid Questions: A Quiz Game	Humana: Humana Healthy Horizons Tips and Tricks	CareSource: *CMS-1500* NPI Rejections and Denials	Gainwell: HMS Provider Portal Training
2:00 PM	MHS: Introduction to Managed Health Services (MHS)	Humana: Humana: Overpayments and Recoupments	Anthem: Anthem PathWays Dual Care FIDE Overview	OMPP: Provider Enrollment: In the Know
3:00 PM	MHS: Quality Matters: Driving Improvement Through Data	OMPP: Audit Survival 101	CareSource: Important Information and Resources for CareSource Providers	Gainwell: Staying Current on IHCP Provider Healthcare Portal Enrollments and Updates

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

Session Schedule

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

Acentra Health	Anthem	CareSource	Gainwell	Humana	MHS	FSSA/OMPP	UHC

Color Code Key

Session Schedule for Wednesday, Oct. 7, 2026

	Hendricks D	Hendricks C	Hendricks B	Hendricks A
9:00 AM	Acentra Health: Improving Prior Authorization Processing and Outcomes for Behavioral Health Inpatient Admissions and Concurrent Review	Humana: Humana Claims Education and Resolution	Gainwell: Leadership Unplugged	UHC: Partnering for Better Care: Behavioral Health Success with UnitedHealthcare
10:00 AM	OMPP: Indiana Rural Health Transformation Program	Anthem: Working with Carelon Behavioral Health and Anthem	Gainwell: Clean Claims, Fast Payments: Unlocking Efficient Claim Resolution	CareSource: CareSource's Learning Management System (LMS) for Providers
11:00 AM	MHS: Behavioral Health: Integrating Care for Better Outcomes	Humana: Prior Authorizations Deep Dive	UHC: Navigating UHC as a Medical Provider	CareSource: Quality Programs and Priorities
12:00 PM - 1:30 PM	LUNCH	LUNCH	LUNCH	LUNCH
1:30 PM	MHS: Common Denials and How to Resolve Them	UHC: Maximizing Efficiency with the UHC Provider Portal (90 mins)	Anthem: The ABCs of FQHCs	OMPP: Improving Outcomes for Justice-Involved Youth: What Providers Need to Know About CAA Coverage
2:00 PM	MHS: Prior Authorization: Streamlining the Process for Success		Anthem: Anthem Provider Enrollment	Humana: Humana Behavioral Health and Substance Use Disorder
3:00 PM	OMPP: Navigating Member Eligibility for Providers	OMPP: Submitting Claim Adjustments, Voids and Accounts Receivables	CareSource: CareSource Behavioral Health	Humana: Humana Indiana PathWays for Aging Dual Care

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

Session Schedule

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

Acentra Health	Anthem	CareSource	Gainwell	Humana	MHS	FSSA/OMPP	UHC

Color Code Key

Session Schedule for Thursday, Oct. 8, 2026

	Hendricks D	Hendricks C	Hendricks B	Hendricks A
9:00 AM	Anthem: Anthem's Waiver Provider Overview	MHS: *CMS-1500*: Updates and Insights: Navigating Regulatory Changes	Gainwell: Administrative Review and Appeals Best Practices	UHC: NEMT Provider Enrollment
10:00 AM	Anthem: Top Denials and How a Few Quick Tips Can Improve Your Accounts Receivable (A/R)	MHS: Understanding *UB-04* Billing: Key Components and Common Errors	OMPP: The OMPP HCBS Certification Guide	CareSource: WellTrans – NEMT Benefit Overview/Provider Credentialing
11:00 PM	OMPP: Box 33 Requirements: Reviewing Requirements and Reducing Claim Denials	CareSource: Medicaid Provider Claims & Billing Guide	UHC: UHC Service Coordination in Action: How Care Coordination and LTSS Support Work Together	Humana: Transportation Benefits and Services
12:00 PM	Gainwell: Gainwell: ABA Beyond the Basics	Anthem: Understanding Anthem's Claims Processes	UHC: Understanding Nursing Facility Services with UnitedHealthcare	CareSource: CareSource's Provider Portal

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