



Financial Management Professional Interest Section Meeting

May 11, 2023

- Welcome
- Upcoming Events
- Medicaid Billing Process and Resources
- Legislative Session Update

Professional Interest Section Meetings / Professional Development:

- May 16 - Child & Family Services (10 AM-Noon)
- June 21 - Incident Investigations and Recommendations Training
- September 19 - Pieces to the Group Home Financial Puzzle

Upcoming Member Forum and Board of Directors Meetings:

- May 26 - Board of Directors Meeting, No Member Forum
- June 23 - Member Forum and Board of Directors Meeting
- July 28 - Member Forum / Board of Directors Meeting



Registration opens 3 weeks in advance. To register for open events, scan the QR code or go to <https://web.inarf.org/events>

Alicia M. Boyd, CPA
Professional Corporation

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SUPPORTIVE HOUSING SOLUTIONS



Medicaid Billing Process and Resources

Melinda Baker, Acute Care Physician Reimbursement Analyst, OMPP

Michael Cook, Director of Provider Services, OMPP

Jessica Harlan-York, Chief Operating Officer, DDRS

Richard Propes, Director of Provider Services, BDDS

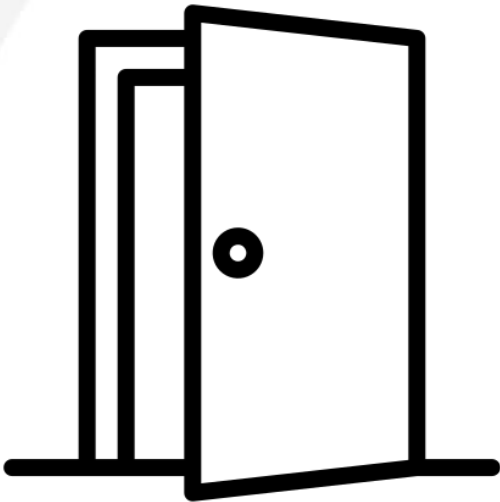
Medicaid Billing Process and Resources

INARF Presentation

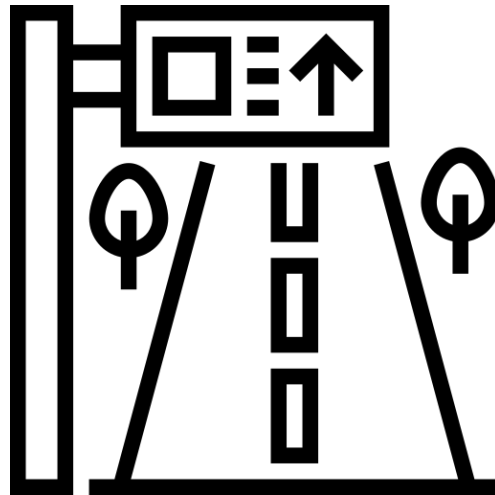
Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning
2023



Three Primary Functions



Open/Close the door



Navigate the highway



Provide documentation

Provider Enrollment



Provider Enrollment

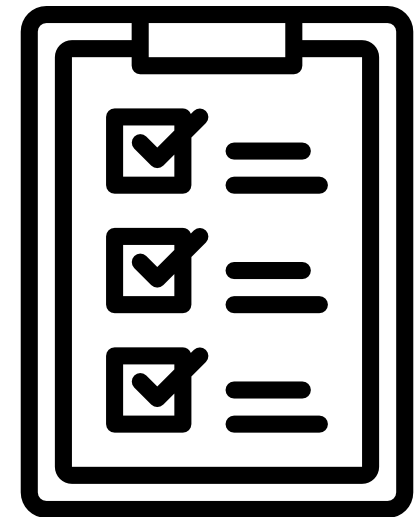
- **Types of interactions:**
 - Brand new enrollments
 - New service locations
 - Changes of ownership
 - Updates to demographic info
 - **Revalidations**



Before Completing an IHCP Enrollment Application

Are you an eligible provider?

- Check the [IHCP Provider Enrollment Type and Specialty Matrix](#).
- Determine the appropriate provider classification:
 - Billing provider (**most HCBS agencies**)
 - Group provider
 - Rendering provider (**HCBS case managers**)
 - Ordering, Prescribing, or Referring (OPR) provider



Before Completing IHCP Enrollment Application

What is your risk category?

- Check the [IHCP Provider Enrollment Risk Category and Application Fee Matrix](#) to confirm the risk level of your provider type.
 - Limited risk (**most HCBS providers**)
 - Moderate risk
 - High risk (**attendant care (Aging), specialized medical equipment and supplies**)



Before Completing IHCP Enrollment Application

If you are high risk, have all required individuals with ownership and controlling interest submitted the fingerprint and background check?

- Check the instructions for fingerprinting if using a location in [Indiana](#) or [out-of-state](#) fingerprint instructions.
- Be sure to make the following selections when scheduling your fingerprinting for the IHCP application:
 - FSSA Affordable Care Act = **24Y791**



Before Completing IHCP Enrollment Application

Are you required to pay an application fee?

- Check the [IHCP Provider Enrollment Risk Category and Application Fee Matrix](#) to see if you are required to pay an application fee.
 - *Structured Family Caregiver, Transportation, Specialized Medical Equipment*

If required, have you paid the application fee before submitting your enrollment application?

- Check the [Provider Enrollment Application Fee](#) page for more information including payment options.



Completing the IHCP Enrollment Application



How do I find the application?

- Two ways:
 - Use the [IHCP Provider Healthcare Portal](#) (Portal)
 - Complete a paper application
- Check the [Provider Healthcare Portal Module](#)



Complete the IHCP Enrollment Application

What documents are required?

- Check the [IHCP Provider Enrollment Type and Specialty Matrix](#), which includes in-state and out-of-state document requirements for each provider type.
- **Type 32 (Waiver):**
 - HCBS waiver enrollment packet
 - Provider Agreement (and Rendering Provider Agreements if applicable)
 - Federal W-9 form (*use the most recent version*)
 - Certification letter



Complete the IHCP Enrollment Application

Why do I need to create a password after submitting the application?

- This will allow you to access the application at a later date if corrections are needed.
- Once a password is created, an application tracking number (ATN) will be issued.

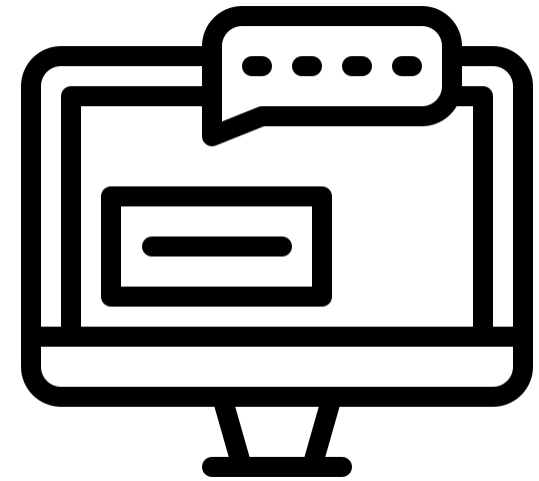
Note: Write down the password and ATN in a safe location. Passwords cannot be reset or changed if forgotten.



Next Steps After Submission

How do I know the status of the application?

- Check the [status of your application](#) online by using the ATN and Provider Federal Tax ID, EIN, or SSN associated with the application.
- You can also call Customer Assistance at 1-800-457-4584 and select the option for provider enrollment inquiries.



Next Steps After Submission



Application Corrections?

- Notification with specific updates necessary:
 - Via email (Contact Us)
 - Via mail (Mail-To Address)
 - Providers can also contact Customer Assistance (800.457.4584, Provider Enrollment)
- **Providers have 21 days to make any corrections and resubmit the application**



Next Steps After Submission



What happens after I submit the application?

- Validated by IHCP Enrollment Unit
- Moderate/high risk = unannounced site visit
- Normal Turnaround Time:
 - By Portal: 15 business days
 - By Paper: 20 business days



Common Mistakes

- **W-9 Mistakes:**

- Name and address on application does not match on the W-9
- Multiple Tax IDs reported on the W-9
- Not using the most updated W-9 form from the IRS
- Not following the disregarded entity instructions on W-9
 - Line 1 (owner who is not disregarded)
 - Tax ID of the parent/owner company



Common Mistakes



- **Provider Agreements:**
 - Signatures are dated older than 90 days from the application submission date
 - Not using the most recent version of the agreement
 - Group Tax ID in Rendering SSN field



Key Resources Available

- **Provider Reference Modules**
 - Claim Submission and Processing (*field-by-field instructions for claim forms*)
 - Home and Community-Based Services Billing Guidelines (*billing and reimbursement details*)
 - DDRS Home and Community-Based Services Waivers (*service-by-service policy*)



Common Mistakes

- **Retro Effective Dates:**
 - Submit a claim example or justification for earlier effective date
(typical enrollment is the date the request was submitted)
- **Services Not Supported by Documentation:**
 - Include a copy of the most recent FSSA certification



Successful Provider Enrollment

- **Results in a Medicaid Provider ID / Legacy Provider ID (LPI)**
 - For HCBS waiver providers (Billing/Group): this is the number used for billing
- **Creation of a welcome letter**
 - Via email (Contact Us)
 - Via mail (Mail-To Address)

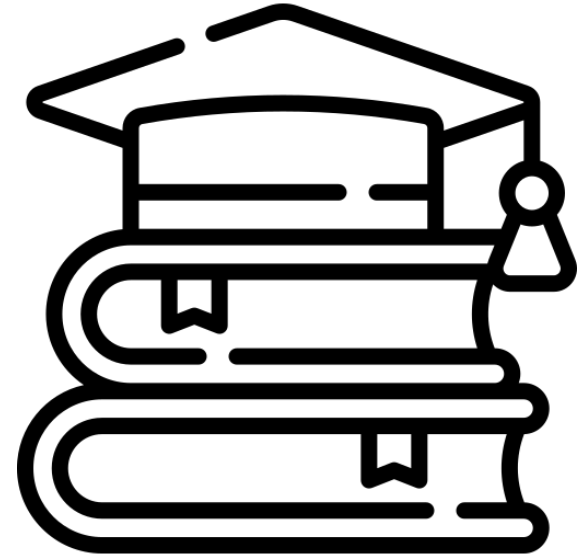


Depending upon certified services, you may be directed to electronic visit verification (EVV).



Key Resources Available

- **Provider Education Events**
 - IHCP Roadshow – April/May
 - IHCP Works Annual Seminar - October
 - IHCP Live - Monthly
 - IHCP Quick Hits



Key Resources Available

- **Banners** – weekly publication with billing updates or guidance
- **Bulletins** – Twice weekly individual publications with policy changes/major announcements
- **Provider Reference Modules** – overall rules for the IHCP



Provider Relations



Waiver Reimbursement

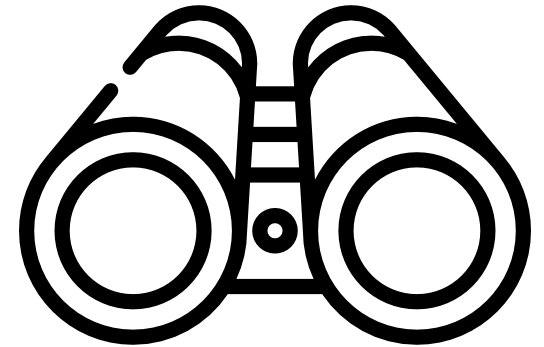


Provider Relations

- **Specific Claims Tips (HCBS provider)**
 - Currently bill using the IHCP Provider Healthcare Portal
 - Bill with the IHCP Provider ID/LPI (rather than NPI)
 - Box 24J: case manager/AAA/billing Provider ID
 - Follow the unit of service rule:
 - *For units equal to 15 minutes, a minimum of 8 minutes must be provided to bill one unit*

Provider Relations

- **Specific Claims Tips (HCBS provider)**
 - Billing the correct procedure code and modifier combination is crucial
 - Make sure that the number of units are calculated correctly
 - Watch for changes to services in IHCP publications
 - Complete list of service procedure codes and modifiers can be found in the provider module on the IHCP website
 - Check for new versions (Modules are updated annually)



Recent Changes to Services

Pre-Vocational & Day Habilitation (Facility Setting) Changes

- T2015 U7 U5 U2 UF
- T2015 U7 U5 U4 UF
- T2015 U7 U5 U6 UF
- T2015 U7 U5 UA UF
- T2015 U7 U5 UB UF
- T2015 U7 U5 UC UF
- T2015 U7 U5 UD UF
- T2020 U7 U5 U2 UF
- T2020 U7 U5 UA UF
- T2020 U7 U5 UB UF
- T2020 U7 U5 UF

Pre-Vocational & Day Habilitation (Community Setting) Changes

- T2015 U7 U5 U2 UG
- T2015 U7 U5 U4 UG
- T2015 U7 U5 U6 UG
- T2015 U7 U5 UA UG
- T2015 U7 U5 UB UG
- T2015 U7 U5 UC UG
- T2015 U7 U5 UD UG
- T2020 U7 U5 U2 UG
- T2020 U7 U5 UA UG
- T2020 U7 U5 UB UG
- T2020 U7 U5 UG



Navigating Our System



When to Contact DDRS

Questions or concerns related to:

- Notice of Action (NOA)
- Service Plan
- Approved Units
- Short- and Long-term Budget Requests
- Service Delivery – Policy, Guidance



Contact Information:

Richard Propes, Director of Provider Services

Richard.propes@fssa.in.gov OR bdds.help@fssa.in.gov



When to Contact Gainwell Technologies

Questions or concerns related to:

- Claim denials
- Changes to your IHCP provider enrollment
- Missing payments
- Recoupments



Contact Information:

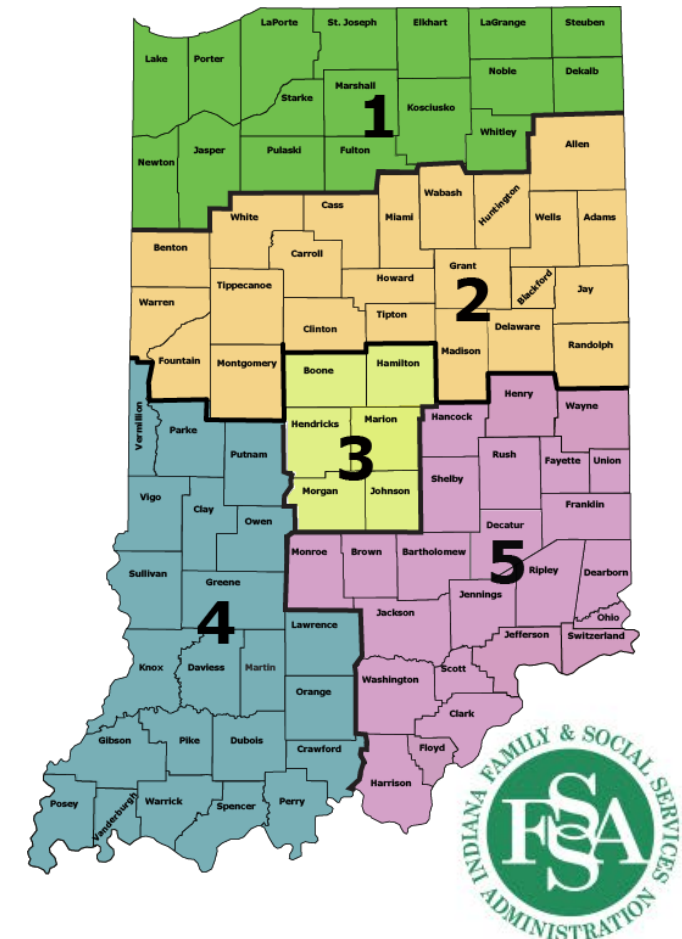
Contact your IHCP Provider Relations Field Representative
Use the IHCP Provider Healthcare Portal Secure Correspondence



When to Contact Gainwell Technologies

- **Provider Relations Field Consultants** (*available on in.gov/Medicaid*)

Region	Individual	Email	Phone Number
1	Jean Downs	INXIXRegion1@gainwelltechnologies.com	317.488.5071
2	Shari Galbreath	INXIXRegion2@gainwelltechnologies.com	317.488.5080
3	Crystal Woodson	INXIXRegion3@gainwelltechnologies.com	317.488.5324
4	Jenny Roberts	INXIXRegion4@gainwelltechnologies.com	317.488.5153
5	Tami Foster	INXIXRegion5@gainwelltechnologies.com	317.488.5186



When to Contact OMPP

Questions or concerns related to:

- Unresolved claim denials or concerns
- Reimbursement
- Unresolved provider enrollment concerns



Contact Information:

- Reimbursement Team: FSSA.IHCPReimbursement@fssa.IN.gov
- Waiver Reimbursement Analyst: shila.patil@fssa.in.gov
- Provider Relations: OMPPProviderRelations@fssa.IN.gov



Questions?


Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning





Legislative Session Update

Brian Carnes, Director of Public Policy & Technical Assistance, INARF

- \$1.5B additional revenue forecasted for the next two years over the December 2022 forecast
 - \$44.5B Biennial Budget
 - \$7.6B for Medicaid
 - \$2.7B in Reserves
 - \$25.5M per year for First Steps
 - \$17M per year for Vocational Rehabilitation
- 

Values	SFY2022	State Share GF	State Share GF	State Share GF	State Share GF
		January		April	
Recommended	Base Expenditures	SFY2024*	SFY2025*	SFY2024^	SFY2025^
DDRS Waivers	\$977.1M	\$54.2M	\$59.1M	\$73.0M	\$83.1M
Rate Indexing	-	\$0.0	\$12.1M	\$0.0	\$21.2M

***Governor's Budget Rate Review Funding**

^Final version of HB 1001

State funds Required to fund Rate Study Recommendations

FY 24	\$73.0 million
FY 25	\$83.1 million
Biennium	\$156.1 million

Passed Version of House Bill 1001

FY 24	\$73.0 million
FY 25	\$83.1 million

Indexing funding was included for rates in year 2

**FULLY
FUNDED**

Planning for Future Rate Updates

- Rate Review every 4 years and annual adjustments of the rates by 2% to enhance sustainability and predictability
- Likely implementation schedule:
 - 1/1/24 Rate changes from rate review
 - 7/1/24 Annual inflationary adjustment of 2%
 - 7/1/25 Annual inflationary adjustment of 2%
 - 7/1/26 Annual inflationary adjustment of 2%
 - 7/1/27 Rate changes from rate review

**YOU
ARE
HERE**

HB 1001 – Path to Implementation

Milliman Rate
Study
October 2022

Milliman Rate
Recommendations
February 2023

Funding appropriated
in HB 1001
April 2023

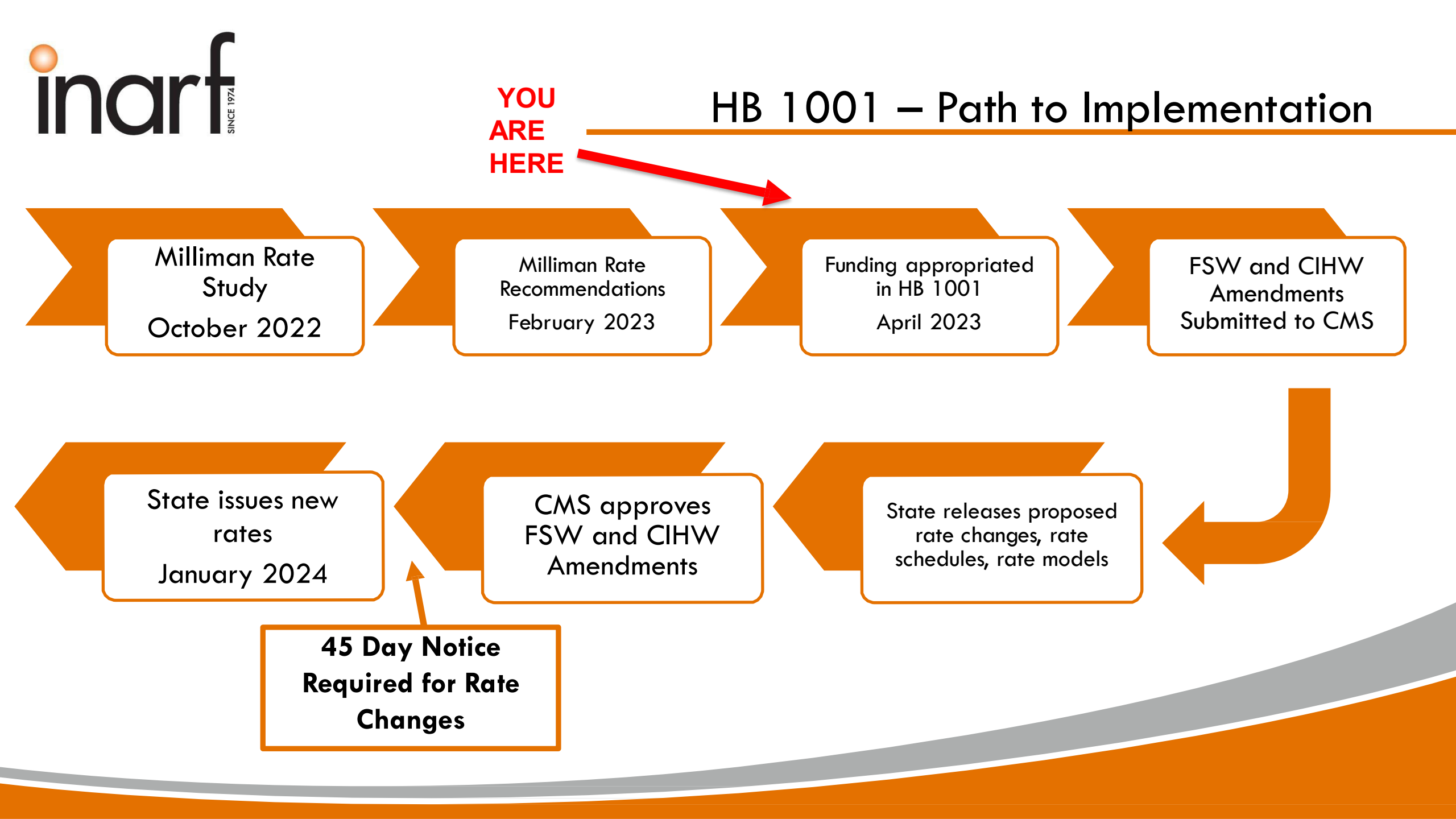
FSW and CIHW
Amendments
Submitted to CMS

State issues new
rates
January 2024

CMS approves
FSW and CIHW
Amendments

State releases proposed
rate changes, rate
schedules, rate models

**45 Day Notice
Required for Rate
Changes**



- Outstanding questions on HB 1001 implementation:
 - When will the new rates go into effect?
 - How much will each individual rate be impacted?
 - When will we see the final rates?

HB 1342 – DSP Registry

- Applies to Waiver and ICF DSPs
- DDRS personnel and authorized providers will have access to the registry
- By **January 1, 2026**, all DSPs must be in the registry, and will be entered into the registry by DDRS using an application DDRS will develop for registries and renew registrations
- In addition to individual DSPs, it will include DSP-related incidents of abuse/neglect/exploitation that meet the definitions adopted by DDRS in the rulemaking process, including defining levels of substantiated events, the highest levels being the minimum level of incidents to be included in the registry
- DDRS is responsible for submitting incidents to the registry

HB 1342 – DSP Registry

- DSPs can appeal the inclusion of the incident in the registry through the ALJ process
- The appeal **does not** pertain to the Provider's substantiation of the incident
- Includes language that a DDRS employee who reports an incident to the registry is not subject to civil, administrative, disciplinary, or criminal liability if done in good faith

HB 1342 – DSP Training Curriculum

- The State must issue an RFP for a vendor to operate the training program by January 1, 2024
- The State shall attempt to have the contract awarded by January 1, 2025
- The vendor must begin operating the training program by July 1, 2025

HB 1342 – DSP Training Curriculum

- Training Curriculum must have two tiers – one being basic training requirements similar to what is required today. The second being advance training in a specialized area such as person-centered choice
- Upon completion of one or both tiers and a test of skills, DSPs will receive a certificate
- By January 1, 2024, the State must publish an RFP for a vendor to operate the DSP training program with the goal to have a vendor in place by January 1, 2025

- DDORS is not discouraging providers from providing housing
- Indiana is out in front of this issue, with most other states not appearing to have developed or issued guidance of their own for POCO.

HCBS Provider Owned Settings Definition- Draft

- A setting is provider owned and/or controlled when it is:
 - A residential setting that is owned or co-owned by a provider of HCBS and that same provider is paid to provide a variety of services bundled into a single rate at that location; or
 - A setting in which there are 5 or more units, apartments, or houses which are adjacent to each other, all of which are occupied by individuals receiving HCBS from the same HCBS provider; or
 - An individual's Representative Payee OR guardian is not a family member and works for HCBS residential services provider who is providing services to the individual

Appendix K Flexibilities- Service Specific

- Flexibilities ending on May 11, 2023
 - ICF/IDD will no longer be reimbursed for services rendered to an unlicensed facility
 - HCBS providers will no longer be able to provide services in non-HCBS settings

Appendix K Flexibilities- Service Specific

- Flexibilities ending on November 11, 2023
 - Expanded language in family paid caregiver in re-defined circumstances
 - Expanded language waiving the 40 hours per week per paid caregiver limitation on family members when existing services on the individual's PCISP have been interrupted due to circumstances related to COVID
 - Expanded language for RHS reimbursement for overnight staff/paid caregiver
 - Allows RHS reimbursement for time when staff/paid caregiver is asleep
 - Expanded language for SFC allowances
 - Modify SFC visits to require at least one face to face visit
 - Allow flexibility in day service ratios

Appendix Flexibilities- Case Manager Specific

- Flexibilities ending on November 11, 2023
 - If a 90-day BMR has been requested previously, additional BMRs may be requested for a period of up to 60 days
 - Temporarily allow BMRs to be filed within 60 calendar days of the event or status change
 - Temporarily waive the requirement for a Confirmation of Diagnosis to complete Level of Care for re-entries to waiver services
 - Allow initial and annual level of care assessments to be completed by telephone

EVV Temporary Recoupment Process:

- Monthly claims are used to identify a random sample of providers with at least one failed EVV verification.
- After the provider is paid, Gainwell will recoup the identified payment.
- Providers will receive notification from FSSA of this recoupment and will have time to fix the failed verification and receive their payment back.
- Providers who are not receiving notices should check with FSSA to make sure that contact information is current.

EVV Temporary Recoupment Process:

- Any additional services billed in the same time frame will be denied as well, not just the failed visits.
- INARF has gathered a group of providers together to help understand this issue and possible fixes.



Questions?

Your participation in the brief 2-minute survey is requested.



Your contributions to the INARF PAC are a critical part of INARF's legislative advocacy efforts. They are used to support elected officials who serve as champions of the provider community. Please consider supporting the INARF PAC today.

For more information and to contribute, visit:

www.INARF.org/INARF-PAC



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