

1

#### Waiver Updates: Tips, Tricks, and Resources

#### 2024 IHCP Works Annual Seminar



# Agenda

- Acronyms
- Transitioning from Old Process to New Processes
- OMPP Provider Certification Updates
- Initial IHCP Enrollment & Making Updates
- Atypical Provider Claim Submission
- Claims Resolution
- Resources
- Questions



#### Acronyms

## Acronyms

- A&D: Aged & Disabled waiver
- AAA: Area Agencies on Aging
- BDS: Bureau of Disabilities Services
- CIH: Community Integration and Habilitation waiver
- DA: Division of Aging
- DDRS: Division of Disability and Rehabilitative Services
- FFS: Fee-for-Service



- FSW: Family Supports waiver
- HCBS: Home and Community Based Services
- H&W: Health and Wellness waiver
- IHCP: Indiana Health Coverage Programs
- MCE: Managed Care Entity
- NOA: Notice of Action
- OMPP: Office of Medicaid Policy and Planning
- TBI: Traumatic Brain Injury waiver



#### Transitioning from DA to OMPP and DDRS

# THE REAL OF THE RE

#### Division of Aging - Previous Functions

- Completed waiver provider certification for A&D and TBI waivers via email
- Updated the picklist for these waivers
- Coordinated with AAA's and care managers
- Helped resolve non-claim provider issues



## **OMPP - Current Functions**

- Completes waiver provider certification for H&W, PathWays, and TBI waivers via the <u>OMPP Waiver Certification Portal</u>
- Can assist in providing previous waiver certification letters
- Oversees Gainwell Technologies provider enrollment team for IHCP enrollment
- Can assist in resolving provider issues with traditional Medicaid and managed care

Primary contact: Chatter within OMPP Waiver Certification Portal or OMPPProviderRelations@fssa.in.gov



## **DDRS - Current Functions**

- Completes waiver provider certification for CIH and FSW waivers
  - Information on certification process found <u>here</u>
- Manages H&W picklist for traditional Medicaid members
- Collaborates with AAA's and care managers for traditional Medicaid members



#### **OMPP Provider Certification Updates**



### **OMPP Certification Updates**

- OMPP now processes HCBS certification requests for:
  - PathWays waiver
  - H&W waiver
  - TBI waiver

## **OMPP Certification Portal**



- The <u>OMPP HCBS Certification Portal</u> can be utilized for:
  - Initial provider certifications
  - Requests to add or remove services
  - Requests to serve additional counties
  - Change of ownership requests
  - Requests to decertify
- <u>BT202456</u> provides instructions for creating an account, checking the status of an application, and much more!



#### OMPP Certification Portal Inquiry Function



Utilize the inquiry function to submit questions prior to applying

Home Applications	<ul> <li>Inquiry</li> </ul>									Ļ on	NPP Test 🔻
My Inquiries 🔻 🖈						ſ			(	New Printabl	e View
items • Sorted by Created Date • Filtered by N	Ny inquiries • Updated a few see	conds ago				l	Q	Search this list	\$	• [ <b>II</b> • [ <b>C</b> ]	e y
Created Date 🕇 🗸 🗸	Inquiry Number	✓ Inquiry Name	~	Inquiry Type	~	Status	~	Record Type	Created B	y v	



## OMPP Certification Portal Chatter Function

- Providers can utilize the chatter function on the Salesforce portal to communicate directly with your OMPP Certification Analyst
- @ mention the analyst's name
- Provider's will receive a notification of response via email and the portal

	Sł	hare an update	L.			ane
Ť. +	Q. Search	this feed				][~
	w (Employ	yee)				
() Roceiver N	amo(Customer) Plea	ase send upda	ted Organiza	tion Chart		
di Like	Comment					1 vie
0	બ					
	Name	)Employ	ee)			
d	-			0 0	20	-



#### OMPP Certification Portal: Adding Counties or Services

Home	Applications 🗸 Inquiry	
ana Home- a	Apply for New Application	(HCBS) Waiy
	Continue Not Yet Submitted Application	,,
ortal will be used fo ndiana PathWays f	Apply for New Services, Add Counties or Disenroll	iders for the follow
Health & Wellness Traumatic Brain Inj	In Review Applications	
	Completed Applications	
e submitting an as you move th	All Applications	ound in the tabs

**w Applicants** 

**Returning Providers** 

#### Certification Portal: Adding Counties or Services (cont.)



Home <u>Applications</u> V Inquiry

Explanation of the Type of Applications to choose from:

Add / Remove County(ies) allows providers to Add or Remove counties where services are provided.

Adding Services - Providers will be able to add additional services under their existing certification. This will still require the application process and required documents for review and approval.

• Disenrollment allows providers to notify OMPP when they will disenroll due to no longer offering any services (going out of business) or selling the business and no longer having any stake in it.

Select the type of application

* Type of Application
None
None
Add Service(s)
Add County(ies)
Disenroll

#### Medicaid HCBS Certification Website



- Resources on the <u>Medicaid HCBS Certification Website</u> include:
  - Video Resources
    - Demonstrations for updating returned applications or continuing an application
  - Service Definitions
    - Detailed information regarding each service and requirements for certification
  - Provider Guidelines
    - Tips for providers to ensure a responsive certification process



#### Service Definition Example: Attendant Care

#### Attendant Care

ATTC Available under Pathways, Health and Wellness, and TBI

#### What is ATTC?

ATTC provides direct, hands-on care to individuals for the functional needs of Activities of Daily Living (ADLs).

- Bathing
- Personal grooming
  - o oral hygiene, shaving, hand and foot care, intact skin care, application of cosmetics
- Dressing
- Transfers
- Ambulation
- Use of assistive devices
- Meal planning
- Meal preparation
- Meal clean up
- Monitor and assist with safety
- Provide medication reminders
- Transportation to nonmedical community activities

ATTC cannot provide care for skilled needs such as specialized feedings, Hoyer lift, wound care, or ostomy care. Skilled need care requires an RN, LPN, or other health professional.

#### Documents to Gather

W-9 Tax Form/EIN

- □ Background Check (for owner and current employed)
- □ Liability Insurance Policy
- Secretary of State Letter
- □ Personal Service License/Home Health Agency License
- □ TB Test Results (for owner and current employed)

#### **Operations Manual**

- Personnel Policy
- □ Job Descriptions
- □ Job Performance Evaluation Policy
- Employee's Rights and Responsibilities
- □ HIPAA Compliance Policy
- □ File Retention Policy
- Transfer of Information Policy
- Organizational Chart
- □ Quality Assurance/Quality Improvement Policy
- Incident Reporting Policy

17



# **Certification Timelines**

- Starting an application
  - 30 business days
  - After 30 business days, the application will expire, and providers must start a new application
- Application review
  - Applications are reviewed within four business days of submission
- Return updated documents
  - 10 business days
  - After 10 business days, any application without corrected documents will expire, and providers must start a new application

# Requesting a Certification Letter Copy



- Certified through DA
  - Email OMPP Provider Relations team
    - <u>OMPPProviderRelations@fssa.in.gov</u>

- Certified through OMPP
  - Submit a Salesforce inquiry OR
  - Email the OMPP Certification Team
    - <u>OMPPWaiverCertification@fssa.in.gov</u>



### **Certification FAQs**

- Do providers use both the OMPP HCBS Certification Portal and the IHCP Provider Healthcare Portal?
  - Yes! The OMPP HCBS Certification Portal is used for certification while the IHCP Provider Healthcare Portal is utilized for enrollment
- How often are waiver agencies required to recertify with the OMPP?
  - Every three years. The recertification process currently takes place with DA, but will be switching to OMPP in 2025
- How old can background checks be and still be accepted?
  - A background check needs to be completed within 90 days of the application submission date



### Initial IHCP Enrollment & Making Updates



### Congratulations, You're Certified!

Step Description		Your Action		
1.	Become certified by OMPP to provide HCBS waiver services	This step is complete! Your agency is certified to provide the services listed in the following pages of this certification letter.		
2.	Enroll with the Indiana Health Coverage Programs (IHCP)	Your agency needs to enroll as an HCBS waiver provider through the IHCP (also known as Indiana Medicaid). To complete this enrollment, you need to access the online application through the <u>IHCP Provider Healthcare Portal</u> . You can also access paper applications through the <u>Waiver Provider webpage</u> . If you need assistance with your application, you can contact the IHCP at (800) 457-4584. <i>Please include a copy of your certification when you</i> <i>submit your IHCP enrollment application</i> .		
3.	Finish your waiver program enrollment	If your agency will be serving individuals aged 60 and older (enrolled in the Indiana PathWays for Aging program), you need to		





Carefully review the certification letter provided by the OMPP Waiver Certification team.

All the next steps, including contact information, is included!

# Next Step: Enroll with the IHCP



- Check the <u>IHCP Provider Enrollment Type and Specialty Matrix</u> for required documents
  - Use CTRL+F and search "waiver provider"
- Hot tip: Do not include an NPI on the waiver application
  - Facilitates smoother claims processing with all payers
- Complete the provider enrollment application
  - Recommended: <u>Use the IHCP Provider Healthcare Portal</u>
  - Paper application is also accepted



#### **Type and Specialty Matrix**

#### Home- and Community-Based Services (HCBS) Waiver Providers

Provider Provider	er Provider	In-State Provider
Type Specialty	ty Secondary Specialty	Document Requirements <sup>3</sup>
32 – Waiver Provider Note: Effective July 1, 2024, specialty 350 is used for both the Indiana PathWays for Aging Waiver and the Health and Wellness (H&W) Waiver. Prior to July 1, 2024, this specialty was used for the Aged and Disabled (A&D) Waiver.	Health &         aiver         A00 - Adult Day Services (Category 1)         A01 - Adult Day Services (Category 2)         A03 - Adult Family Care 1         A04 - Assisted Living         PathWays         and the         A05 - Attendant Care 2         A06 - Care Management         A07 - Community Transition Services         A08 - Home Modifications         A09 - Integrated Healthcare Coordination         A10 - Home Delivered Meals         A11 - Home and Community Assistance         A12 - Nutritional Supplements         A13 - Pest Control         A14 - Respite         A15 - Participant Directed Attendant Care         A16 - Specialized Medical Equipment & Supplies 1, 2         A17 - Transportation 1         A18 - Vehicle Modifications         A19 - Personal Emergency Response Systems         A20 - Home Modifications Assessment         A20 - Home Modifications Assessment         A21 - Structured Family Caregiving         A22 - Caregiver Coaching and Behavior Management	<ul> <li>IHCP Waiver provider enrollment packet or online application for your classification, which includes:         <ul> <li>Provider Agreement</li> <li>Federal W-9 form</li> </ul> </li> <li>Certification letter from the appropriate waiver administering division</li> <li>A03 – Application fee required <sup>1</sup></li> <li>A05 – Fingerprint and background check required <sup>2</sup></li> <li>A16 – Application fee, fingerprint and background check required <sup>1,2</sup></li> <li>A17 – Application fee required <sup>1</sup></li> </ul>

# THE REAL OF THE RE

# **Avoiding Common Errors**

- Most common enrollment issues:
  - Schedule A of the application is inconsistent with the *W-9* form
    - The provider's name, address, and taxpayer identification information on the application must exactly match the information reported on the *W-9*
    - Pay specific attention to the business's organizational classification with the IRS

• Examples: Individual proprietorship/LLC, S-corp, C-corp, government owned, 501(c)

- Use the most current version of the W-9 form
- Incomplete documents
- Missing certifications

#### Next Step: Enroll with MCEs



- Indiana PathWays for Aging providers must enroll with the 3 PathWays MCEs to be listed on the service directories
  - The service directory is a list given to members from which to select providers
  - Members can choose providers not on the service directory, as long as the provider is certified to provide the service

MCE	<b>Enrollment Contact Methods</b>	Additional Help
Anthem	INMLTSSProviderRelations@anthem.com	833-569-4739
Humana	LTSSContracting@humana.com	866-274-5888
UnitedHealthcare	HCBSProviderNetwork@uhc.com	877-610-9785

### Final Step: Contact DDRS/BDS to be Added to Picklist



- Email <u>BDSProviderServices@fssa.in.gov</u> to be added to the picklist
- BDS cannot add providers to the picklist until they receive notification from Medicaid that the provider has completed IHCP enrollment
  - This can take up to 30 calendar days

# RUNINI RUNISTRATION

#### Making Updates to IHCP Enrollment

- To add specialties included on the provider profile, complete a *Provider Maintenance Request*
- Select Specialty Changes and provide new waiver certification letter indicating additional specialties
- If the added specialty is High Risk, the confirmation number from the fingerprints/background check from Indiana State Police is needed



#### **Atypical Provider Claim Submission**



#### **Claim Submission**

	Gainwell
Electronic	IHCP Provider Portal
Mail	PO Box 50440 Indianapolis, IN 46250-0440

	Anthem	Humana	UHC
Electronic	Availity Care Central	<u>Availity</u>	<u>UHC Portal</u>
Mail	Anthem Blue Cross and Blue Shield Claims Mailstop: IN999 P.O. Box 61010 Virginia Beach, VA 23466	Humana Claims P.O. Box 14169 Lexington, KY 40512-4169	UnitedHealthcare Community Plan P.O. BOX 5240 Kingston, NY 12402

#### **Claim Submission Reminders**



- Atypical providers do not need an NPI for box 33
  - Enter the qualifier G2 and the billing provider's IHCP Provider ID
    - Anthem and Humana: Create an Atypical Provider Profile through Availity
    - UHC: When asked "Do you have a National Provider Identifier (NPI)?" Select "No"
- Ensure that modifiers on the NOA match what's submitted on the claim
- Utilize the office hours and trainings provided by MCEs



#### **Claims Resolution**



### **Resolving Claims Issues: Step 1**

• The first step to resolving claims issues is to reach out directly to the payor

Fee-for-Service	Managed Care Entities
Gainwell: 800-457-4584	Anthem: 833-569-6132
Provider Relations Consultants Map	Provider Representatives Map
	Humana: 866-274-5888
	Provider Representatives Map
	UHC: 877-610-9785
	Provider Representatives Contact Page

# ANTIN & SOCIAL SERVICES

## **Resolving Claims Issues: Step 2**

- If providers need additional assistance after working directly with the payor, then reach out to OMPP Provider Relations team
  - OMPPProviderRelations@fssa.in.gov



#### Resources

# PANTAL BANKING & SOCIAL SERVICES

## **Provider Resources**

- IHCP Provider References
  - Provider Enrollment module
  - OMPP HCBS Services: Indiana PathWays for Aging Waiver module
  - DDRS HCBS Waivers module
- Quick Reference for HCBS Provider Enrollment
- Provider Relations Consultants
- Medicaid HCBS Certification
- Provider Enrollment Risk Levels and Screening
- Indiana PathWays for Aging website

#### Signing Up for Weekly Email Updates

#### Get Important News & Updates

Sign up for email and/or text notices of Medicaid and other FSSA news, reminders, and other important information. When registering your email, check the category on the dropdown list to receive notices of Medicaid updates; check other areas of interest on the dropdown list to receive notices for other types of FSSA updates.

Enter your email address

Sign Up



#### **Questions?**

## Thank you for joining us!