Fee-for-Service
Home- and Community-Based
Waiver Services

Indiana Health Coverage Programs
Gainwell Technologies
2024 IHCP Works Annual Seminar

Agenda

- Waiver Service Information
- Billing for Authorized Services
- Submitting Claims on the IHCP Provider Healthcare Portal
- Common Denials
- Helpful Tools
- Questions

Waiver Service Information

Waiver Certification

All certification requests for A&D/H&W Waiver or TBI Waiver providers must be submitted to the OMPP Certification Portal and processed for the Indiana PathWays for Aging Waiver, H&W Waiver and TBI Waiver.

All provider requests for these waivers must be submitted through the OMPP's new Certification Portal

Refer to:
- BT202442 – Certification transition
- BT202456 – Certification Portal instructions
- BT202460 – Certification Portal
- BT202472 – Certification guidance
- BT202488 – Background checks

Waiver Reference Modules

Provider Reference Modules

Service Information

- Allowable activities

- Activities not allowed

- Service standards

- Documentation standards

- Limitations

Note: The following slides use homemaker service as an example.

Allowable Activities

Provision of assistance with homemaker service, which includes:

- Dusting and straightening furniture
- Cleaning floors and rugs by wet or dry mop and vacuum sweeping
- Cleaning the kitchen including, washing dishes, pots, and pans; cleaning the outside of appliances, counters and cupboards; cleaning ovens, and defrosting and cleaning refrigerators
- Maintaining a clean bathroom, including cleaning the tub, shower, sink, toilet bowl, and medicine cabinet; emptying and cleaning the commode chair or urinal
- Laundering clothes in the home or laundromat, including washing, drying, folding, putting away, ironing, and basic mending and repair
- Changing linen and making beds

Activities Not Allowed

The following activities are not allowed under the homemaker service:

- Hands-on assistance with activities of daily living, such as eating, bathing, dressing, personal hygiene, or medication setup and administration
- Escorting or transporting individuals to community activities or errands
- Homemaker services provided to household members other than the participant
- Cleaning up of the yard, defined as lawn mowing and raking leaves
- Homemaker services will not be reimbursed when provided as an individual provider by a parent of a minor child participant, the spouse of a participant, the power or attorney of a participant, the health care representative or the legal guardian of the participant, or by any member of the participant's household.
- Services to participants receiving Adult Family Care, Structured Family Caregiving, or Assisted Living waiver services

Documentation Standards

- Services must be outlined in the service plan and on the service authorization form or notice of action (NOA).

- Data record of services must be provided, including:
  - Complete date and time of service (in and out)
  - Specific services or tasks provided
  - Signature of employee providing the service

Each staff member providing direct care or supervision of care to the individual must make at least one entry on each day of service.

- All entries should describe an issue or circumstance concerning the individual

- Documentation of service delivery must be signed by the participant or designated participant representative

Refer to:
- Electronic Visit Verification webpage
- Codes that require EVV

For EVV assistance contact inxixevv@gainwelltechnologies.com

Billing for Authorized Services

Waiver Billing

The waiver care manager is responsible for completing the service plan that results in an approved service authorization or NOA that is sent to the provider and member.

The service authorization form or NOA details:
- Member information
- Waiver-funded services
- Number of units and dollars for the waiver service to be provided
- Name of the authorized waiver provider
- Approved billing code with the appropriate modifiers

Service Authorization Information

A provider must have received the authorization information before rendering services and can only bill for the services allotted on the service authorization form or NOA.

SERVICES APPROVED

Service Provider

Billing Code	Mod #1	#2	#3	#4	Start Date	Stop Date	Unit Size	Unit Rate	Current Units	Current Cost
T2020	U7	U5					Per HOUR		67.00	1509.51
T2020	U7	U5					Per HOUR		68.00	1532.04

Must bill exactly what is on the service authorization or NOA

Dates on claim must be within the parameters of each date range

Unit size indicates how time is calculated. Unit rate is the charged amount for *each* unit

Approved dollar amount for each date span

Service Authorization

- Claims deny if no authorization exists in the database, if the authorization has been exceeded, or if a code other than the approved code is billed.

- Providers are not to render or bill services without an approved service authorization or NOA.

- It is the provider's responsibility to contact the case or care manager if there is any discrepancy in the services authorized or rendered on the approved service authorization or NOA.

Gainwell cannot correct discrepancies between the service authorization form or NOA and what is submitted to *Core*MMIS, only the Care Managers can.
If additional assistance is needed, contact OMPPCAREMANAGEMENT@FSSA.IN.GOV.

Submitting Claims on the IHCP Provider Healthcare Portal

IHCP Provider Healthcare Portal

[IHCP Provider Healthcare Portal](#)

Verify Eligibility

PathWays Eligibility

Benefit Details

Coverage	Description	Effective Date	End Date
Aged and Disabled HCBS Pathways	Aged and Disabled HCBS Pathways	07/02/2024	07/02/2024
Full Medicaid	Full Medicaid for individuals who are 65 years old, blind, or disabled (FFS or Managed Care)	07/02/2024	07/02/2024

Managed Care Assignment Details

Managed Care Program		Primary Medical Provider	Provider Phone
Indiana Pathways for Aging			

Effective Date	End Date	MCO / CMO Name	MCO / CMO Phone
07/02/2024	07/02/2024	UNITEDHEALTHCARE COMMUNITY PLAN	1-877-610-9785

This claim CANNOT be filed on the IHCP Portal. In this example, it must be filed with the PathWays member's managed care entity (MCE) - UnitedHealthcare.

PathWays Contact Information

[Anthem Provider Website](#)
[Anthem Provider Relations Map](#)
Anthem Provider Relations: INMLTSSProviderRelations@anthem.com
Provider Helpline: 833-569-4739

[Humana Provider Website](#)
[Humana Provider Relations Map](#)
Humana Provider Relations: INMedicaidProviderRelations@humana.com
Provider Helpline: 866-274-5888

[UHC Provider Website](#)
[UHC Provider Relations Contacts](#)
UHC Provider Relations: IN_ProviderServices@uhc.com
Provider Helpline: 877-610-9785

Two Ways to Access Claim Submission

Step 1

⭐ In most cases, this is the same as the Billing Provider ID.

Patient Number

Claim Information

Claim Header Instructions

Hospital From Date 🛈	[ ] 🔲	Hospital To Date 🛈	[ ] 🔲
Date Type	[▼]	Date of Current 🛈	[ ] 🔲
Accident Related	[▼]		
*Patient Number	001	Authorization Number	[ ]
Medical Record Number	[ ]	Special Program	[▼]

*Does the provider have a signature on file? ⦿ Yes ○ No

*Does the provider accept assignment for claim processing? ⦿ Yes ○ No ○ Clinical Lab Services Only

*Are benefits assigned to the provider by the patient or their authorized representative? ⦿ Yes ○ No ○ N/A

*Does the provider have a signed statement from the patient releasing their medical information? ⦿ Yes ○ No

Include Other Insurance ☐   Total Charged Amount $0.00

[**Continue**] [**Cancel**]

Step 2

Submit Professional Claim: Step 2

* Indicates a required field.

Provider Information

Billing Provider ID		**ID Type** NPI		**Name**

Patient and Claim Information

Member ID	
Member	**Gender** Female
Birth Date	**Total Charged Amount** $0.00

Expand All | Collapse All

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
1			
1	*Diagnosis Type ICD-10-CM ⌄	*Diagnosis Code ❶ R69	×
		R69-ILLNESS, UNSPECIFIED	

Add   **Reset**

Back to Step 1   **Continue**   **Cancel**

Add the diagnosis in the Diagnosis Code field.
Waiver providers use diagnosis code R69.

After the diagnosis is located, click **Add**.

Diagnosis

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
1	ICD-10-CM	R69-ILLNESS, UNSPECIFIED	Remove
2			

2   *Diagnosis Type [ICD-10-CM ▾]   *Diagnosis Code ❶ [_____]

Add   **Reset**

Back to Step 1   **Continue**   **Cancel**

Step 3

Submit Professional Claim: Step 3   ❓

* Indicates a required field.

Service Details   ➖

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action

➖ Click to collapse.

*From Date ❶ [____] 🔢   To Date ❶ [____] 🔢   *Place of Service [_____ ▼]

*Procedure Code ❶ [_____]   *Diagnosis Pointers [__▼] [__▼] [__▼] [__▼]

Modifiers ❶ [_____]   [_____]

[_____]   [_____]

Charge Amount [_____]   *Units [_____]   *Unit Type [Unit ▼]   EPSDT ☐   Family Plan ☐   EMG ☐

Rendering Provider ID [_____] 🔍   ID Type [____▼]   Rendering Taxonomy [_____]

Line Item Control# [_____]

The Charge Amount field does not have an asterisk, but it is required for reimbursement

24

Place of Service

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action

⊟ Click to collapse.

*From Date ❶ [   ] 🗓   To Date ❶ [   ] 🗓   ➡ *Place of Service

*Procedure Code ❶ [   ]   *Diagr

Modifiers ❶ [   ]   [   ]
[   ]   [   ]

Charge Amount [$0.00]   *Units [   ]   *Unit Type [Unit ▾]

Rendering Provider ID [   ] 🔍   ID Type [▾]   Rendering Taxonor

Line Item Control# [   ]

NDC for Service Detail

Note for Service Detail

[**Add**]   [**Cancel**]

Attachments

Click the **Remove** link to remove the entire row.

Dropdown list:
- 42-Ambulance - Air or Water
- 41-Ambulance - Land
- 24-Ambulatory Surgical Center
- 13-Assisted Living Facility
- 25-Birthing Center
- 53-Community Mental Health Center
- 96-Community Setting
- 61-Comprehensive Inpatient Rehabilitation Facility
- 62-Comprehensive Outpatient Rehabilitation Facility
- 33-Custodial Care Facility
- 97-EI class/program
- 23-Emergency Room - Hospital
- 65-End-Stage Renal Disease Treatment Facility
- 95-Family Day Care
- 50-Federally Qualified Health Center
- 14-Group Home *
- 12-Home ⬅
- 04-Homeless Shelter
- 34-Hospice
- 49-Independent Clinic
- 81-Independent Laboratory
- 05-Indian Health Service Free-standing Facility
- 06-Indian Health Service Provider-based Facility
- 21-Inpatient Hospital
- 51-Inpatient Psychiatric Facility
- 54-Intermediate Care Facility/ Individuals with Intel
- 60-Mass Immunization Center
- 26-Military Treatment Facility
- 15-Mobile Unit

Procedure Code and Modifiers

*From Date 🔵 06/10/2024 📅 **To Date** 🔵 06/16/2024 📅 ***Place of Service** 12-Home ⌄

*Procedure Code S5130-HOMAKER SERVICE NOS PER 15M ***Diagnosis Pointers** 1 ⌄ ⌄ ⌄ ⌄
🔵

Modifiers 🔵 U7-M/CAID CARE LEV 7 STATE DEF | UA-M/CAID CARE LEV 10 STATE DEF

Charge Amount $766.60 ***Units** 2.00 ***Unit Type** Unit ⌄ **EPSDT** ☐ **Family Plan** ☐ **EMG** ☐

Rendering Provider ID 🔍 **ID Type** Provider 1 ⌄ **Rendering Taxonomy**

Line Item Control#

Review the service authorization form or NOA. The procedure code and modifiers on the claim must exactly match the service authorization or NOA.

After information is entered, click ➡️ **Add**

Calculating Your Units

Providers are reminded that they cannot bill partial units of service. Providers must round partial units of service to the nearest whole unit when calculating reimbursement. If a unit of service equals 15 minutes, a minimum of eight minutes must be provided to bill for one unit.

➢ The units for each day stand alone – if the line item is a date span – make sure the units for each day are calculated prior to totaling them for the date span.

Please see Rounding References BT2024129 and Home- and Community-Based Services Billing Guidelines

Note

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	06/10/2024	06/16/2024	12-Home	S5130-HOMAKER SERVICE NOS PER 15M	$766.60	24.70 Unit	Remove

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

☐ Click to add service detail.

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action

☐ Click to add attachment.

Note for Service Detail

Note Reference Code [Additional Information ▾]

Note Text [Name: XXXXXX REL: Other]

[Save] [Cancel]

[Back to Step 1] [Back to Step 2]   [Submit] [Cancel]

[Back to Step 1] [Back to Step 2] [Back to Step 3] [Print Preview]   [Confirm] [Cancel]

Accepted Note Formats

This information must be included in one of the following formats via IHCP Provider Portal:

- ➢ NAME: REL:
- ➢ NAMEREL-
- ➢ NAME. REL.
- ➢ NAME> REL>

Providers need to complete the claim note requirement for 837P electronic claim submission:

- ➢ The 837P data should be added to the 2300 loop in the NTE segment.
- ➢ NTE01 should indicate an ADD.
- ➢ NTE02 should contain the caregiver name and relationship data in the prescribed format.

Acceptable Formats BT202449

Common Denials

EVV Denials 0951/0952

Claim EOB Information				➖
Claim / Service #	Disposition	EOB Code	Description	
Svc # 1	Deny	0951	MATCHING EVV DATA NOT FOUND.	

Resolution:
- Verify the units billed are correct.
  - ➤ The units for each day stand alone – if the line item is a date span – make sure the units for each day are calculated prior to totaling them for the date span.

- Verify the information in the Sandata Portal.
  - ➤ Check the caregiver clock in and out time.
  - ➤ For assistance, contact inxixevv@gainwelltechnologies.com.

> Refer to BT202248
> EVV Enforcement Bulletin

Compare the Information

The claim on the remittance advice (RA)

```
--ICN--      PATIENT NO.      MRN          SERVICE DATES   BILLED        OTH INS      SPENDDOWN
                                           FROM    TO      AMOUNT        AMOUNT       AMOUNT
MEMBER NAME: .                                 MEMBER NO.:
                                           050624 051224      542.25         0.00           0.00

                                  SERVICE DATES                    PA NUMBER
PROC CD  MODIFIERS   ALLW UNITS   FROM    TO    RENDERING PROVIDER BILLED AMT
 S5151   U7 U5            0.00    050624 051224 MCD
                                                                      542.25

EOBS    001    0951   4021   4801   9806
ARCS    001    204           542.25
REMARKS 001    N473  N30    N130
```

The explanation of benefits (EOB) code on the IHCP Portal indicates the denial

Claim / Service #	Disposition	EOB Code	Description
Svc # 1	Deny	0951	MATCHING EVV DATA NOT FOUND.
Svc # 1	Pay	0958	Suspend 7 days-matching EVV data not found

Claim EOB Information

Be sure to review the EOB codes.

EVV Denial 0958/0959

Claim EOB Information

Claim / Service #	Disposition	EOB Code	Description
Svc # 1	Pay	0958	Suspend 7 days-matching EVV data not found

Resolution:
- Log in to the IHCP Provider Healthcare Portal.
  - ➤ Identify claims that fail to have corresponding verified EVV data.
  - ➤ The claims will appear as Claims in Process.
  - ➤ Use this time to confirm and verify EVV activity

Refer to BT202422
Final EVV implementation Timeline and Suspension notification

Denial 4405

Claim EOB Information

Claim / Service #	Disposition	EOB Code	Description
Svc # 1	Deny	4405	Missing Family/Attendant Caregiver name and relationship to member

Resolution:

- Log in to the [IHCP Provider Healthcare Portal](#).
  - ➢ Enter the caregiver's name and relationship in the detail claim note.

Note for Service Detail

Note Reference Code: Additional Information ⌄

Note Text: Name: XXXXXX REL: Other

Save   **Cancel**

Refer to BT202411 and BT202449, and LRI Quick Hit - Legally Responsible Individuals claim billing instructions

Claim Information

The claim on the RA

```
 --ICN--      PATIENT NO.      MRN        SERVICE DATES     BILLED         OTH INS        SPENDDOWN
                                          FROM    TO        AMOUNT         AMOUNT         AMOUNT
MEMBER NAME:                                       MEMBER NO.:
                 1                        050624 051424          6,872.00          0.00            0.00

                                SERVICE DATES               PA NUMBER
PROC CD  MODIFIERS   ALLW UNITS  FROM    TO    RENDERING PROVIDER   BILLED AMT
 S5125   U7 UA          0.00     050624 051424 MCD
                                                                  6,872.00

EOBS    001   4021   4033   4405   4801   9806
ARCS    001    90        6,872.00
REMARKS 001   N30    N519   N130
```

The EOB code on the IHCP Portal indicates the denial

Claim / Service #	Disposition	EOB Code	Description
Svc # 1	Deny	4021	PROCEDURE CODE IS NOT COVERED FOR THE DATES OF SERVICE FOR THE PROGRAM BILLED. PLEASE VERIFY AND RESUBMIT.
Svc # 1	Deny	4033	THE MODIFIER USED IS NOT COMPATIBLE WITH THE PROCEDURE CODE BILLED. PLEASE VERIFY AND RESUBMIT.
Svc # 1	Deny	4405	Missing Family/Attendant Caregiver name and relationship to member
Svc # 1	Deny	4801	Procedure code not covered for benefit plan.
Svc # 1	Pay	9806	PRICING ADJUSTMENT - PAYMENT REDUCED DUE TO BENEFIT PLAN LIMITATIONS.

Claim EOB Information

Helpful Tools

Revalidation Reminders

- Notifications with instructions for revalidating are sent to the *MAIL TO ADDRESS in each service location Provider Profile* 90 and 60 days in advance of the revalidation due date - that's 30 days ahead of the final deadline date. That extra time is there to make sure providers submit on time because otherwise, the enrollment will be closed.
- The Provider Enrollment Revalidation webpage provides a list of providers with upcoming revalidation due dates.
- Providers will also see a reminder on the home page of their Provider Profile, on the IHCP Provider Healthcare Portal.
  - ➢ *The revalidation reminder is service location specific*

Provider

Name

Provider ID

▸ Disenroll

▸ Provider Profile

▸ Provider Maintenance
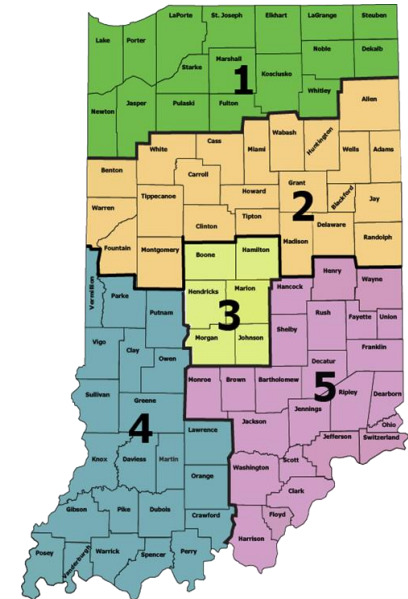
▸ Enrollment / Revalidation Status
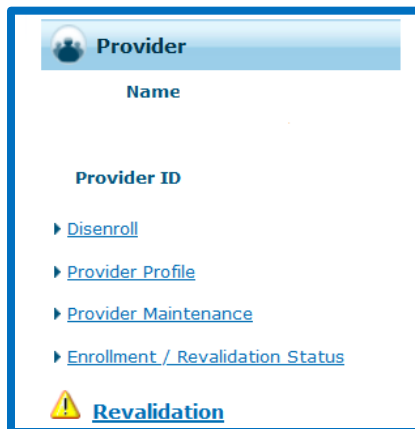
⚠ **Revalidation**

- **Revalidation must be finalized before the revalidation end date.**
- *Providers that fail to revalidate will be required to re-enroll as new providers.*

Provider Relations Team

| Region	Consultant	Email	Telephone	Counties Served
1	Jean Downs	INXIXRegion1@gainwelltechnologies.com	317-488-5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley
2	Jill Harris	INXIXRegion2@gainwelltechnologies.com	317-488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White
3	Jeannette Curtis	INXIXRegion3@gainwelltechnologies.com	317-488-5324	Boone, Hamilton, Hendricks, Johnson, Marion, Morgan
4	Emily Redman	INXIXRegion4@gainwelltechnologies.com	317-488-5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick
5	Tami Foster	INXIXRegion5@gainwelltechnologies.com	317-488-5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Hancock, Harrison, Henry, Jackson, Jefferson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne

Provider Assistance

Your Provider Relations Consultant can:

- Assist you with complex claim denial issues

- Provide free IHCP Provider Healthcare Portal training

- Assist you with the IHCP enrollment or revalidation process

- Assist you in understanding member eligibility

- Conduct 1:1 virtual or in-person on-site training and provider workshops

- Help you in navigating the IHCP provider website/modules

Contact Checklist

Emails and calls should always include:

- Provider NPI and Provider ID.

- Contact name, phone number, and email.

- Exact reason for the email or call:
    - Claim example and exact claim information
    - Member information including the Member Medicaid number
    - Nature of issues

- Include application tracking number (ATN) if related to provider enrollment.

- Any other information to help Provider Relations research prior to returning the email or call.
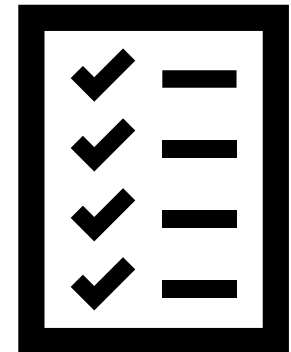
Email is the preferred method of contact.
If sending protected health information (PHI),
send via secure email.

Helpful Tools and Resources

Indiana Medicaid for Providers website:

- Provider References > IHCP Provider Reference Modules
- Contact Information > Provider Relations Consultants

Customer Assistance:

- 800-457-4584
- Live assistance available Monday–Friday,
  8 a.m. – 6 p.m. Eastern Time

Secure Correspondence:

- Via the IHCP Provider Healthcare Portal

  ➢ Registered account required.

  ➢ After logging in to the IHCP Portal, click
  Secure Correspondence to submit a request.
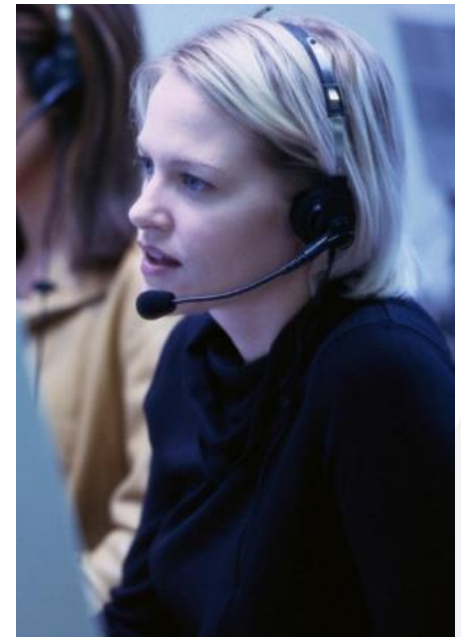
Evaluation Survey

WE WANT TO HEAR FROM YOU!!

Log into the [2024 IHCP Works Annual Seminar app website](#)

Event Evaluation

Incomplete
Tap To Evaluate Now →

To complete the Event evaluation, tap the green box

Choose any session's evaluation from the list below the green box (in alphabetical order)

Session evaluations are also available from your agenda:

Please Evaluate

Make sure to answer all questions marked required to avoid errors

Please visit the Gainwell table for assistance

Questions