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:

- <u>BT202442</u> Certification transition
- BT202456 Certification Portal instructions
- <u>BT202460</u> Certification Portal
- BT202472 Certification guidance
- BT202488 Background checks



Waiver Reference Modules

■IN.9 An official webs	ite of the Indiana State Governn	nent	Accessibility Settings	S Language Translation	🗹 Governor Eric J. Holcomb			
MENU INDIANA MENU INDIANA MENU	Indiana Medicaid for Providers				Search Prov	iders Q		
Frovider Enrollment	Provider References	Frovider Education	Business Transactions	Clinical Services	About IHCP Programs	Contact Information		
Bulletins Banner Pages and F	Reference Modules							
Current News Code Sets Email Notifications Forms	<u>Division of Mental Health</u> Adult Mental Health <u>Division of Mental He</u>	ealth and Addiction Habilitation Services ealth and Addiction						
OPR Provider Verification Other Provider Resources	Behavioral and Primary Healthcare Coordination Service Image: Coordination Service Division of Mental Health and Addiction Image: Child Mental Health Wraparound Services							
<u>Division of Disability and Rehabilitative Services</u> <u>Home- and Community-Based Services Waivers</u> (Community Integration and Habilitation, Family Supports, Health and Wellness, Traumatic Brain Injury)								
	Office of Medicaid Po Home- and Commu	<u>olicy and Planning</u> nity-Based Services V	/aiver: Indiana PathWa	<u>ys for Aging</u>		FSA		
5		Provider Re	<u>eterence Mo</u>	dules		MINISTRATIO		

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

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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
- <u>Codes that require EVV</u>





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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			С		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

ne	Wednesday 08/21/2024 11:11 AM
ogin "User ID Log In "orgot User ID? Register Now Where do I enter my password?	 WHAT CAN YOU DO IN THE PROVIDER HEALTHCARE PORTAL? Through the Indiana Health Coverage Programs (IHCP) secure and easy-to-use internet portal, healthcare providers can: Submit claims Check on the status of their claims Inquire on a patient's eligibility View their Remittance Advices Managed Care Entities can: Enroll, disenroll, and update primary medical providers Review their encounter claims Universe as a proceeded one methods eligibility
Protect Your Privacy! Always log off and close all of your prowser windows	 Inquire on a managed care member's eligibility In addition, the Portal provides access to a wide variety of IHCP information and resources.
Nould you like to enroll as a Provider? Provider Enrollment	
Drug Resources Tee-for-Service Pharmacy Resources	
Fee Schedule	
Search Fee Schedule	Website Requirements

Verify Eligibility

Contact Us FAQs Logout INDIANA MEDICAID for Providers My Home Eligibility Claims Care Management Resources Switch Provider Eligibility Claims Care Management Resources Signification Request Contact Us FAQs Logout * Indicates a required field. Enter the member information. If Member ID is not known, enter SSN and Birth Date, or Last Name, First Name, and Birth Date. Member ID Last Name SSN 0 Birth Date 0 *Effective From 0 Effective To 0							
Benefit Details							
Coverage	Description	Effective Date	End Date				
Full Medicaid	Full Medicaid for individuals who are 65 years old, blind, or disabled (FFS or Managed Care)	07/02/2024	07/02/2024				
Qualified Medicare Beneficiary	Qualified Medicare Beneficiary - Members for whom co-insurance and deductibles are paid as well as Medicare Part B premiums	07/02/2024	07/02/2024				
	Authorized Family Supports HCBS Waiver services found in the Notice of Action						



07/02/2024

07/02/2024

Family Supports HCBS Waiver

(NOA)

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 Ca	are Program	Primary Medical Provider	Provider Phone					
Indiana Pathv	vays 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

<u>Anthem Provider Website</u> <u>Anthem Provider Relations Map</u> Anthem Provider Relations: <u>INMLTSSProviderRelations@anthem.com</u> Provider Helpline: 833-569-4739

<u>Humana Provider Website</u> <u>Humana Provider Relations Map</u> Humana Provider Relations: <u>INMedicaidProviderRelations@humana.com</u> Provider Helpline: 866-274-5888

<u>UHC Provider Website</u> <u>UHC Provider Relations Contacts</u> UHC Provider Relations: <u>IN ProviderServices@uhc.com</u> Provider Helpline: 877-610-9785



Two Ways to Access Claim Submission









Submit Professional Claim: Step * Indicates a required field. Provider Information Requesting Provider ID Billing Provider ID Rendering Provider ID Rendering Taxonomy Referring Provider ID Billing Provid	
* Indicates a required field. Provider Information Requesting Provider ID Billing Provider ID Rendering Provider ID Rendering Provider ID Rendering Taxonomy Referring Provider ID I	
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Rendering Taxonomy Referring Provider ID Service Facility Location ID ID Type Patient Information	
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Patient Information Enter Member ID, Date of Birth and at least one character of First and Last Name *Member ID *Last Name Birth Date 0 Claim Information Claim Header Instructions Hospital From Date 0 Date Type Accident Related *Date of Current 0 Medical Record Number Special Program	
Enter Member ID, Date of Birth and at least one character of First and Last Name *Member ID Last Name Birth Date 0 Claim Information Claim Header Instructions Hospital From Date 0 Date Type Accident Related *Patient Number Accident Related Birth Date 0 Accident Related Authorization Number Special Program	
*Member ID *Last Name Birth Date 0	
*Last Name Birth Date @	
Birth Date @	
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Accident Related *Patient Number Medical Record Number Special Program	
*Patient Number Authorization Number	
Medical Record Number Special Program	
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\mathbf{X} in most cases, this is the same as the Billing Provider ID.	E S
•	ADADA

Patient Number

Claim Information	
Claim Header Instructions	
Hospital From Date 9	Hospital To Date 9
Date Type	Date of Current 0
Accident Related 🗸	
*Patient Number 001	Authorization Number
Medical Record Number	Special Program 🗸
*Does the provider have a signature o	on file? O Yes O No
*Does the provider accept assignment for claim proce	essing? • Yes • No • Clinical Lab Services Only
*Are benefits assigned to the provider by the patient or their auth represen	tative?
*Does the provider have a signed statement from the patient rel their medical inform	leasing Ores ONO No
Include Other Insurance	Total Charged Amount \$0.00
	Continue





Submit Professional Claim: Step 2 Image: S					
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Atta	chments					60-Mass Imm 26-Military Tre	unization Center eatment Facility		~=
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Procedure Code and Modifiers

*From Date 🛛	06/10/2024	To Date 🛛 06/16/2024	*Place of Serv	ice 12-Home		~
*Procedure Code	S5130-HOMAKER SERVICE	NOS PER 15M	*	Diagnosis Pointers	1 • •	v v
θ						
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Charge Amount Rendering Provider ID Line Item Control#	\$766.60	*Units 2.00 ID Type Provider 1 v	*Unit Type Unit Rendering Tax	EPSDT	Family Plan	EMG

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 <u>BT2024129</u> and <u>Home- and Community-</u> <u>Based Services Billing Guidelines</u>



Note

Serv	vice Details							=
Sele	ct the row numbe	er to edit the ro	w. Click the Remove link to remove th	ne entire row.		1		
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Atta	chments							-
Click	the Remove lin	k to remove the	entire row.					_
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	Back to	o Step 1 Ba	ack to Step 2 Back to Step 3	Print Previe	w	Confirm	ncel	
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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 <u>inxixevv@gainwelltechnologies.com</u>.





Compare the Information

The claim on the remittance advice (RA)



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

Claim EOB Informatio	nformation		
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

Be sure to review the EOB codes.



EVV Denial 0958/0959

Claim EOB Informatio	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 Informatio	laim 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 v		
Note Tex	Name: XXXXXX REL: Other		
		·	
Save	<u>Cancel</u>		

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



Claim Information

The claim on the RA



The EOB code on the IHCP Portal indicates the denial

Claim EOB Informatio	n		
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.

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 <u>Provider Enrollment Revalidation webpage</u> 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 <u>Provider Healthcare Portal</u>.
 - > The revalidation reminder is service location specific



- 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.

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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 <u>IHCP Provider Healthcare Portal</u>
 - 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



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

