

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

Indiana Health Coverage Programs
DXC Technology
Annual Provider Seminar – October 2019



Agenda

- Reference materials
- Overview
- Service descriptions
- Service information
- Billing
- Submitting claims on the portal
- Electronic visit verification
- Helpful tools
- Questions



Reference Materials



Waiver Reference Modules

in.gov/medicaid/providers/

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Provider Reference





IHCP Provider Reference Modules

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| | Effective Date* | Version |
|--|------------------|---------|
| Service- and Provider-Specific Modules | | |
|  Home and Community-Based Services Billing Guidelines | November 1, 2018 | 3.0 |
| Program-Specific Modules | | |
|  Division of Aging Home and Community-Based Services Waivers | April 1, 2017 | 5.0 |
|  Division of Disability and Rehabilitative Services Home and Community-Based Services Waivers | August 22, 2019 | 6.0 |

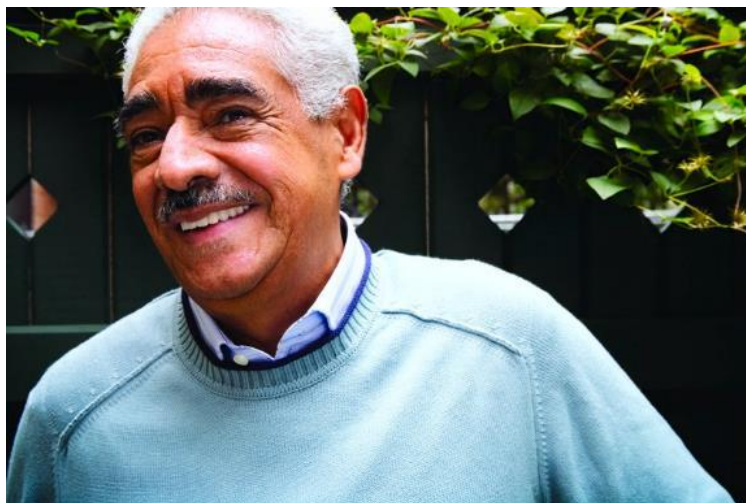


Overview



What Is HCBS Waiver?

Waiver programs are provided to Indiana Health Coverage Programs (IHCP) members who would otherwise qualify for institutional long-term care.



Overview

- Individuals must qualify for institutional care to be eligible for Home- and Community-Based Services.
- The term “waiver” refers to waiving of certain federal requirements that otherwise apply to Medicaid program services.



Waiver Eligibility

- The member must be fee-for-service Medicaid eligible.
- The member must have a waiver eligible segment on file.

| Benefit Details ▾ | | | |
|--------------------------------|--|----------------|------------|
| Coverage | Description | Effective Date | End Date |
| Aged and Disabled HCBCS Waiver | Authorized Aged and Disabled Waiver services found in the Notice of Action (NOA) | 07/29/2019 | 07/29/2019 |
| Full Medicaid | Full Medicaid for individuals who are 65 years old, blind, or disabled (FFS or Managed Care) | 07/29/2019 | 07/29/2019 |

HCBS Waiver Billing

- The waiver case manager is responsible for completing the service plan that results in an approved Notice of Action.
- The NOA details:
 - Waiver-funded services
 - Number of units for the waiver service to be provided
 - Name of the authorized waiver provider
 - Approved billing code with the appropriate modifiers
- The case manager transmits NOA information to the waiver database, CaMSS.
- CaMMS communicates NOA data to CoreMMIS, where the data is stored in the prior authorization database.

Waiver Authorization

A provider must have the NOA in hand before rendering services, and can only bill for the services allotted on the NOA.

| Billing Code | Mod #1 | #2 | #3 | #4 | Start Date | Stop Date | Unit Size | Unit Rate | Current Units | Current Cost |
|--------------|--------|----|----|----|------------|-----------|-----------|-----------|---------------|--------------|
| T2022 | U7 | | | | | | MNTH | 100.00 | 1.00 | 100.00 |
| T2022 | U7 | | | | | | MNTH | 100.00 | 1.00 | 100.00 |
| T2022 | U7 | | | | | | MNTH | 100.00 | 1.00 | 100.00 |
| T2022 | U7 | | | | | | MNTH | 100.00 | 1.00 | 100.00 |
| T2022 | U7 | | | | | | MNTH | 100.00 | 1.00 | 100.00 |



Waiver Service Descriptions



A&D and TBI Waiver Services

Aged and Disabled Waiver and Traumatic Brain Injury Waiver

| Service Description | Service Description |
|----------------------------|------------------------------------|
| Adult Day Services | Home Delivered Meals |
| Adult Family Care | Homemaker |
| Assisted Living | Nutritional Supplements |
| Attendant Care | Personal Emergency Response System |
| Case Management | Respite |
| Community Transition | Transportation |
| Environmental Modification | Vehicle Modification |

CIH and FSW Waiver Services

Community Integration and Habilitation Waiver and Family Support Waiver

| Service Description | Service Description |
|-----------------------------------|---|
| Adult Day Services | Occupational, Physical, Speech/Language Therapy |
| Behavioral Support Services | Participant Assistance and Care |
| Case Management | Personal Emergency Response System |
| Community-Based Habilitation | Prevocational Services |
| Facility Based Habilitation | Respite |
| Family and Caregiver Training | Structured Family Caregiving |
| Intensive Behavioral Intervention | Transportation |
| Music Therapy | Wellness Coordination |
| Recreational Therapy | Workplace Assistance |

Service Information

- Service definition
- Allowable activities
- Service standards
- Documentation standards
- Limitations
- Activities not allowed



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

Service Definition

- Homemaker services primarily involve assistance with household tasks and related activities for aging adults and persons with disabilities.
- These services are provided to allow aging adults or persons with disabilities to remain in their own homes and to carry out functions of daily living, self-care, and mobility.



Allowable Activities

Provision of assistance with homemaker care, 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 and 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



Service Standards

Homemaker services must follow a written service plan addressing specific needs determined by the individual's assessment/NOA.



Documentation Standards

- Services must be outlined in the service plan and on the 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
- Effective January 1, 2020: Must be documented in electronic visit verification (EVV) system.*
- 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

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, 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 waiver service, structured family caregiving waiver service, or assisted living waiver service



Billing



HCBS Waiver Billing

- Claim filing:
 - 837P electronic transaction
 - Paper *CMS-1500* professional claim form (version 02/12)
 - Provider Healthcare Portal – Professional claim
- Providers must register to access the Portal, which is fast, free, and easy to use
- General instructions for completing claims are included in the [Claim Submission and Processing](#) provider reference module



HCBS Waiver Billing

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



DXC cannot correct discrepancies between the NOA and what is submitted in *CoreMMIS*.

Submitting Claims on the Portal



Provider Healthcare Portal

Login ?

*User ID

Log In

[Forgot User ID?](#)
[Register Now](#)

[Where do I enter my password?](#)

Protect Your Privacy!

Always log off and close all of your browser windows

Would you like to enroll as a Provider?

[Provider Enrollment](#)

Drug Resources

[Fee-for-Service Pharmacy Resources](#)

Fee Schedule

[Search Fee Schedule](#)

WHAT CAN YOU DO IN THE PROVIDER HEALTHCARE PORTAL?

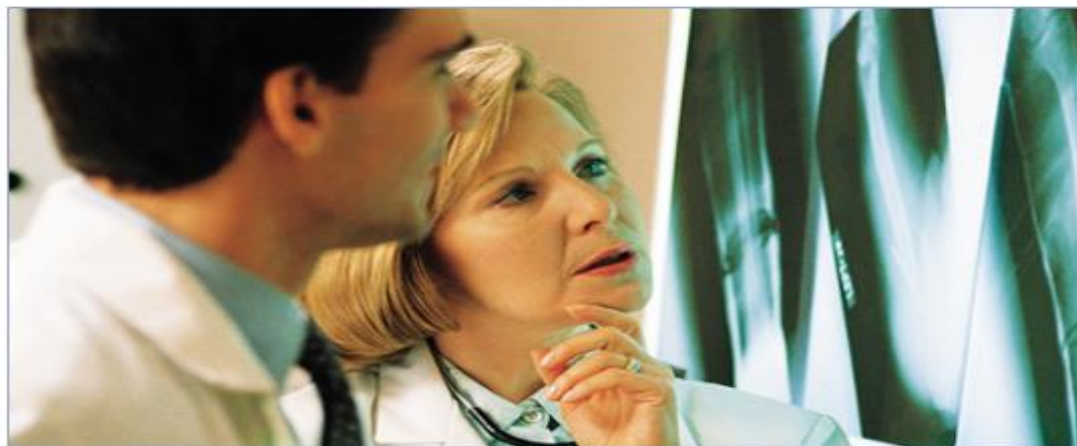
Through the Indiana Health Coverage Programs (IHCP) secure and easy-to-use internet portal, healthcare providers can:

- Submit claims
- Check on the status of their claims
- Inquire on a patient's eligibility
- View their Remittance Advices
- Request prior authorization

Managed Care Entities can:

- Enroll, disenroll, and update primary medical providers
- Review their encounter claims
- Inquire on a managed care member's eligibility

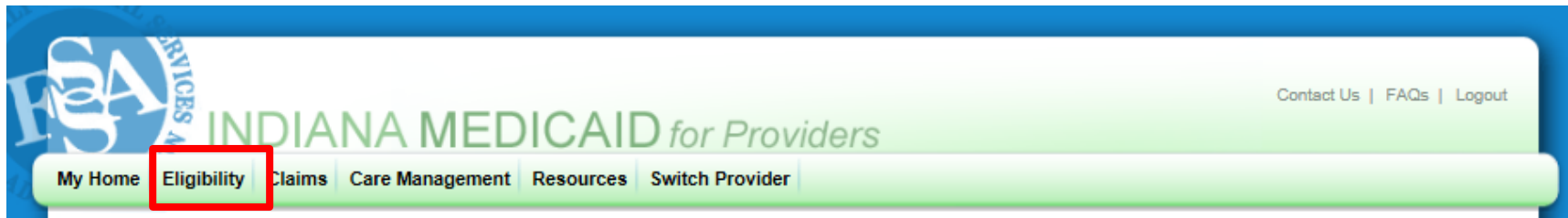
In addition, the Portal provides access to a wide variety of IHCP information and resources.



[Website Requirements](#)

[Notify Me](#)

Verify Eligibility



INDIANA MEDICAID for Providers

Contact Us | FAQs | Logout

My Home **Eligibility** Claims Care Management Resources Switch Provider

Eligibility Verification Request

* 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 First Name

SSN Birth Date

*Effective From Effective To

| Coverage | Description | Effective Date | End Date |
|--------------------------------|--|----------------|------------|
| Aged and Disabled HCBCS Waiver | Authorized Aged and Disabled Waiver services found in the Notice of Action (NOA) | 11/02/2017 | 11/02/2017 |
| Full Medicaid | Full Medicaid for individuals who are 65 years old, blind, or disabled (FFS or Managed Care) | 11/02/2017 | 11/02/2017 |



Two Ways to Access Claim Submissions

My Home Claims Care Management Resour

Claims

Claims

- ▶ [Search Claims](#)
- ▶ [Submit Claim Dental](#)
- ▶ [Submit Claim Institutional](#)
- ▶ [Submit Claim Professional](#)

My Home Claims Care Management Res

Claims

- Search Claims
- Submit Claim Dental
- Submit Claim Inst
- Submit Claim Prof

- ▶ [Search](#)
- ▶ [Submit Claim Dental](#)
- ▶ [Submit Claim Institutional](#)
- ▶ [Submit Claim Professional](#)

Professional Claims – Step 1

Submit Professional Claim: Step 1



* Indicates a required field.

Provider Information

Requesting Provider Information

| | | | |
|-------------------------------------|----------------------|-------------------------------------|---------------|
| Billing Provider ID | | ID Type NPI | Name |
| Rendering Provider ID | <input type="text"/> | ID Type <input type="text"/> | Name _ |
| Rendering Taxonomy | <input type="text"/> | | |
| Referring Provider ID | <input type="text"/> | ID Type <input type="text"/> | Name _ |
| Service Facility Location ID | <input type="text"/> | ID Type <input type="text"/> | Name _ |

Patient Information

Enter Member ID, Date of Birth and at least one character of First and Last Name

| | | | |
|-------------------|----------------------|--------------------|----------------------|
| *Member ID | <input type="text"/> | | |
| *Last Name | <input type="text"/> | *First Name | <input type="text"/> |
| Birth Date | <input type="text"/> | | |

Claim Information

Claim Header Instructions

| | | | |
|------------------------------|----------------------|-----------------------------|----------------------|
| Hospital From Date | <input type="text"/> | Hospital To Date | <input type="text"/> |
| Date Type | <input type="text"/> | Date of Current | <input type="text"/> |
| Accident Related | <input type="text"/> | Authorization Number | <input type="text"/> |
| *Patient Number | <input type="text"/> | Special Program | <input type="text"/> |
| Medical Record Number | <input type="text"/> | | |

Professional Claims – Step 1

Claim Information

Claim Header Instructions

Hospital From Date

Hospital To Date

Date Type

Date of Current

Accident Related

*Patient Number

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

Professional Claims – 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 | Gender Female |
| Member | Total Charged Amount \$0.00 |
| Birth Date | |

[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 *Diagnosis Code

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

After the diagnosis is located, click Add.



Professional Claims – Step 2

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 *Diagnosis Code



Professional Claims – 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 To Date *Place of Service

*Procedure Code *Diagnosis Pointers

Modifiers

Charge Amount *Units *Unit Type 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



Professional Claims – Step 3

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 |
|---|-----------|---------|------------------|----------------|---------------|-------|--------|
| <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <p>Click to collapse.</p> <p>*From Date <input type="text" value="10/18/2017"/> <input type="button" value="Calendar"/> To Date <input type="text"/> <input type="button" value="Calendar"/> *Place of Service <input type="text"/></p> <p>*Procedure Code <input type="text"/> *Diagnosis <input type="text"/></p> <p>Modifiers <input type="text"/></p> <p>Charge Amount <input type="text" value="\$0.00"/> *Units <input type="text"/> *Unit Type <input type="text" value="Unit"/></p> <p>Rendering Provider ID <input type="text"/> <input type="button" value="Search"/> ID Type <input type="text"/></p> <p>Line Item Control# <input type="text"/></p> </div> <div style="width: 35%; border-left: 1px solid #ccc; padding-left: 5px;"> <ul style="list-style-type: none"> <li style="background-color: #e6f2ff; padding: 2px;">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 </div> </div> | | | | | | | |
| NDC for Service Detail | | | | | | | |
| Note for Service Detail | | | | | | | |
| <input type="button" value="Add"/> <input type="button" value="Cancel"/> | | | | | | | |
| Attachments | | | | | | | |
| Click the Remove link to remove the entire row. | | | | | | | |

Professional Claims – Step 3

*From Date To Date *Place of Service ▼

*Procedure Code *Diagnosis Pointers

Modifiers

Charge Amount *Units *Unit Type ▼ EPSDT Family Plan EMG



Rendering Provider ID 🔍 ID Type Rendering Taxonomy

Must use procedure codes listed on the NOA



Professional Claims – Step 3


Modifiers – required

*From Date  To Date  *Place of Service

*Procedure Code *Diagnosis Pointers

Modifiers

Charge Amount *Units *Unit Type EPSDT Family Plan EMG

Rendering Provider ID  ID Type Rendering Taxonomy

Review the NOA for the required modifiers.

The modifiers on the claim must exactly match the NOA.

After information is entered, click



Professional Claims – Step 3

| # | From Date | To Date | Place of Service | Procedure Code | Charge Amount | Units | Action |
|----------|------------|------------|------------------|-----------------------------------|---------------|-----------|------------------------|
| <u>1</u> | 08/12/2019 | 08/12/2019 | 12-Home | S5130-HOMAKER SERVICE NOS PER 15M | \$100.00 | 6.00 Unit | Remove |

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.

Claim Note Information

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

| # | Note Reference Code | Note Text | Action |
|---|---------------------|-----------|--------|
|---|---------------------|-----------|--------|

Click to collapse.

Note Reference Code

Note Text

[Add](#)

[Cancel](#)

[Back to Step 1](#)

[Back to Step 2](#)



[Submit](#)

[Cancel](#)



Confirm Professional Claim

| Service Details | | | | | | |
|-----------------|------------|------------|------------------|----------------------------------|---------------|-----------|
| # | From Date | To Date | Place of Service | Procedure Code | Charge Amount | Units |
| <u>1</u> | 07/29/2019 | 07/29/2019 | 12-Home | T2022-CASE MANAGEMENT, PER MONTH | \$100.00 | 5.00 Unit |

No Other Insurance Details exist for this claim

No Attachments exist for this claim

No Claim Notes exist for this claim

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



Claim Filing Limit

- The IHCP has mandated a 180-day filing limit for fee-for-service (FFS) claims.
- The 180-day filing limit is effective based on date of service:
 - Any services rendered on or after January 1, 2019, are subject to the 180-day filing limit.
 - Dates of service before January 1, 2019, are subject to the 365-day filing limit.
- Refer to [BT201829](#), published on June 19, 2018, for additional details.



Electronic Visit Verification



Electronic Visit Verification (EVV)

- The federal *21st Century Cures Act* directs state Medicaid programs to require providers of personal care services and home health services to use an EVV system to document services rendered.
- Federal law requires that providers use the EVV system to document the following information:
 - Date of service
 - Location of service
 - Individual providing service
 - Type of service
 - Individual receiving service
 - Time the service begins and ends



Electronic Visit Verification (EVV)

- See *Service Codes That Require Electronic Visit Verification*, accessible from the [Codes Sets](#) page on the IHCP website.

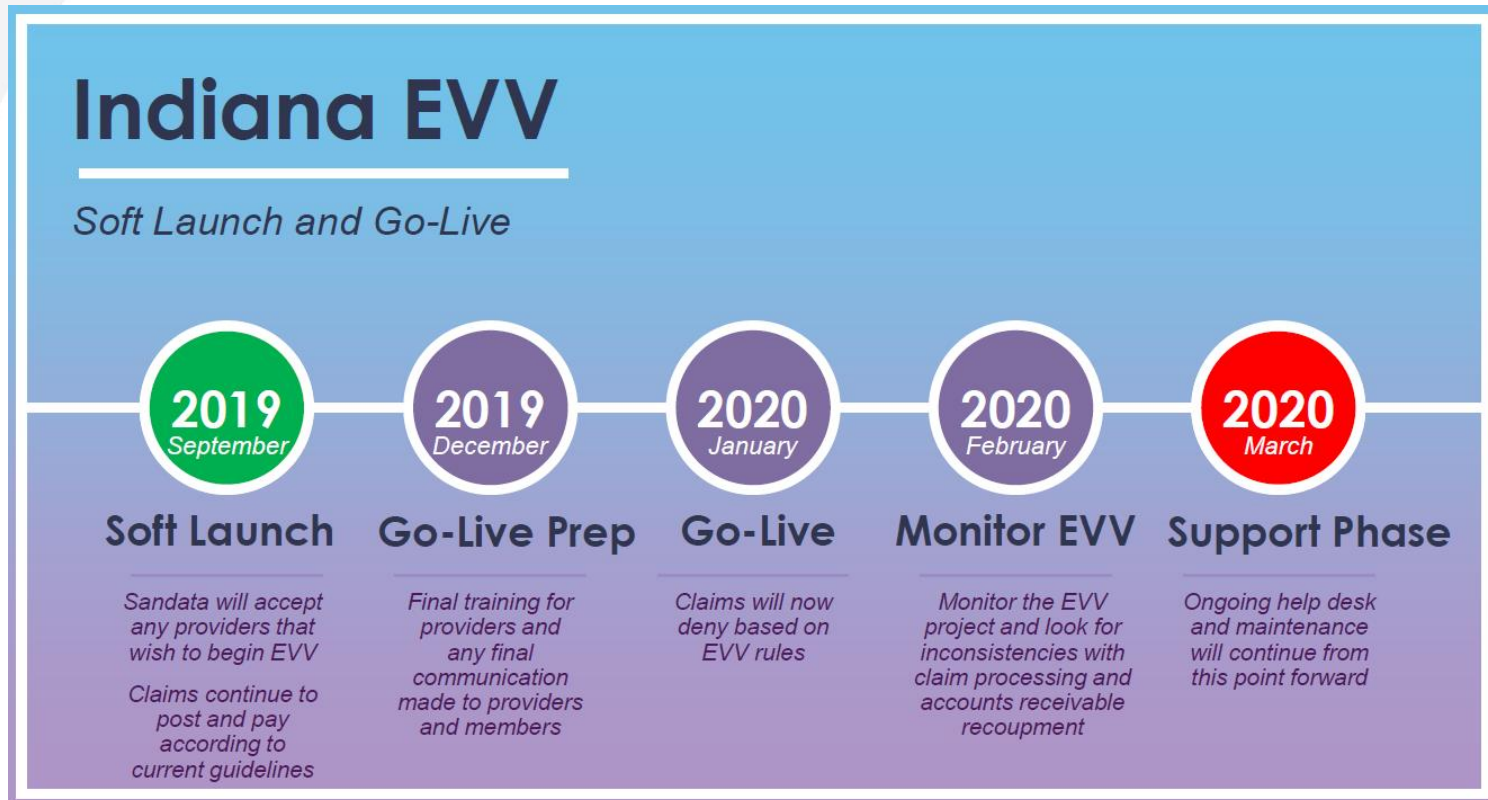


Electronic Visit Verification (EVV)

- The IHCP will implement use of an EVV system to document:
 - Personal care services by January 1, 2020
 - Home health services by January 1, 2023
- For detailed information about EVV, see the [Electronic Visit Verification](#) web page

EVV Soft Launch & Go-Live

- Currently in the soft launch stage



Helpful Tools



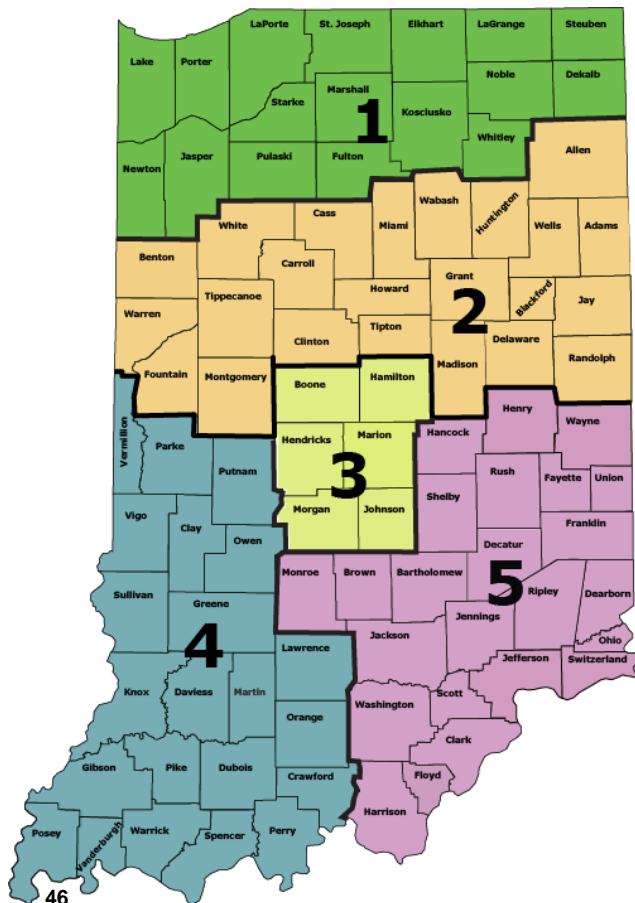
JIRA Web Help Desk

- Division of Aging (DA)
 - <https://dmha.fssa.in.gov/helpdesk/?div=da>
- Division of Disability and Rehabilitative Services (DDRS)
 - <https://dmha.fssa.in.gov/helpdesk/?div=ddrs>



Helpful Tools

Provider Relations Consultants



| REGION | FIELD CONSULTANT | EMAIL | TELEPHONE | AREAS SERVED |
|-----------|------------------|----------------------|----------------|--|
| 1 | Jean Downs | INXIXRegion1@dxc.com | (317) 488-5071 | Indiana Counties: Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, La Porte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley Illinois: Chicago/Watseka Michigan: Sturgis |
| 2 | Shari Galbreath | INXIXRegion2@dxc.com | (317) 488-5080 | Indiana Counties: Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White Illinois: Danville |
| 3 | Crystal Woodson | INXIXRegion3@dxc.com | (317) 488-5324 | Indiana Counties: Boone, Hamilton, Hendricks, Johnson, Marion, Morgan |
| 4 | Ken Guth | INXIXRegion4@dxc.com | (317) 488-5153 | Indiana Counties: Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick Kentucky: Owensboro |
| 5 | Virginia Hudson | INXIXRegion5@dxc.com | (317) 488-5186 | Indiana Counties: Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Hancock, Harrison, Henry, Jackson, Jefferson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne Kentucky: Louisville Ohio: Cincinnati/Harrison, Hamilton/Oxford |
| | Judy Green | | (317) 488-5026 | All out-of-state areas not previously listed. |
| Team Lead | Jenny Atkins | | (317) 488-5032 | |

Helpful Tools

IHCP website at in.gov/medicaid/providers:

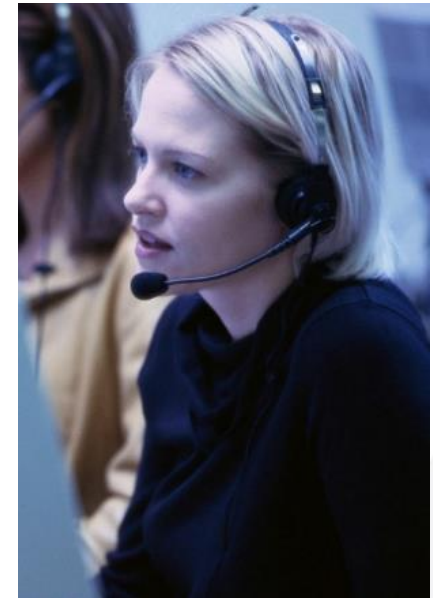
- IHCP Provider Reference Modules
- Provider Banners & Bulletins
- Contact Us – Provider Relations Field Consultants

Customer Assistance:

- 1-800-457-4584
- Live assistance available Monday–Friday,
8 a.m. – 6 p.m. Eastern Time

Secure Correspondence:

- Via the Provider Healthcare Portal
 - Registered account required
 - After logging in to the Portal, click **Secure Correspondence** to submit a request



Questions?

Please review your schedule for the next session
you are registered to attend.



Session Survey

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1051>

