



Indiana Family and Social Services Administration

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FSSA Clarifies Reimbursement of Virtual Services during the Covid-19 Public Health Emergency

This information clarifies services eligible for reimbursement under Indiana Health Coverage Programs (IHCP) when delivered virtually by Medicaid and Medicaid Waiver providers. This clarification reflects the passage of Senate Enrolled Act 3 (SEA 3) and the expiration of provisions related to telehealth services set forth in Executive Order 21-13.

As part of Appendix K authority, Medicaid waiver providers can continue to provide non-health care services virtually and receive IHCP reimbursement. The temporary authority to bill for these services is granted by the Centers for Medicare and Medicaid Services (CMS) through Appendix K as part of the federal response to the COVID-19 public health emergency. This temporary authority is tied directly to the federal public health emergency declaration, and as a result the ability to bill for these virtual services will end no later than six months after the public health emergency ends. Currently the public health emergency is anticipated to end December 31, 2021. The Division of Aging and the Division of Disability & Rehabilitative Services oversee the waiver programs and the Home and Community Based Services (HCBS) providers that are covered in Appendix K and the COVID-specific conditions under which a provider may bill for virtual services.

Medicaid waiver providers who deliver remote support services as part of preexisting waivers were previously approved to deliver these services by CMS, and therefore these providers can continue to deliver these services virtually as they fall outside of the definition of “health care services” set in SEA 3. These remote support services are only available under the Family Support and the Community Integration and Habilitation Waivers.

Providers that have been granted the authority to bill for case management when delivered virtually (e.g., telephone or via video conferencing), either through the Appendix K authority or by Indiana Medicaid, can continue to do so. Case management is considered outside the definition of health care services established in SEA 3. The individual FSSA divisions (e.g., OMPP, Aging, DDRS) retain the authority to set parameters and approve or deny the ability to bill for case management provided virtually under the Appendix K or existing Medicaid authorities.

Provider types not listed as a “practitioner” in SEA 3 and not covered under Appendix K authority or a preexisting Medicaid waiver are not able to bill for virtual health (i.e., telehealth) or virtual service delivery at this time. EO 21-13, issued May 11, 2021, allowed other providers operating under a temporary expansion of telehealth services a 60-day transition period which has since expired.

