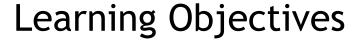# IHCP Policy Changes and Implementation

Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning
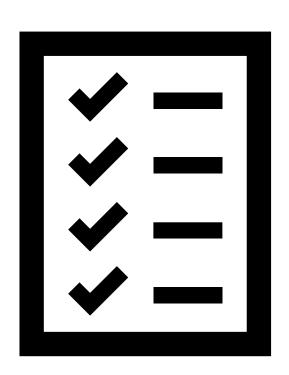
Hannah Burney, MPH
Senior Manager, Coverage & Benefits

Learning Objectives

- **Reasons for IHCP Policy Updates and Changes**
- **OMPP Policy Considerations (PC)**
- **Implementation Process and Requirements**
- **Examples**
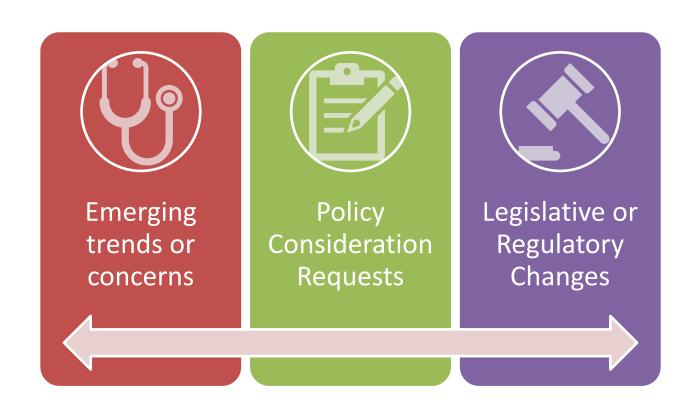- **NEW! OMPP Salesforce Platform**
- **Questions?**

Legislative Requirements

Policy changes to the Medicaid program with an implementation period for providers or MCEs of more than 30 days (HEA 1548 SECTION 3. IC 12-15-33-9.5 (a)(7))

Creating and Operationalizing Policy Changes

Emerging trends or concerns

Policy Consideration Requests

Legislative or Regulatory Changes

OMPP Policy Considerations

What is a Policy Consideration Request?

- A request for changes to IHCP policy or programs.
  - For example
    - Adding coverage for a specific service
    - Removing a covered service
    - Revising a provider code set
    - Revise a current medical policy
- [Indiana Medicaid Policy Consideration webpage](https://www.in.gov/medicaid/providers/734.htm)
  - https://www.in.gov/medicaid/providers/734.htm

Who can submit a PC request?

- Providers
- Members
- OMPP staff
- Managed Care Entities (MCES)
- Manufacturers (i.e. HME/DME, Pharmaceuticals)
- Other State Agencies and Contractors

Who reviews them?

- The review process starts with the OMPP Coverage and Benefits Team!

OMPP Coverage & Benefits Team

Hannah Burney, Senior Manager

Julia Feagans, Policy Developer

Ashiye Aator, Policy Developer

Lindsay Baywol, Policy Developer

Renee Pryor, PA/UM Contract Manager

Clinical Expertise/Input

Dr. Dan Rusyniak
FSSA –
Chief Medical Officer

Dr. Maria Finnell
OMPP –
Director of Clinical Operations

Dr. Ann Zerr
OMPP –
Medicaid Medical Director

Dr. James Shin
OMPP –
Medicaid Pharmacy Director

Additional Clinical Expertise

- **Dr. Leslie Hulvershorn and Dr. David Diaz, DMHA, FSSA**
- **Dr. Steve Counsell, Aging, FSSA**
- **Dr. Michael Kaufmann, DHS**
- **Dr. Kris Box and Dr. Lindsay Weaver, ISDH**
- **Other external resources**
  - **Academic expertise**
  - **Independent evaluators**
  - **Medicaid providers and associations**
  - **Other State Agencies, as needed**
  - **MCE Medical Directors**

Process and Timeline of a PC Request

1. Receive Request Form
Ongoing

- Send receipt email
- Identify key issue(s)
- Prioritize requests

2. Research
2-6 weeks

- Assign to Policy Developer
- Prepare Research Summary
- Discuss with other OMPP sections

3. Policy Advisory Team
1-2 weeks

- Review Research Summary
- Seek input from others
- Provide recommendations

4. Final Review
1-2 weeks

- Discuss recommendations
- Render final decision on request
- Seek input from leadership

5. Implementation
2 months-1 year

- Draft Policy and Publication
- Draft Rule and/or
- State Plan Amendment

Step 1. Receive Request Form

- Form is sent to the Policy Consideration Inbox
  - Policyconsideration@fssa.in.gov
- A response is sent to the requestor confirming receipt
- Coverage & Benefits (C&B) Manager and OMPP Medical Directors review requests to determine next steps

PC Form Components

- Contact information
- Type of request
- Description of the issue
- Desired outcome
- Related procedure or revenue codes
- Supporting information
- [Form is available online](#)

OMPP Policy Consideration Request Form

Instructions
If you have a request for policy consideration, please complete this form and email it to the Policy Consideration Team at PolicyConsideration@fssa.in.gov. Once the form is submitted, the Policy Consideration Team will begin the review process. Do not send handwritten request forms.

WARNING

Do not send protected health information (PHI) or a Social Security number via the policy consideration email. If a requester needs to provide information that contains PHI, the requester should inform the Policy Consideration Team using this request form. The Policy Consideration Team will then send a secure email message to the requester, to which the requester can reply to submit PHI. Under no circumstances should the PHI include a Social Security number. All PHI violations shall be reported in accordance to law and regulation.

Please provide your current contact information:

Name		Title	
Organization			
Street Address			
City		State Initial	Zip Code
Phone Number			
Email Address			

Please select the appropriate box for type of request:

☐ Coverage Request	☐ Billing Issue	☐ General Question
☐ Reimbursement Rate	☐ Code Set	☐ Other
If other, please state here		

Please describe the Medicaid policy issue:

Step 2. Research

- Policy Developer receives PC assignment
- Reviews the request
- Begins research using the Research Summary Form

Research Summary

Step 3. Policy Advisory Team

- Multi disciplinary team within OMPP
- Responsibilities
  - Review the request, discuss with team members and/or the Policy Developer, provide feedback
  - All recommendations are considered to be advisory in nature

Step 4. Final Review

Team Discussions

OMPP Medical Directors

Executive Leadership*

Final Decision

Step 5. Implementation

- Implementation
  - May take anywhere from several months to over a year
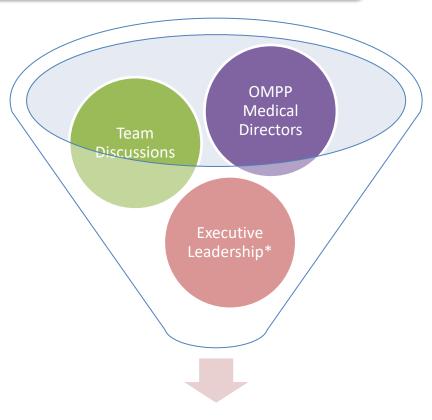 - Must consider how intensive the work to update systems and process will be for providers, OMPP, health plans, and vendors
  - Must give more than 30 days notice to providers if the change impacts their processes (HEA 1548)
  - If needed, submit an IAC rule change and/or State Plan Amendment
- Post-Implementation Analysis
  - 6 months to 1 year post review of claims data and stakeholder feedback

Recent Example

- COVID Policy changes
  - Authorization requirement changes
    - Removed provider clinical documentation requirements and required health plans to automatically approve certain services. Many were announced only a few days notice as provider requirements were being reduced.
    - When pre-COVID policies are restored, providers will be given at least 30 day notice.
  - Response to PHE

IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS   BT202088   JULY 21, 2020

IHCP COVID-19 Response: IHCP updates Pharmacy benefit PA expiration dates

In further response to the national public health emergency for the coronavirus disease 2019 (COVID-19), the Indiana Health Coverage Programs (IHCP) is implementing a change regarding pharmacy benefit prior authorization (PA) expiration dates, effective for PAs with expiration dates of June 1, 2020, through August 31, 2020.

Three-month extensions have been added to PAs with expiration dates in June, July, and August 2020 (excluding opioids and hepatitis C drugs). This change requires no additional action by the member or pharmacy. PAs with expiration dates on or after September 1, 2020, will need to be renewed.

Recent Example

- Separate reimbursement for Naloxone for EMS
  - Announced on May 19, 2020
  - Implemented on July 1, 2020
- BT202063
- Policy response to trends in local healthcare needs

IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS   BT202063   MAY 19, 2020

IHCP provides billing guidance to EMS provider agencies for naloxone administration

Effective July 1, 2020, the Indiana Health Coverage Programs (IHCP) will begin reimbursing Emergency Medical Services (EMS) provider agencies for administering naloxone (see *IHCP Bulletin BT202058*). This policy applies to both fee-for-service (FFS) and managed care delivery systems.

EMS provider agencies must be EMS-certified provider organizations and enrolled with the IHCP under provider specialty 260 – *Ambulance* to receive reimbursement. EMS provider agencies will be allowed to bill for the drug and its administration.

EMS documentation requirements
EMS providers are responsible for recording the National Drug Code (NDC) on the patient case record. The NDC, which can be found on the packaging of the drug (see Figure 1), must be recorded exactly as it appears on the package. The NDC will be 10 or 11 digits long, separated by hyphens. (*Note: Providers must*

Figure 1 – NDC on nasal spray and liquid vial of naloxone

Recent Example

- Updates to Podiatry Billing Policy
  - Announced on September 1, 2020
  - Implemented on October 1, 2020
- BT202099
- PC Request

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS   BT202099   SEPTEMBER 1, 2020

IHCP updates podiatry policy

Effective for dates of service (DOS) on or after October 1, 2020, the Indiana Health Coverage Programs (IHCP) will be changing podiatry code benefit coverage from a rolling 12-month period to per calendar year.

The following fee-for-service (FFS) podiatry benefit limit explanations of benefits (EOBs) are impacted. These podiatry benefit limits are displayed on the IHCP Provider Healthcare Portal:

- EOB 6090 – *Indiana Medicaid benefits allow payment for one (1) podiatry office visit per recipient per calendar year.*
  (Note: This EOB is not per provider.)
- EOB 6855 – *Reimbursement is limited to six routine foot care services per*
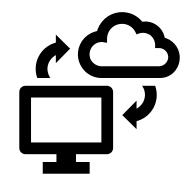
Recent Example

- Midlevel practitioners eligible under PPS for FQHCs and RHCs
  - Announced on August 11, 2020
  - Implemented on October 1, 2020
- BT202032
- Response to State legislation (HEA 1175)

Upcoming Changes to the Policy Consideration Process

- External Online Submission Portal
  - Real-time status on requests
  - Search for existing requests
  - Auto-notifications to requestor
  - Online, easy to use, web-based form
- Why?
  - Increased transparency for external stakeholders
  - Removing manual processes
  - More timely responses
  - Improved submission process and form

Questions?