



OMPP 2024 IHCP Roadshow

OMPP Provider Relations

Spring 2024



Agenda

- Aligning Continuity of Care policies between fee-for-service and managed care entities
- Doula Updates
- Mobile Crisis Units
- Certified Community Behavioral Health Clinics (CCBHCs)
- Collaborative efforts between OMPP, Gainwell, Acentra to resolve PA issues
- Unwind Update/Reminder to check member eligibility
- Cost Share Restarting July 1, 2024
- Resources Available



Aligning Continuity of Care Policies Between Fee-for-Service and Managed Care Entities



Aligning Continuity of Care

- Starting May 1, 2024
 - IHCP will be aligning FFS continuity of care policies with MCEs
- Transitioning to FFS from another source of coverage?
 - Acentra will honor the previous care authorizations for one of the following durations, whichever comes first:
 - 90 calendar days from the member's date of enrollment with FFS
 - The remainder of the prior-authorized days of service
 - Until the approved units of service are exhausted



Continuity of Care: Eligibility

- Always check eligibility before rendering services
 - Notify the FFS prior authorization and utilization management (PA-UM) contractor of any outstanding authorizations and supply documentation to substantiate the authorization
 - Phone: 866-725-991
 - Fax: 800-261-2774
 - Electronically: [Atrezzo Provider Portal](#)



Continuity of Care: Disenrollment

- Disenrollment during inpatient stay
 - Member's prior health coverage program is responsible for care coordination after the member has disenrolled from the program
- For more information, view the supporting [Bulletin 202434](#)



Doula Updates



Current Doula Updates

- Formal stakeholder meetings have concluded
- Continued efforts in the northern and southern portion of the state
- Doula Advisory Board still in the works
- OMPP Subject Matter Expert
 - Kelly Eby, MSW, Policy Developer
 - Email: kelly.eby@fssa.in.gov
 - Phone: 317-899-8546



Mobile Crisis Units



Mobile Crisis Background

- Introduced in [BT202364](#)
- Implemented as a part of *House Enrolled Act 1222* (2022) as part of the 988 Suicide and Crisis Lifeline initiative
- Effective July 1, 2023



Mobile Crisis Provider Specialty

[BT202430](#)

- Provider Type 11 – *Behavioral Health Provider*
- Provider Specialty 622 – *Mobile Crisis Unit*
- Must have the following to enroll under the new provider specialty:
 - IRS W-9 form
 - Federal Employer Identification Number (FEIN)
 - National Provider Identifier (NPI)
 - Signed copy of the *Agency Designation Agreement for Mobile Crisis Response Services* from the Indiana FSSA Division of Mental Health and Addiction (DMHA)

If previously designated by DMHA as a mobile crisis unit and currently enrolled as a community mental health center (CMHC), providers are required to add provider specialty 622 – Mobile Crisis Unit.



Additional Enrollment Rules

- Mobile crisis units must enroll as a **group** provider classification with at least one of the following rendering providers associated with the enrollment:
 - Type 09 – Advanced Practice Registered Nurse
 - Type 11 – Behavioral Health Provider
 - Specialty 618 – Licensed Clinical Social Worker (LCSW)
 - Specialty 619 – Licensed Marriage and Family Therapist (LMFT)
 - Specialty 620 – Licensed Mental Health Counselor (LMHC)
 - Specialty 621 – Licensed Clinical Addiction Counselor (LCAC)
 - Type 31 – Physician

Additional Enrollment Rules Continued



- Provider specialty 622 – Mobile Crisis Unit can be a stand-alone specialty or be added to an existing provider type 11 – Behavioral Health Provider enrollment. Stand-alone mobile crisis units will only be allowed reimbursement for the services identified in [BT2023173](#)
- Mobile crisis units are not allowed to enroll out of state
- Mobile crisis units will be considered a moderate risk level at both initial enrollment and upon revalidation (every five years)



Certified Community Behavioral Health Clinics



What is a CCBHC?

Certified Community Behavioral Health Clinics (CCBHC) provide a comprehensive range of mental health and addiction services for anyone seeking services, regardless of their diagnosis, insurance, place of residence, or age.

The CCBHC model:

- **Ensures access** to integrated services including 24/7 crisis response and medication-assisted treatment
- **Meets strict criteria** regarding access, quality reporting, staffing, and coordination with social services, justice, and education systems
- **Receives funding** to support the real costs of expanding services to fully meet the need for care in communities through a Prospective Payment System (PPS) rate



Why are CCBHCs important?

According to the DMHA, CCBHCs are changing the mental health and substance use care landscape.

- Data provided by the National Council in 2022 showed that:
 - 27 new staff positions were filled per clinic since becoming a CCBHC
 - 33% of all CCBHCs can see a client with any condition in the same day
 - 71% of all CCBHCs can see a client with any condition within one week
 - 90 more people per clinic served, prior to becoming a CCBHC

CCBHC Timeline



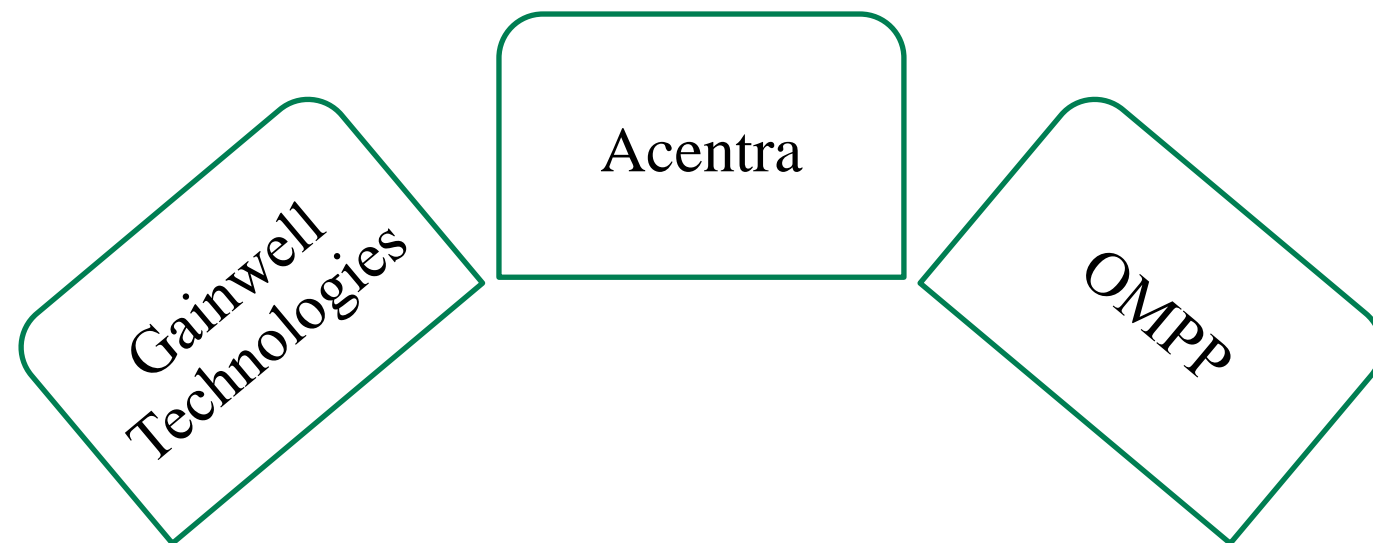


Collaborative efforts on FFS PA Concerns



Shared efforts for PA Resolution

- OMPP acknowledges siloed efforts at the beginning of the transition.
- Established a shared process for providers to relay PA concerns and receive resolution
- Best route is to contact Gainwell Provider Relations representative






Public Health Emergency Unwind Updates



Unwind Update



- Redetermination and the impact on members.
- Communication efforts.
- Why is this important for providers?

What to do if your member has lost coverage?



CHECK YOUR COVERAGE
INDIANA

WHAT TO DO IF YOU'VE LOST MEDICAID COVERAGE

- Call the Indiana Division of Family Resources at **800-403-0864**. If you lost coverage in the last 90 days because you didn't receive or respond to requests for information, we may be able to restart coverage without you having to re-apply.
 - » Children may remain eligible, even if parents are not, so check on your children's coverage and redetermination dates.
- If you have a medical emergency and need coverage, ask your doctor or hospital about Presumptive Eligibility, which can provide temporary Medicaid, if eligible.  **SCAN HERE FOR THE IHCP PROVIDER LOCATOR**
- Check the federal marketplace at www.healthcare.gov to see if you qualify for low-cost health insurance.
- If it has been more than 90 days since you lost your coverage, reapply at <https://fssabenefits.in.gov/bp>.  **SCAN HERE FOR THE FSA BENEFITS PORTAL**
- If you are 65 or soon will be, you may be eligible for Medicare. Find out more at www.medicare.gov/basics/get-started-with-medicare or contact SHIP at **800-452-4800**.
- If you are employed, check with your employer about whether you are eligible for health insurance through the workplace.



Communication Efforts



[Click here to view the CMS reports and dashboards](#)



[Click here to view FAQs](#)



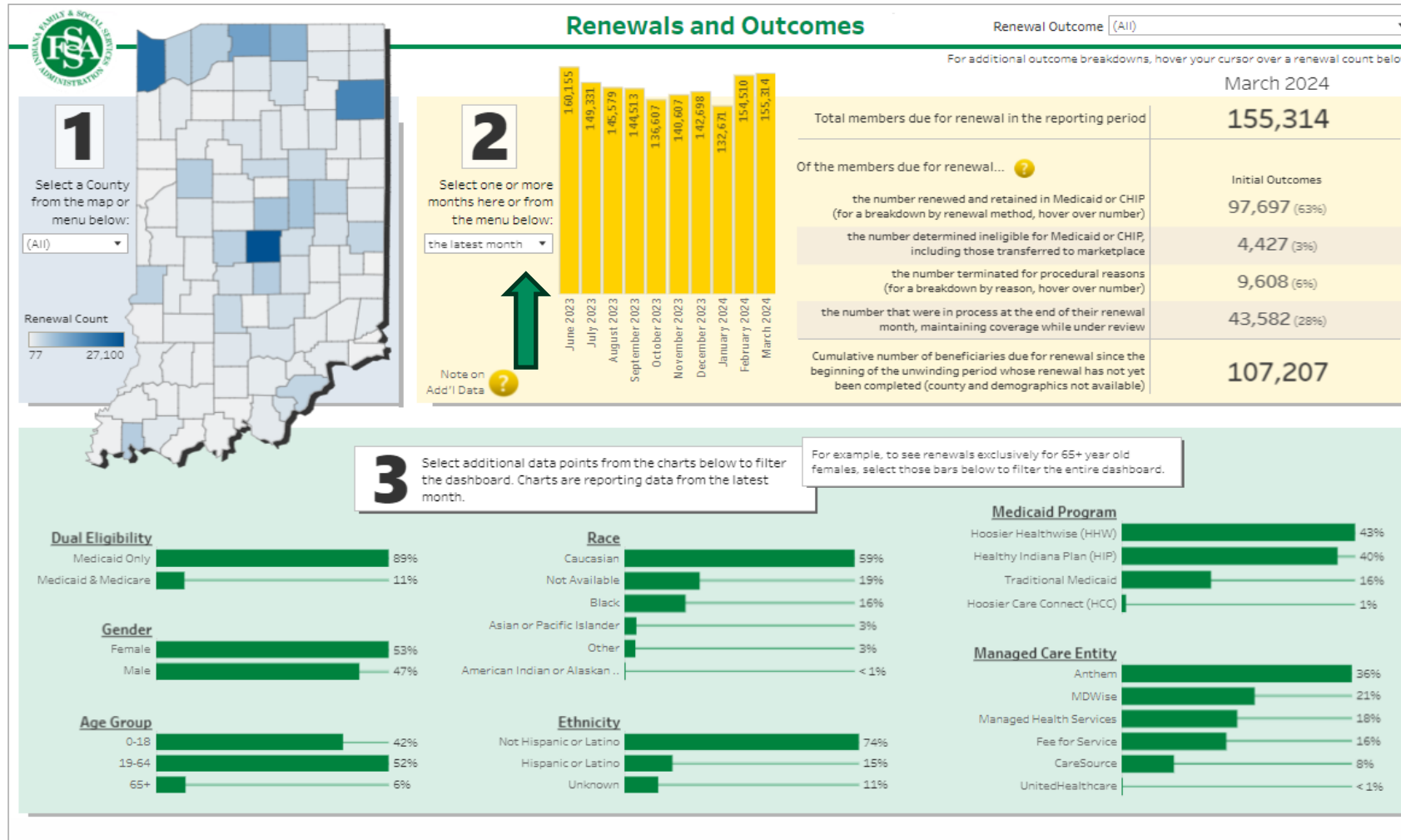
[Click here to order outreach materials](#)

Jump to section

- [1. What can members do?](#)
- [2. Next steps](#)
- [3. Planning documents and stakeholder meeting information](#)
- [4. Member handouts](#)
- [5. Outreach materials](#)
- [6. Sample member communications](#)
- [7. Additional resources](#)
- [8. Agency portal](#)
- [9. Electronic notices](#)

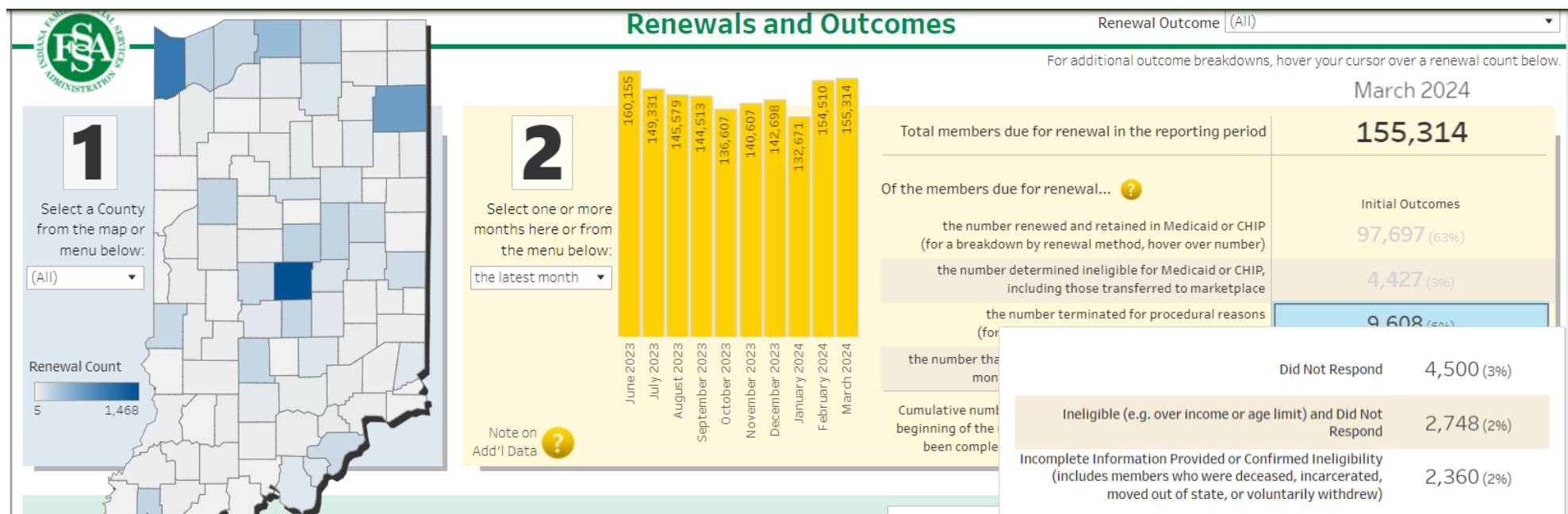
[Indiana Medicaid for members return to normal](#)

Renewals and Outcomes





Terminated for Procedural Reasons





Cost Share Restart

- Copayments for Healthy Indiana Plan (HIP) and Children's Health Insurance Plan (CHIP) begin July 1, 2024.
- Cost Share Invoices for HIP, CHIP and MEDWorks monthly payments will be sent early July 2024 for August benefits.

[COST SHARE FAQ](#)



Member Eligibility

- Before rendering services, a provider should verify:
 - The member has IHCP coverage on the date of service.
 - What type of IHCP coverage the member has on the date of service.
 - Does the member have other insurance coverage.
 - Does the member have a copayment responsibility for certain services.
 - Is the member enrolled through a managed care program (MCE).
 - Is the member restricted through the Right Choice Program.
 - Has the members benefit limitations been reached?

Member Eligibility and Benefit Coverage



Resources Available



Resources Available

- What resources are available to providers?
 - [Provider Relations Consultants](#)
 - [Provider Reference Materials](#)
 - [Provider Education](#)





Sign Up for Updates!

- Register for updates on the Indiana Medicaid Provider Website:
 - Email Address

Get Important News & Updates

Sign up for email and/or text notices of Medicaid and other FSSA news, reminders, and other important information. When registering your email, check the category on the drop-down list to receive notices of Medicaid updates; check other areas of interest on the drop-down list to receive notices for other types of FSSA updates.



How Can We Help You?

*****Be sure to utilize your provider relations reps first*****

- OMPPProviderRelations@fssa.IN.gov
 - For individual provider concerns requiring assistance from the State
- IHCPListens@fssa.in.gov
 - Feedback on IHCP presentations
 - Ideas for future presentations/workshops
 - Questions to be answered in future publications

Survey

