



# Maintaining Waiver Certification

2025 IHCP Works Annual Seminar



# Agenda

- Acronyms
- OMPP Certification Process
- Updating Information on the OMPP Certification Portal
- Required Document Definitions Resource
- Where Do Certification Requirements Come From?
- Common Document and Application Errors
- Communicating with the OMPP Certification Team
- Additional Provider Relations Contacts
- Resources
- Questions



# Acronyms



# Common Acronyms

- A&D: Aged & Disabled waiver
- AAA: Area Agencies on Aging
- ATN: Application Tracking Number
- BDS: Bureau of Disabilities Services
- CIH: Community Integration and Habilitation waiver
- DBA: Doing Business As
- DA: Division of Aging
- DDARS: Division of Disability, Aging and Rehabilitative Services
- FFS: Fee-for-Service
- FSW: Family Supports waiver
- HCBS: Home- and Community-Based Services
- H&W: Health and Wellness waiver
- IHCP: Indiana Health Coverage Programs
- MCE: Managed Care Entity
- OMPP: Office of Medicaid Policy and Planning
- PAN: Provider Application Number
- PSA: Personal Services Agency
- SOS: Secretary of State
- TB: Tuberculosis
- TBI: Traumatic Brain Injury waiver



# PAN vs ATN

- PAN: an application submitted on the [OMPP Certification Portal](#)
  - Example: PAN-XX-XXXX
- ATN: an enrollment application submitted on the [IHCP Provider Healthcare Portal](#)
  - Example: 123456



# OMPP Certification Process

# Selecting the Appropriate Certifying Agency



- Indiana PathWays for Aging (PathWays), H&W, and/or TBI waiver services
  - [OMPP Certification Portal](#)
- FSW and CIH waiver services
  - Contact BDS at [BDSProviderServices@fssa.in.gov](mailto:BDSProviderServices@fssa.in.gov)



# Three Steps to Participate: Step 1

1. Become certified by OMPP to provide HCBS waiver services
  - Receive an OMPP Waiver Certification Letter

Step Description	Your Action
1. Become certified by OMPP to provide HCBS waiver services	This step is complete! Your agency is certified to provide the services listed in the following pages of this certification letter.





# Three Steps to Participate: Step 2

## 2. Enroll with the IHCP

<p>2. Enroll with the Indiana Health Coverage Programs (IHCP)</p>	<p>Your agency needs to enroll as an HCBS waiver provider through the IHCP (also known as Indiana Medicaid). To complete this enrollment, you need to access the online application through the <a href="#">IHCP Provider Healthcare Portal</a>. You can also access paper applications through the <a href="#">Waiver Provider webpage</a>. If you need assistance with your application, you can contact the IHCP at (800) 457-4584. Please include a copy of your certification when you submit your IHCP enrollment application.</p>
---	--



# Three Steps to Participate: Step 3

## 3. Finish waiver program enrollment

- PathWays: work with the MCEs to contract (Anthem, Humana, and UnitedHealthcare)
- H&W and TBI: reach out to BDS to be added to the picklist via email at [BDSProviderServices@fssa.in.gov](mailto:BDSProviderServices@fssa.in.gov)

### 3. Finish your waiver program enrollment

If your agency will be serving individuals aged 60 and older (enrolled in the Indiana PathWays for Aging program), you need to enroll and contract with each of the managed care entities (MCEs) who administer this program. You must be IHCP enrolled to begin this process. To begin this process, please refer to the links below:

- a. [Anthem](#)
- b. [Humana](#)
- c. [UnitedHealthcare](#)

If your agency will be serving individuals under the age of 60 who qualify for the Health & Wellness Waiver (or individuals on the TBI Waiver), your agency will be added to the applicable waiver's pick list with the Division of Disability and Rehabilitative Services (DDRS) upon successful enrollment with the IHCP. You should notify DDRS by contacting [BDSProviderServices@fssa.in.gov](mailto:BDSProviderServices@fssa.in.gov)



# Updating Information on the OMPP Certification Portal



# Address Changes: Returning Providers

- For providers who have completed an application on the OMPP Certification Portal
  - Submit an **inquiry** on the [OMPP Certification Portal](#)





# Address Changes: New Accounts

- For providers who have NOT completed an application on the OMPP Certification Portal
  - Submit a **new application** on the [OMPP Certification Portal](#)

A screenshot of the OMPP Certification Portal's application selection interface. The page has a dark blue header with navigation links: 'Home', 'Applications' (with a dropdown arrow), and 'Inquiry' (with a dropdown arrow). On the right side of the header, there is a notification bell icon and a user profile picture. The main content area is white and contains the text 'Please select a type of application.' followed by a label '\*Type of Application'. Below this is a dropdown menu currently showing '--None--'. The dropdown is open, revealing a list of options: '--None--', 'New' (highlighted with a yellow background), 'Change of Ownership', 'Add Service(s)', 'Add County(ies)', 'Disenrollment', and 'Certification Renewal'.

# Important Notes Regarding Address Changes



- Providers **MUST** receive an updated waiver certification letter **PRIOR** to updating their provider profile information with Gainwell Technologies
- If provider's try to update their address with Gainwell before receiving an updated letter via the [OMPP Certification Portal](#), your ATN with Gainwell will be denied



# Adding Services or Counties: Returning Providers

- For providers who HAVE completed an application with OMPP
  - Submit an add services or counties application on the [OMPP Certification Portal](#)

A screenshot of the OMPP Certification Portal interface. At the top is a dark blue navigation bar with links for "Home", "Applications" (with a dropdown arrow), and "Inquiry" (with a dropdown arrow). On the right side of the bar is a notification bell icon and a user profile picture. Below the navigation bar, the main content area has a light blue background. It contains a white box with the heading "Please select a type of application." and a label "\* Type of Application". Below this is a dropdown menu currently showing "--None--". The dropdown is open, revealing a list of options: "New", "Change of Ownership", "Add Service(s)" (highlighted in yellow), "Add County(ies)", "Disenrollment", and "Certification Renewal".



# Adding Services or Counties: New Users

- For providers who have NOT completed an application with OMPP
  - Submit a new application and select all previously certified counties and services in addition to any you would like to add on the [OMPP Certification Portal](#)

A screenshot of the OMPP Certification Portal web interface. At the top is a dark blue navigation bar with links for "Home", "Applications" (with a dropdown arrow), and "Inquiry" (with a dropdown arrow). On the right side of the bar are a bell icon and a user profile icon. Below the navigation bar, the main content area has a heading "Please select a type of application." followed by a label "\* Type of Application". A dropdown menu is open, showing a list of application types: "--None--", "New", "Change of Ownership", "Add Service(s)", "Add County(ies)", "Disenrollment", and "Certification Renewal". The "New" option is highlighted with a yellow background.





# Required Document Definitions Resource



# What is the Required Document Definitions Resource?

- The [Required Document Definitions Resource](#) can:
  - Guide providers on what is required for certain policies
    - Requirements set forth by the Aging Rule and HCBS Waiver Manuals
  - Give guidelines on acceptable timeframes for documents such as background checks and TB test results
- Providers are **highly encouraged** to review this resource prior to completing any type of application



# Where Do Certification Requirements Come From?



# Certification Requirements

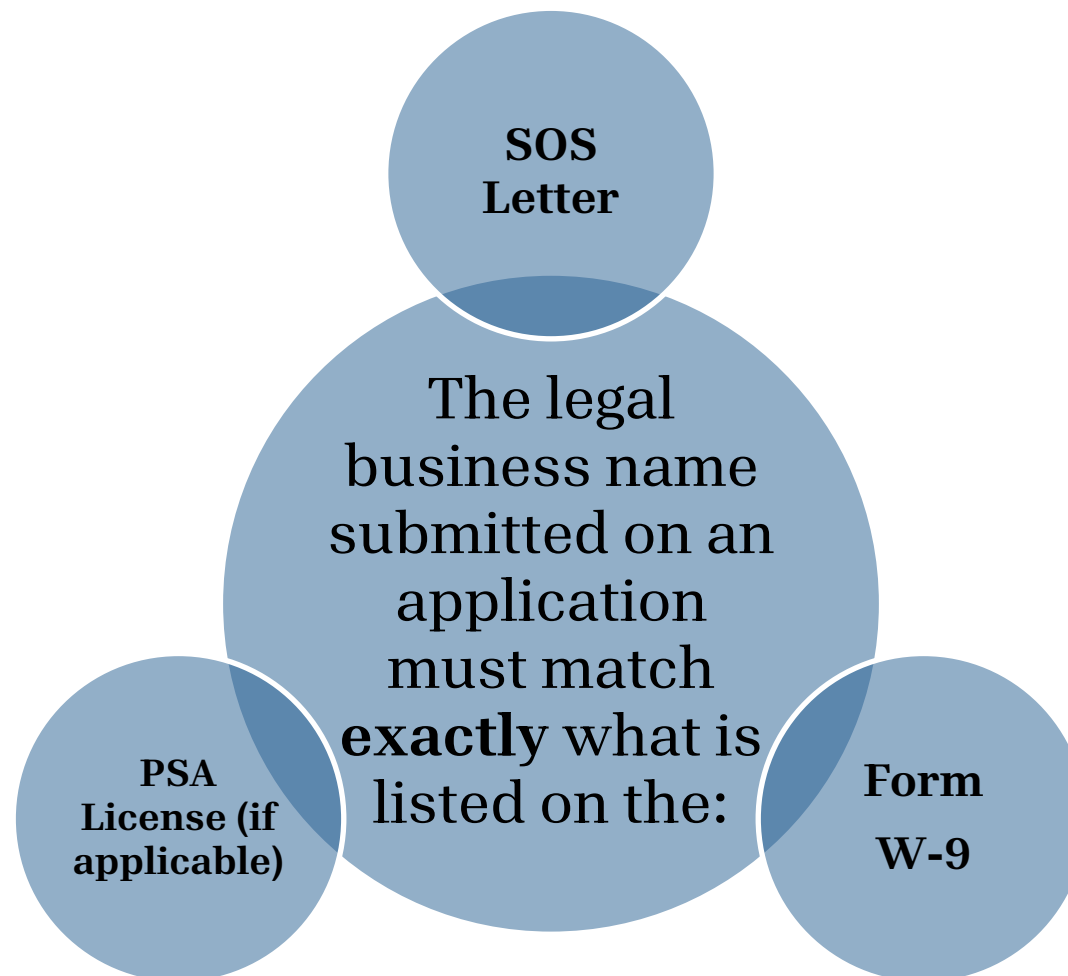
- Aging Rule
  - [Indiana Administrative Code](#)
- IHCP Provider Reference Modules
  - [Division of Disability and Rehabilitative Services Home- and Community-Based Services Waivers](#)
  - [Office of Medicaid Policy and Planning Home- and Community-Based Services Waiver: Indiana PathWays for Aging](#)



# Common Document and Application Errors



# Legal Business Name





# Form W-9: General Reminders

- Must use current W-9 Form: [Form W-9 \(Rev. March 2024\)](#)
- Must have all applicable information filled in along with a signature and date
- Make sure only one box is checked for line 3a
- Make sure the zip code +4 is added on line 6



# Form W-9: Line 1 and 2

<b>Form W-9</b> (Rev. March 2024) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b> Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.	Give form to the requester. Do not send to the IRS.
<b>Before you begin.</b> For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.		
<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
<b>2</b> Business name/disregarded entity name, if different from above.		

- Line 1: Provider's must enter legal business name
- Line 2: Provider's must enter a DBA, if applicable





# Form W-9: Line 3a

**3a** Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor    ☐ C corporation    ☐ S corporation    ☐ Partnership    ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

**Note:** Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

- Please only select **ONE** box for line 3a



# Form W-9: Line 5 and 6

<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.
<b>6</b>	City, state, and ZIP code

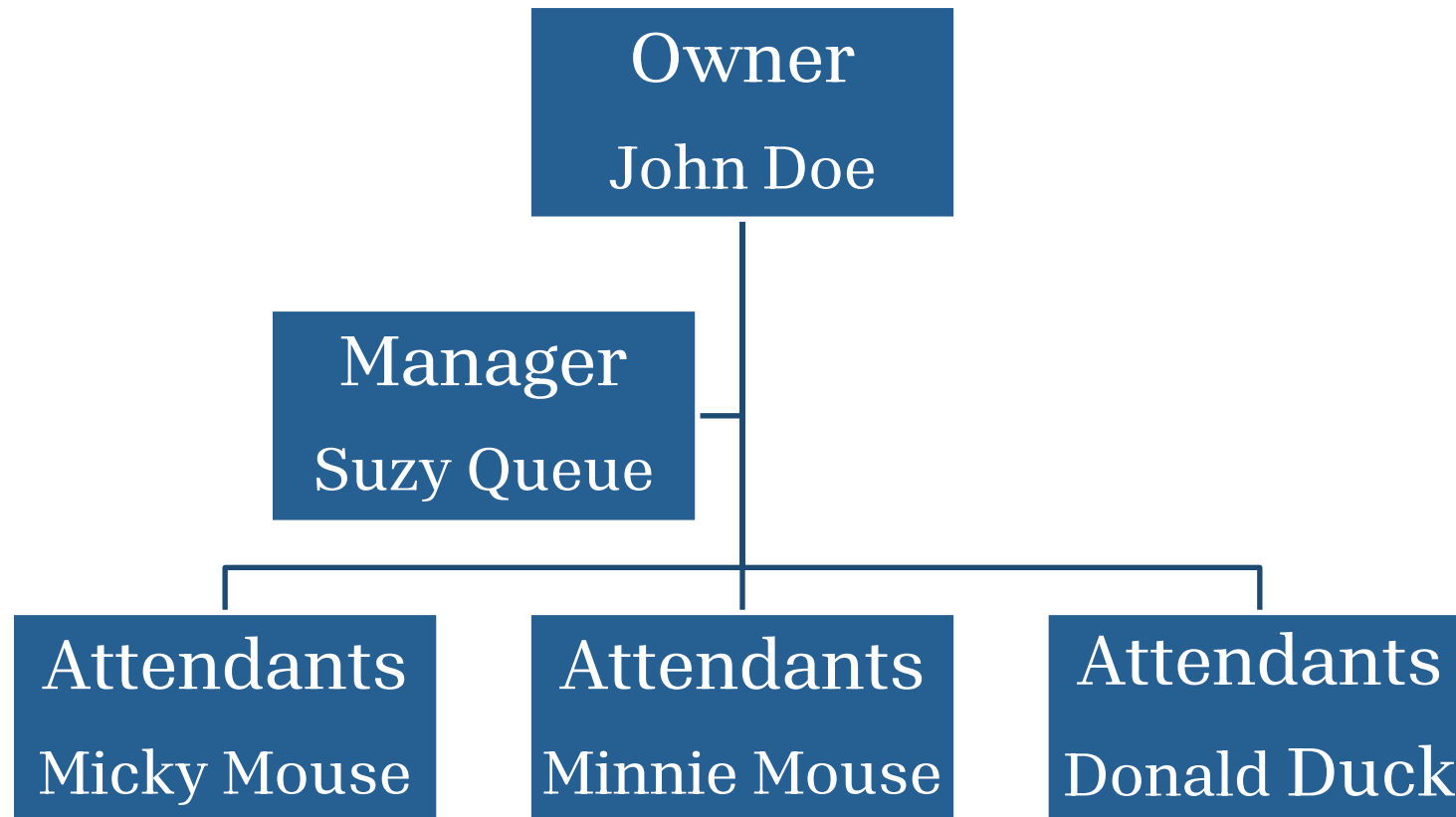
- Line 5: Legal address of the entity
- Line 6: Ensure zip code +4 is added here to avoid claim denials

# Job Descriptions/Organizational Charts



- Ensure all positions are listed on the organizational chart
- All positions required if adding services
  - Positions for previously certified services must be included
- All position titles must be identical on both policies
- Make sure job description is appropriate for service

# Example of Acceptable Organizational Chart





# TB Test Results

- TB test results must include:
  - Name of the individual
  - Date the test was completed
  - Organization who completed the test
  - Result of the test
- TB test must be completed upon hire for agency



# Expired Documents

- Expired documents that will lead to an expiration of an application:
  - Expired certifications
  - Expired licenses
  - Expired background checks
  - Expired insurance policies
- **All documents must be current and valid**



# Using Documents and/or Policies from Other Agencies

- Increased instances of this occurring
- All policies must have the correct agency name
- Not acceptable and application will immediately be expired



# Required Policies and Documents

- Ensure all policies required are uploaded to the OMPP Certification Portal
  - Submission of blank documents is an incomplete application
    - Application will be set to expire, and a new application will be required
- Ensure all documents match the policies required by OMPP
  - Full operational manuals will not be accepted
  - Incorrect policies uploaded will lead to an expiration of the application





# Licenses and Insurance Quotes

- Licenses/Certifications not obtained by application date
  - Application will be expired, new application will be required
- Quotes uploaded for insurance
  - Not accepted, will lead to an expiration of application



# Communicating with the OMPP Certification Team



# Inquiries

- Inquiries can be submitted to the OMPP Certification team on the [OMPP Certification Portal](#)
- Inquiries are responded to within 3 business days





# Why Submit an Inquiry?

- Inquiries can be submitted for:
  - PAN application status
  - General questions regarding the OMPP certification process
  - OMPP Certification Portal issues
  - Address changes



# Chatter Feature

- The chatter feature can be located on the [OMPP Certification Portal](#)
- Providers will need to @ mention their assigned analyst
  - For example, @EdwinRamirez
- Chatters are responded to within 2 business days

# Expectations for Using the Chatter Feature



- The chatter feature should only be utilized when providers have:
  - An active application
  - An application that has been assigned to an OMPP Certification Specialist
- If the status of an application changes to expired, certification complete, or denied
  - Submit an inquiry to receive a prompt response



# Email

- The OMPP Certification team can be reached via email for:
  - OMPP Certification Portal access issues
  - If providers are in the process of creating an OMPP Certification Portal account
  - Responding to emails from the OMPP Certification team
- [OMPPWaiverCertification@fssa.in.gov](mailto:OMPPWaiverCertification@fssa.in.gov)



# Additional Provider Relations Contacts





# IHCP Provider Relations Consultants

- How [IHCP Provider Relations Consultants](#) can help providers:
  - 1:1 in person or virtual onsite meetings
  - [IHCP Provider Healthcare Portal](#) training and assistance
  - Claims training and assistance
  - Provider enrollment and revalidation assistance

# How to Contact Your Designated IHCP Provider Relations Consultant



- Region 1: Michelle Walls
  - [INXIXRegion1@gainwelltechnologies.com](mailto:INXIXRegion1@gainwelltechnologies.com)
- Region 2: Jill Harris
  - [INXIXRegion2@gainwelltechnologies.com](mailto:INXIXRegion2@gainwelltechnologies.com)
- Region 3: Gabrielle Anderson
  - [INXIXRegion3@gainwelltechnologies.com](mailto:INXIXRegion3@gainwelltechnologies.com)
- Region 4: Kassandra Johnson
  - [INXIXRegion4@gainwelltechnologies.com](mailto:INXIXRegion4@gainwelltechnologies.com)
- Region 5: Jeannette Moore
  - [INXIXRegion5@gainwelltechnologies.com](mailto:INXIXRegion5@gainwelltechnologies.com)
- Region 6: Emily Redman
  - [INXIXRegion6@gainwelltechnologies.com](mailto:INXIXRegion6@gainwelltechnologies.com)
- Region 7: Tami Lott
  - [INXIXRegion7@gainwelltechnologies.com](mailto:INXIXRegion7@gainwelltechnologies.com)





# MCE Provider Relations Teams

- Provider's can find contact information for the MCE Provider Relations teams on the [IHCP Quick Reference Guide](#)
- This is a great resource to help get in direct contact with each individual MCE regarding any questions

## IHCP Quick Reference Guide – Contact Information



	PathWays	Anthem	Humana	UnitedHealthcare
		<i>Provider Network – Credentialing and Contracting</i> Anthem Provider Relations at <a href="mailto:INMLTSSProviderRelations@anthem.com">INMLTSSProviderRelations@anthem.com</a>	<i>Provider Network – Credentialing and Contracting</i> Humana Provider Relations at <a href="mailto:INMedicaidProviderRelations@humana.com">INMedicaidProviderRelations@humana.com</a>	<i>Provider Network – Credentialing and Contracting</i> UnitedHealthcare Provider Relations at <a href="mailto:IN_ProviderServices@uhc.com">IN_ProviderServices@uhc.com</a>
		<i>Provider Services</i> <a href="#">Anthem Indiana PathWays for Aging</a> 833-569-4739	<i>Provider Services</i> <a href="#">Humana Healthy Horizons in Indiana for Providers</a> 866-274-5888	<i>Provider Services</i> <a href="#">UnitedHealthcare Community Plan of Indiana</a> 877-610-9785
		<i>Member Services</i> <a href="#">Anthem Medicaid Insurance in Indiana</a> 833-412-4405	<i>Member Services</i> <a href="#">Humana Healthy Horizons in Indiana for Members</a> 866-274-5888 <a href="mailto:INHealthyHorizons@humana.com">INHealthyHorizons@humana.com</a>	<i>Member Services</i> <a href="#">UnitedHealthcare Community Plan</a> 800-832-4643 <a href="mailto:IN_HPops@uhc.com">IN_HPops@uhc.com</a>
Enrollment Broker (Maximus)	Helpline: 877-284-9294 Fax: 317-238-3120	<i>Claims</i> <a href="http://availability.com">availability.com</a> Paper claims (initial only): Mailstop: IN999 Anthem Blue Cross and Blue Shield Claims PO Box 61010 Virginia Beach, VA 23466	<i>Claims</i> <a href="http://availability.com">availability.com</a> Paper claims must be mailed to: Humana Claims PO Box 14169 Lexington, KY 40512-4169	<i>Claims</i> <a href="#">UnitedHealthcare Claims</a> 877-610-9785 Mailing address: UnitedHealthcare Community Plan PO Box 5270 Kingston, NY 12402-5270 Electronic Payer ID: 87726
		<i>Prior Authorization</i> 844-284-1798 Fax: 866-406-2803	<i>Prior Authorization</i> All UM: 866-274-5888 (TTY: 711) Fax: 502-324-6376	<i>Prior Authorization</i> <a href="#">UnitedHealthcare Prior Authorization</a> 877-610-9785 Fax: 844-897-6514
		<i>Pharmacy Services</i> <a href="#">Anthem Pharmacy Information</a> PBM: CarelonRx Claims: 844-691-2486 PA Fax (Retail Pharmacy): 844-864-7860 PA Fax (Medical Injectables): 888-209-7838 Help for Pharmacists: 844-691-2487	<i>Pharmacy Services</i> PBM: Humana Pharmacy Solutions 800-555-CLIN (2546) Fax: 877-486-2621	<i>Pharmacy Services</i> <a href="#">UnitedHealthcare Pharmacy Information</a> PBM: Optum Rx Claims: 866-215-5046 PA: 800-310-6826 PA Fax: 866-940-7328
		<i>Dental Services</i> <a href="#">DentaQuest Provider Portal</a> DBM: DentaQuest 855-453-5286 Fax: 262-834-3589	<i>Dental Services</i> DBM: DentaQuest Submit claims via the <a href="#">DentaQuest web portal</a> 855-398-8411	<i>Dental Services</i> <a href="#">SKYGEN Dental Hub Portal</a> DBM: UHC Dental 844-402-9118
		<i>Vision Services</i> <a href="#">Superior Vision</a> VBM: Superior Vision 877-235-5317 Fax: 518-556-7707	<i>Vision Services</i> VBM: EyeMed For Medicaid Members: 844-961-2057 Medicare/Duals: 888-289-0595	<i>Vision Services</i> <a href="#">MARCH Vision Care</a> VBM: MARCH Vision Care 844-402-9118



# OMPP Provider Relations Team

- The OMPP Provider Relations team can be reached via email if a provider needs additional assistance after working directly with the OMPP Certification Team, Gainwell, or an MCE
  - [OMPPProviderRelations@fssa.in.gov](mailto:OMPPProviderRelations@fssa.in.gov)



# Resources



# Helpful Certification Resources

- [Medicaid HCBS Certification Webpage](#)
  - Outlines the certification process from start to finish
- [Required Document Definitions](#)
  - Includes all requirements for any document or policy that will need to be submitted
- YouTube Video Demonstrations
  - [Demonstration for continuing an application](#)
  - [Demonstration for updating a returned application](#)
- [Quick Reference Guide for HCBS Provider Enrollment](#)



# Important Certification IHCP Bulletins

- Helpful Bulletins
  - [BT202577](#) IHCP reminds providers of certification and enrollment guidelines
  - [BT202460](#) IHCP addresses frequently asked questions regarding the OMPP HCBS certification process
  - [BT202456](#) IHCP provides instructions for OMPP HCBS Certification Portal



# IHCP Bulletins: Sign Up

- Providers can receive important news and updates by [signing up!](#)

## 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.

**Sign Up**





# Questions?

Please scan the QR code and complete the session evaluation!

