



IHCP Live Webinar

May 6, 2026

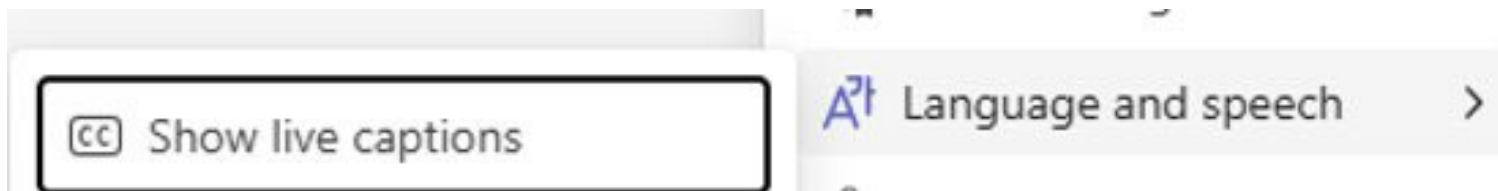


Before We Get Started...





How to Use Live Captions





Questions or Future Webinar Topics

The Indiana Health Coverage Programs (IHCP) Live webinar primarily offers an opportunity for the IHCP to share current news, updates, and to offer brief training opportunities.

We want to hear your ideas about additional webinar topics that would be helpful to you across the Medicaid program. This webinar is a monthly opportunity to discuss updates and issues impacting Indiana's Medicaid providers.

- **Share your topic ideas at IHCPListens@fssa.in.gov**
- **For any specific questions please reach out to OMPPPProviderRelations@fssa.IN.gov**

Agenda



Reminders for Providers



General IHCP Publication Updates



General Provider Education Opportunities



Trending Questions



OMPP HCBS Certification Support



HCBS Certification: Publication Updates and Education Opportunities



Future Webinar Topic Ideas



Reminders For Providers



Reminders With Effective Dates

- Home Health providers (type 05) required to be recognized and enrolled as Medicare providers **beginning July 1, 2026**. More information regarding Indiana Senate Enrolled Act (SEA) 222 (2026) will be shared later in the presentation.
- **Beginning Oct. 1, 2027**, the IHCP will require **all** newly enrolled and existing applied behavior analysis (ABA) group enrollments to be accredited. All currently enrolled ABA group enrollments must submit documentation demonstrating that the agency has initiated the accreditation process to the IHCP by Aug. 1, 2026. We will share more information regarding this requirement later in this presentation.

Policy, Compliance & Enrollment Reminders



- Please remember to cooperate with periodic audits as stated in the IHCP provider agreement. Providers may not charge the IHCP, including any of its managed care entities (MCE) or business partners, for providing records as part of any audit or review.
- It is the provider's responsibility to ensure that the enrollment information on file for that provider is complete and current, and to notify the IHCP of any changes within 30 business days of the change (10 business days for licensure, certification or permit changes). Providers can submit most changes via the IHCP portal utilizing the provider maintenance feature. All information regarding provider maintenance can be found in our [Provider Enrollment Module](#).



Documentation, Prior Authorization and Claim Submission Best Practices

- When submitting a prior authorization (PA) request for skilled nursing services related to gastrostomy or jejunal tube feedings, home health agencies should document if they have trained aides available to provide this care. If trained aides are available, they are expected to perform the feedings. If no trained aide is available, skilled nursing may be authorized for this task. PA requests that do not include confirmation regarding the availability of trained aides may be pended until the information is provided. More information can be found in [BT202639](#).
- Submitting claims electronically to the IHCP can reduce paperwork, increase accuracy, cut down on claim denials and minimize disruptions to cash flow, as claims submitted electronically are processed more quickly, resulting in faster payment. Electronic claims can be submitted through a Health Insurance Portability and Accountability Act (HIPAA)-compliant 837 transaction or using the IHCP Provider Healthcare Portal (IHCP Portal).



Action Items Needing Provider Attention

- **IHCP Provider Communications Survey available through May 16, 2026**
 - The IHCP would like your feedback regarding:
 - Managed care entity (MCE) communication efforts
 - The IHCP communication efforts and education opportunities
 - The survey can be found in [BT202657](#).
- **Acentra Health Provider Satisfaction Survey available though May 31st**
 - Acentra would like your feedback regarding:
 - PA review process
 - Customer service
 - Provider education
 - Timeliness and turnaround time
 - The survey can be found in [BT202663](#).

Contact Information



Contacting Gainwell

- It is recommended that providers first contact Gainwell Technologies, who has dedicated [Provider Relations Consultants](#) to work with you on any issues that arise.
- Can provide onsite guidance and/or training, per request of the provider or the Office of Medicaid Policy and Planning (OMPP).

Contacting an MCE

- If you are having issues regarding one of our managed care programs, please reach out to your provider services representative with the specific MCE.
- Information can be found using the [IHCP Quick Reference Guide](#)

Contacting OMPP

- If you are unable to resolve your issue with Gainwell Technologies, or it requires escalation to the State, OMPP's Provider Relations team is here to assist.
- Contact email: OMPPPProviderRelations@fssa.in.gov



General IHCP Publication Updates

Bulletin Updates



Provider References



Any important announcements regarding the IHCP are made in IHCP bulletins which are published on the [IHCP Bulletins webpage](#).

Check out the '[Bulletin Spotlight](#)' section on the IHCP Bulletins webpage to see the bulletins, with links, that the IHCP believe will help answer reoccurring provider questions.

Bulletin Spotlight

- [BT202656: IHCP presents weekly status of claim-processing payment for impacted CCBHC claims](#)
- [BT202647: IHCP clarifies home health Medicare enrollment requirement](#)
- [BT202646: IHCP to require ABA agencies to be accredited](#)
- [BT202638: 2026 IHCP Live monthly webinar scheduled](#)
- [BT202630: Updated coverage and billing information for the 2026 annual HCPCS codes update](#)
- [BT202627: IHCP announces changes to applied behavior analysis \(ABA\) therapy services](#)
- [BT202577: IHCP reminds HCBS waiver providers of certification and enrollment guidelines](#)
- [BT202562: IHCP issues updated guidance for FFS and managed care ABA therapy prior authorizations](#)
- [BT202543: IHCP clarifies billing requirements for ABA claims with primary payer](#)
- [BT2024194: IHCP clarifies ABA documentation requirements and updates provider enrollment requirements](#)
- [BT2024181: IHCP reminds providers not to bill Medicaid members, with some exceptions](#)
- [BT202456: IHCP provides instructions for OMPP HCBS Certification Portal](#)



Breakdown of Important Bulletin: BT202629

IHCP Bulletin BT202629: IHCP presents status of claim-processing payment of impacted CCBHC claims

The IHCP is aware of claim-processing issues stemming from a system implementation on January 28, 2026, for Certified Community Behavioral Health Clinics (CCBHCs)

- These claim issues have impacted CCBHC and non-CCBHC providers, such as MRO and waiver provider types.
- As issues have been resolved, claims have been reprocessed or adjusted, as applicable.
- No action from providers is required.

Additional details on each of these issues are outlined in the bulletin.

Additional publications will be forthcoming as remaining issues are corrected.

- [BT202650- CCBHC Claims Issue Update](#) (posted 3/31)
- [BT202653- CCBHC Claims Issue Update](#) (posted 4/7)
- [BT202656- CCBHC Claims Issue Update](#) (posted 4/14)
- [BT202661- CCBHC Claims Issue Update](#) (posted 4/28)



Breakdown of Important Bulletin: BT202646

[IHCP Bulletin BT202646](#): IHCP to require ABA agencies to be accredited

Beginning **October 1, 2027**, the IHCP will require all newly enrolled and existing ABA group enrollments to be accredited. The IHCP will recognize accreditations from the following organizations:

- The Autism Commission on quality (ACQ)
- The Behavioral Health Center of Excellence (BHCOE)
 - Any previous accreditation issued with BHCOE will be accepted until an agency's reaccreditation with ACQ

Providers who are already accredited may upload a copy of their accreditation to the IHCP Provider Healthcare Portal as a provider maintenance update. **All documentation must be received by August 1, 2026**. Failure to provide documentation will result in the enrollment being deactivated. All providers must have completed the accreditation process and remain actively accredited by October 1, 2027, to remain IHCP-enrolled. This is being implemented to ensure all ABA agencies meet consistent, nationally recognized standards of clinical quality, organizational oversight, and ethical practice.

Breakdown of Clarification Bulletin: BT202660



[IHCP Bulletin BT202660](#): IHCP clarifies ABA accreditation requirement

The IHCP is providing additional clarification regarding this requirement:

- For agencies that accredit through the Autism Commission on Quality (ACQ), the agency's ABA healthcare service line is accredited at the state level rather than individual service location.
- Agencies are required to notify ACQ of the following:
 - When a location starts or stops offering an accredited ABA service line in the states where it holds accreditation.
 - Substantial operational updates, including ownership changes, investigations and sentinel events.
- If an IHCP-enrolled provider operates out of multiple states, that provider's ABA healthcare service lines must be accredited in each state in which they have an IHCP-enrolled service location.
 - For example, if an agency offers an ACQ-accredited service line in Indiana, all locations in the state offering the service line must be reported to ACQ. However, if an agency maintains service location enrollments in Indiana and another state, the agency must apply for accreditation for their ABA service line in both states.



Breakdown of Important Bulletin: BT202662

[IHCP Bulletin BT202662](#): IHCP issues additional ABA Guidance for providers

The IHCP issued additional guidance based on stakeholder feedback received from BT202627. OMPP wants to highlight some points from the Bulletin:

- Scope of Supervision Requirement
 - The requirement that supervision be provided at a ratio of one hour of supervision for every eight hours (1:8) of Registered Behavior Technician (RBT)-delivered services is not based solely on a ratio of billed units of CPT code 97155 – *Adaptive behavior treatment by professional using an established plan, each 15 minutes* to units billed under CPT codes 97153 and 97154.

- Billable Supervision Services
 - The IHCP expects clear evidence of protocol modification and technician direction when CPT code 97155 is billed. 97155 billed for observation, protocol evaluation, or direct qualified health professional (QHP) implementation of treatment without active direction and supervision of a technician does not constitute supervision of technician-delivered services and should not be counted toward the 1:8 supervision requirement, even though it may be otherwise billable when accurately documented.



Breakdown of Important Bulletin: BT202662 Continued

[IHCP Bulletin BT202662](#): IHCP issues additional ABA Guidance for providers

For PA requests submitted **prior** to April 1, 2026:

- If a comprehensive ABA therapy PA request was submitted prior to April 1, 2026, and the PA request includes DOS on or after April 1, 2026, the PA request does not require the UA modifier. Providers do not need to modify or resubmit PA requests that were submitted prior to April 1, 2026, to add the UA modifier. For these PAs, claims for DOS on or after April 1, 2026, must be submitted without the UA modifier to process correctly.

For PA requests submitted **on or after** April 1, 2026:

- Any comprehensive ABA therapy PA request submitted on or after April 1, 2026, for DOS on or after April 1, 2026, must include the UA modifier on the PA request and the associated claim. Providers must include the UA modifier on both the PA request submitted on or after April 1, 2026, and the associated claim for proper processing of comprehensive ABA therapy services.

Please refer to the bulletin for more information on the covered topics



Breakdown of Important Bulletin: BT202647

[IHCP Bulletin BT202647](#): IHCP clarifies home health Medicare enrollment requirement

Indiana Senate Enrolled Act (SEA) 222 (2026) allows a non-Medicare enrolled home health agency to remain enrolled with the IHCP after June 30, 2026, as long as the home health agency has completed one of the following:

- Submitted a Medicare enrollment application (CMS-855A) to the federal Centers for Medicare & Medicaid Services (CMS) **before April 1, 2026**.
- Initiated the enrollment process with a CMS-approved accrediting organization.

Through June 30, 2026, the IHCP will accept documentation showing that the Medicare enrollment process **was initiated prior to April 1, 2026**.

- If submitting the application through the Medicare Provider Enrollment, Chain, and Ownership System (PECOS), the documentation should be a screen capture including the Web Application Tracking ID received upon submission of the application.
- If the application was submitted on paper, by mail, the home health agency will need to submit formal notification of receipt provided by the Medicare Administrative Contractor (MAC).



Breakdown of Important Bulletin: BT202654

[IHCP Bulletin BT202654](#): IHCP identifies National Correct Coding Initiative claim-processing issue

The IHCP identified issues with the quarterly NCCI file, effective 10/1/25. In reviewing NCCI data in the Centers for Medicare & Medicaid Services (CMS) data file, the IHCP has determined that NCCI edits in the Core Medicaid Management Information System (CoreMMIS) had existing open-end dates that should have been end dated. The claim-processing system has been updated. Fee-for-service (FFS) claims for services affected by the NCCI edits submitted with dates of service (DOS) on or after Oct. 1, 2025, will be mass adjusted or reprocessed.

Providers should see adjusted/reprocessed claims on remittance advices (RAs) beginning May 13, 2026, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check-related) or 80 (reprocessed denied claims).



Bulletin Corrections

Any important announcements regarding IHCP are made in IHCP bulletins which are published on the [IHCP Bulletins webpage](#).

The following IHCP bulletin corrections were posted this month:

- [Correction to BT202655](#): The date that behavioral health intern claims will be impacted was changed from April 13, 2026, to May 6, 2026. (Posted on 4/21)

Note: You may need to refresh your webpage after clicking on the URL for the corrected bulletin to show the updated page.



Provider Reference Module Updates

New information announced in IHCP bulletins is later incorporated into [IHCP provider reference modules](#), as applicable, during regularly scheduled updates.

The IHCP has posted the following updated provider reference modules so far this month:

- Version 12.0 “[Division of Disability, Aging and Rehabilitative Services Home- and Community-Based Services Waivers](#)” Module (Posted 4/28)
- Version 3.0 “[Office of Medicaid Policy and Planning Home- and Community-Based Services: Indiana PathWays for Aging Waiver](#)” Module (Posted 4/30)

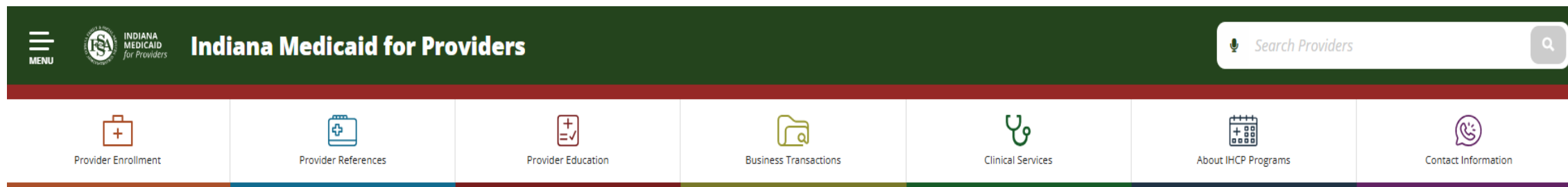
The IHCP has started adding temporary updates to the front page of the provider reference modules to reflect information in newly published bulletins that impact the modules. This update acts as a placeholder for the information before the module content is fully updated in the regular schedule.



General Provider Education Opportunities



Indiana Medicaid for Providers Website



<https://www.in.gov/medicaid/providers/>

The IHCP offers providers easy access to the resources and tools needed to conduct business with Indiana Medicaid. Provider updates and announcements, important reference materials, and general program information are all available through links and webpages located on this website.

Please be sure to stay connected and [sign up to get important FSSA news and updates.](#)

FSSA - Medicaid Policy and Planning

Indiana Health Coverage Programs Providers



Quick Hit Videos



[IHCP Quick Hit Videos:](#)

Short informational videos on a variety of topics of particular interest and concern to providers. The current topics available are:

- Provider Enrollment
- Acentra Health
- Billing Guidance- LRI Claim Note
- Attendant Care Service
- Billing and Reimbursement reminders about Special Care Unit add-on
- HCBS Settings Rule
- HCBS Waiver Incident Reporting

IHCP Portal Training



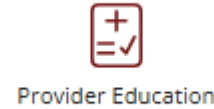
[IHCP Provider Healthcare Portal Training:](#)

Training is offered in a web-based format to allow self-directed, self-paced online learning at the convenience of all IHCP Portal users. Registration is not required to access these trainings.

This webpage also offers Quick Reference Guides for the IHCP Portal.

The three guides offer a quick reference with step-by-step procedures for specific functions within the IHCP Portal.

In-person Seminars



[IHCP Works Seminar:](#)

An in-person seminar held in October each year. The IHCP Works seminar includes educational sessions presented by IHCP partners, including the Indiana Family and Social Services Administration (FSSA), Gainwell Technologies, Acentra Health, and the MCEs.

Topics from IHCP partners typically include PA, claims, provider enrollment, behavioral health and waiver services, among others. Providers can also access the 2025 IHCP Works seminar presentation slide decks on this webpage.

Reminder to providers: Please do not bring personal health information (PHI) to any seminar.

IHCP Live Webinars



[IHCP Live:](#)

The IHCP uses webinars to help providers learn about new policy initiatives and billing guidance. All webinars are accessible through this webpage. The webinar presentations are hosted by staff members of the OMPP.

Upcoming live webinars will be announced in IHCP bulletins, news announcements and through the provider associations. Recordings and slide decks for this series will be available on the IHCP Live webpage within three to four weeks following the webinar.

Recordings of past webinars are also accessible from this page!



Trending Questions



Question #1:

Why are my claims denying for EVV discrepancies?

Answer:

The most common reason for claim denials due to EVV for individuals in PathWays are because claims are submitted before the information from the aggregator has gotten to the MCE. The EVV aggregator needs time to transfer all EVV information over to the MCE systems so please make sure that all of your EVV information is correct and wait at least 24 hours before submitting your claims with the MCEs.

In addition, please make sure you are following IHCP guidelines regarding rounding units. You can read more about that in [BT2024129](#).



Question #2:

ATN vs PAN?

Answer:

Application Tracking Number (ATN) applications are associated with IHCP Provider Enrollment. Please resolve ATN applications with Gainwell.

Provider Application Number (PAN) applications are associated with the OMPP Certification Team. Please resolve this with the OMPP Certification Team.



Question #3:

I need to change my address as a waiver provider; do I need a new certification letter?

Answer:

Providers who previously completed this process with the Division of Aging and were grandfathered

- Must submit an initial "new" application within OMPP Certification Portal
- Required as no historical information has been made available
- Application must include services and counties previously enrolled
- Formal review of policies to verify compliance with Aging Rule and HCBS Waiver Manuals
- One time Requirement

Providers who have completed the OMPP Certification process

- Submit an inquiry within OMPP Certification Portal
 - Include new address and previously completed PAN application



Question #4:

What information should I include when emailing the OMPP Provider Relations inbox?

Answer:

- **Send any Protected Health Information (PHI) in an encrypted or secure email**
- Brief Explanation of Issue including the entity with whom you are experiencing the issue
- Provider Name – Organization and individual, if applicable
- Provider Medicaid ID or National Provider Identifier (NPI)
- Member Name
- Date of Birth
- Member ID (MID)
- Date(s) of Service
- 2-3 Example Claim Numbers



IHCP Live Webinar Survey

Please take this quick survey →





OMPP HCBS Certification Support



OMPP Certification Common Setback #1

Form W-9 General Reminders

Resolution:

- Must use the most current Form W-9 that is available on the IRS website: <https://www.irs.gov/forms-pubs/about-form-w-9>.
- All applicable information must be filled in along with a signature and date.
- Ensure that only one box is checked for line 3a.
- Ensure the zip + 4 code is added on line 6.
- The legal business name and DBA must **identically** match what is attested on the application.

OMPP Certification Common Setback #2



Submitting Required Policies and Documents

Resolution:

- Ensure that all policies and documents required are uploaded to your application.
- A submission of blank documents (including organizational chart) is not acceptable, and the application will be expired as Incomplete upon discovery.
- A submission of full operation manuals is not acceptable, and the application will be expired as Incomplete upon discovery.
- Instances of incorrect documents uploaded multiple times in an application is not acceptable, and the application will be expired as Incomplete upon discovery.



HCBS Certification: Publication Updates and Education Opportunities



Clarification of Waiver Bulletin: BT202460

[IHCP Bulletin BT202460](#): IHCP announces launch of OMPP HCBS Certification Portal

This bulletin announced that in May 2024 OMPP began processing HCBS provider certification for the PathWays, TBI and H&W waivers. With this change the HCBS certification process was updated to be more efficient and transparent. All certifications are now processed on the OMPP HCBS Waiver Provider Certification Portal (OMPP Certification Portal).

Reminder:

Providers who previously completed this process with the Division of Aging and were grandfathered:

- Must submit an initial "new" application within OMPP Certification Portal
- Required as no historical information has been made available
- Application must include services and counties previously enrolled
- Formal review of policies to verify compliance with Aging Rule and HCBS Waiver Manuals
- One time Requirement



Breakdown of Waiver Bulletin: BT202652

[IHCP Bulletin BT202652](#): FSSA reiterates the H&W, PathWays and TBI Medicaid waiver invitation process

This bulletin is a reminder of the waiver invitation process for members and should serve as a guide when talking to members who are on the waitlist and may reach out to providers for assistance.

After receiving an invitation letter, invitees have 45 days from the date on the letter to notify their local Area Agency on Aging or MCE of their decision to accept the waiver invitation. **After acceptance, invitees MUST complete these additional required steps within 180 days from the date of the invitation:**

- Complete and obtain Medicaid financial eligibility.
- Schedule, complete and meet functional eligibility through a nursing facility level-of-care (NFLOC) assessment through Maximus or (for active PathWays waiver members) the MCE.
- Work with their assigned case manager or the MCE to complete the service plan.

HCBS providers should never provide services to members who do not have an active waiver and without an authorization. Being on the waitlist is not a valid form of eligibility verification. Providers should always check for eligibility via the IHCP portal prior to rendering services.



OMPP Certification Resources

- Resources found on the [Medicaid HCBS Certification webpage](#)
 - Single Sheet Summaries present on Service Description and Requirements.
 - [Required Document Definitions](#)
 - [Office Of Medicaid Policy and Planning Home- and Community-Based Services Waiver: Indiana PathWays for Aging](#)
 - [Division of Disability and Rehabilitative Services Home- and Community-Based Services Waivers](#)
 - [Indiana Administrative Code -Aging Rule](#)
 - Provider Guidelines
 - Description of Step 1-3: [Quick Reference for HCBS Provider Enrollment](#)
 - Information on Heightened Scrutiny and Public Comment
- OMPP Certification Portal- <https://omppproviders.fssa.in.gov/>



OMPP HCBS Certification Education

OMPP HCBS Certification Training Videos:

- [Demonstration for continuing an application](#)
- [Demonstration for updating a returned application](#)

Important Bulletins:

- [BT202622: Licensure requirements updated for enrollment and recertification of certain waiver providers](#)
- [BT202614: CMS approves waiver amendment for Medicaid HCBS H&W and TBI waivers](#)
- [BT202609: Reminder for TB tests \(SFC\)](#)
- [BT202577: Reminder of HCBS Certification and Enrollment Guidelines](#)
- [BT202488: OMPP clarifies background check requirements for HCBS provider certification](#)
- [BT202472: IHCP announces additional guidance for HCBS provider certification](#)
- [BT202460: OMPP HCBS Certification FAQs](#)
- [BT202456: Instructions for OMPP HCBS Certification Portal](#)

OMPP Certification Portal



The FSSA OMPP is certifying providers for home- and community-based services (HCBS) through the PathWays, Health & Wellness (H&W) and Traumatic Brain Injury (TBI) waivers.

Providers who wish to participate in one of the waiver programs will need to complete three steps on the [OMPP Certification Portal](#):

1. Become certified by OMPP to provide HCBS waiver services
2. Enroll with the IHCP
3. Finish your waiver program enrollment



Contacting OMPP Certification Team- Inquiries

The best way to contact the OMPP Certification Team is through Inquiries, the Chatter feature in the portal or the team email.

To submit an inquiry a provider **must have established an account with OMPP.**

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

Inquiries can be submitted for the following:

- PAN Application Status, General Questions regarding OMPP Certification process, OMPP Certification Portal issues, Address changes

This is the best way to get a timely response.



Contacting OMPP Certification Team- Chatter

Located within the [OMPP Certification Portal](#), this feature allows providers to communicate directly with their assigned specialist when an application is actively under review.

Please use @tagging to notify the specialist (example: @Johnathan Doe). Tagging triggers a notification that a response is required. These messages are responded to within 2 business days.

If the application status changes to "Expired", "Certification Complete" or "Denied", providers should submit an inquiry for the quickest response.

When an application is actively assigned for review, please use Chatter rather than submitting an inquiry.



Contacting OMPP Certification Team- Team Email

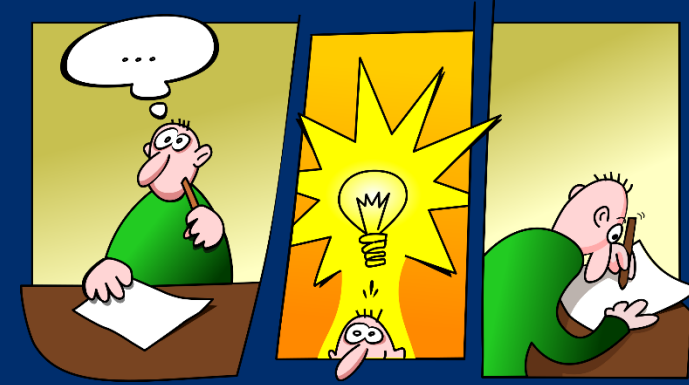
The OMPP Certification team can be reached by email for:

- OMPP Certification Portal access issues
- Support during creation of a new OMPP Certification Portal account
- Responding to emails from the OMPP Certification team

It is recommended that providers create a portal account and submit questions through the portal for the quickest response.



Future Webinar Topic Ideas?



The IHCP Live webinar primarily offers an opportunity for the IHCP to share current news, updates, and to offer brief training opportunities. We want to hear your ideas about additional webinar topics that would be helpful to you across the Medicaid program. This webinar is a monthly opportunity to discuss updates and issues impacting Indiana's Medicaid providers.

Share your topic ideas at:
IHCPListens@fssa.in.gov



Please take this quick survey →



*Thank
You*

**Next IHCP Live Monthly Webinar:
June 3, 2026, at 11am ET**