



To compassionately serve our diverse community of Hoosiers by dismantling long-standing persistent inequity through deliberate human services system improvement.

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IHCP Roadshow OMPP Updates

May 2022

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Agenda

- Introduction
 - Review OMPP's Mission and Vision
 - OMPP's 2022 Key Strategic Priorities
- Provider Revalidation Update
- Network Participation Project
- Public Health Emergency Unwind
- Prepayment Review
- Pharmacy Updates

Scott Piller



OMPP MISSION

To support Hoosiers' greatest well-being with effective and efficient programs, remarkable collaborations, measurable impact on individuals and communities, and an energized staff that is fully engaged with this mission.



OMPP VISION

Building programs and processes
that enable Hoosiers to live in
fully engaged communities and
reach their greatest emotional,
mental and physical well-being.



INTEGRATED STRATEGIES

Collaborate to improve member and provider experience.

- Promoting long-term sustainability of the program that ensures access
- Advancing health outcomes
- Increasing efficiency and reducing administrative burden
- Investing in team members



Provider Enrollment Revalidations

Michael Cook



Providers who were required to revalidate early in the public health emergency (or who first enrolled during the public health emergency) were the first to receive a revalidation notification.

Policy Updates

- IHCP Bulletin *BT202029* (March 31, 2020) – **Revalidations due after March 1, 2020 were suspended**
- IHCP Bulletin *BT202161* (July 27, 2021) – **Revalidations were going to restart effective October 1, 2021**



All Group
enrollments are
required to verify
each Rendering
provider's status
with the Group.

Key Points About Revalidation

- **Meaning** – completing the entire enrollment, screening, and disclosure process again (*maintaining current IHCP Provider ID*)
- **Frequency** – At least every five years (DME and HME providers = every three years)
- **Penalty** – providers will be disenrolled and unable to continue receiving reimbursement from the Indiana Health Coverage Programs (IHCP)



Current Provider Notifications

- **Mail Notices:**
 - Sent to the **Mail-To** address on the provider's enrollment profile
- **Notification on Provider Healthcare Portal**
 - 90 days prior: icon appears when logging into the Portal
- **Provider Website Revalidation Tracker**
 - Lists all providers due for revalidation over the next six months
 - Available at in.gov/medicaid/providers



Additional Provider Notifications

- FSSA is working with Gainwell to explore additional notifications for providers:
 - Enhanced message on the Provider Healthcare Portal
 - Email notifications about revalidations
 - Direct contact from Provider Relations Field Consultants



When providers receive a revalidation notice, it is critical to act upon it in a timely manner to avoid enrollment disruptions.

Revalidation Scenarios

Revalidation Scenario	Impact
Provider completes revalidation prior to due date	<ul style="list-style-type: none">Provider will see no disruption to enrollment or ability to submit claimsProvider needs to respond with 21 days if asked to make any corrections
Provider fails to revalidate	<ul style="list-style-type: none">Provider's IHCP enrollment will be deactivated; provider will be required to complete a new application and receive a new IHCP Provider IDGroup enrollment – all linkages to the Group will be broken



Renderings Not Currently Linked to a Group

- IHCP Bulletin *BT202039* (April 7, 2020) – allows Rendering providers to participate with any Group location without being linked to that service location
- **Providers are strongly encouraged to make sure providers are now appropriately linked to a Group location to avoid payment disruption in the future**



Network Participation Project

Elizabeth Killian



Improving timeliness and communication for providers as they:

- Enroll
- Credential
- Contract



Primary Concerns

- **Main Concern Areas**
 - Timeframe for completion
 - Communication with the health plans
 - Enrollment forms
 - Effective date



Conducted MCE Audit

- Each MCE was audited with specific examples supplied by providers after the listening session in a full demonstration.
 - Desk review of all enrollment, credentialing and contracting policies, forms and very importantly, correspondence
 - Review of all current reports on credentialing
 - Audit of specific cases supplied by providers after the listening sessions and association meetings as well as other random providers
 - Audit of MCE systems and process



Required New Quarterly Report

- “Timeliness to complete requests to join provider network”
 - Completed (fully enrolled, credentialed, and contracted)
 - Denied (due to credentialing, enrollment, or contract dispute)
 - Still pending
 - Average turnaround time



New Ongoing Requirements



Implementation Date: November 1, 2021

Network Participation Process and Forms

MCE(s) Impacted	Requirement
All	<p>The MCEs will provide a step-by-step process for how providers submit a network participation request. In addition, the MCEs need to clearly outline which network participation request form(s) need to be completed:</p> <ul style="list-style-type: none">• MCE-specific request form• IHCP Practitioner/Facility enrollment form <p>Finally, the MCE shall include the most common issues providers make during network participation requests on the MCE's website.</p>



Implementation
Date: November 1, 2021

Credentialing

MCE(s) Impacted	Recommendation / Requirement
All	The MCEs must outline the information necessary, and steps required to be credentialed with the health plan, including what provider types and specialties require credentialing



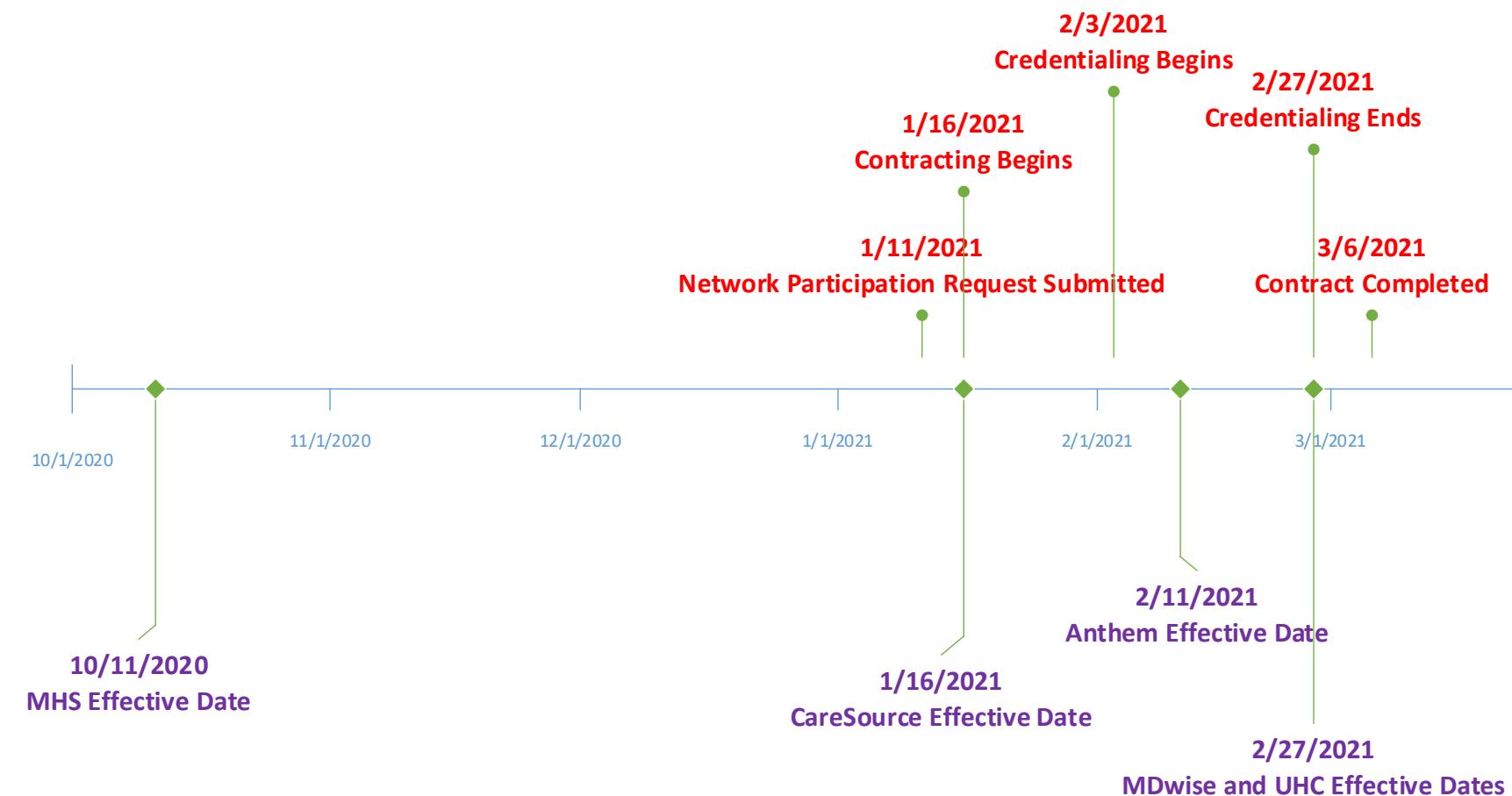
Implementation Date: December 1, 2021

Welcome Letter Standardization

MCE(s) Impacted	Requirement
All	<p>At a minimum, the MCEs are required to include standard language provided by OMPP in all provider welcome letters:</p> <ul style="list-style-type: none">• network effective date• effective date policy• reference to provider materials <p>The health plans are required to send out the welcome letter (either by mail or email) within five business days of the network participation process completion.</p>



Effective Date Policy





Implementation Date: December 1, 2021

Effective Date Policy

MCE(s) Impacted	Requirement
All	<p>The MCEs must follow an OMPP-created standard network effective date policy for all network participation requests.</p> <p>The network participation effective date will be the 1st of the month following a network participation request or contract execution for new providers.</p> <p>This effective date should be followed for all provider types.</p>



**Implementation
Date:** January 1, 2022

Central Repository for Network Participation Correspondence

MCE(s) Impacted	Recommendation
All	<p>The MCE must have a central repository solution for all email and written communications that occur during the provider network participation process.</p> <ul style="list-style-type: none">• OMPP reserves the right as always to audit and view all correspondence that has occurred regarding a specific network participation request.



**Implementation
Date:** January 1, 2022

Network Participation Status Updates

MCE(s) Impacted	Requirement
All	The MCEs must assign - for each network participation request - a unique identifier that providers can reference when checking the status of their request. The unique identifier should be provided to the provider at time of the network participation request submission either electronically, via email, or via postal mail.



Process Efficiencies

MCE(s) Impacted	Recommendation
All	The MCEs will participate in an annual process improvement project to determine if there are key inefficiencies with any manual component of their process.



Next Steps

- **MCE annual assessment** – internal review to determine if there are any key inefficiencies in the network participation process
- **OMPP annual compliance review** – audit of all components of the network participation review process



Public Health Emergency Unwind

Scott Piller



Recission of State-level PHE

- Executive Order 22-09
 - Rescinded the State PHE as of March 3, 2022.
- Reinstatement of Prior Authorization requirements is biggest change
 - Acute care non-elective inpatient admissions
 - Some DME/HME supplies and services
 - Managed care SNF admissions
 - LTAC and AIR facility admissions
 - Inpatient SUD and psychiatric admission PA policies
 - Time frames for PA approvals



Federal PHE currently still in place

- Currently the Federal PHE is in place through July 15, 2022.
- CMS will provide 60 days' notice of expiration.



Member Eligibility

- Biggest piece of Federal PHE is guidance regarding terminating members' coverage and reinstating copays and premiums
- During Federal PHE, disenrollment limited to
 - Voluntary withdrawal
 - Move out of state
 - Death
 - CHIP age-out



Once Federal PHE ends...

- States will have 12-14 months to complete redeterminations for all members.
- Each member will receive at least 5 pieces of mailed information before any action is taken on their benefits.
- Also using social media, outbound phone calls, texting, and email.



Eligibility: How can you help?

- Help us communicate the message to your members!
 - Make sure contact information is correct with FSSA.
 - “Managing Your Benefits” section at <https://fssabenefits.in.gov/bp/#/>.
 - Online Portal: “Report a Change” function
 - Fax documentation: 800-403-0864.
 - Report income changes to FSSA
 - Paystubs
 - Employer’s statement
 - Carefully read mail from FSSA and complete requests by the due date.



Prepayment Review



Program Integrity Prepayment Review

Prepayment Review (PPR) is an educational tool that involves manual review of claims and documentation prior to payment

Providers must:

- Submit claims and supporting documentation
- Achieve an 85% passing rate, for three consecutive months

Providers are reviewed on a monthly basis and receive letters detailing their results and educational assistance

PI will be putting out a webinar later in the year which includes more details



Pharmacy Updates



IHCP Maximum Allowable Daily MME Limit

On April 1, 2022, IHCP implemented a maximum allowable limit of 1,000 MME/day for the treatment of chronic pain

The MME limit will continue to decrease by **no more than 10%** on a quarterly basis

Prior authorization will be required for opioid claims exceeding the current MME limit

- Excluding members with diagnosis of cancer, sickle cell disease, or terminal illness

A one-time override is available at point-of-sale to allow for prior authorization processing



Resources Available



Resources Available

- **What resources are available to providers?**
 - [Regional Field 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.

Enter your email address

Sign Up



How Can We Help You?

- OMPPProviderRelations@fssa.IN.gov
 - For individual provider concerns requiring assistance from the State
- IHCPListens@fssa.IN.gov
 - For feedback on IHCP presentations, ideas for future presentations/workshops, and questions to be answered in future publications
- OMPPProviderEnrollment@fssa.IN.gov
 - For clarification on enrollment policy, application process, or IHCP-requested changes to a submitted application



**Questions? Please
stand by!**



Post Roadshow Survey

https://infssa.az1.qualtrics.com/jfe/form/SV_6gmup4oWtY642FM

