



IHCP Live Webinar

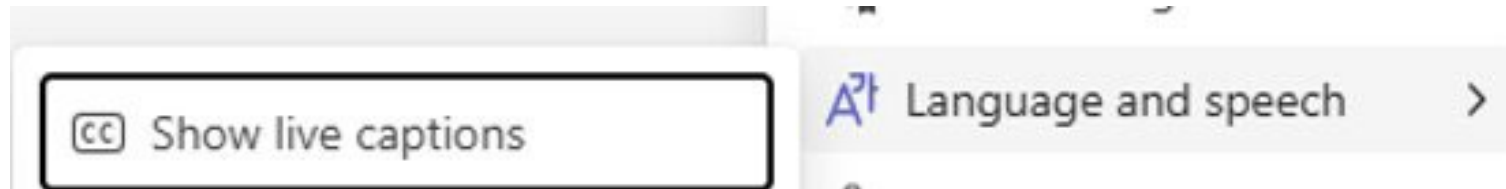
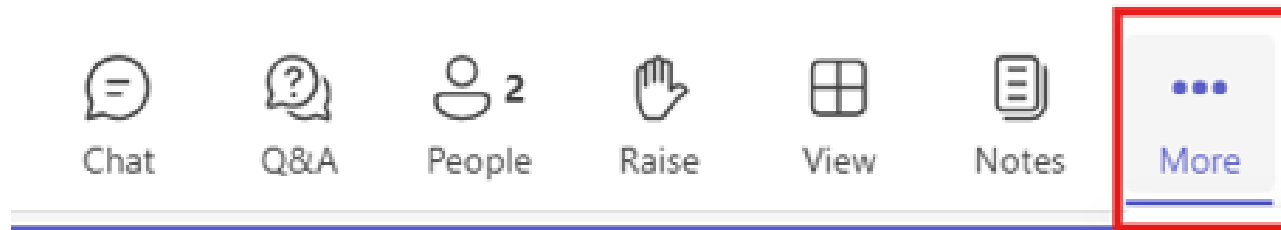
September 2, 2026



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 OMPPProviderRelations@fssa.IN.gov

Agenda



Reminders for Providers



General IHCP Publication Updates



General Provider Education Opportunities



Trending Topics



Survey Opportunity



OMPP HCBS Certification Support



HCBS Certification: Publication Updates and Education Opportunities



Survey Opportunity



Reminders For Providers



Reminders With Effective Dates

- Per [*IHCP Bulletin BT2026123*](#), applied behavior analysis (ABA) providers must switch to using the BASC-4 beginning October 1, 2026.
 - The BASC-4 was released to the public on August 23, 2026.
 - [Pearson BASC-4 Product Details Webpage](#) (Purchase Required)
 - Providers should select the most appropriate version of BASC-4 for their members.





Policy, Compliance & Enrollment Reminders

- [IHCP Bulletin BT2026133](#): IHCP reminds dental providers of the appropriate claim filing code
 - For dental claims submitted via the IHCP Provider Healthcare Portal, **CI—Commercial Insurance Co.** should always be selected in the Claim Filing Code field (located in the *Other Insurance Details* panel) for any member who has other dental insurance, including through a Medicare Advantage Plan
 - As part of its quality oversight activities, the IHCP reviewed dental claims and identified the improper use of claim filing codes MA – Medicare Part A and MB – Medicare Part B on dental claims for members enrolled in a Medicare Advantage Plan (Medicare Part C). This improper use of codes resulted in overpayments.
 - Because dental services are excluded from Medicare (Parts A and B), the IHCP considers dental coverage provided through a Medicare Advantage Plan to be commercial insurance. Therefore, **CI – Commercial Insurance Co.** should **always** be selected in the Claim Filing Code field of the IHCP Portal for **all** dental claims where the member has other insurance. For more information on submitting dental claims, see the [Claim Submission and Processing provider reference module](#) at in.gov/medicaid/providers.



Documentation, Prior Authorization and Claim Submission Best Practices

- Remember to submit new prior authorization (PA) requests for the continuation of ongoing services (such as home health care) **at least 30 calendar days before** the current authorization period expires, to ensure that services are not interrupted.
 - [Prior Authorization Provider Reference Module](#)



Upcoming Events

- Save the date for the annual IHCP Works Seminar, **Oct. 6 through Oct. 8, 2026**, at the Plainfield Embassy Suites located just southwest of Indianapolis.
 - [*IHCP Bulletin BT2026146*](#): 2026 IHCP Works annual seminar presentation descriptions and schedule
 - [*2026 IHCP Works webpage*](#)
- Registration is available for the November and December IHCP Live webinars.
 - [*IHCP Bulletin BT2026139*](#)

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 MCO

- If you are having issues regarding one of our managed care programs, please reach out to your provider services representative with the specific MCO.
- 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: OMPPProviderRelations@fssa.in.gov



General IHCP Publication Updates

Bulletin Updates



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.

The screenshot shows the top section of the IHCP Bulletins webpage. It has a dark blue header with a white medical cross icon and the text 'IHCP Bulletins'. To the right is a white search bar with a magnifying glass icon. Below the header is a breadcrumb trail: 'INDIANA MEDICAID / INDIANA MEDICAID FOR PROVIDERS / PROVIDER REFERENCES / BULLETINS AND REFERENCE MODULES / IHCP BULLETINS'. A paragraph of text follows, explaining that important announcements are made in IHCP bulletins and that new information is incorporated into [IHCP provider reference modules](#). At the bottom, there are two buttons: 'About IHCP Bulletins' and 'Bulletin Spotlight', which is highlighted with a red border.

IHCP Bulletins

INDIANA MEDICAID / INDIANA MEDICAID FOR PROVIDERS / PROVIDER REFERENCES / BULLETINS AND REFERENCE MODULES / IHCP BULLETINS

Important announcements regarding Indiana Health Coverage Programs (IHCP) are made in IHCP bulletins, which are published on this webpage. New information announced in IHCP bulletins is later incorporated into [IHCP provider reference modules](#), as applicable, during regularly scheduled updates.

About IHCP Bulletins **Bulletin Spotlight**

Breakdown of Important Bulletins: BT2026130



IHCP Bulletin BT2026130: Performance standards for PE qualified providers are transitioning to *Indiana Coded standards*

Effective September 3, 2026, the FSSA OMPP will evaluate all qualified providers (QPs) that make presumptive eligibility (PE) determinations under the performance standards set forth in *Indiana Code IC 12-15-4-1.5* (qualified hospitals) and *405 IAC 2-3.4-3* (other qualified providers). The sections covered in this bulletin highlight:

- Statutory authority
- Performance standards
- Evaluation time frames
- Findings of violation and notices
- Transition of prior notices
- Appeals
- Additional rulemaking



Bulletin Highlight: BT2026131

[IHCP Bulletin BT2026131](#): Updated coverage and billing information for the July 2026 quarterly HCPCS code update

In a follow up from [BT2026110](#), the IHCP reviewed the July 2026 quarterly HCPCS update to determine coverage and billing guidelines. This bulletin serves as a notice of the following information:

- Table 1: New Current Procedural Terminology (CPT®1) and other HCPCS procedure codes included in the July 2026 quarterly HCPCS update
- Table 2: New procedure code linked to revenue code 274
- Table 3: New procedure codes linked to revenue code 636
- Table 4: New procedure codes carved out of managed care and reimbursed outside the inpatient diagnosis-related group (DRG)
- Table 5: Available prior authorization (PA) criteria for the new procedure codes that require PA
- Table 6: Procedure codes included in the Indiana add-on code logic, with the corresponding primary procedure code



Bulletin Highlight: BT2026134

[IHCP Bulletin BT2026134](#): IHCP and DMHA to enforce service caps for Child Mental Health Wraparound program

The IHCP and DMHA announced the enforcement of existing service caps for certain services under the 1915(i) Medicaid HCBS Child Mental Health Wraparound (CMHW) program. Service limits will be enforced for the following HCPCS codes and code modifiers:

- H2014 HA – Skills training and development, per 15 minutes; child mental health wraparound
 - This service is limited to 12 units (3 hours) per member per day and 120 units (30 hours) per member per month.
- H2015 HA – Comprehensive community support services, per 15 minutes; CMHW services
 - This service is limited to 8 units (2 hours) per member per day. There is no annual limit.
- T1005 HA – Unskilled Respite Care, not hospice; 15-minute units; Child Mental Health Wraparound services
 - This service is limited to 27 units (6 hours and 45 minutes) per member per day.

Continuation of Bulletin Highlight: BT2026134



- FFS claims exceeding these daily or monthly limits will begin to deny, effective for DOS on or after August 1, 2025.
- CMHW claims submitted for DOS between August 1, 2025 and August 1, 2026, will be mass adjusted.
- Providers should see adjusted claims on remittance advices (RAs) beginning Sept. 16, 2026, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check-related).
- Please be sure to send communications containing protected health information (PHI) via secure email.



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 BT2026119: Added note about using bulletin to waive timely filing for managed care claims (*Posted on 8/11*)
- Correction to BT2026131: Update PA criteria for procedure code J3405 in table 5 (*Posted on 8/13*)
- Correction to BT2026109: Corrected rates (*Posted on 8/18*)
- Correction to BT2026131: Corrected Covered Status for J3386 and removed C1609 from Table 3 (*Posted on 8/20*)

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 “([DMHA BPHC](#))” Module and Code Table (*Posted 8/4*)
- Version 10.0 “([DMHA AMHH](#))” Module and Code Table (*Posted 8/4*)
- Version 9.0 “([DMHA CMHW](#))” Module (*Posted 8/6*)
- Version 7.0 “([Durable and Home Medical Equipment](#))” Module and Code Table (*Posted 8/13*)

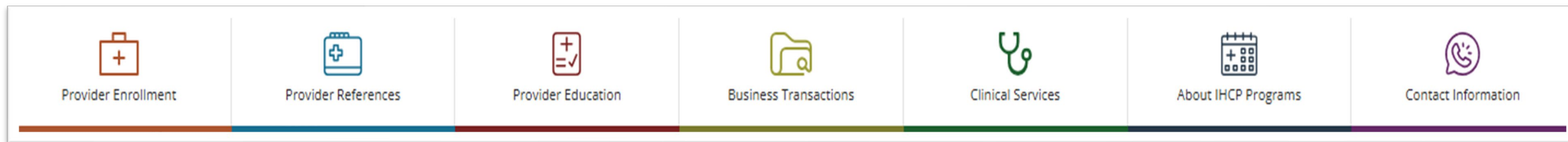
The IHCP has started adding temporary updates to the front page of the provider reference modules to reflect information in newly published bulletins that impact the modules. This update acts as a placeholder for the information before the module content is fully updated in the regular schedule.



General Provider Education Opportunities



Indiana Medicaid for Providers Website

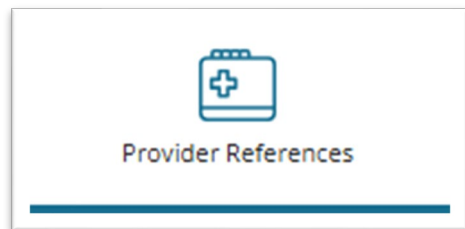


<https://www.in.gov/medicaid/providers/>

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.

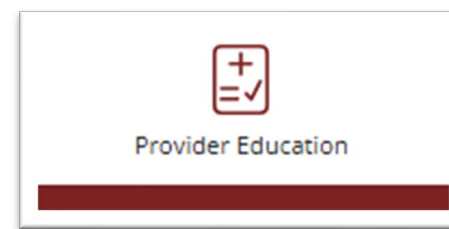


Provider Information Resources



[Provider References:](#)

- Bulletins and Reference Modules
- Current News
- Code Sets
- Email Notifications
- Forms
- IHCP Provider Locator
- OPR Provider Verification
- Other Provider Resources



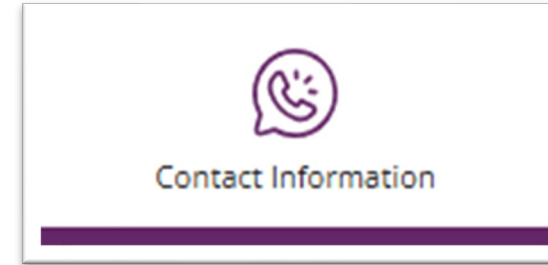
[Provider Education:](#)

- Provider Education Opportunities
- IHCP Works Seminar
- IHCP Live Webinars
- IHCP Quick Hits
- Program Integrity Provider Trainings
- IHCP Provider Healthcare Portal Training
- PE Qualified Provider Training
- Electronic Visit Verification Training
- Archived Workshop Presentations

Contact Information Tab

[Contact Information:](#)

- Contact Us
- IHCP Quick Reference Guide
- Portal Links for Providers
- Policy Consideration Requests
- Provider Relations Consultants (Territory Map)



Stay Connected with the IHCP!



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

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





Trending Topics



Topic #1:

How to update pick list information for FFS and MCOs.

- **For FFS**, the Bureau of Disability Services (BDS) manages the pick list. To be added to the pick list or to correct any information on the pick list, please reach out to BDSProviderServices@fssa.in.gov.
 - It is important to note that **providers must be enrolled with the IHCP and must have received their Medicaid Provider ID number before they can be added to the pick list.** If providers have added or changed services, they must have completed a provider maintenance request in the IHCP Provider Healthcare Portal before the pick list information can be updated.
- **For the PathWays managed care organizations (MCOs)**, **providers must be enrolled and contracted with the MCO to be added to their directory** from which members select providers. If a provider is not in-network with an MCO, a member may specifically request the provider, but the provider's name will not be listed as an available option in the directory.
 - Just like for FFS, providers must be enrolled with the IHCP or completed a provider maintenance request for any updates before that information can be updated with the MCO.



MCO PathWays Contact Information

- Anthem PathWays Contact
 - Provider Relations Email: INMLTSSProviderRelations@anthem.com
 - Provider Services Helpline: 833-569-4739 [[1](#), [2](#)]
- Humana PathWays Contact
 - Provider Relations Email: InMedicaidProviderRelations@humana.com [[1](#)]
- UnitedHealthcare PathWays Contact
 - Provider Services Email: IN_providerservices@uhc.com



OMPP HCBS Certification Support



OMPP Certification Common Issues #1

Provider Guidelines Violations

Common Violations:

- Selecting **incorrect counties or services** prior to submitting application.
- Submitting **Full Operational Manuals** instead of individual policies
- Not submitting **corrections on time** by the due date assigned
- Submitting **incomplete documents** or documents not aligned with the Required Document Definitions
 - Receipts for letters or licenses
 - Quotes or Templates for Insurance Policy
 - Expired Documents or Licensures
 - Expired Background Checks
 - Blank Organizational Charts
 - Policies containing another business name



Resolution

Please review all resources made available for Step 1 to avoid preventable delays.



[Required Document Definitions](#)



[Service Summaries](#)



Waiver Provider Reference Modules:

- [OMPP HCBS Waiver Module](#)
- [DDARS HCBS Waiver Module](#)



[HCBS Settings Rule](#)



Video Tutorials:

- [Tutorial for Updating a Returned Application](#)
- [Tutorial for Continuing Not Yet Submitted Application](#)



[Aging Rule](#)



Violating Provider Guidelines

Violation:

Documents featuring a business name that does not match application. This includes using Third Party Document Management companies.

Resolution:

- Proofread documents to ensure another business' name is not featured in your application submission.
 - If a document is found to have another agency's name featured in the document, the application will be expired.
 - If an agency is **using a third party** to process document compliance, please note that the documents must still belong to the agency applying for services, not the third party's business documents.

Provider Guideline Violation: Examples



Legal business name of applicant

ABCDEFG 123 LLC

Tax Classification

Limited Liability Company

DBA Name of Applicant ⓘ

ABC 123 LLC

Annual Survey Form

ABC123 LLC

, Chief Executive Officer (CEO) or the CEO's designee shall conduct a client satisfaction review with the client at least every seventy-six (76) to one hundred and four (104) days to discuss the services being provided and to determine if any change in the plan of services should occur. The review with the client may be conducted by ABC123 LLC in person or by telephone.

The following questions are asked by an employee of 456 JFKL LLC to gauge your satisfaction as a client, client's family, or client's personal representative of 456 JFKL LLC's services that have been provided. The client's name will only be included on the survey if permission is granted by the client, the client's family, or the client's personal representative.



NOTE: OMPP does not endorse any third-party business and is not responsible for a provider's noncompliance that leads to expiration. Providers are solely responsible for their application compliance, and the use of a third party is at your own risk.



OMPP Certification Common Issues #2

Background Check Expectations for Returning Providers

Resolution:

- When existing providers submit an add services application, the owners background check is always required to be within 90 days of the application submission date. Upon hire background checks for all other employees without ownership responsibilities must be uploaded.
- Existing Providers using the OMPP Certification Portal for the first time for an address change
 - Must create an account and submit an initial application
 - Will go through a formal review of policies for compliance
 - Owner Background check must be within 90 days; upon hire for employees
 - Must disclose all employees for the process
- For agencies with 20 or more employees, upload the owner background check at submission. Instead of uploading all employee background checks, the agency may provide an employee roster.
 - The certification specialist will then select five non-owner employees for whom background checks must be uploaded during the second review.



OMPP Certification Common Issues #3

Address Change Expectations for Returning Providers

Resolution:

1. As a returning provider, your agency's current and correct address must appear on all professional licenses, business filings, insurance documents, and all required documents. This helps avoid delays in processing your agency's application.
2. Returning providers, including those not yet established with OMPP certification, must submit an updated organizational chart showing the current agency structure following an address change. The chart must list all employees within the agency and any changes in roles.
3. Maintaining accurate and updated information supports smooth communication, compliance reviews and timely approval of your agency's change of address application.

OMPP Certification Reminder



New certification applications that include services currently under the moratorium will be expired.





HCBS Certification: Publication Updates and Education Opportunities

Breakdown of Important Bulletin: BT202652



IHCP Bulletin BT202652: FSSA reiterates the H&W, PathWays and TBI Medicaid waiver invitation process

- Individuals seeking to join the H&W, PathWays or TBI waiver waiting list should contact their local [Area Agency on Aging](#) or MCE to begin the process.
- Individuals have 45 days to accept the waiver invitation. If the invitation is not accepted within 45 days of the date of invitation, it will be rescinded.
- After accepting the invitation, individuals have 180 days from the date of the invitation to complete the following:
 - Complete and obtain Medicaid financial eligibility, if they are not currently enrolled
 - 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.

Breakdown of Important Bulletin: BT2025148



IHCP Bulletin BT2025148: IHCP provides guidance for HCBS providers that provide IHCC

- PathWays members who receive complex case management may also receive IHCC when the member's needs require more oversight of their health status than is provided by the MCE.
- Services cannot duplicate those provided under the Medicaid State Plan, Medicare or any Medicare plan (e.g. advantage and DSNP), or any other waiver service.



IHCC Reimbursable Activities

- Development and oversight of a healthcare support plan which includes coordination of medical care and proactive care management of both chronic diseases and complex conditions such as falls, depression, and dementia.
 - Note: Skilled nursing services are provided within the scope of the Indiana State Nurse Practice Act.
- Collaboration across all service providers: waiver, state plan, mental health, dental, medical.
- Collaboration across social supports: housing, food, Medicare/Medicaid system navigation, finances, transportation.
- Medication review
- Transitional support from hospital or nursing facility to home/assisted living
- Advance care planning



OMPP Certification Resources

- Resources found on the [Medicaid HCBS Certification webpage](#)
 - [Required Document Definitions](#)
 - [OMPP HCBS Waiver Module](#)
 - [DDARS HCBS Waiver Module](#)
 - Single Sheet Summaries
- OMPP Certification Portal- <https://omppproviders.fssa.in.gov/>

Recommended step: Review website before an application is started.

OMPP HCBS Certification Education



OMPP HCBS Certification Training Videos:

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

IHCP HCBS Waiver Quick Hit Videos:

- [OMPP HCBS 1915c Waiver Provider Change of Address Process](#)
- [HCBS Settings Rule](#)
- [HCBS Pathways Waiver Incident Reporting](#)

Important Waiver Bulletins:

- [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](#)
- [BT202456: Instructions for OMPP HCBS Certification Portal](#)



Other Important HCBS Resources

- [Indiana PathWays for Aging Resources Page](#)
 - Updated waiver amendments: effective August 1, 2026.
- [Medicaid HCBS Waivers website](#)
 - Updated waiver amendments from the Division of Disability, Aging, and Rehabilitative Services: effective August 1, 2026.
- [Provider and Case Manager Monthly Webinar](#)
 - The Bureau of Developmental Disabilities Services (BDS) provides a monthly webinar for HCBS providers.

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

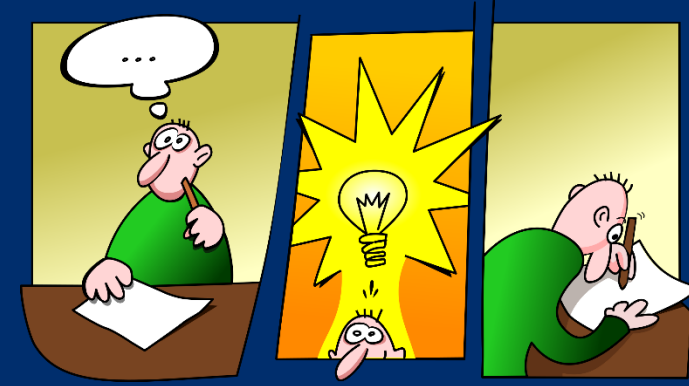


Contacting the OMPP Certification Team

- The best ways to contact our team is through Inquiries or the Chatter feature in the OMPP Certification Portal.
- To submit an Inquiry, providers must have an established OMPP account.
 - Inquiries may be submitted for PAN application status, general questions about the process, portal issues and address changes.
 - **Inquiries are the best option for a timely response.**
- Chatter is available within the portal when an application is actively under review and allows providers to communicate directly with their assigned specialist.
 - Use @tagging (example: @John Doe) to notify the specialist.
- If an application status is Expired, Certification Complete, or Denied, providers should submit an Inquiry rather than a Chatter.



Future Topic Ideas?



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



*Thank
You*

**See us at the IHCP Works Annual Seminar
on October 6-8**