IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT2023167 NOVEMBER 30, 2023

IHCP follows up on billing issues for Division of Aging rate change items

The Indiana Health Coverage Programs (IHCP) would like to address billing issues in connection with rate changes announced in *IHCP Bulletins* <u>BT202359</u> and <u>BT202378</u>. These billing issues concern claim processing, care management flat rate (CMFR) batch billing, service authorizations and Structured Family Caregiving Level 3 services for the Division of Aging (DA) waivers. Attention to the following details is crucial to ensure a seamless transition for providers.

All services except CMFR

To lessen confusion, the Care Management for Social Services (CaMSS) does not batch bill services except for CMFR.

Providers can follow these instructions for all services, except ones that are billed using CMFR:

Those services with dates of service (DOS) on or after July 1, 2023, billed at the old rate, will need to be rebilled at the **new** rates. As previously stated, billing for these



services is completed outside of CaMSS and will need to be done manually. For help submitting adjusted claims, see the <u>Claim Adjustments</u> provider reference module. These instructions do not apply to CMFR.

Those services with DOS on or after July 1, 2023, that were billed using the new waiver rates will be mass adjusted to pay the difference between the prior waiver rates and the new waiver rates. Providers do not need to do anything. Adjustments will be completed before the end of December 2023.

CMFR

This information is for Area Agencies on Aging (AAAs) and independent case management (ICM) organizations:

- AAAs and ICM organizations that use batch billing:
 - As part of this revised rate adjustments, AAAs and ICM organizations using batch billing for CMFR claims are requested to upload any 835 Health Care Claim Payment/Advice transactions from July 2023 through October 2023 that have not been previously uploaded. If you have not completed this process, please do so at your earliest convenience.
 - The process for uploading the 835 transaction is the following:
 - Take the 835 transaction from Gainwell and upload into CaMSS via the existing Integration Log process, which includes the following steps:
 - 1. Upload the 835 txt file into the electronic remittance advice (ERA) process dashboard.
 - 2. Click Process.
 - 3. Integration Logs will be created, which include the 835 report and Human Readable 835.
 - 4. The claim status will be updated appropriately based on the response file.

- AAAs and ICM organizations that use manual billing:
 - Those services with DOS on or after July 1, 2023, billed at the old rates, will need to be adjusted at the new rates. As previously stated, billing for these services is completed outside of CaMSS and will need to be done manually. For help with this process, see the <u>Claim</u> <u>Adjustments</u> provider reference module.
 - Those services with DOS on or after July 1, 2023, that were billed using the new waiver rates will be mass adjusted to pay the difference between the prior waiver rates and the new waiver rates. AAAs and ICM



organizations will not have to do anything. Adjustments will be completed by the end of December 2023.

Service authorizations

Please note there was a previously identified issue where incorrect service rates were still on service authorizations. Those affected service authorizations have been corrected and forwarded to Gainwell. Please proceed with billing accordingly.

Structured Family Caregiving Level 3 services

Gainwell has acknowledged a claim-processing issue that affected claim billing for Structured Family Caregiving Level 3 (procedure code-modifier combination S5140 U7 U3) services.

The issue has been corrected, and providers can resubmit claims now.

For additional information

Thank you for your diligence and cooperation as we navigate through these changes. If you have any questions, please reach out to HCBS.Ratemethodology@fssa.in.gov.

QUESTIONS?

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