

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202380    JULY 18, 2023

## Qualifying NF providers to receive a resident-specific add-on in addition to the daily per diem

The Indiana Health Coverage Programs (IHCP) reimburses nursing facility (NF) providers at a higher rate for members who receive certain specialized services. Currently, the reimbursement for these services is embedded in the daily rate (per diem). Pending approval from the Centers for Medicare & Medicaid Services (CMS), effective for dates of service (DOS) on or after **July 1, 2023**, qualifying NF providers will be reimbursed a resident-specific add-on in addition to the per diem.

These specialized services include Alzheimer's and dementia care in a special care unit (SCU) and ventilator-dependent services. NF providers that are determined by the Office of Medicaid Policy and Planning (OMPP) to qualify as special facilities will be eligible to receive the resident-specific add-on.

A State Plan Amendment addressing resident-specific add-ons must be approved by the CMS prior to their implementation. Providers will continue to be reimbursed according to the April 4, 2023, rates (which include any current add-ons to the per diem) until the State Plan Amendment has been approved and the **July 1, 2023**, rates have been released. Providers will be notified in a future IHCP bulletin when the resident-specific add-on has been approved and reimbursement will begin.



### **Billing and reimbursement for the resident-specific add-ons for SCU and ventilator services**

NF providers that qualify for the SCU add-on must designate SCU residents with Alzheimer's or dementia by using revenue code 193 on the institutional claim (*UB-04* claim form or electronic equivalent), in addition to billing for room-and-board charges using the applicable room-and-board revenue code. Use of revenue code 193 will trigger payment of the SCU add-on for qualifying residents. The SCU resident-specific add-on will be paid to qualifying facilities at a rate of \$12 per eligible Medicaid resident day.

NF providers that qualify for the ventilator add-on must designate ventilator-dependent residents by using revenue code 199 on the institutional claim, in addition to billing for room-and-board charges using the applicable room-and-board revenue code. Use of revenue code 199 will trigger payment of the ventilator add-on for qualifying residents. The ventilator resident-specific add-on will be paid to qualifying facilities at a rate of \$80 per eligible Medicaid resident day.

NF providers will be required to bill the applicable room-and-board revenue code as well as an additional detail line with the applicable add-on revenue code of 193 or 199 with the respective units and total charges to receive the appropriate reimbursement. Billing the room-and-board revenue code will generate the per diem rate reimbursement. The additional detail line containing revenue code 193 or 199 will generate the resident-specific add-on payment (if applicable).

These billing and reimbursement requirements apply to qualifying specialized services delivered to eligible IHCP members enrolled under the fee-for-service (FFS) delivery system (such as Traditional Medicaid) or in the Hoosier Care Connect managed care program. Managed care entities (MCEs) that encounter claims meeting these criteria should contact the OMPP at [FSSA.IHCPReimbursement@fssa.in.gov](mailto:FSSA.IHCPReimbursement@fssa.in.gov) for assistance with processing additional payment determinations.

### Obtaining Special Facility Qualification status

To be reimbursed at the rates effective for DOS on or after **July 1, 2023**, NF providers will use the *Nursing Facility Schedule of Special Facility Qualifications (Schedule Z)* to obtain qualification as a facility providing these specialized services. The *Schedule Z* form and instructions are available on the [Long Term Care](#) page of the Myers and Stauffer website, under **Nursing Facility > Forms > Schedule of Special Facility Qualifications (Schedule Z)**.



The following information applies to *Schedule Z*:

- **SCU** – Effective **July 1, 2023**, NF providers planning to bill Medicaid for additional reimbursement as an SCU will no longer be required to provide members' room numbers. However, these NF providers must complete and submit the Special Care Unit Qualifications section of *Schedule Z* by the due date for determination of Special Facility Qualification status by the OMPP.
- **Ventilator program** – NF providers planning to bill Medicaid for additional reimbursement as a ventilator program must complete and submit the Ventilator Program Qualifications section of *Schedule Z* by the due date for determination of Special Facility Qualification status by the OMPP.
- **Certification Statement** – After reviewing the completed *Schedule Z*, a person with authorization from the controlling body of the facility (such as a board member or owner) must sign and date the certification statement. The certification statement submitted to Myers and Stauffer, the rate-setting contractor, must contain handwritten signatures. PDF versions or copies of handwritten signatures are acceptable; however, electronic signatures are not acceptable.

It is the responsibility of the NF provider to supply timely notification to the OMPP of any changes to its specialized service programs that would result in the loss of its qualified status.

### QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

### COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [IHCP Bulletins](#) page of the IHCP provider website at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

### SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

