

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP COVID-19 Response: IHCP announces HCBS waiver assisted living provider relief; apply by July 31, 2021

In response to the national public health emergency due to the coronavirus disease 2019 (COVID-19), the Indiana Health Coverage Programs (IHCP) is offering financial relief to Medicaid-enrolled assisted living facilities that provide services under the Aged and Disabled and Traumatic Brain Injury waivers.

Relief funds may only be used to reimburse COVID-19-related expenses incurred on behalf of Medicaid waiver participants between February 1, 2020, and March 31, 2021. Please be aware that this initiative may not cover all reported expenses.

To get the relief funds to eligible assisted living providers as quickly and efficiently as possible, the Office of Medicaid Policy and Planning (OMPP) is relying on each provider applicant to be aware of their responsibilities in the use of the *Coronavirus Aid, Relief and Economic Security (CARES) Act* funding, and to apply by **July 31, 2021**. The [application and instructions](#) are available on the [FSSA guidance for various programs and stakeholders regarding COVID-19](#) web page at in.gov/fssa. Providers may download the application, complete the required information, sign, scan the signed application, and submit it via email to Stephen.Bordenkecher2@fssa.IN.gov.



IHCP COVID-19 Response: BDDS modifies ICF/IID therapeutic and hospital leave

In response to the novel coronavirus disease 2019 (COVID-19) pandemic, the Bureau of Developmental Disabilities Services (BDDS) has obtained a waiver to temporarily modify the limit of therapeutic leave for intermediate care facilities for individuals with intellectual disabilities (ICFs/IID). This waiver modifies previous guidance announced in *Indiana Health Coverage Programs (IHCP) Bulletin BT202066*.

Therapeutic leave limit

The therapeutic leave limit is being extended from the previously announced 120 calendar days to a maximum of 180 calendar days for ICF/IID services. The waiver is retroactively effective beginning March 19, 2020, and continues through December 31, 2020. For claims with dates of service (DOS) on or after January 1, 2021, the limit returns to 60 days. Claim details that denied for EOB 6068 – *Exceeds allowable therapeutic leave days for ICF/IID patients under the Indiana Health Coverage Programs. Maximum allowable days is 60 per calendar year* during this time will be reprocessed.

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Hospital leave limit

The hospital leave limit of 15 days is being discontinued. The waiver for the 15-day hospital leave is retroactively effective beginning March 19, 2020, and continues through December 31, 2020. For claims with DOS on or after January 1, 2021, the limit returns to 15 days. Claim details that denied for EOB 6046 – *Services cutback exceeds allowable leave days under the Indiana Health Coverage Programs* during this time will be reprocessed



Claims for hospital leave or therapeutic leave

Claims submitted for hospital leave or therapeutic leave beyond the 120-day (therapeutic) or 15-day (hospital) limits for DOS between March 19, 2020, and December 31, 2020, will be mass adjusted or reprocessed, as appropriate. Providers should expect to see claims with region code 52 (mass replacements non-check-related) or 80 (reprocessed denied claims) on their Remittance Advices (RAs) on or after June 23, 2021.

IHCP to mass adjust claims for end-stage renal disease services that paid incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects fee-for-service (FFS) outpatient claims for end-stage renal disease (ESRD) services with dates of service (DOS) from February 13, 2017, through January 20, 2021. Claims paid but should have denied at the detail level when the DOS was the same as the DOS at the line level, and the procedure code at the detail level was billed with any of the following revenue codes:

- 820 – *Hemodialysis – Outpatient or Home – General*
- 821 – *Hemodialysis – Outpatient or Home – Hemodialysis/Composite or Other Rate*
- 823 – *Hemodialysis – Outpatient or Home – Home Equipment*
- 825 – *Hemodialysis – Outpatient or Home – Support Services*
- 829 – *Hemodialysis – Outpatient or Home – Other Outpatient Hemodialysis*
- 830 – *Peritoneal Dialysis – Outpatient or Home – General*
- 831 – *Peritoneal Dialysis – Outpatient or Home – Peritoneal/Composite or Other Rate*
- 841 – *Continuous Ambulatory Peritoneal Dialysis (CAPD) – Outpatient or Home – CAPD/Composite or Other Rate*
- 851 – *Continuous Cycling Peritoneal Dialysis (CCPD) – Outpatient or Home – CCPD/Composite or Other Rate*
- 881 – *Miscellaneous Dialysis – Ultrafiltration*



The claim-processing system has been corrected. Claims processed during the indicated time frame that paid incorrectly will be mass adjusted. Providers should see adjusted claims on Remittance Advices (RAs) beginning June 23, 2021, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related). If a claim was overpaid, the net difference will appear as an accounts receivable. The accounts receivable will be recouped at 100 percent from future claims paid to the respective provider number.

Sandata to host webinar for alternate EVV vendors

The *21st Century Cures Act* directs Medicaid programs to require personal care service and home health service providers to use an electronic visit verification (EVV) system to document services rendered. See *Indiana Health Coverage Programs (IHCP) Bulletin* [BT201855](#) for more information. The implementation date for requiring the use of an EVV system for personal care services was January 1, 2021. The implementation date for requiring the use of an EVV system for home health services remains January 1, 2023.

The IHCP is partnering with Sandata to host a live webinar focused on alternate EVV vendors and their users. The purpose of this webinar is to provide helpful education and tips on common questions and concerns raised by alternate EVV providers and vendors. The webinar will not be used to address open provider tickets. Webinar event information is as follows:

- Date: May 26, 2021
- Time: 12 p.m. (noon) Eastern Time

Participants are encouraged to register prior to the event. To register, use the following link: [FSSA Alternative EVV Vendor Webinar Registration](#).



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