



IHCP COVID-19 Response: Virtual services reimbursed during COVID-19 public health emergency

The Family and Social Services Administration (FSSA) is providing clarification of services eligible for reimbursement under the Indiana Health Coverage Programs (IHCP) when delivered virtually by Medicaid and Medicaid waiver providers. This clarification reflects the passage of [Senate Enrolled Act 3 \(SEA 3\)](#) and the expiration of provisions related to telehealth services set forth in [Executive Order 21-13](#).

As part of [Appendix K](#) authority, Medicaid waiver providers can continue to provide non-healthcare services virtually and receive IHCP reimbursement. The temporary authority to bill for these services is granted by the Centers for Medicare & Medicaid Services (CMS) through Appendix K as part of the federal response to the coronavirus disease 2019 (COVID-19) public health emergency. This temporary authority is tied directly to the federal public health emergency declaration, and as a result the ability to bill for these virtual services will end no later than six months after the public health emergency ends. Currently the public health emergency is anticipated to end December 31, 2021. The Division of Aging (DA) and the Division of Disability and Rehabilitative Services (DDRS) oversee the waiver programs and the waiver providers that are covered in Appendix K and the COVID-19-specific conditions under which a provider may bill for virtual services.



Medicaid waiver providers that deliver remote support services as part of preexisting waivers were previously approved to deliver these services by the CMS; therefore, these providers can continue to deliver these services virtually as they fall outside the definition of “health care services” set in SEA 3. These remote support services are only available under the Family Supports Waiver (FSW) and the Community Integration and Habilitation (CIH) Waiver.

Providers that have been granted the authority to bill for case management when delivered virtually (such as via telephone or video conferencing), either through the Appendix K authority or by the IHCP, can continue to do so. Case management is considered outside the definition of health care services established in SEA 3. The individual FSSA divisions (such as OMPP, DA and DDRS) retain the authority to set parameters and approve or deny the ability to bill for case management provided virtually under the Appendix K or existing Medicaid authorities.

Provider types not listed as a “practitioner” in SEA 3 and not covered under Appendix K authority or a preexisting Medicaid waiver are not able to bill for virtual health (for example, telehealth) or virtual service delivery at this time.

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