IHCP Live Webinar

July 1, 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
- OMPP HCBS Certification Support
- HCBS Certification: Publication Updates and Education Opportunities

Reminders For Providers

Reminders With Effective Dates

Applied Behavioral Analysis (ABA) group enrollments must complete accreditation by October 1, 2027.

All currently enrolled ABA providers must submit documentation demonstrating they have initiated the accreditation process by August 1, 2026.

Documentation must be submitted to INXIXabaenrollments@gainwelltechnologies.com by August 1, 2026.

If a group enrollment is already accredited, providers may upload a copy of their accreditation through the IHCP Provider Healthcare Portal as a provider maintenance update. Updates must also be completed by August 1, 2026. See BT202646 for more information.

Providers that do not submit documentation of initiation or current accreditation **by August 1, 2026**, will be deactivated by the IHCP.

Policy, Compliance & Enrollment Reminders

All IHCP-enrolled providers must verify member eligibility **before** the initiation of services and on each date of service thereafter, because a member may become ineligible for services at any time.

Providers can access IHCP Eligibility Verification System (EVS) information using the following methods:

- IHCP Provider Healthcare Portal, accessible from the homepage at in.gov/medicaid/providers
- Virtual assistant (GABBY) at 800-457-4584, option 2
- 270/271 Eligibility Benefit Inquiry and Response electronic transactions using approved vendor software

See the Member Eligibility and Benefit Coverage module for details about using these eligibility verification methods.

For HCBS providers, before providing services you must also verify the members has an active waiver via the IHCP portal for the appropriate program, you have received a service authorization, also known as a Notice of Action (NOA), and that you are certified by the OMPP or BDS to provide the service. An NOA is not a valid verification of member eligibility.

Action Items Needing Provider Attention

- **Save the date for the 2026 IHCP Works Seminar on October 6-8**
  - Held at the Embassy Suites: 6089 Clarks Creek Road, Plainfield, IN 46168
  - More information will be announced in a future publication.
  - If you have questions about the seminar, please contact the IHCP Works seminar voicemail at 317-488-5072.

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 a Managed Care Organization (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.

Bulletin Spotlight

- *BT202694: IHCP announces accelerated revalidation plan for certain providers*
- *BT202692: IHCP receives approval for an ABA provider enrollment moratorium*
- *BT202677: 2026 IHCP Live monthly webinar schedule for July, August and September*
- *BT202656: IHCP presents weekly status of claim-processing payment for impacted CCBHC claims*
- *BT202652: FSSA reiterates the H&W, PathWays and TBI Medicaid waiver invitation process*
- *BT202647: IHCP clarifies home health Medicare enrollment requirement*
- *BT202646: IHCP to require ABA agencies to be accredited*
- *BT202627: IHCP announces changes to applied behavior analysis (ABA) therapy services*
- *BT202577: IHCP reminds HCBS waiver providers of certification and enrollment guidelines*
- *BT202562: IHCP issues updated guidance for FFS and managed care ABA therapy prior authorizations*
- *BT202543: IHCP clarifies billing requirements for ABA claims with primary payer*
- *BT2024194: IHCP clarifies ABA documentation requirements and updates provider enrollment requirements*
- *BT2024181: IHCP reminds providers not to bill Medicaid members, with some exceptions*
- *BT202456: IHCP provides instructions for OMPP HCBS Certification Portal*

Breakdown of Important Bulletins: BT202692

IHCP Bulletin BT202692: CMS Approves ABA Provider Enrollment Moratorium Effective June 6, 2026

As announced, on May 7, 2026, in *Indiana Health Coverage Programs (IHCP) Bulletin BT202667*, the IHCP sought approval from the Centers for Medicare & Medicaid Services (CMS) to implement a provider enrollment moratorium on applied behavior analysis (ABA) providers. The CMS approved IHCP's request to implement a six-month moratorium effective **June 6, 2026**, preventing **new ABA group enrollments** and **changes of ownership** for existing ABA agencies. **Individual rendering provider enrollments** will not be affected.

Providers seeking an exception to the moratorium must be accredited per the requirements described in *IHCP Bulletin BT202646 and submit their request by emailing* **OMPPProviderRelations@fssa.in.gov**.

Breakdown of Important Bulletins: BT202694

IHCP Bulletin BT202694: IHCP announces accelerated revalidation plan for certain providers

- In response to a request from the CMS, over the next two years, the IHCP will be conducting an accelerated revalidation of:
  - Providers that were categorized as high-risk upon their initial enrollment with the IHCP
  - Providers that had their risk level changed to high-risk after their initial enrollment
  - Waiver providers (provider type 32), regardless of their initial or current risk-category assignment
- **Exception:**
  - *Any non-waiver providers that completed their screening activities between June 1, 2025, and May 31, 2026.*
  - *Any waiver providers that were originally screened as high-risk, and that completed their screening activities between June 1, 2025, and May 31, 2026.*
    - ***Waiver providers that were not originally screened as high-risk will be subject to accelerated revalidation regardless of when their screening activities took place.***

Continuation of Breakdown of Important Bulletins: BT202694

IHCP Bulletin BT202694: IHCP announces accelerated revalidation plan for certain provider

- **Reminder: Providers will be alerted to their revalidation due date through the standard IHCP communication efforts including:**
  - Letters to the provider's mail-to address on file with the IHCP
  - Notification within the IHCP Provider Healthcare Portal (IHCP Portal).
  - Online spreadsheet of upcoming revalidation due dates on the *Revalidate Your Provider Enrollment* webpage at in.gov/medicaid/providers.

Providers assigned to the high-risk category are required to have a national fingerprint background check. This requirement applies to all individuals who have at least 5% ownership or controlling interest in the enrolling business entity, including the board of directors if the enrolling entity is not-for-profit. The requirement also applies to individual practitioners who have been assigned to the high-risk category.

Breakdown of Important Bulletins: BT202697

IHCP Bulletin BT202697: VFC vaccine administration claims denied in error

The IHCP identified an issue with Vaccines for Children (VFC) claims billed with the following vaccine administration procedure code-and-modifier combinations:

- 90471 SL- Administration of vaccine; VFC vaccine administration
- 90472 SL- Administration of vaccine, each additional vaccine; VFC vaccine administration
- 90473 SL- Administration of nasal or oral vaccine, 1 vaccine; VFC vaccine administration
- 90474 SL- Administration of nasal or oral vaccine, each additional vaccine; VFC vaccine administration
- 90480 SL- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose; VFC vaccine administration

Impacted claims that may have been denied in error adjudicated on March 30, 2026, through June 3, 2026. Providers can expect to see adjustments for FFS claims on RAs beginning June 17, 2026.

Breakdown of Important Bulletins: BT202688

IHCP Bulletin BT202688: IHCP announces HAF adjustment factors for outpatient and inpatient rates

Effective July 1, 2026, the IHCP will revise the Hospital Assessment Fee (HAF) adjustment factor used for inpatient diagnosis-related group (DRG) reimbursement to eligible hospitals. There will be no change in the other HAF adjustment factors used for eligible hospitals. The following are the HAF adjustment factors as of July 1, 2026:

- The revised adjustment factor for the inpatient DRG base rate is 3.9 (previously 3.7).
- The adjustment factor for the inpatient rehabilitation level-of-care (LOC) rate is 3.2 (no change).
- The adjustment factor for the inpatient psychiatric LOC rate is 3.2 (no change).
- The adjustment factor for the inpatient burn LOC rate is 1.0 (no change).
- The adjustment factor for the outpatient rate is 3.9 (no change).

Continuation of Breakdown of Important Bulletins: BT202688

IHCP Bulletin BT202688: IHCP announces HAF adjustment factors for outpatient and inpatient rates

As a reminder, HAF rate adjustments are not applied to the following outpatient hospital services:

- Laboratory procedure codes in the Medicare clinical laboratory fee schedule, available from the Clinical Laboratory Fee Schedule webpage at cms.gov
- Procedure codes linked to revenue code 636 – Pharmacy (Extension of 025X) – Drugs Requiring Detailed Coding
- Procedure codes linked to revenue code 274 – Medical/Surgical Supplies and Devices – Prosthetic/Orthotic Devices

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 BT202695: Fixed typo T1006 -> T1007 (*Posted on 6/4)*
- Correction to BT202675: Changed EOB code to 6768. Fixed typo T12007 -> T1007 (*Posted on 6/4)*
- Correction to BT2025136: Changed EOB code to 6768 (*Posted on 6/5)*
- Correction to BT202673: Updated proposed Live-in Caregiver rates *(Posted 6/30)*

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 Corrections

New information announced in IHCP bulletins is later incorporated into IHCP provider reference modules, as applicable, during regularly scheduled updates.

The following IHCP provider reference module corrections were posted this month:

- Correction to the "OMPP HCBS PathWays Waiver" Module:
  - V2.2- On Table 1, corrected rate for Assisted Living- Level 2 Daily to $112.13 (*Posted on 6/15*)

Note: You may need to refresh your webpage after clicking on the URL for the corrected bulletin to show the updated page.

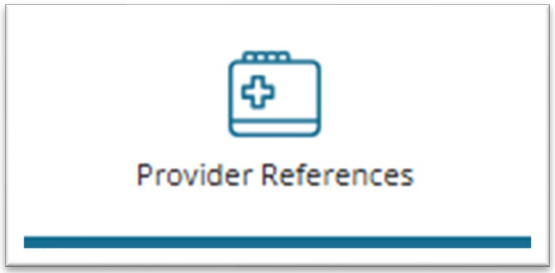
General Provider Education Opportunities

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 References Tab



Provider References:

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

Provider Education Tab

Provider Education:

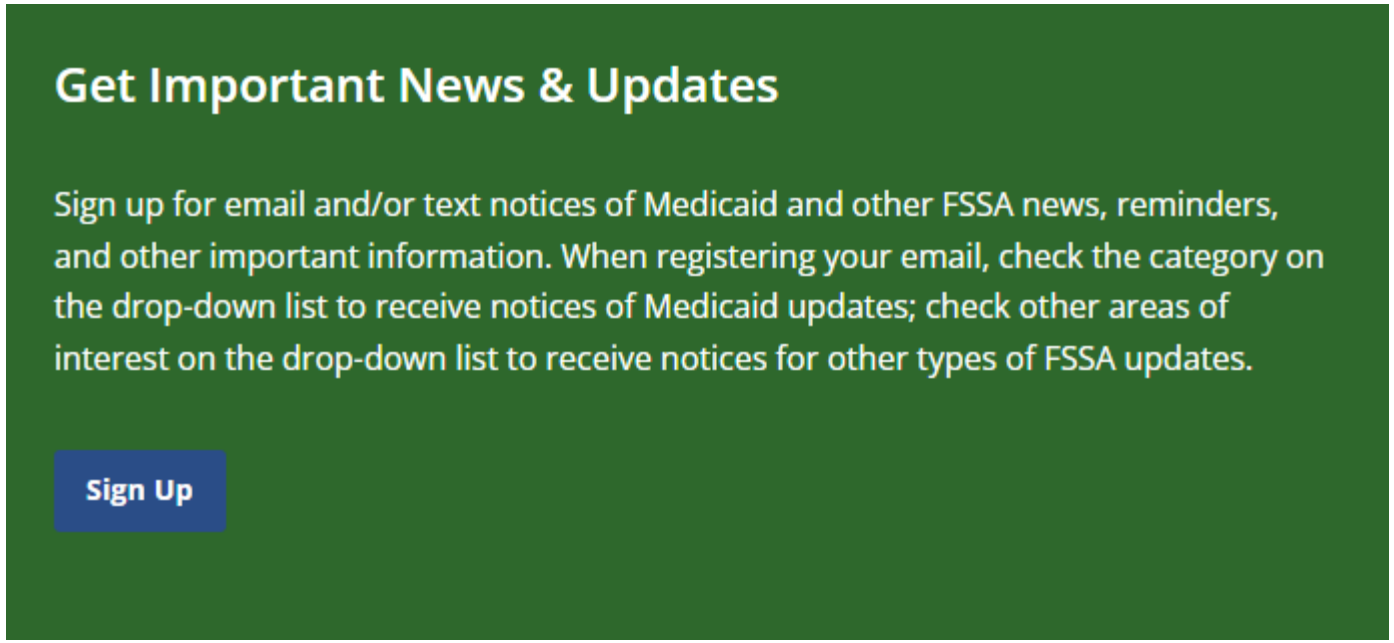
- Provider Education Opportunities
- IHCP Works Seminar
- IHCP Live Webinars
- IHCP Quick Hits
- Program Integrity Provider Trainings
- IHCP Provider Healthcare Portal Training
- PE Qualified Provider Training
- Electronic Visit Verification Training
- Archived Workshop Presentations

Contact Information Tab

Contact Information:

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

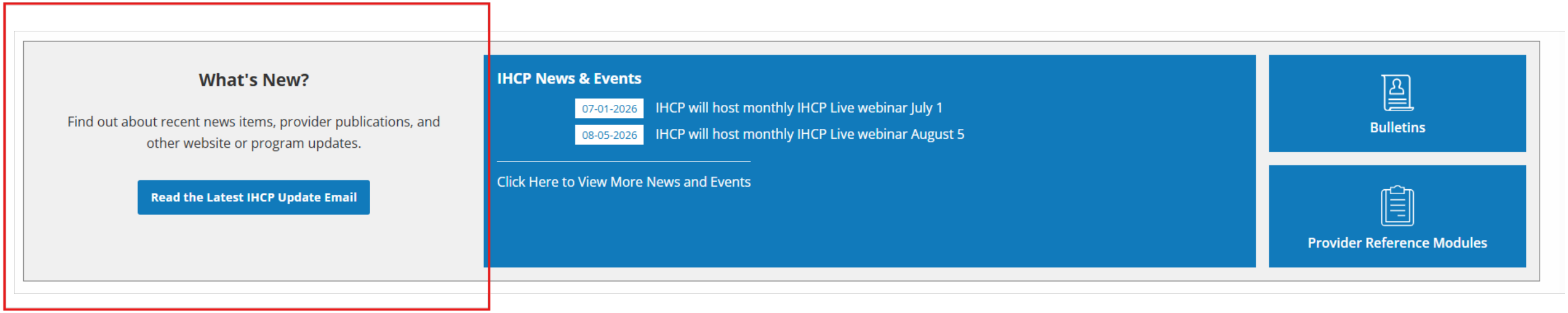
Stay Connected with the IHCP!



Please be sure to stay connected and sign up to get important FSSA news and updates.

Other Ways to Find the IHCP Update Email

The weekly IHCP update email can also be found on the IHCP Providers homepage.



MCO Provider Trainings

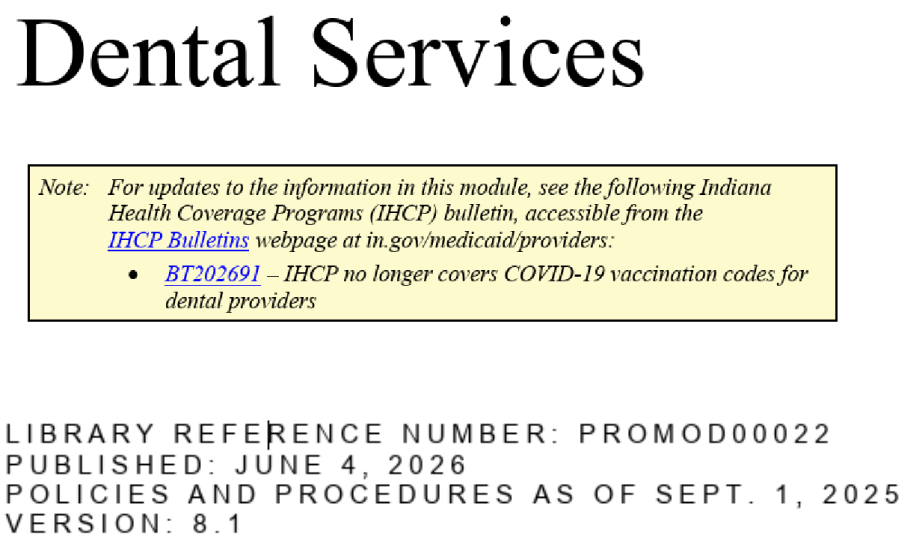
- Anthem Provider Trainings
- CareSource Provider Trainings
- Humana Provider Trainings
- MHS Provider Trainings
- UHC Provider Trainings

Trending Topics

Topic #1: Module Policy vs Bulletin Policy

Some information published by the IHCP via bulletins have not yet been updated in provider reference modules. If the bulletin has been released after the most recent module update, refer to the bulletin policy.

Information not updated in module



Dental Services

Note: For updates to the information in this module, see the following Indiana Health Coverage Programs (IHCP) bulletin, accessible from the IHCP Bulletins webpage at in.gov/medicaid/providers:

- *BT202691 – IHCP no longer covers COVID-19 vaccination codes for dental providers*

LIBRARY REFERENCE NUMBER: PROMOD00022
PUBLISHED: JUNE 4, 2026
POLICIES AND PROCEDURES AS OF SEPT. 1, 2025
VERSION: 8.1

Updated policy in bulletin example

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202691 JUNE 4, 2026

IHCP no longer covers COVID-19 vaccination codes for dental providers

Topic #2: Box 33 Billing Requirements

One of the top claim denial reasons OMPP sees on a regular basis is related to Box 33

One-to-one match elements and processing order:

- Billing provider NPI
- Taxonomy code
- Service location name and address including ZIP + 4

Field 33

- Box 33 must include the SERVICE LOCATION name and address including the ZIP code + 4, **exactly** as listed on the IHCP provider enrollment profile for the billing or group provider.
- If the U.S. Postal Service provides an expanded ZIP Code for a geographic area, this expanded ZIP Code must be entered on the claim form.
- This address may differ from the legal, pay-to, or mail-to address on file. These addresses would prevent a one-to-one match.

For **Field 33a**, healthcare providers must enter their billing provider NPI.
Waiver providers do not enter anything in this field.

Box 33: Healthcare Providers Billing Requirements

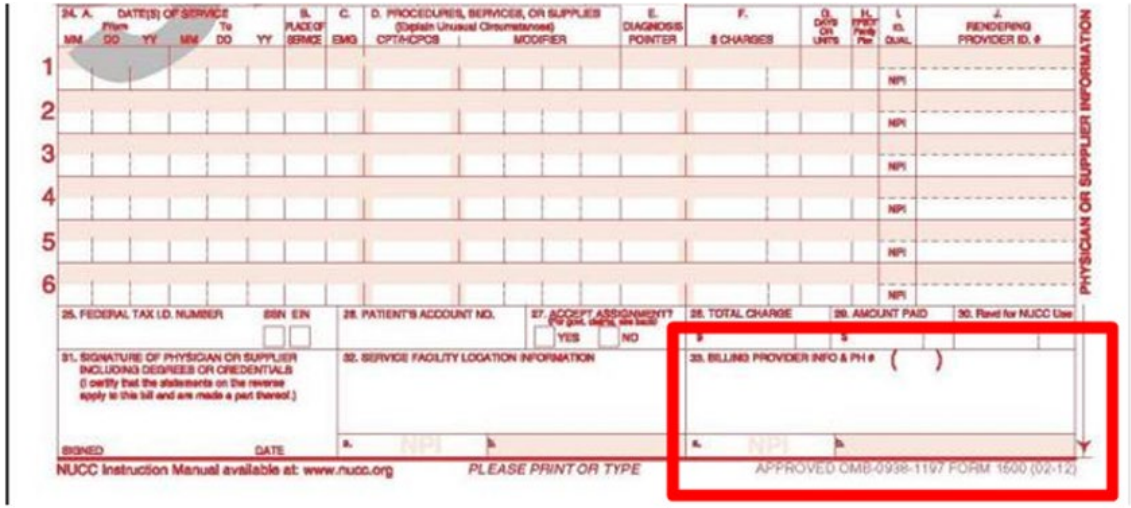
Field 33b: Healthcare Providers

- If a taxonomy code is needed to make a one-to-one match, the appropriate taxonomy code must be entered in field 33b.
- This may be necessary if the healthcare provider has multiple locations.
- Also enter qualifier ZZ or PXC.
- **If the taxonomy is necessary to make the one-to-one match, this field is required**.

Box 33: Waiver Providers Billing Requirements

Field 33b: Waiver Providers

- If the billing provider is an atypical provider, enter the qualifier G2 and the billing provider's IHCP Provider ID. Required for atypical billing providers.
  - Review the *CMS-1500* Claim Form – Field-by-Field Instructions section of the Claims Submission and Processing provider reference module



For more information on this topic, please refer to the presentation OMPP gave at the 2025 IHCP Works Annual Seminar (Box 33 Requirements: Reviewing Requirements and Reducing Claim Denials)

OMPP HCBS Certification Support

OMPP Certification Common Setback #1

Uploading a PSA License when an HHA License is required

Resolution:

Double check eligibility for services based on requirements for Personal Service Agency License and/or a Home Health Agency License.

Some services can take either license; others specifically require Home Health Agency Licenses.

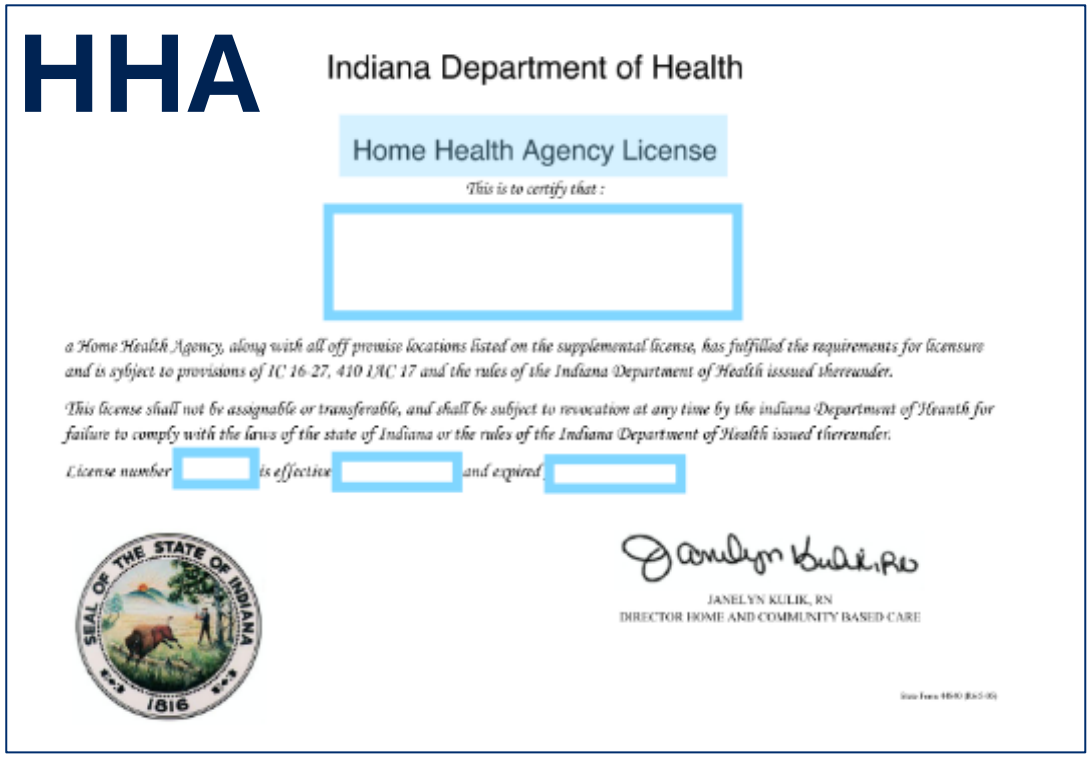
Example: Respite requires Home Health Agency (HHA) license

Make sure if you are requested to upload a Home Health Agency license, to not upload a Personal Services License in this folder. It could contribute to preventable delays in your application process.

Double Check License Details

- [x] Legal Business Name
- [x] DBA Name
- [x] License # Valid
- [x] Expiration Date

HHA



Indiana Department of Health

Home Health Agency License

This is to certify that :

a Home Health Agency, along with all off premise locations listed on the supplemental license, has fulfilled the requirements for licensure and is subject to provisions of IC 16-27, 410 IAC 17 and the rules of the Indiana Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana Department of Health for failure to comply with the laws of the state of Indiana or the rules of the Indiana Department of Health issued thereunder.

License number [ ] *is effective* [ ] *and expired* [ ]

JANELYN KULIK, RN
DIRECTOR HOME AND COMMUNITY BASED CARE

PSA

Indiana Department of Health

Personal Services Agency License

This is to certify that:

a Personal Services Agency, along with all off premise locations listed on the supplemental license, has fulfilled the requirements for licensure and is subject to provisions of IC 16-27-4.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana Department of Health for failure to comply with the laws of the State of Indiana.

License number [ ] *is effective* [ ] *and expires* [ ]

JANELYN KULIK, RN
DIRECTOR HOME AND COMMUNITY BASED CARE

State Form 44840 (R6/5-05)

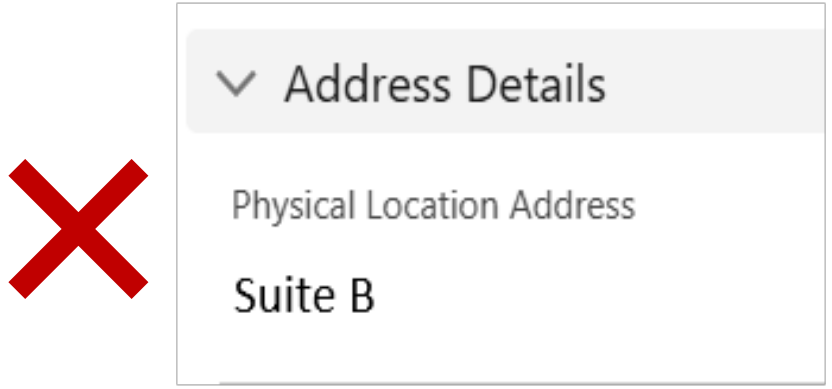
OMPP Certification Common Setback #2

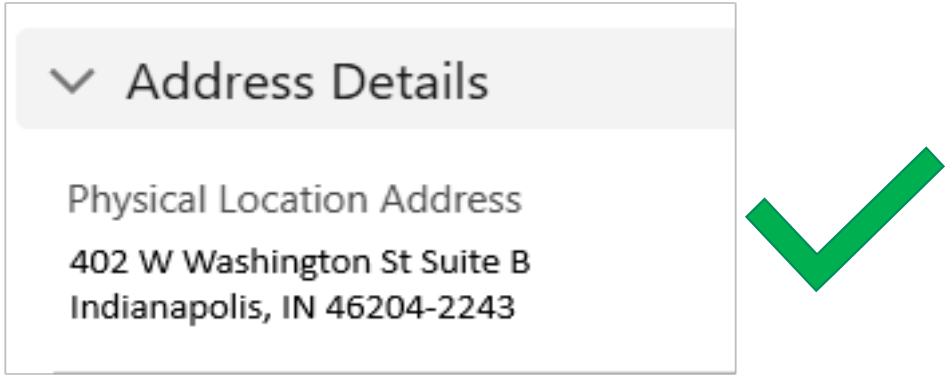
Incomplete Address on Applications

Resolution:

To ensure applications are processed without delay, please provide a complete address on all applications.

- Provide a full physical address to include the street number, name, city, state and full zip+4 code. This helps verify the exact location and reduces delays caused by incomplete address information. If you are unsure of your zip+4 code, you may use the USPS Zip Code Lookup Tool.





HCBS Certification: Publication Updates and Education Opportunities

Breakdown of Important Bulletin: BT2026103

IHCP Bulletin BT2026103: FSSA establishes PathWays waiver program termination notices and reasons

The FSSA has established six reasons for member termination from the PathWays waiver program. Effective immediately, when a member is terminated from the waiver program, they will receive a notice that will include one of the following reasons:

- Loss of Medicaid eligibility
- Admission to facility for long-term stay
- Voluntary withdrawal
- Failure to cooperate in setting up a waiver service plan
- Not using waiver services per service plan
- LOC not met upon reassessment

These updates notices will allow members to better understand why their waiver was terminated.

Breakdown of Important Bulletin: BT202651

IHCP Bulletin BT202651: FSSA clarifies home modifications for H&W, TBI and PathWays waiver providers

Home modifications under the waiver only cover basic modifications that are determined to be medically necessary and should be the most cost effective while meeting needs for accessibility in the member's home. It is not acceptable to submit bids attempting to combine waiver funding for basic modifications with private funding to cover the higher costs of any desired upgrades.

If there are any complaints, issues or discrepancies, members need to notify the following:

- **For H&W and TBI waivers** – The BDS must be notified within 48 hours at BDS.Help@fssa.in.gov. The BDS must approve any alterations to a bid prior to implementation.
- **For PathWays waiver** – The MCO must be notified either through the grievance and appeal process or through the member's assigned service coordinator. If the state or MCO determines the provider is at fault for poor and/or incorrect work during the home modification, the provider shall replace or repair any product or installation at no cost to the state or individual.

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 the website before starting an application.

OMPP HCBS Certification Education

OMPP HCBS Certification Training Videos:

- Demonstration for continuing an application
- Demonstration for updating a returned application

HCBS Quick Hits:

- OMPP HCBS 1915c Waiver Provider Change of Address Process
- HCBS Settings Rule

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

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

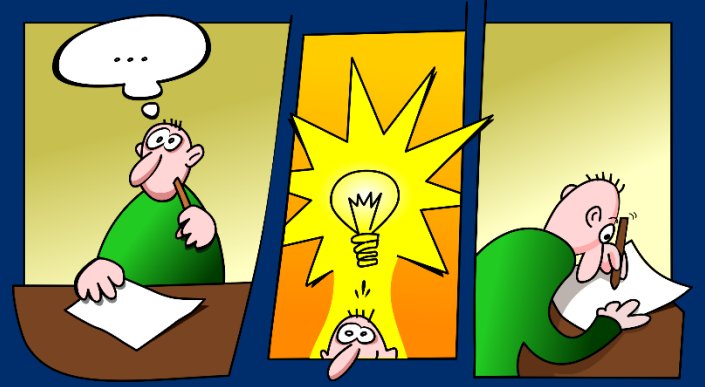
- The best ways to contact our team is through Inquiries or the Chatter feature in the OMPP Certification Portal.

- 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 Webinar Topic Ideas?



The 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

Thank You

Next IHCP Live Monthly Webinar:
August 5, 2026, at 11am ET