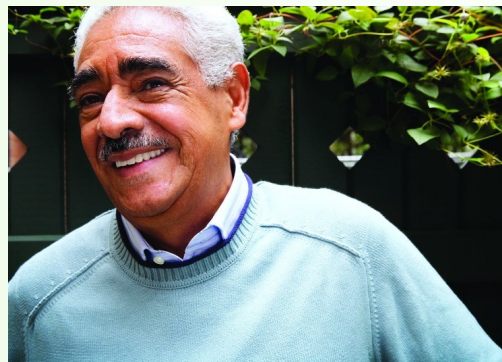


FSSA and IAC host Lifelong Arts Indiana training opportunities

According to the [Creativity and Aging Study](#), creative arts experiences for people over the age of 65 have been shown to have significant health and well-being benefits. The aging population throughout the country is increasing rapidly, and the Indiana Family and Social Services Administration (FSSA) reports that in Indiana specifically there are 1,364,288 individuals over the age of 60, according to 2016 U.S. census data. To support the health and well-being of older Hoosiers, the Indiana Arts Commission (IAC) and FSSA are hosting four free Lifelong Arts training opportunities across the state.



The trainings are designed for professionals in the aging-services community, such as Area Agencies on Aging (AAAs), senior centers or other community-based senior-serving organizations, and will focus on information about creative aging theory, step-by-step planning support, practical application of the learnings and the opportunity for grant support.

Professionals in the aging-services community can sign up for one of four free, in-person workshops. The training sessions are as follows:

- April 28, 2023: Fort Wayne
- June 23, 2023: Bloomington
- Sept. 19, 2023: Evansville
- Nov. 14, 2023: Gary

Participants of these aging-services trainings will be eligible to apply for Lifelong Arts Early Action Grants, which fund a sequential arts-learning experience for a group of older adults in their community. Grants will be for up to \$5,000 and limited to learning experiences led by a qualified artist.

Learn more about the program, different training and available funding opportunities at the [Lifelong Arts Indiana](#) page at [in.gov/arts](#).

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HCBS Provider Readiness Grant open for Round 2

The Indiana Family and Social Services Administration (FSSA) is excited to announce the Home- and Community-Based Services (HCBS) Provider Readiness Grant is reopening for Round 2. The FSSA is reopening this grant opportunity to support more providers as they prepare for the transition to a managed care system.

To apply for Round 2 of the Provider Readiness Grant, please submit the [attestation form](#) before March 28, 2023. Round 2 of the Provider Readiness Grant is only available for eligible providers that were not awarded during Round 1.

Grant Requirements: The Office of Medicaid Policy and Planning (OMPP) is awarding one-time funds of \$20,000 per grant to support the implementation of a readiness project. These grant funds serve to compensate eligible providers for time away from their day-to-day agency work and include the following areas:

1. Complete the seven HCBS Provider Readiness Trainings announced by the OMPP before June 30, 2023.
2. Develop and implement a readiness project that enhances your business model and leads to better health outcomes for the Hoosiers you serve.

Submit a brief **final report** confirming attendance to the seven HCBS Provider Readiness Trainings and outlining the readiness project by **June 30, 2023**.

Eligibility Criteria: To be eligible for the HCBS Provider Readiness Grant, providers must be an IHCP-approved HCBS Aged and Disabled Waiver provider. Providers that were awarded the Round 1 of the HCBS Provider Readiness Grant are **not** eligible for Round 2.

For more information, please review the **FAQs** to be posted on the [Home- and Community-Based Services Spending Plan](#) page at in.gov/fssa. Please submit any **questions** to hcbs.spendplan@fssa.in.gov.

IHCP clarifies managed care hospice room-and-board per diem

The Indiana Health Coverage Programs (IHCP) is clarifying the existing policy regarding reimbursement for hospice services for members residing in nursing facilities.

If a Medicaid member is admitted to a nursing facility for hospice services, in addition to the routine or continuous care hospice reimbursement amount, the hospice agency must also be paid a room-and-board payment that is equivalent to 95% of the nursing facility's daily rate.



The IHCP identified that managed care entities (MCEs) have not been paying the additional 95% room-and-board per diem portion. These payments are required to ensure compliance with *Indiana Administrative Code 405 IAC 1-16-4*.

For Healthy Indiana Plan (HIP) claims, as announced in *IHCP Bulletin BT202264*, the nursing facility daily rate should be calculated using the adjusted Medicare Equivalent methodology outlined under the nursing facility reimbursement policy that became effective Nov. 1, 2022.

For Hoosier Care Connect claims, the facility daily rate would be the Medicaid rate.

IHCP will adjust or reprocess outpatient claims that denied inappropriately

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain fee-for-service (FFS) outpatient claims for dates of service (DOS) Jan. 1, 2023, through Feb. 17, 2023. In error, claims may have denied inappropriately for explanation of benefits (EOB) 0520 – *Invalid revenue code and procedure code combination – please verify and resubmit.*

The claim-processing system has been corrected. Claims processed during the indicated time frame will be mass adjusted or reprocessed as appropriate. Providers should see adjusted or reprocessed claims on Remittance Advices (RAs) beginning April 12, 2023, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).

IHCP will reprocess or mass adjust claims for select procedure codes

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects certain fee-for-service (FFS) claims billed with the National Drug Codes (NDCs) indicated in Table 1. Claims with the NDCs may have paid inappropriately.

The NDCs listed in Table 1 were reactivated by the Centers for Medicare & Medicaid Services (CMS). Professional or outpatient FFS claims may have denied incorrectly with explanation of benefits (EOB) 4007 – *Non-covered NDC due to CMS termination.*

Table 1 – CMS-reactivated NDCs that will be reprocessed or mass adjusted

NDC	Description
00069-004-301	Heparin 2,000 unit/2 mL, vial
00069-005-902	Heparin 50,000 unit/10 mL, vial
00069-005-904	Heparin SOD 5,000 unit/mL, vial

Effective retroactive to dates of service on or after **Dec. 31, 2022**, NDC 00591-501-902 can no longer be reported with procedure code J9395 – *Injection, fulvestrant, 25 mg*. Claims will be mass adjusted or mass reprocessed and deny with explanation of benefits (EOB) 4300 – *Invalid NDC to procedure code combination.*

The claim-processing system has been corrected. Professional or outpatient FFS claims submitted between Jan. 1, 2019, and Feb. 8, 2023, may have processed incorrectly and will be mass adjusted or reprocessed. Providers should see adjusted or reprocessed claims on Remittance Advices (RAs) beginning April 12, 2023, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).

QUESTIONS?

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