

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT2024147    SEPTEMBER 19, 2024

## Certain MFP Aged & Disabled Demonstration Grant claims to be reprocessed

The Family and Social Services Administration (FSSA) identified several Money Follows the Person (MFP) Aged & Disabled Demonstration Grant cases that have exceeded 365 days of eligibility and needed to be transitioned to different coverage immediately to avoid further risk to the overall MFP program. Responsible distribution and fiscal oversight of MFP funded slots is an essential component of the Medicaid program's quality and sustainability outcomes.

As a reminder, MFP participants can receive supports and services for a period of 365 days as specified by Centers for Medicare & Medicaid Services (CMS) rules and requirements. It is a federally funded program that supports states in rebalancing their long-term services and supports (LTSS) systems from institutional settings to community-based settings by providing care and services through flexible funding

opportunities to help states develop and test the necessary processes, tools and infrastructure to support successful transitions from institutional to community-based settings for individuals eligible for Medicaid LTSS.

As of July 1, 2024, individuals who continue to meet Nursing Facility Level of Care funnel into one of two waivers when their 365 days of MFP eligibility have been exhausted:

- Indiana PathWays for Aging (PathWays) waiver for member 60 years and older
- Health and Wellness waiver for members 59 years and younger

These members have reserved waiver slots. Just like the MFP program, both of these waivers are also designed to support individuals in their homes and communities as opposed to institutional settings.

To correct inappropriate claiming to MFP funding, the Division of Disability and Rehabilitative Services, the Division of Aging, and the Office of Medical Policy and Planning have collaborated to correct billing and service plan issues without overburdening providers. Identified cases will have the waiver type and funding source corrected on both the Care Management for Social Services (CaMSS) service plan and claims in the Core Medicaid Management Information System (CoreMMIS). Providers may receive a new service authorization due to the changes being made.

Providers should see reprocessed claims on remittance advices (RAs) beginning Oct. 23, 2024. Reprocessed claims will be identified with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check replacement).

There will be additional communications sent directly to specific providers being impacted with this issue.

The FSSA would like to emphasize that this issue is unrelated to the PathWays program launch and waiver transition but is a result of increased state oversight and monitoring activities.

If you have any questions related to claim reprocessing and submission, please reach out to [FSSA.IHCPReimbursement@fssa.in.gov](mailto:FSSA.IHCPReimbursement@fssa.in.gov). For general questions or concerns regarding individuals who are 59 years and younger, please contact [BDS.SCPHelp@fssa.in.gov](mailto:BDS.SCPHelp@fssa.in.gov). For general questions or concerns regarding individuals who are 60 years and older please contact [INPathWays@fssa.in.gov](mailto:INPathWays@fssa.in.gov).



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