IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR202245 NOVEMBER 8, 2022

CMS good faith exemption extends EVV implementation for home health services

The *21st Century Cures Act* directs state Medicaid programs to require personal care service and home health services providers to use an electronic visit verification (EVV) system to document the services rendered. See *Indiana Health Coverage Programs (IHCP) Bulletin BT201855* for more information.

The Centers for Medicare & Medicaid Services (CMS) is granting Indiana approval of the EVV good faith effort exemption request for home health services.

The implementation date for requiring the use of an EVV system for home health services will now be Jan. 1, 2024. As announced in *IHCP Bulletin BT202248*, the IHCP will still deny claims for personal care services that are not EVV-compliant starting with dates of service (DOS) on or after Jan. 1, 2023.

While the state of Indiana has additional time to meet the federal EVV requirement, providers are strongly encouraged to continue taking steps now to be ready by Jan. 1, 2024. Providers need to determine whether they would like to use the state's EVV solution, Sandata or an alternative EVV solution. For more information, see the *Electronic Visit Verification* page at in.gov/medicaid/providers.

IHCP publishes Medicaid Therapy Services Prior Authorization Checklist

The Indiana Health Coverage Programs (IHCP) has developed a *Medicaid Therapy Services Prior Authorization Checklist* for providers of therapy services, including physical therapy (PT), occupational therapy (OT), respiratory therapy (RT) and speech therapy (ST). Voluntary use of this tool should help providers prepare comprehensive requests for prior authorization (PA) and reduce suspensions for requests for additional information.

The checklist is relevant to PA information needed for both fee-for-service (FFS) and managed care therapy services. This checklist does not replace the *IHCP Prior Authorization Request Form* (universal PA form) or the information required on the universal PA form.

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Providers can access the *Medicaid Therapy Services Prior Authorization Checklist* under the *Prior Authorization (Nonpharmacy) Miscellaneous PA-Related Forms* section of the *Forms* page at in.gov/medicaid/providers.

Questions about PA, billing and reimbursement under the FFS delivery system should be directed to Gainwell Technologies at 800-457-4584. Individual managed care entities (MCEs) establish and publish billing, PA and reimbursement criteria within the managed care delivery system. Questions about managed care billing should be directed to the MCE with which the member is enrolled.

IHCP to adjust electronic crossover claims

The Indiana Health Coverage Programs (IHCP) has identified an error with electronic claim submissions for Medicare crossover claims that caused claim overpayments.

The system issue impacted Medicare outpatient claims that were processed on Nov. 10, 2021, through Nov. 16, 2021.

Incorrect Medicare deductible, coinsurance, copayment or blood deductible amounts may have been loaded for outpatient crossover claim types.

If preferred, providers may submit checks for overpayments, to be received no later than Dec. 8, 2022. Claim recoupments will begin Dec. 23, 2022; after that time claims will be recouped, and an accounts receivable will be set up to recoup funds from future payments.

Providers submitting a check should follow the process outlined in the *Claim Adjustments* provider reference module.

Adjusted claims will be on Remittance Advices (RAs) beginning Dec. 28, 2022, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 56 (mass void request or single claim void).

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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