APTA INDIANA JUNE 2026 PRACTICE AND PAYMENT NEWSLETTER

As a benefit of APTA Indiana membership, the Practice and Payment Specialist and Committee serve as a resource for assisting with practice and payment issues and updates. This includes disseminating updates, educating members, answering questions, and hearing from membership about practice and payment concerns. Please reach out to Andrea Lausch, PT, DPT, APTA Indiana Practice and Payment Specialist, at **andrealausch@inapta.org**, with questions or to inform the Committee of payor concerns.

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CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Proposed FY 2027 SNF and IRF Payment Rules

- If finalized as proposed, the FY 2027 rules for SNF and IRF settings will receive an increase in payment rates by 2.4% (effective October 2026). The rules also revised the QRP submission deadline from 4.5 months to the 15th of the second month, after the end of the calendar quarter.

- Proposed Policy Updates Specific to Skilled Nursing Facilities
    - CMS requested information from stakeholders for two topic areas:
        - Case-mix upcoding,
            - CMS has concerns providers misreport patient complexity. APTA submitted comments concerning potential duplicative policies as CMS adjusted for this concern in 2023-2024 rulemaking.
        - Change to QRP submission reporting.
            - Proposed removal of “COVID-19 Vaccination Coverage among Healthcare Personnel” measure and "Percent of Patients/Residents Who are Up to Date” Measure.
            - Proposed requirement to submit MDS elements for all SNF residents regardless of payers.
            - Requested feedback on future QRP measures around advanced care planning within the SNF stay.
- Proposed Policy Updates Specific to Inpatient Rehabilitation Facilities
    - CMS proposes three coverage and compliance updates proposed to:
        - Codify that all three disciplines be initiated within 36 hours of patient admission,
        - Require documentation of patient current functional status in preadmission screening, and
        - Mandate the initial interdisciplinary team meeting is completed on or before the fourth day of a patient's admission.
    - CMS proposes to continue with the last year of its three-year phaseout of the rural adjustment for IRFs.
    - Revise QRP submission deadline from 4.5 months to the 15th of the second month, after the end of the calendar quarter.
    - CMS is evaluating opportunities to modernize the IRF Prospective Payment System.

Resources

- **Medicare Program: Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program for Federal Fiscal Year 2026**
- **Medicare Program: Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2026 and Updates to the Inpatient Rehabilitation Facility Quality Reporting Program**
- **APTA Breakdown of Proposed FY 2027 SNF and IRF Payment Rules**
- CMS Fact Sheets: **SNF Fact Sheet** and **IRF Fact Sheet**

INDIANA MEDICAID

BT202668 IHCP to Adjust or Reprocess Claims With Multiple Medicare Payers Submitted

The Indiana Health Coverage Programs (IHCP) has identified a mapping issue with claims submitted with multiple Medicare payers.

FFS claims that had multiple Medicare payers submitted with dates of service (DOS) on or after June 10, 2024, will be mass adjusted or reprocessed. Providers should see adjusted or reprocessed claims on remittance advice (RAs) beginning June 10, 2026, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check-related) or 80 (reprocessed denied claims). Click the bulletin above for details.

ANTHEM

Indiana PathWays for Aging Dual Care Changes

Anthem informs providers **Indiana PathWays for Aging Dual Care (HMO D-SNP) Will Separate Medicare and Medicaid Details**, starting March 28, 2026. Click the link above for more information.

IHCP Home Health Agencies Medicare Enrollment Requirement

Anthem reminds providers that IHCP Home Health Agencies are required to enroll with Medicare by July 1, 2026 (provider type 05), to be recognized as Medicare.

This requirement applies to both new and currently established home health agencies.

Review Bulletin **IHCP BT202595** for additional information, including detailed enrollment guidance.

UHC-SUREST

Surest updated their **Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)** policy, effective July 1, 2026.

Changes include:

- Updated re-evaluation documentation requirements for therapy; replaced language indicating the report must document "compliance to home program" with "adherence to home program."
- Removed CPT Codes 97039, 97139, and 97799.
- Supporting Information
  - Updated Clinical Evidence and References sections to reflect the most current information.
- Archived previous policy, version MP.026.26.

MHS EVOLENT

Evolent Announces Updated 2026 Physical Medicine Guidelines, Effective July 1, 2026

See **2026 Evolent Physical Medicine Guidelines** for details.

CARESOURCE MARKETPLACE

CareSource Marketplace Exits Indiana Marketplace Plan Market

CareSource Marketplace announced that as of January 1, 2027, it will exit the Indiana Marketplace plan market.

- Click **HERE** to read their announcement.
- Health Insurance Marketplace and off-exchange Qualified Health Plans will remain active through December 31, 2026.
- There will be no changes to other CareSource plans. The exit is specific to Marketplace plans.

HUMANA MEDICARE ADVANTAGE

Updated Medicare Advantage Prior Authorization (PA) Policy

Humana Medicare Advantage plans updated their **PA policy**.

- Within the update, the policy reflects CMS's requirement for PA determinations within 7 days.
- Respond promptly to requests for more information to avoid denials due to shortened timeframe requirements.
- The policy also outlines required information when submitting PAs to streamline requests.
- The effective date of the updated policy is July 1, 2026.

WPS

Overpayment Portal

WPS announces resources to manage and avoid overpayments timely using the WPS Secure Net Access Portal (SNAP). This portal allows you to notify and return overpayments to WPS. Click **HERE** to learn more.

Targeted Probe and Educate (TPE) Reviews

WPS conducts Targeted Probe and Educate (TPE) reviews to decrease provider burden, reduce appeals, and improve the medical review/education process. Denial rates for 97530 (therapeutic activity) and 97712 (neuromuscular reeducation) are 23% and 15%, respectively.

- Common denial reasons include documentation, not justifying use of the code, medical necessity, and skills of a therapist.
- Resources to prepare for TPEs and Documentation guidance.
  - **https://www.wpsgha.com/guides-resources/view/779**

- Upcoming WPS on “Outpatient Rehabilitative Therapy: Avoid the Most Common Medicare Claim Errors.” Register **HERE**
  - Course Description and course information
    - June 25, 2026 - 1:00 – 2:00 pm CT (2:00 – 3:00 pm ET)
    - Incorrect modifier usage and therapy threshold billing errors continue to drive Medicare claim denials and Return to Provider (RTP) edits for outpatient therapy providers. This webinar highlights the most common issues identified in recent claims data and explains how to prevent payment delays.

INDIANA CREDENTIALING LAW

Members have requested information about credentialing laws in Indiana. Below, are the Indiana statutes related to commercial and Medicaid credentialing.

- Managed Care Organization or Contracting Credentialing Requirements: **IC 12-15-11-9**
- Commercial Payer Credentialing Requirements: **IC 27-8-11-7**

NEW APTA PRACTICE AND PAYMENT RESOURCES

New Value-Based Care/Payment Resources

- **VBC Provider Guide**
- **VBC Payer Guide**

New Clinical Summary on Guillain-Barre Syndrome

- Guide Includes: Clinical summary for delivering care to build comprehensive, evidence-informed management plans for patients with Guillain-Barré syndrome.

APTA INDIANA PAYER REPORTING PORTAL

Having payer concerns or barriers impacting patient care or creating administrative burdens?

The **APTA Indiana Payer Reporting Portal** has been developed for providers to use as they experience a payer issue in real time related to prior authorization, credentialing, claims payment, contracting issues or other related payment concerns.

- This portal will remain available until further notice, to be used as reportable events occur. You may save this link permanently on your desktop and/or access this portal on your mobile device for future use.
- Please share the link with staff.
  - Staff may bookmark the link to the portal on their web browser. They do not need to be a member of APTA Indiana to complete the payer reporting issue.