

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201675    NOVEMBER 15, 2016

## IHCP clarifies policy regarding coverage for in-home hospice services for Hoosier Care Connect

The Indiana Health Coverage Programs (IHCP) covers in-home hospice services for managed care members enrolled in Hoosier Care Connect. It is IHCP policy that short-term, temporary inpatient stays of up to five days per occurrence are considered a covered service for in-home hospice members. These short-term inpatient stays may be for respite care, pain control, or symptom management only. Hoosier Care Connect members admitted for these short-term inpatient stays can remain enrolled with their managed care entity (MCE) with no change to their enrollment status. Hospice providers should continue to bill the MCE for the hospice services rendered.



If a hospice member is admitted for an inpatient stay related to their terminal illness, and that stay is for more than five days, the member must be disenrolled from Hoosier Care Connect and enrolled in Traditional Medicaid. To initiate enrollment in Traditional Medicaid, the hospice provider must request prior authorization (PA) from Cooperative Managed Care Services (CMCS), IHCP's fee-for-service PA vendor. Providers are encouraged to file the PA request upon admission or at any time before the end of day five. IHCP policy states hospice PA becomes effective the day following the request; requests should be faxed to CMCS no later than the fifth day. The IHCP recommends that providers call CMCS to verify benefit coverage and PA.

Hoosier Care Connect members disenrolled from managed care will remain in Traditional Medicaid as long as the PA is effective and the member meets eligibility requirements. Upon discharge from the inpatient facility, members receiving in-home hospice services may be placed back in Hoosier Care Connect. As a reminder, providers must check member eligibility for each date of service to be certain of program assignments.

In addition to hospice services, Hoosier Care Connect covers general inpatient (GIP) care for hospice members. GIP care is available for the treatment of symptoms unrelated to the terminal illness. **Inpatient stays for respite care, pain control, and symptom management related to the terminal illness are not considered GIP care.** If a Hoosier Care Connect hospice member is admitted to an inpatient facility, the GIP benefit is limited to 30 days. While enrolled in managed care, the provider must follow billing and PA guidance from the MCE with which the member is enrolled. For visits longer than 30 days, the member will need to be disenrolled from Hoosier Care Connect and enrolled in Traditional Medicaid. Providers will follow the process described in this bulletin for obtaining PA and for returning the member to Hoosier Care Connect after discharge.

**QUESTIONS?**

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