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To: Acute Care and Freestanding Psychiatric Hospitals

Subject: Child Abuse and Neglect Cases

Overview

This bulletin is to notify acute care and freestanding psychiatric hospitals that the Office of Medicaid Policy and Planning has developed a payment mechanism for hospitals providing extended inpatient hospital stays for child abuse and neglect cases. Effective for hospital admissions on or after August 1, 1999, retroactive quarterly settlements will be made based on the caseload for that period. The settlement processes for these payments are outlined in this bulletin.

New Payment Mechanism for Inpatient Stays for Child Abuse and Neglect Cases

Indiana Code (IC) 31-33-11 requires that whenever:

1. a child is subject to investigation by a local child protection service for reported child abuse or neglect;
2. the child is a patient in a hospital; and
3. the hospital has reported or has been informed of the report and investigation;

the hospital may not release the child. This includes release to the child's parent, guardian, custodian, or to a court approved placement until the hospital receives authorization or a copy of a court order from the investigating local child protection service indicating the child may be released to the child's parent, guardian, custodian, or court approved placement.

IC 31-33-11 also stipulates the individual or third party payer responsible financially for the hospital stay of the child remains responsible for any extended stay. If no party is responsible for the extended stay, the Division of Family and Children shall pay the expenses of the extended hospital stay.

In compliance with this statute, the Office of Medicaid Policy and Planning (OMPP) has developed a payment mechanism for hospitals that provide extended inpatient hospital stays for such child abuse and neglect cases, and where Indiana Medicaid is the financially responsible party. Effective for hospital admissions on or after August 1, 1999, retroactive quarterly settlements will be made based on the caseload for that period. This includes both DRG and Level-of-Care (LOC) payment cases. Providers should no longer request prior authorization for extended stay cases paid utilizing the LOC methodology. Payments for LOC cases will instead be paid utilizing the quarterly settlement process, as outlined in this bulletin.

Settlement amounts will be based on the routine cost per day (facility specific), as reported on Worksheet D-1 of the most recent Indiana Medicaid hospital cost report (HCFA 2552-96) on file with Myers and Stauffer, the State's rate-setting contractor. The routine cost per day will be adjusted to reflect inflation using the DRI-type Hospital Market Basket Index, as published in the most recent Standard & Poor's *Health Care Cost Review*. Inflation will be calculated from the first day of the quarter following the hospital fiscal year-end to the midpoint of the state fiscal year for which quarterly settlements will be made. This amount will then be multiplied by the number of child abuse and neglect case days in the quarter.

Child abuse and neglect cases should be documented and submitted on the attached form. Please note that due to concerns over patient confidentiality, we are not requiring hospitals to submit patient identifying information on the form. However, all supporting documentation should be maintained by the hospitals. This includes the patient medical records, copies of correspondence with the child protection services, and any other documentation needed to support the child abuse and neglect extended inpatient stay payment.

Within thirty days following the end of the quarter, hospitals should submit the attached form for each child abuse and neglect extended inpatient stay case that was discharged during that quarter. Forms should be mailed to the following address:

Myers and Stauffer LC
Attention: Hospital Department
8555 North River Road, Suite 360
Indianapolis, Indiana 46240

A Notice of Program Reimbursement (NPR) will be mailed to each hospital and will indicate the amount of settlement for the given quarter. The EDS Finance Unit will add the payment amount to the hospital weekly check-write following issuance of the NPR.

Questions concerning information contained in this bulletin should be directed to EDS Customer Assistance at (317) 488-5136 or 1-800- 577-1278.

**INDIANA MEDICAID HOSPITAL REQUEST FOR SETTLEMENT:
SUSPECTED CHILD ABUSE AND NEGLECT CASES**

Indiana Medicaid Provider Number: _____ Date Submitted: _____ Quarter Ended: _____

Patient Number (1)	Attending Physician (2)	Date of Admission (3)	Medical Discharge Date (4)	CPS Release Date (5)	CPS Worker (6)	Discharge Date (7)	Extended Days (8)	Extended Day Charges (9)	Ancillary Charges (10)

NOTE:
This form does not constitute all required documentation. Supporting documentation should be maintained by the hospitals. This includes the patient medical records, copies of correspondence with the child protection services, and any other documentation needed to support the child abuse and neglect extended inpatient stay payment.

Within thirty days following the end of the quarter, hospitals should submit this form for all child abuse and neglect extended stay cases that were discharged during the quarter. Forms should be mailed to Myers and Stauffer LC, ATTENTION Hospital Department, 8555 N. River Rd, Suite 360, Indianapolis, IN46240.

- Additional Column Description**
- 1) Non-Identifying Patient Number
 - 4) Date the patient is ready to be medically discharged
 - 5) Date the hospital was notified by Child Protective Services (CPS) authorizing release
 - 6) The name of the CPS case worker
 - 7) Date the patient was discharged from the hospital
 - 8) The number of additional days (beyond medical treatment) the patient was in the
 - 9) The hospital charges associated with the additional days in
 - 10) The portion of hospital charges (9) associated with ancillary services, in dollars