



P R O V I D E R B U L L E T I N

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**To: All Indiana Health Coverage Programs Acute Care
and Freestanding Psychiatric Hospitals**

Subject: Reimbursement for 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 (OMPP) has revised the payment methodology for hospitals providing extended inpatient hospital stays for child abuse and neglect cases. The revised payment methodology is outlined in this bulletin.

Background

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;
4. 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.

Reimbursement

The Indiana Health Coverage Programs (IHCP) reimburses hospitals that provide extended inpatient hospital stays for child abuse and neglect cases when and where the IHCP is the financially responsible party. Effective for hospital admissions on or after August 1, 1999, the OMPP began issuing retroactive quarterly settlements for both diagnosis-related groups (DRG) and level-of-care (LOC) extended inpatient stays.

Note: Providers should no longer request prior authorization for extended stay cases.

As of August 1, 2001, settlement amounts will be the lower of extended stay hospital charges or the routine cost per day (facility specific), as reported on Worksheet D-1 of the most recent Indiana Medicaid hospital cost report on file with Myers and Stauffer. 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 continue to be documented and submitted on the form included in this bulletin. Please note that due to concerns over patient confidentiality, Myers and Stauffer, LC, does not require hospitals to submit patient identifying information on the form. However, all supporting documentation should be maintained by the hospitals. Supporting documentation 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 30 days of the end of the quarter, hospitals should submit the attached form documenting each child abuse and neglect extended inpatient stay 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, IN 46240

A Notice of Program Reimbursement (NPR) is mailed to each hospital and indicates 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 about information contained in this bulletin should be directed to EDS Customer Assistance at (317) 488-5136 in the Indianapolis local area 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, IN 46240.

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 hospital
- 9) The hospital charges associated with the additional days in number 9
- 10) The portion of hospital charges (9) associated with ancillary services, in dollars