



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

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To: All ICF/MR Providers

**Subject: Information to Expedite the Finalization of Form 450B
and Accurate and Timely Data Entry of Level of Care in
IndianaAIM**

Overview

This bulletin provides information about what the provider can do to help expedite the following:

- The Office of Medicaid Policy and Planning's (OMPP's) finalization of *Physician Certification for Long-term Care Services* (Form450B)
- Accurate and timely data entry of Level of Care (LOC) in IndianaAIM

The timely and accurate completion of both of these should result in eliminating unnecessary delays in the ability of the provider to bill for and obtain reimbursement for intermediate care facility for the mentally retarded (ICF/MR) services. The OMPP has identified a number of issues that cause delays in both the finalization of Form 450Bs and the timely and accurate data entry of the LOC in IndianaAIM. Proper completion of the items listed below is required before a provider can bill and be reimbursed for a resident's care in an ICF/MR.

Activities to Expedite Finalizing Form 450B and Data Entry of Level of Care in IndianaAIM

The following steps will help eliminate delays in finalizing Form 450B and reduce the time required for providers to submit claims and receive reimbursements for ICF/MR care:

- Verify the individual's Indiana Health Coverage Programs (IHCP) eligibility status with the local County Division of Family and Children (DFC) prior to placement. Providers must resolve pending IHCP eligibility questions with the County DFC prior to submitting claims for IHCP reimbursement of any resident. Additionally, the OMPP cannot finalize Form 450B until the individual is enrolled in the IHCP. The provider must continue to verify the individual's IHCP status for each claim to ensure the resident's status has not changed.
- Verify that the resident is enrolled in traditional Medicaid at the time of approved placement and is not enrolled in managed care. Eligibility can be verified using Automated Voice Response (AVR), OMNI, Provider Electronic Solutions, or Web interChange. Institutional LOC and waiver LOC cannot be entered in IndianaAIM or reimbursed while an individual is enrolled in Hoosier Healthwise (an IHCP managed care program). In any given month, managed care enrollment in either primary care case management (PCCM) or risk-based managed care (RBMC) can occur at either the first or 15th of the month. Therefore, the provider must continue to verify IHCP coverage status at the beginning and the middle of each month until the provider is notified that until the Form 450B process is finalized and

the ICF/MR LOC is entered in IndianaAIM. If the individual is enrolled in Hoosier Healthwise, **the provider must immediately contact Hoosier Healthwise Helpline at 1-800-889-9949 and select option 3 for Provider Services to have the individual disenrolled from Hoosier Healthwise. This must be completed immediately so that the LOC can be entered in IndianaAIM. This will allow ICF/MR claims to reimburse correctly.** The Helpline case review specialist will request a copy of the 450B documentation. Hoosier Healthwise member disenrollment is only performed for a future date and not retroactively. Beginning January 1, 2003, Indiana will begin enrollment in Medicaid Select, a managed care program for aged, blind, and disabled people. Once implemented, disenrollment from this program will be similar to the process described above for disenrollment from Hoosier Healthwise although a different phone number may be used for this purpose. Please look for additional information about this program in the coming weeks.

- Obtain a copy of the ICF/MR LOC approval letter prior to placement in the ICF/MR. If the provider admits an individual prior to OMPP approval of the LOC and if the LOC is later denied, the provider cannot bill the IHCP and the IHCP will not provide reimbursement for that admission. The provider must also verify with the Bureau of Developmental Disabilities Services (BDDS) field coordinator that the LOC information has been submitted to the OMPP for review and that an LOC determination has been made.
- Obtain a copy of the *Residential Approval Form* (RAF) from the BDDS coordinator immediately following placement in the ICF/MR facility. The RAF cannot be completed until the individual is physically residing in the facility. The following information is entered in IndianaAIM and must be accurately completed on the RAF:
 - Individual's full name
 - Member's ID number (RID)
 - Complete facility name and address
 - Date of admission

If the RAF is not correct, the provider and the BDDS must ensure that the correct information is submitted to the OMPP by the BDDS. The provider may not change the RAF.

- Verify with the BDDS that the RAF has been submitted to the OMPP. The OMPP cannot finalize Form 450B without the RAF. An approved RAF for an individual does not constitute an LOC determination as described in the third bullet point.
- Review the final Form 450B approval from the OMPP to ensure the information is correct for the individual's placement. The provider must also note any limitations documented on Form 450B, such as a short-term placement approval that will require that the resident be moved, or that an updated LOC packet be submitted to the OMPP for continued LOC in the specified ICF/MR. If the provider has an approved RAF from BDDS, but does not have a final Form 450B approval from the OMPP for the individual, then **within 30 days** of receipt of the approved RAF, the provider must contact Phyllis Hubbard at (317) 232-4354 or Evelyn Webb at (317) 233-3825 at the OMPP to ensure that the OMPP has received the approved RAF to finalize Form 450B.
- The BDDS coordinator must be contacted immediately to have a new LOC packet submitted to the OMPP for review if an individual who was previously discharged is readmitted, or the individual has transferred to a new placement. The provider must ensure that a current Form 450B and physical exam (Form 450B, Section VI) are completed for the new placement. The first five bullet points listed above also apply for readmissions and transfers. To ensure accurate payment, the admitting ICF/MR must have an approved LOC in IndianaAIM for the individual with the appropriate provider number and admission date.
- **The OMPP must be contacted within 30 days** if the provider is unable to bill for ICF/MR placement. This should resolve situations noted above, as well as instances in which the OMPP has no record of an LOC packet, has pended an LOC packet for additional information, or has denied LOC. This can also eliminate ICF/MR providers from providing long-term continued care to individuals who have not been approved for IHCP enrollment or who have been denied LOC and are not entitled to any IHCP

reimbursement for ICF/MR care. The denied ICF/MR claim will note the reason it denied. **If it is not clear why the claim was denied, the provider must contact an EDS provider representative.** If the claim was denied due to LOC, and the provider has an LOC **approval** from the OMPP, the provider must contact Phyllis Hubbard or Evelyn Webb at the OMPP for assistance. If the provider does not have an LOC approval from the OMPP, the provider must contact the BDDS field coordinator for assistance.

Further Information

For additional information about these recommendations, please contact Phyllis Hubbard at (317) 232-4354 or PHubbard2@fssa.state.in.us, or Evelyn Webb at (317) 233-3825 or EWebb@fssa.state.in.us.

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