



HIV- Care Coordination

EDS Indiana Title XIX

Agenda

- Definition of Services
- Member Eligibility
- Billing Codes/Forms
- Provider Requirements
- Services
- Managed Care Considerations
- Claim submission
- Remittance Advice
- Adjustment Requests
- Web Interchange
- Avenues of Resolution
- Q & A

HIV- Care Coordination

Definition of Service

HIV and AIDS Care Coordination is a specialized form of case management for those IHCP members with HIV infection,

Care Coordination consists of goal oriented activities that locate, create, facilitate access to, coordinate, and monitor the full range of HIV-related health and human services.

HIV- Care Coordination Definition of Service

Services identified include:

- Medical
- Psychological
- Social
- Educational

HIV- Care Coordination Definition of Service

These services are available to members by “freedom of choice” standards

HIV-Care Coordination Member Eligibility

To be considered for care coordination services the member may be eligible in one of the following delivery systems:

- Traditional Medicaid/Medicaid Select, or
- Hoosier Healthwise, and
- Have a documented HIV infection



HIV- Care Coordination Member Eligibility

- Documentation of the HIV infection must be contained in the member's care coordination file.

Verification of the diagnosis may be made by:

A confidential, positive HIV test result

A physician's statement

A hospital discharge summary or other medical reports.

A prescription for AZT, ddl, or ddC, or a copy of approval for participation in the AIDS Drug Assistance Program (ADAP) or the Early Intervention Program (EIP)

HIV – Care Coordination Billing codes

Primary Diagnosis = 042

Procedure code = G9012- Other specified case management services not elsewhere classified

1 unit = 15 minutes

Care Coordination services:

Must not exceed a maximum of 128 units, or 32 hours, per calendar quarter, per member

Are reimbursed by the IHCP from only one HIV/AIDS care coordination provider



HIV – Care Coordination Forms

The Freedom of Choice/Intent to Participate Form acknowledges understanding of the services provided identifies the care coordination provider.



HIV- Care Coordination Forms

Assessment of Intensity of Care Coordination/Worksheet for Data Entry Form

- Used to substantiate the need for higher intensity levels of service and to collect data
- Completed at the beginning of each quarter to determine the maximum number of hours allowed per member
- Describes the supporting factors for the number of care coordination hours used through:

Self report

Medical records

Caregiver records

Other agency reports

Physical observation



HIV- Care Coordination Forms

- Describes the supporting factors for the number of care coordination hours used through:

Self report

Medical records

Caregiver records

Other agency reports

Physical observation

HIV – Care Coordination Billable Hours

It is expected that most members will use between 6.5 and 9 hours per quarter

If additional hours become necessary, a new Assessment of Intensity of Care Coordination/Worksheet for Data Entry form must be completed



HIV – Care Coordination Provider Requirements

- Must complete annual training
- Must maintain written documentation of all services provided
- Must provide care coordination services that are structured and goal oriented
- Must develop a plan of care for each member
- Must keep comprehensive records of all members approved by the state agencies that are approved annually.



HIV – Care Coordination Services by Coordinator

- Intake and Assessment:
- Presenting problem
- Medical and physical status
- Indicators of psychosocial status
- Living arrangement
- Status of other relevant factors

HIV – Care Coordination Plan of Care Development

- Prioritizing the need identified in the assessment
- Developing outcome goals that address identified needs
- Identifying factors that may impinge on the implementation of the plan of care
- Proposing and discussing preliminary strategies for meeting outcome goals
- Specifying the timeframe for meeting outcome goals
- Developing evaluation criteria to measure whether outcome goals are being met
- Identify specific services, costs and sources of payment
- Contracting with the member or the member's legal representative
- Develop procedure for emergency situations

HIV – Care Coordination Services

Implementation - Negotiates agreement with service providers, coordinates delivery of service, maintains records and implements the plan of care

Monitoring - Ensure implementation of the services defined

Evaluation - Periodically engages and measures the quality and effectiveness.

Re-evaluation - Makes scheduled re-evaluations as needed

Termination - Coordinator, member or member's guardian make a decision on termination of services.



HIV – Care Coordination Managed Care

Care coordination services are self-referral under Medicaid Select, Hoosier Healthwise Primary Care Case Manage(PCCM) and Risk Based Managed Care (RBMC) delivery systems.

- PCCM claims do not require the PMP information and are billed to EDS
- RBMC claims must be mailed to the appropriate MCO

HIV – Care Coordination Managed Care Organizations

- MCOs
 - Anthem
 - Managed Health Services (MHS)
 - MDwise
- Behavioral Health Organizations (BHO)
 - Magellan (Anthem) www.magellanhealth.com
 - Cenpatico (MHS) www.cenpatico.com
 - Comp Care (MDwise) www.compcare.com

HIV – Care Coordination Claim Submission

Claims for HIV/AIDS care coordination services may be submitted on paper, or electronically through Web Interchange or the 837 transaction.



HIV – Care Coordination Claim Submission

Internal Control Number

| Region | Year | Julian Date | Batch | Range |
|--------|------|-------------|-------|-------|
| | | Sequence | | |
| 20 | 07 | 031 | 150 | 000 |



HIV – Care Coordination

Remittance Advice

- Claim status information may be received by paper, electronically through the 835 transaction or viewed on Web Interchange
- A paper remittance advice (RA) will be received from EDS which outlines the status of claims submitted. Claims appear on the RA in order of paid, denied, in process and adjusted

HIV – Care Coordination Adjustments

Types of adjustments:

50 – Voids/Replacements – Non check related

51 – Voids Replacements – Check related

54 – Mass adjustments

61- Provider replacement claimw/attachment or claim note

62- Provider replacement claim w/o attachment or claim
note

63 – Provider initiated void



HIV – Care Coordination Adjustments

- Two header lines are shown for each adjusted claim on the RA
 - The first line is for the original or mother claim
 - The second line is for the adjusted or daughter claim

HIV – Care Coordination Web Interchange

Web interChange provides access to the following:

- Member eligibility
- Benefit limits
- Claim status
- Check inquiry
- Claim submission
- Prior authorization
- Prior authorization inquiry
- Provider profile update
- Third party liability update

HIV – Care Coordination

Member eligibility

Access Web interChange to verify member eligibility using:

- Member ID number
- Social Security Number
- Name and date of birth
- Medicare ID number



HIV – Care Coordination Avenues of Resolution

- IHCP Web site at www.indianamedicaid.com
- *IHCP Provider Manual* (Web, CD-ROM, or paper)
- Customer Assistance
- Written Correspondence
- Provider Field Representative

Questions

EDS Provider Field Consultants

EDS

950 N. Meridian St., Suite 1150

Indianapolis, IN 46204

EDS and the EDS logo are registered trademarks of Electronic Data Systems Corporation. EDS is an equal opportunity employer and values the diversity of its people. © 2007 Electronic Data Systems Corporation. All rights reserved.