

Definition and Reimbursement Methodology for Financial Case Management (FCM) Activities

The purpose of FCM is to ensure that families are provided with an overview of health care financing options and that they are assisted with the collection and review of pertinent information related to their private and/or public insurance benefits. This process assists families in making informed decisions about the utilization of these benefits to fund IFSP identified services, as well as to assist families in their long-term planning of their child's continuing needs.

FCM is a service provided with the family. The Service Coordinator should not complete any forms independently and does not make decisions or recommendations to the family about accessing coverage.

The following forms, when completed with an eligible child's family, are reimbursable under FCM:

- 1) Insurance Utilization Consent Form-to be completed prior to the annual IFSP meeting or if there is a change in family status
- 2) Combined Enrollment Form Page 3-Medical Insurance Summary-updating form for the annual IFSP review and when the family experiences changes in their health insurance coverage
- 3) Private Medical Insurance Supplement-annually for the IFSP review and when the family experiences changes in their health insurance coverage

Ongoing Service Coordinators may seek a **maximum** reimbursement of \$30.30 for 30 minutes of FCM per IFSP year for the above activities when completing these forms for the annual IFSP review. If the family experiences changes with their private health insurance coverage, a new consent form and medical insurance summary form should be completed for an **additional** reimbursement of up to \$30.30 for 30 minutes. Documentation to support billing for these activities must include a face-to-face summary form signed by the child's parent reflecting a minimum of 15 minutes of face-to-face contact.

- 4) Completing a new Hoosier Healthwise and/or CSHCS application(s) due to a change in family status (i.e. child receives a new diagnosis, family income decreases) is also billable under FCM. Service Coordinators may be reimbursed for time documented face-to-face for completing a Hoosier Healthwise application not to exceed 30 minutes (\$30.30) and up to an additional 30 minutes (\$30.30) for new CSHCS applications.
- Service Coordinators will submit a Request for Authorization form to the SPOE requesting reimbursement for FCM activities
 - Intake Coordinators will not bill for FCM activities.
 - Billing will not distinguish between on and off-site.

Non-billable activities include: (The activities below are considered FCM. However, they are not billable activities under FCM. They may be considered as a contact.)

- Completion of Cost Participation forms (Financial Deduction Worksheet and Co-payment Form)
- Reviewing available public and private healthcare insurance supports and services (ICHIA, Medicaid Disability, Waivers, CSHCS)
- Completing or assisting with SSI, Medicaid Waiver, WIC, or Food Stamp applications
- Updating any portion of the Combined Enrollment Form with the exception of page 3-the medical insurance summary
- Gathering or providing verbal or written information to families about various community resources (WIC, SSI benefits)
- Reviewing the First Steps Explanation of Benefits

Summary

Prior to the implementation of cost participation, Service Coordinators will initiate a discussion with all First Steps families who have private health insurance in order to collect and review their health insurance benefits. This activity will involve a discussion of the House Enrolled Act 2034 and how this legislation may impact their family. Financial Case Management (FCM), for the purpose of reimbursement for Service Coordinators, would include a maximum billable amount of \$30.30 annually for those families with private health insurance. In the event that a family experiences a change in benefits or family circumstances, Service Coordinators would then bill an additional maximum amount of \$30.30 for updating the medical insurance summary and obtaining consent to access insurance again. Additionally, the Service Coordinator may bill for completing and submitting new Hoosier Healthwise applications and/or CSHCS applications not to exceed \$30.30 for each application. These must be documented face-to-face activities in order to be reimbursed as FCM.