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IMCare

PROVIDER UPDATE

March 2020
#2020-04

To: IMCare Home and Community Providers
From: Celeste Tarbuck, IMCare Claims Supervisor
Date: March 20, 2020
RE: Waiver Leave Days

Please remember Customized Living (CL) and Adult Foster Care (AFC) services should follow these guidelines:

Waiver Leave Days
Itasca Medical Care will only make payment for waiver services actually provided to an eligible person. This does not include leave days. The overhead expense of days when the person is away from a residence is accepted by CMS as part of a waiver provider's cost of doing business. Overhead expenses may be factored into a provider's rate.

Billing for Leave Days
Providers may not bill for days the member is away from the home. Itasca Medical Care providers are required to bill only for days they provide services. The time allocation per unit determines if multiple providers can provide service on the same date of service. How the provider submits the claim will depend on the situation.

The provider who bills overnight services depends on where the member is at midnight. Providers may only bill for days on which the member was present in the CL/AFC establishment at midnight, regardless of whether the member received services that day.

When the member leaves the facility overnight, whether it is for a hospital admission or a leave for personal reasons such as a visit with family, the provider must bill to reflect the leave days. CL/AFC claims should include span billing, using additional lines to note the day's service was provided to the member. The following are two billing examples:

1. If a member resides in the facility all month without leaving for an overnight stay, the claim should be billed with one line item reflecting the span dates from the first of the month to the end of the month. This line item should include the amount noted on the service agreement.
2. If a member was admitted to a hospital for three days in a month (e.g., July 15 – 18), the claim should be submitted with one line item for dates of service (DOS) July 1 – 14; a second line item should be entered with DOS for July 18 – 31. When billing span dates, the provider should calculate the daily rate and then bill the correct amount for each date span.

The provider can bill for a particular DOS if the member leaves the home after midnight. The hospital then uses the next day as the admission date. If the member returns to the home before midnight on the following night, the hospital bills the claim as is before midnight. The inpatient hospital claim indicates the admission hour and discharge hour.

If you have any questions, please call Terasa Anderson at 218-327-5529.