

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024195 DECEMBER 3, 2024

IHCP clarifies waiver claim note billing requirement; cautions against using false information

In *Indiana Health Coverage Programs (IHCP) Bulletin [BT202411](#)*, the IHCP announced that waiver providers of Attendant Care and Structured Family Caregiving services were required to include claim notes with information about who provided those services, effective for dates of service (DOS) on or after **March 1, 2024**. The claim note information needs to be accurate and complete for audit purposes.

This requirement helps the IHCP obtain better information on the legally responsible individuals (LRIs) providing services to a member. Effective for DOS on or after **July 1, 2024**, LRIs may not provide Attendant Care services; however, they are able to provide Structured Family Caregiving services.

When completing the claim note, providers should ensure that the most accurate relationship status is being used. If the individual providing the service is an LRI (parent of a minor child or spouse of the member receiving services), that relationship status should be reflected in the claim note.

Knowingly using the incorrect relationship status, such as “Other” for the spouse of the member receiving services, may result in recoupment of these claims if an LRI received payment for services when they otherwise should not have; it could also constitute a false claim in accordance with the *False Claims Act*. The Office of Medicaid Policy and Planning (OMPP) Program Integrity staff is auditing claims, including the entry of claim notes.

As a reminder, the information about the individual providing the service and relationship to the patient must be included in the claim note as follows:

- For the name (**NAME**), enter the first and last name of individual providing the service.
- For the relationship (**REL**), enter one of the following options to describe the caregiver’s relationship to the member, (no other wording is allowed):
 - Parent of minor child
 - Spouse
 - Other



To avoid claim denial, this information must be structured in one of the following formats:

- NAME: Xxxxxx Xxxxxx
REL: Xxxxxxxx
- NAME- Xxxxxx Xxxxxx
REL- Xxxxxxxx
- NAME. Xxxxxx Xxxxxx
REL. Xxxxxxxx
- NAME> Xxxxxx Xxxxxx
REL> Xxxxxxxx



For more information on how to complete the claim notes, see the [Claim Submission and Processing](#) provider reference module at in.gov/medicaid/providers as well as *IHCP Bulletins* [BT202411](#), [BT202449](#) and [BT2024183](#).

Claim notes must be included with claims for Attendant Care or Structured Family Caregiving services through the Indiana PathWays for Aging (PathWays) and Health and Wellness (H&W) waivers. Effective Dec. 18, 2024, for DOS on or after **July 1, 2024**, claim notes will also be required for Structured Family Caregiving services through the Traumatic Brain Injury (TBI) Waiver and Money Follows the Person (MFP) Aged and Disabled Demonstration Grant.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [IHCP Bulletins](#) page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at in.gov/medicaid/providers.

