

Children's Special Health Care Services
Integrated Operational Services .
Policy & Procedure Manual

Revised Provider Policy
Policy #E-2



Title: Director,
Children's Special Health Care Services (CSHCS)

Title: One-Time-Only-Payment Provider

Revision Effective Date: December 10, 2010

Effective Date: January 1, 2005

Purpose: To define the relation and restrictions upon a non-CSHCS provider, who agrees to treat a CSHCS participant on the basis of a One-Time-Only Payment.

Rule References:

410 IAC 3.2-7-1 Health care delivery system

410 IAC 3.2-7-1 (a) The director shall select and approve physicians and other persons to provide health care services to children enrolled in the CSHCN program.

Policy: CSHCS will allow a non-CSHCS provider who has provided treatment to a participant on a One-Time-Only basis, with the provider's execution of a **One-Time-Only-Payment Form** to receive reimbursement from CSHCS for those services.

Discussion: Normally, this situation would occur after a (usually new) participant has seen a provider, who is not participating with the CSHCS program and who chooses not to become a CSHCS provider (not willing to execute an ISDH Provider Agreement with CSHCS Addendums). This may happen if the provider considers they are already too heavily involved in government subsidized medical programs (lower reimbursement rates) or just chooses not to participate. Alternatively, this could happen when a CSHCS provider wishes to refer a participant for some not so widely performed treatment to a particular non-CSHCS provider. The referred to non-CSHCS provider could be located either in-state or out-of-state.

The provider must complete and sign both the One-Time-Only Payment form and a Vendor Information form before payment can be made, agreeing to accept Indiana Medicaid rates for the services provided as payment in full.

After payment has been made, no additional reimbursement for other services will be made until a signed provider agreement has been received.

Form Images: [One-Time-Only-Payment Form — SF 51442 \(7*03\)](#)

References : [Participating Provider Policy](#)
[Participating Provider Policy — Old Agreement](#)