

State of Mississippi

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

Prescribed Pediatric Extended Care (PPEC) Services

The Division of Medicaid covers pediatric extended care services prescribed by a child's attending physician when medically necessary, prior authorized by the Division of Medicaid's Utilization Management/Quality Improvement Organization (UM/QIO) or a contracted Coordinated Care Organization's (CCO's) UM/QIO when the child:

1. Is medically dependent or technologically dependent, and
2. Has complex medical conditions that require continual care.

Prescribed Pediatric Extended Care (PPEC) Service is defined as an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) expanded benefit for EPSDT-eligible beneficiaries diagnosed with a medically-complex, medically fragile condition and who are medically dependent and/or technology dependent requiring continual care as prescribed by the beneficiary's attending physician.

PPEC services include at a minimum: development, implementation and monitoring of a comprehensive protocol of care, developed in conjunction with the parent or guardian, which specifies the medical, nursing, psychosocial and developmental therapies required by the medically dependent or technologically dependent child served as well as the caregiver training needs of the child's legal guardian.

PPEC services must be provided by MS Medicaid enrolled PPEC Centers, licensed by the Mississippi State Department of Health (MSDH), and adhere to the MSDH Minimum Standards of Operation of PPEC Centers.

State of Mississippi

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER
TYPES OF CARE**

The Division of Medicaid reimburses Prescribed Pediatric Extended Care (PPEC) providers the lesser of the provider's usual and customary charge or at an hourly rate for each completed hour up to six (6) completed hours of services or at a daily rate for over six (6) hours of services from a statewide uniform fee schedule that was calculated utilizing the costs used to set the 2018 average small nursing facility rates, adjusting the staff costs to reflect the minimum requirements for a PPEC and removing food costs, dietary salaries and benefits, and other expenses not related to costs incurred by a PPEC.

Except as otherwise noted in the state plan, state-developed fee schedule rates are the same for both governmental and private providers of PPEC services. The Division of Medicaid's fee schedule rate was set as of October 1, 2019, and is effective for services provided on or after that date. All fees are published on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/>.

The Division of Medicaid reimburses for transportation provided by PPECs as described in Attachment 3.1-D.

The Division of Medicaid, as required by state law, will reduce the rate of reimbursement to providers for PPEC services by five percent (5%) of the total allowed amount for all services on a claim. The published fees do not include the five percent (5%) reduction.

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