



Mississippi Medicaid Bulletin

Program and Policy Information

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February 1996

MANAGED CARE IN MISSISSIPPI

Mississippi Medicaid Managed Care Expands to Northwest Mississippi

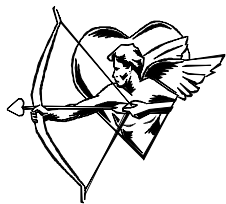
In October, 1993, the Mississippi Division of Medicaid (DOM) implemented a primary care case management program known as HealthMACS in seven counties: Washington, Warren, Claiborne, Jefferson, Lawrence, Jefferson Davis and Covington.

HealthMACS is a primary care case management program in which specified Medicaid recipients, AFDC and AFDC-related eligibles, choose and enroll with or are assigned to a primary care provider (PCP). The PCP manages their health care needs through the provision of primary care, appropriate referrals for specialty services, and authorization of specified Medicaid services. The PCP is paid a monthly case management fee for each recipient enrollee and the usual fees for Medicaid services provided.

Since the initial implementation in the seven pilot counties, DOM has implemented four additional counties: Lincoln, Sunflower, Copiah and Simpson.

On October 1, 1995, Harrison County was implemented with an enhanced primary care case management (PCCM) program. An enhanced PCCM utilizes the services of Client Services Field Representatives. Client Services Field Representatives are responsible for educating HealthMACS enrollees with information about community outreach programs/services as well as basic health care information. These representatives will also be available to the PCP to assist in counseling enrollees about missed appointments, appropriate use of the emergency rooms, and other health matters as requested by the PCP. On December 1, 1995, Bolivar County became a HealthMACS county and on February 1, 1996, Hancock County will become an enhanced HealthMACS county.

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MANAGED CARE IN MISSISSIPPI

Mississippi Medicaid Managed Care Expands to Northwest Mississippi (continued from page 1)

In an effort to improve quality and accessibility while maintaining the cost of effective health care to Medicaid recipients, the Mississippi Legislature mandated that the Division develop at least one capitated managed care module in an urban area and one capitated managed care module in a rural area. Enrollment for Medicaid eligibles will be voluntary.

On July 19, 1995, Helen Wetherbee, Executive Director of the Division of Medicaid, sent out a "Request for Information" to all parties interested in submitting recommendations for a capitated managed care pilot program. Since that time, at least twelve Health Maintenance Organizations (HMOs) have been certified by the Mississippi Department of Insurance to provide HMO services.

Responses were received and comments were incorporated into an HMO contract. As of January 1, 1996, DOM is awaiting HCFA approval of the HMO contract. As soon as an approval is received, HMOs will be allowed to apply to contract with DOM pending final approval by HCFA and enrollment of recipients will begin.

The Division has designated its fiscal agent, EDS, to be the Marketing and Enrollment Contractor (MEC). The Division has expanded the responsibilities of EDS to include:

- ◆ determining the eligibility of recipients for enrollment;
- ◆ conducting educational and enrollment activities, using marketing materials provided by each HMO and enrolling individual recipients in an HMO Plan; and
- ◆ disenrolling members from the plan.

EDS will enroll eligible recipients in prepaid health plans offered by various HMOs pursuant to contracts with the Division using application forms designed by the Division, and marketing materials prepared by each HMO and approved by the Division. Each recipient will be enrolled in the HMO plan of his or her choice.

The HMO is prohibited from marketing directly to the recipients. The HMO will develop marketing materials such as brochures, fact sheets, and posters designed to solicit eligible recipients for enrollment for use by the Division and EDS.

Eligible clients will be enrolled in Mississippi Managed Care by mail and at enrollment fairs. Enrollment fairs to provide maximum community and client outreach will be held in key towns within the 22 county area.

In January, 1996, managed care general information letters were mailed out to all Medicaid eligibles in the 22 target counties and to all Medicaid providers.

If you have questions regarding Managed Care, please call one of the numbers below.

EDS Managed Care Hotline
1-800-627-8488 or 601-960-2800
Division of Medicaid
1-800-421-2408 or 601-359-6050

Psychotherapy Billing Charges

Effective February 15, 1996, CPT codes 90841, 90842, and 90844 will be closed and not accepted by the Mississippi Medicaid program.

Providers billing for individual medical psychotherapy should bill under code 90843 in increments of 30 minutes. One unit will equal 30 minutes. For Medicaid purposes, individual medical psychotherapy less than 30 minutes will not be covered.

Psychotherapy

Change in Reimbursement for Inhalation Solutions

Effective February 1, 1996, HCPCS codes J7610 through J7799 which identify inhalation solutions will be closed and no longer covered by Mississippi Medicaid.

For inhalation treatments performed in the physician's office, the inhalation solutions will be inclusive in the reimbursement for the particular procedure.

If the patient requires such solutions for home inhalation treatments, the physician should provide the patient with a prescription as the inhalation solutions are covered in accordance with the terms of the Mississippi Pharmacy program.

For aerosol inhalation of pentamidine for the prophylactics or treatment of pneumocystis carini pneumonia, the physician may continue to file for the procedure under CPT code 94642 and for the drug under HCPCS code J2545. This is applicable only if the procedure is performed in the physician's office and the pentamidine is furnished by the physician.

Inhalation Solutions

Billing Code for Chiropractors

Under the Mississippi Medicaid program, chiropractors are only reimbursed under HCPCS code A2000.

Review of chiropractor claims indicates that some chiropractors are billing codes other than A2000 on their claim forms. **This is to remind chiropractors that no codes other than A2000 are to be filed on Medicaid claims.**

Chiropractors

If you would like to receive additional bulletins, please call 1-800-884-3222 to speak with an EDS representative.

EDS Publications
111 E. Capitol St.
Suite 400
Jackson, MS 39201
601-960-2805

Checkwrite Schedule

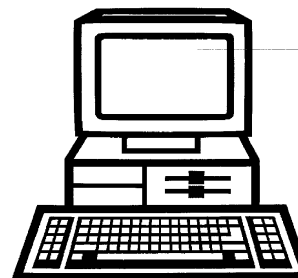
February 05, 1996
February 12, 1996
February 19, 1996
February 26, 1996
March 04, 1996



Checkwrites and Remittance Advices are dated every Monday. However, funds are not transferred until the following Thursday and Remittance Advices usually arrive the following Friday.

ESC Cut-Off Schedule

February 01, 1996
February 08, 1996
February 15, 1996
February 23, 1996



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EDS
111 East Capitol, Suite 400
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