



Mississippi Medicaid Bulletin

Program and Policy Information

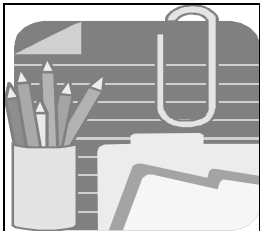
Volume 3, Issue 12

June 1997

Long Term Care Facility Cost Reports

Medicaid cost reports received from Nursing Facilities, ICF-MR's and Psychiatric Residential Treatment Facilities are reviewed by Medicaid personnel prior to their forwarding to EDS for desk review. The purpose of this initial review is to determine if the cost reports are complete and if supporting schedules tie to the cost report. Unfortunately, 72% of the cost reports filed for 1996 required at least one request for additional information. Providers that do not submit the required information on the second request will have the cost associated with the requested information disallowed. If this happens, the provider will not be allowed to submit the information at a later date for inclusion in their rate, to amend the cost report to include the requested information, or to appeal the disallowance of the costs associated with the requested information. The requests for additional required information is very time consuming and only results in a time lag for rate setting. Since the majority of the cost reports are due in April and the rates to be determined are effective on July 1, it is imperative that providers make every effort to file complete cost report in a timely manner.

Providers should make sure their preparer is notified of all requests for information as well as all desk review adjustments. This will allow the preparer to be more aware of the Medicaid cost report filing requirements.



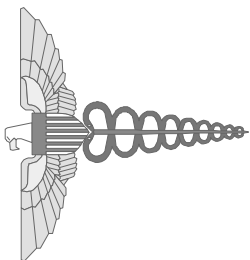
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Medicaid in 1997



1997 Legislative Update

There seems to be considerable confusion over changes in Medicaid resulting from the 1997 Legislative Session. This is largely because the bill containing technical amendments and other changes to the Medicaid laws failed in the final moments of the session,. We hope the following will be helpful to all participant providers.

Capitated Managed Care:

Both bills containing references to capitated managed care failed. as a result, the law reverts to the language that was passed in 1995, mandating capitation, with at least one module in an urban area and one in a rural area. The restriction to eleven counties ties, enacted in 1996, was removed. The Division, therefore, will continue to develop its current pilot program.

HealthMACS:

Nothing enacted in 1997 has changed our authority to develop HealthMACS statewide, and approval for this has been received from the federal government.

Home and Community Based Services:

Legislation was passed in 1997 to develop this program statewide.

Chiropractic Services:

The authorization to reimburse for chiropractic services will be repealed June 30, 1997. The Division will be required to deny payment for any claims with dates of service July 1, 1997 or later. We will make every effort to restore authorization early in the 1998 session.

Case-Mix Reimbursement to Nursing Facilities:

Many of the sections authorizing case-mix reimbursement were repealed. One paragraph, however remained, which authorized participation in the demonstration project. The Division will, therefore, continue to reimburse nursing facilities according to this methodology.

Dental Code D7240

Effective June 1, 1997, the fee on dental code D7240 will be increased to \$52.61. Please note this in your Appendix G, page 270 of your dental manual.

MDS 2.0 Data Collection

The responsibility for data collection of the MDS 2.0 has been transferred to the Division of Medicaid effective May 1, 1997 for all nursing facilities and skilled nursing facilities in Mississippi. All diskettes containing MDS 2.0 assessments should be mailed to the following address:

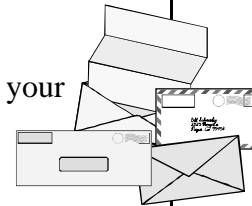
Division of Medicaid
Attention: Ursula Williams
239 North Lamar Street, Suite 801
Jackson, MS 39201-1399

All questions regarding the submission of the MDS 2.0 should be directed to Ursula Williams at (601) 359-6093.

Questions regarding MDS 2.0 coding should temporarily be made to (601) 359-6046. A message will be taken and forwarded to case mix nurse.

Post Office Box Numbers for Filing Claims

To ensure a quick response to your claims please make sure that you send your claims to the appropriate box number as stated in Appendix A of your Provider Manual.



Carve-Out of Mental Health Services

SB 2100 as passed by the Senate and signed by the Governor mandates a carve-out of mental health services from the capitated managed care program. Effective July 1, 1997, community mental health services will not longer be proved by the HMOs providing services for Mississippi Medicaid recipients. HMOs will, however, continue to provide coverage of prescription drugs associated with mental health services.

As of July 1, 1997, an EPSDT plan of care must be submitted to all children for mental health services in addition to those covered in the Medicaid state plan for the regular Medicaid program. This will include children who are enrolled in an HMO.

All Hospital Providers

The Hospital Services Provider Agreement has been updated. All existing Hospital Services Agreements will terminate on June 30, 1997. Each administrator should have received by certified mail a packet which included two (2) new agreements. Each hospital should submit the two (2) new agreements with original signatures to EDS Provider Enrollment at 111 East Capitol Street, Suite 400, Jackson, MS 39201. Each hospital should also include a HCFA 1513 and an authority to sign for the person signing the agreement and the HCFA 1513. The authority to sign will be accepted from the Hospital Board Minutes, the Chairman of the Hospital Board if the letter is on letterhead and had the corporate seal or the owner. If your hospital did not receive a packet, please contact Provider Enrollment at 1-800-884-3222.

Automated, Multichannel Lab Tests

Effective immediately, the following lab procedures are considered inclusive in automated, multichannel testing:

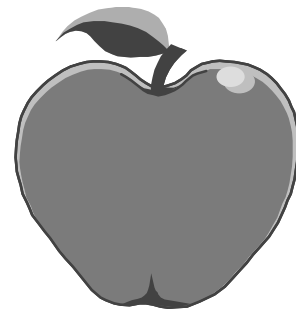
82040	82435	82977	84155	84478
82250	82465	83615	84160	84520
82251	82550	84075	84295	84550
82310	82565	84100	84450	
82374	82947	84132	84460	

Billing the CPT Codes for Newborn Care

The CPT Codes for Newborn Care (Codes 99431, 99432, 99433, 99435, 99440) are to be billed for immediate newborn care only. specifically, CPT codes 99432 and 99435 should **not** be billed as the first after birth. The appropriate CPT code for an initial E&M service should be billed.

**Please call the EDS Correspondence Unit at
1-800-884-3222 or 601-960-2800
if you have any questions regarding the information in this bulletin.**

HealthMACS Workshops



The Mississippi Division of Medicaid and EDS staff will be in your area to conduct workshops and recruit primary care providers (PCP) for the managed care program Health Through Medicaid Managed Access to Care and Services (HealthMACS). HealthMACS, a primary care case management program for AFDC/AFDC-related Medicaid eligibles, will be implemented in selected counties in your area on **September 1, 1997**. The selected counties are: **Alcorn, Benton, Prentiss, Tippah and Tishomingo**. HealthMACS links Medicaid eligibles with a PCP who is responsible for managing the health care needs of Medicaid eligibles assigned to him/her. HealthMACS offers better patient care by providing continuity of services and encouraging more appropriate use of the health care system.

The purpose of the workshops is to discuss the policies of the HealthMACS program, how it changes the way HealthMACS enrollees access care and services, and how medical care provided by health care specialists other than the PCP must be authorized by the PCP for Medicaid to reimburse for the services. Some Medicaid services are excluded from HealthMACS and do not require authorization by the PCP. These services include: podiatry, dental, psychiatry, ophthalmology, eyeglass, hearing aids emergency services, nursing home and ICF/MR, and emergency/non-emergency transportation.

Medicaid providers who can be PCPs for HealthMACS are: family practitioners, general practitioners, pediatricians, obstetricians (OB), gynecologists (GYN), internists, and nurse practitioners (pediatric, adult, family, OB-GYN, and certified nurse midwives).

<p>If you are one of the provider types listed above and are interested in being a PCP for HealthMACS, you and/or your representative may want to attend one of the workshops scheduled below. Detailed information about the HealthMACS program will be given during the workshop. PCP requirements and responsibilities will also be addressed. PCP applications and provider agreements will be available. Managed care provider representatives from EDS will be at the workshop to schedule one-on-one provider meetings, if you want such a meeting scheduled.</p> <p style="text-align: center;">June 19, 1997 - 9:00 a.m. Refreshments The Weaver Center 101 West Linden Street Corinth, Mississippi</p>	<p>If you provide health care to AFDC/AFDC-related Medicaid eligibles in the counties listed above, you and/or representatives of your office/billing staff may benefit by attending one of the HealthMACS workshops scheduled below. If you are not sure if you need to attend a workshop, please call the Managed Care Hotline, 1-800-627-8488, or the Division of Medicaid Managed Care staff, 1-800-421-2408, for additional information about the program and the workshops.</p> <p style="text-align: center;">June 19, 1997 - 1:00 p.m. Refreshments The Weaver Center 101 West Linden Street Corinth, Mississippi</p>
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If any additional information is needed, please contact the Managed Care Hotline at **1-800-627-8488**.


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EDS
 111 East Capitol, Suite 400
 Jackson, MS 39201-2121

Bulk Rate U.S. Postage PAID Jackson, MS Permit No. 584
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June 1997

S	M	T	W	T	F	S
1 Dental code D7240 will be increased to \$52.61.	2	3	4	5 ESC Cut-Off	6	7
8	9 Checkwrite	10	11	12 ESC Cut-Off	13	14  Flag Day
15 Father's Day	16 Checkwrite	17	18	19 Managed Care Workshops 9 a.m. and 1 p.m. ESC Cut-Off	20	21
22	23 Checkwrite	24	25	26 ESC Cut-Off	27	28
29	30 Authorization to reimburse for chiropractic services will be repealed. Checkwrite	All existing Hospital Services Agreements will be terminated on June 30.				

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.