



Mississippi Medicaid Bulletin

Program and Policy Information

Volume 4, Issue 2

August 1997

HMO Expansion

EDS

HMO Expansion in Lauderdale County

During the month of August 1997, Medicaid recipients in **Lauderdale County** will receive HMO (Health Maintenance Organization) enrollment packets from the Division of Medicaid. Effective **September 1, 1997**, Mississippi Medicaid recipients in Lauderdale County will have the option to choose an HMO or remain in fee-for-service Medicaid.

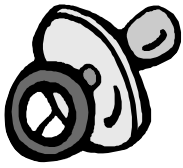
Workshops scheduled for **August 27, 1997**, will give providers a basis for understanding the HMO managed care program and billing for Medicaid recipients enrolled with an HMO. Two workshops have been scheduled for your convenience. Each session will last approximately two hours, depending on the number of questions providers present to the HMO panel. The same information will be presented at both sessions. The workshop will be conducted at:

**Holiday Inn Northeast
Highway 80 and I-20/59
Meridian, Mississippi
9:00 a.m. or 1:00 p.m.**

You may choose to attend either the 9:00 a.m. or 1:00 p.m. session. Representatives will be available from the various managed care plans to answer questions and provide you with information about their plans at your convenience. *If you treat or bill for services provided to Medicaid recipients residing in Lauderdale County, it is essential that you be represented at one of these sessions to learn of any changes in billing requirements.* If you have any questions regarding the various managed care programs, please call the Managed Care Hotline at **1-800-627-8488**.

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Adding “K” to Claims Billed for Newborn Care

Effective September 1, 1997, neonatologists, pediatricians, and others who bill CPT codes for newborn care should bill using baby’s name, baby’s date of birth, and the mother’s number plus a “K”. These CPT codes are: 99360, 99431, 99432, 99433, 99440, W9353, and W9370. This will allow Medicaid to identify these babies soon after birth and hopefully reduce some of the problems that have occurred with K-babies.

Case Mix Classification System

Mississippi converted to the MDS 2.0+ in July 1996 using the M³PI approved by HCFA in May 1996. The Documentation Guidelines mailed to facilities in January, 1997 were intended to match that approved classification system. Unfortunately, we have found that is not the case. HCFA made additional changes to the M³PI in November 1996. Mississippi will be converting to the approved classification system on July 1, 1997 and it will be used for payment effective January 1, 1998. This will result in the number of classifications changing from 35 classes to 34 classes. It will also require changes to the case mix weights. The staff at the Division of Medicaid is working to make these conversions as quickly as possible. As soon as the weights and the new documentation guidelines are developed and approved by the Case Mix Advisory Committee, they will be mailed to all participating Medicaid and Medicare facilities.

Allowable Costs for Nursing Facilities, ICF-MRs, and PRTFs

If a service is offered free to participating providers by one organization and the same service is offered for a fee by another entity, the costs incurred by facilities to pay for the same service that could be acquired for free will be disallowed.

In order to be considered allowable costs for Medicaid purposes in nursing facilities, ICF-MRs, and PRTFs, those costs must be considered reasonable and necessary in the normal conduct of operations related to providing patient care. Implicit in this requirement is the expectation that the provider seek to minimize its costs and that its actual costs do not exceed what a prudent and cost-conscious buyer pays for a given item or service. If costs are determined to exceed the level that such buyers incur, in the absence of clear evidence that the higher costs were unavoidable, the excess costs are not reimbursable under Medicaid. For example, if a service is offered free to participating providers by one organization and the same service is offered for a fee by another entity, the costs incurred by facilities to pay for the same service that could be acquired for free will be disallowed. Further explanations of the prudent buyer concept may be found in the HCFA-15 Manual, Section 2103.

Psychiatric Residential Treatment Facilities (PRTF) Review Process

HealthSystems of Mississippi (HSM) will not accept requests for certification reviews without a valid Mississippi Medicaid recipient number. Many Medicaid reviews which have been placed in a “pending” status are never removed from “pending” because the patient does not become Medicaid eligible. These reviews result in non-productive time for both HSM and facility staff.

HSM will accept reviews on a retrospective basis if eligibility is established during or after an admission. Please refer to your HSM manual for the retrospective review process.

Effective August 1, 1997, Mississippi Medicaid recipients may seek certification for PRTF benefits regardless of eligibility category. A disability determination is no longer required for PRTF patients.

MDS 2.0+ Tips

Hospital Leave and Therapeutic/Home Leave information should be reported in Section S of the MDS 2.0+. It is important to remember that hospital leave and therapeutic/home leave must be reported with both a beginning date and an ending date. If the resident is on therapeutic/home leave for more than eight (8) hours, this should be reported as one (1) day. In this case, the beginning and ending date would be the same date. Although bed hold information is not collected through the discharge and re-entry tracking forms, these forms are required to be submitted to the Division of Medicaid in accordance with HCFA regulations. All assessments and tracking forms are submitted to HCFA by the State.

Hospital leave and therapeutic/home leave must be reported with both a beginning date and ending date.

Roster Reports

The Division of Medicaid staff appreciates the effort made by nursing facilities to submit their MDS 2.0+ data for the Roster Reports. If your facility is having problems with assessments that have been submitted that do not show up on the Roster Report, check for the following:

1. Determine if the social security number in Section S of the MDS 2.0 on your computer system agrees with the social security number of the same resident on the Roster Report. If not, please notify Medicaid.
2. If your software does not automatically enter the facility ID code and the resident's State Identifier (usually the social security number), please encourage your software vendor to add this feature. We have had numerous assessments submitted with facility ID numbers that did not belong to any facility and have had residents with multiple social security numbers. It is very important that the same facility ID number always be used. It is also imperative that assessments always be submitted using the same social security number for a resident.
3. Check the primary reason for the assessment in box A8a of the MDS 2.0+. This may only be coded as 1, 2, 3, 4, or 0. We have received assessments with codes other than this that are not accepted into the roster database.

After reviewing the above list, if you still can not determine what is causing your problems, please call Medicaid at (601) 359-6046.

HMO Counties

The Division of Medicaid (DOM) and the health maintenance organizations (HMO) which have contracts with DOM are adding additional counties to the HMO project. During July, Medicaid eligibles in Washington County received enrollment packets about the HMOs available to them for services on August 1. The HMOs providing services in Washington County are: AmeriCan Medical Plans of Mississippi, Family Health Care Plus, and Mississippi Managed Care Network.

HMO enrollment packets will be sent to Medicaid eligibles in Lauderdale County during the first week in August. HMOs will begin providing services on September 1, to those recipients who join an HMO. The HMOs providing services in Lauderdale County are: AmeriCan Medical Plans of Mississippi, APEX, Family Health Care Plus, Health Care of Mississippi, and Managed Care Network.

In September, HMO enrollment packets will be sent to Medicaid eligibles in Forrest County. The HMOs will provide services in Forrest County beginning October 1. The HMOs providing services for Forrest County will be announced at a later date.

HMOs continue to provide services to Medicaid recipients in Hancock, Harrison, and Warren Counties. Medicaid recipients in these counties may enroll with an HMO at any time by completing an HMO enrollment form.

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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.