

Mississippi Medicaid

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Bulletin

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Attention Nursing Facilities, ICF-MR's and PRTF's Cost Report Training

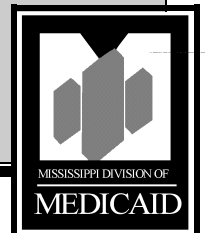
Cost report training will be held February 8 and 10, 2000. The February 8 session is open to cost report preparers. The full-day training will be a work session on the correct and complete way to fill out the cost reports. Training will also include information on allowable costs and applicability to rate setting. On February 10 two identical training sessions will be held, one in the morning and one in the afternoon. This training will be geared toward the needs of the facility administrator and personnel responsible for compiling information for cost report preparers. Allowability of costs and applicability to rate setting will be reviewed.

The training sessions will be February 8, 8:30-4:30, with lunch on your own, and February 10 from 8:30-11:30 or 1:30-4:30. All sessions will be held at Hinds Community College, Rankin County Campus, Highway 80 East in Pearl. For more information, please contact the Medicaid Bureau of Reimbursement at (601) 359-6046.



Cost Report Work Sessions

<i>when</i> February 8, 2000	<i>when</i> February 10, 2000
<i>for</i> Cost Report Preparers	<i>for</i> Facility Administrators & Personnel responsible for Compiling Information for Cost Report preparers
<i>location</i> Hinds Community College, Rankin County Campus, Highway 80 East in Pearl.	



1999 Owners' Salary Limits for Long-Term Care Facilities

The maximum amounts that can be claimed as owners' salaries are based on 150% of the average salaries paid to non-owner administrators in 1998 in accordance with the Medicaid State Plan.

The maximum amounts that can be claimed as owners' salaries are based on 150% of the average salaries paid to non-owner administrators in 1998 in accordance with the Medicaid State Plan. These limits apply to all owners and owners/administrators that receive payment for services related to patient care. The limits apply to salaries paid directly by the facility, by a related management company, or home office. Adjustments should be made to the cost report to limit any excess salaries paid to owners. In addition, Form 15 should be filed as part of the Medicaid cost report for each owner.

The maximum allowable salaries for 1999 are as follows:

• Intermediate Care Facilities for the Mentally Retarded (ICF-MR)	\$60,228
• Small Nursing Facilities (1-60 Beds)	\$61,499
• Large Nursing Facilities (61 + Beds)	\$90,321
• Psychiatric Residential Treatment Facilities (PRTF)	\$62,354

Allowable Board of Directors Fees for Nursing Facilities, ICF-MR's and PRTF's 1999 Cost Reports

The allowable Board of Directors fees that will be used in the desk reviews and audits of 1999 cost reports filed by nursing facilities (NF's), intermediate care facilities for the mentally retarded (ICF-MR's), and psychiatric residential treatment facilities (PRTF's) have been computed. The computations were made in accordance with the Medicaid State Plan by indexing the amounts in the plan using the Consumer Price Index for All Urban Consumers - All Items. The amounts listed below are the per meeting maximum with a limit of four (4) meetings per year.

The maximum allowable Board of Directors per meeting fees for 1999 are as follows:

Category	Maximum Allowable Cost for 1999
0 - 99 Beds	\$2,796
100 - 199 Beds	\$4,194
200 - 299 Beds	\$5,592
300 - 499 Beds	\$6,990
500 Beds or More	\$8,388

Fee computations were made in accordance with the Medicaid State Plan by indexing the amounts in the plan using the Consumer Price Index for All Urban Consumers - All Items.

Split Billing Inpatient Hospital Maternity Claims

When inpatient hospital maternity claims are split billed on UB-92 claim forms, the surgical procedure code and date must be recorded in form locator 80 on both claims. This will allow both claims to process correctly.



Prior Authorization for Non-Emergency Ambulance Transportation

Effective for dates of service(s) on and after January 1, 2000 the Division of Medicaid (DOM) no longer requires prior authorization for non-emergency ambulance transportation. Providers are no longer required to fax ambulance transports or certificates of medical necessity forms after December 31, 1999. Information regarding this change can be reviewed in the revised Ambulance Policy Manual.



Prior authorization is no longer required for non-emergency ambulance transport.

Automated Voice Response System (AVRS)

The automated voice response system (AVRS) has been modified. Previously the system only allowed providers to verify eligibility for claims up to 12 months old. Starting February 1, 2000, providers can call 1-800-884-3222 and verify eligibility for claims up to 24 months.

A Automated
V Voice
R Response
S System

Automated Voice Response System (AVRS) Menu

When calling the automated voice response system at 1-800-884-3222, you may expedite your call by taking advantage of the following options.

- 1** Eligibility, Check Amount, Drug Coverage and/or Managed Care Information
- 2** Drug Prior Authorization
- 3** Recipients
- 4** Point of Service Help Desk
- 0** EDS Representative



You can make your choice at any time during the message. Just press 1, 2, 3, 4 or 0 to access the information you need.

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If you have any questions related to the topics in this bulletin, please contact the EDS Correspondence Unit at 1-800-884-3222 or 601-960-2800.


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www.dom.state.ms.us

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Fax EDS Publications at 601-960-2807, or e-mail publications@msxix.hcg.eds.com.

EDS

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February 2000

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 <i>AVRS modified</i>	2	3 ESC Cut-Off 5 pm	4	5
6	7 Checkwrite	8 <i>Cost Report Session</i>	9	10 <i>Cost Report Sessions</i> ESC Cut-Off 5 pm	11	12 
13	 Checkwrite	15	16	17 ESC Cut-Off 5 pm	18	19
20	21 <i>Presidents' Day</i> <i>DOM, EDS, & HSM closed</i> Checkwrite	22 	23	24 ESC Cut-Off 5 pm	25	26
27	28 Checkwrite	29				

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.