Mississippi Medicaid Bulletin

Volume 7, Issue 9

March 2001

HealthMACS Emergency Room Billing for Professional Services

Professional services provided in the emergency room (ER) having procedure **codes in the range of 99281 through 99285 do not require HealthMACS authorization**. A HealthMACS authorization will be required for codes billed outside of this range for professional services provided in the ER.

Perinatal High Risk Management/Infant Services System

The Perinatal High Risk Management/Infant Services System (PHRM/ISS) program is a multidisciplinary enhanced services case management program for certain Medicaid-eligible pregnant/postpartum women and infants. The enhanced services for this target population include risk assessment, case management, psychosocial and nutritional assessments, home visits and health education. All physician or nurse practitioner/midwife providers are encouraged to complete a Risk Screening Assessment on this target population, to refer Medicaid beneficiaries with a positive risk screen to an appropriate PHRM/ISS case management agency provider and to submit a claim for reimbursement. Both the maternal (W9350) and infant (W9353) risk screening assessment generate a fee-for-service reimbursement for private providers for both <u>positive</u> and <u>negative</u> screens.

Currently, private providers are risk screening only 28% of pregnant/postpartum women and 49% of infants. DOM's goal is for all Medicaid-eligible pregnant/ postpartum women and infants to have a Risk Screening Assessment and be referred appropriately.

For the name of a PHRM/ISS case management agency provider in your area, please call the MCH Bureau at the Division of Medicaid.

Janie P. Hobbs, R.N., B.S.N.
PHRM/ISS Coordinator
1-800-421-2408 or 601-359-5535

MISSISSIPPI DIVISION OF
MEDICAID

Allowable Board of Directors' Fees for
Nursing Facilities, ICF-MR's and PRTF's
2000 Cost Reports

The allowable Board of Directors fees for desk reviews and audits of 2000 cost reports filed by NF's, ICF-MR's, and PRTF's have been computed.

The allowable Board of Directors' fees that will be used in the desk reviews and audits of 2000 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, per meeting Board of Directors' fees for 2000 are as follows:

Category	Maximum Allowable
0 - 99 Beds	$2,900
100 - 199 Beds	$4,351
200 - 299 Beds	$5,801
300 - 499 Beds	$7,251
500 Beds or More	$8,701

Standing Orders Program for
Influenza and Pneumococcal Immunizations

The Division of Medicaid has entered into a cooperative agreement with IQH to assist in gathering immunization data from each nursing facility during its case-mix audits for the next twelve months.

The Division of Medicaid has provided support to the Standing Orders Program for Influenza and Pneumococcal Immunizations to ensure that the immunization status of all nursing facility residents is routinely assessed and that all residents are offered influenza and pneumococcal vaccines.

The contractor for Mississippi is Information and Quality Healthcare, Inc. (IQH). The Division of Medicaid has entered into a cooperative agreement with IQH to assist in gathering immunization data from each nursing facility during its case-mix audits for the next twelve months. Data will only be gathered from the case-mix audit sample for the flu seasons of 1999/2000 and 2000/2001. For more information, contact Institutional Long Term Care/Case Mix at (601) 359-6750 or (601) 359-5191.

Institutional Long Term Care/Case Mix
601-359-6750 or 601-359-5191

Eyeglasses for Dual Eligibles

Eligible beneficiaries over 21 years of age are qualified for eyeglasses as prescribed by an ophthalmologist or optometrist (including eyeglasses needed after eye surgery). The beneficiary is allowed one (1) pair of eyeglasses every three (3) years.

For beneficiaries covered under both Medicare and Mississippi Medicaid (dual eligibles), the Division of Medicaid (DOM) has authorized that providers may file a claim directly to the fiscal agent, EDS, for eyeglasses and the related eye exam except in instances related to eye surgery or others in which Medicare covers the services.

DOM and EDS have begun work on the system changes to process these claims. As soon as the changes are complete, vision provider claims previously submitted for these services will be processed retroactive to July 1, 2000.

DOM expects the provider to bill Medicare first for eyeglasses and eye exams related to eye surgery and other instances in which Medicare covers the services. If a vision provider fails to file Medicare covered services with Medicare initially or if the records do not substantiate services paid for under the Mississippi Medicaid program, the provider will be required to refund to the Mississippi Medicaid program any money received from the program for services that Medicare covers and any non-substantiated services.
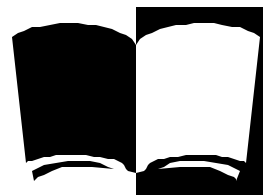
For beneficiaries covered under both Medicare and Mississippi Medicaid, DOM has authorized that providers may file a claim directly to EDS for eyeglasses and the related eye exam except in instances related to eye surgery or others in which Medicare covers the services.

Provider Policy Manuals

The Mississippi Medicaid Provider Policy Manual has been sent to all active Mississippi Medicaid providers. All providers should have received a set of 90 tabs and Sections 1-9, 12, 14, 18 and 24 of the new Provider Policy Manual. If you have not received this manual, please contact the EDS Correspondence Unit at 1-800-884-3222 or e-mail EDS Publications at publications@msxix.hcg.eds.com. Because it is not possible to issue all sections of the policy manual at one time and the billing manual is not ready to be issued, **providers must keep current Medicaid provider manuals until advised** all content from these manuals has been issued in the revised manual sections.

Please remember that providers enrolled in the Mississippi Medicaid program are responsible for all material in the Mississippi Medicaid manuals and bulletins. This information can be downloaded from the Division of Medicaid's web site at www.dom.state.ms.us.

The Mississippi Medicaid Provider Policy Manual has been sent to all active Mississippi Medicaid providers.

Additions, Deletions and Description Changes to the 2001 HCPCS and CPT Codes

The additions, deletions and description changes to the 2001 HCPCS and CPT codes will be loaded into the Medicaid Management Information System (MMIS) in the near future. The 2000 codes should be utilized until the Division of Medicaid (DOM) provides further directions for filing the 2001 codes.

Provider Workshop
Division of Medicaid/HSM
PRTF Program Policy Changes

Mental Health Services staff from the Division of Medicaid and Health Systems of Mississippi (HSM) will be conducting a workshop on March 6, 2001.

Mental Health Services staff from the Division of Medicaid and Health Systems of Mississippi (HSM) will be conducting a workshop on March 6, 2001. Mental Health Services staff will present policy changes to the Psychiatric Residential Treatment Facility (PRTF) program that went into effect October 1, 2000 as well as the PRTF On-Site Compliance Review (OSCR) document and the Compliance Review Instrument (CRI) that will be effective March 7, 2001. PRTF providers were provided a copy of the new PRTF Policy Manual prior to October 1, 2000. Providers were given a six-month implementation period to comply with the new policy. The implementation period will end on March 1, 2001. PRTF providers were also provided with a copy of the new OSCR and CRI documents to be used by staff from the Division of Medicaid to measure compliance with State and Federal regulations.

HSM staff will present changes outlined in the HSM Manual. Staff from Medicaid and HSM will be available to answer questions and address concerns about the policy changes related to the PRTF program. The training session will start at 1:00 and finish no later than 5:00 at Health Systems of Mississippi. This meeting is open to all PRTF providers. If you have any questions, please contact Kristi Plotner, LMSW, Division Director, Mental Health Services at (601) 359-6698 or Wanda Niblett Smith, RN at (601) 359-6080.

If you have questions concerning any of the information in this bulletin, please contact the EDS Correspondence Unit at (601) 960-2800 or 1-800-884-3222.

EDS Correspondence Unit
(601) 960-2800 or 1-800-884-3222

HIPAA Update

It is easy to put HIPAA on the back burner because the implementation dates sound so far away. With all there is to do, the deadlines will be here before we know it. You must also keep in mind that you must be ready on October 16, 2002 for electronic transactions and February 26, 2003 for privacy of individually identifiable health information - that means everyone must be trained and all testing must be completed with the bugs worked out - *before* the deadline.

This is a list of a few things to be working on right now:

- Staff your HIPAA compliance team. This is an executive-level team that will provide the direction and resources for your organization to achieve compliance.

- Identify your Privacy and Security Officers. Depending upon the size of your organization, this may be one person responsible for both privacy and security, or it may be two individuals.

- Train your staff. There are different types of training that may be needed in an organization. For example, you may want to provide HIPAA awareness training to all of your managers, supervisors and other key staff. This would provide a baseline level of HIPAA understanding across your organization. It is also a good idea to provide in-depth training in the Final Rule for Electronic Transactions and Code Sets and the Final Rule for Standards for Privacy of Individually Identifiable Health Information focusing on the definitions of the required transactions. This is important because it is the definitions of the transactions that will determine when required transactions must be used in your system.

- Develop an internal privacy policy that adheres to the provisions within the Final Rule for Privacy.

- Review your organization's security practices and documentation, including physical safeguards and technical security services and mechanism. Many organizations may have these protections in place, but lack formal documentation of policies and procedures as required in the security proposed rule. Be sure you have documented policies and procedures for disaster recovery, facility security, workstation use, system access controls and the other elements of physical and technical security proposed.

For additional information on HIPAA, please visit the Health Care Financing Administration (HCFA) web site at **www.hcfa.gov.**

Health Care Financing Administration (HCFA) web site
www.hcfa.gov.

Mississippi Medicaid Bulletin

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.

Mississippi Medicaid Bulletins and Manuals are on the Web! www.dom.state.ms.us

EDS

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Sunday	**M**onday	**T**uesday	**W**ednesday	**T**hursday	**F**riday	**S**aturday
				ESC Cut-Off 5 pm **1**	**2**	**3**
4	**5**	Checkwrite **6** PRTF Program Policy Workshop	**7** PRTF OSCR & CRI Effective	ESC Cut-Off 5 pm **8**	**9**	**10**
11	**12**	Checkwrite **13**	**14**	ESC Cut-Off 5 pm **15**	**16**	**17**
18	**19**	Checkwrite **20**	**21**	ESC Cut-Off 5 pm **22**	**23**	**24**
25	**26**	Checkwrite **27**	**28**	ESC Cut-Off 5 pm **29**	**30**	**31**

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.