

Mississippi Medicaid

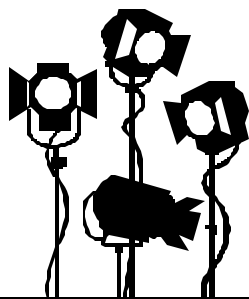
Volume 7, Issue 11

May 2001

Bulletin

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Spotlight on the EPSDT Program

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program is a preventive and comprehensive health program for Medicaid-eligible individuals under age 21. Each element of the program's name combines to make the program unique:

- ◆ **Early:** assessing health in early life so that potential diseases and disabilities can be prevented or detected in their preliminary stages, when they are most effectively treated.
- ◆ **Periodic:** assessing a child's health at regular recommended intervals to assure continued healthy development.
- ◆ **Screening:** the use of tests and procedures to determine if children being examined have conditions warranting closer medical or dental attention.
- ◆ **Diagnosis:** determination of the nature and cause of conditions identified by screening.
- ◆ **Treatment:** the provision of services needed to control, correct or lessen health problems.

In general, covered EPSDT diagnostic and treatment services include all required and optional Medicaid services, even if a state chooses not to cover a particular optional service for its general Medicaid population. Diagnostic services are covered whenever a screening examination indicates the need to conduct more in-depth evaluation of the child's health status. Treatment services are covered whenever they are medically necessary to

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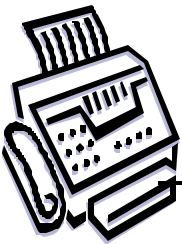


(Spotlight on EPSDT Program continued from page 1)

correct or ameliorate defects, physical or mental illness, or other conditions discovered or found to have worsened through EPSDT screening. The scope of services is broader than for the general Medicaid program.

The EPSDT program is the single largest preventive health program in the state, and the goal of the Division of Medicaid is to achieve an eighty percent (80%) participation rate. The EPSDT program depends on providers like you who have served children for years. Physicians, nurse practitioners, and registered nurses, who are interested in improving the health of our state's children, are invited to contact the EPSDT Division at the Division of Medicaid for information on becoming a provider.

Janie Hobbs, R.N., B.S.N.
Bureau of Maternal and Child Health
1-800-421-2408 or 601-359-6150



New FAX Numbers

***CHIP Program
601-359-9556***

***Pharmacy
Program
601-359-9555***

Change in Fax Numbers for CHIP and Pharmacy

Effective May 1, 2001, the new Fax number for the CHIP Program will be **601-359-9556**, and the new Fax number for the Pharmacy Program will be **601-359-9555**.

Please note these Fax number changes. Use of the old Fax numbers after May 1 could result in a delay in response to faxed inquiries or prior approval requests pertaining to the CHIP Program or to the Pharmacy Program.

Hospital Leave Day

When a resident is transferred from a nursing facility to a hospital geropsych, the MDS, Section S, should be coded as a hospital leave day. Please note that a 15-day in-patient hospital length of stay is allowed.

Clarification is being provided to nursing facilities for Section S of the Minimum Data Set (MDS) regarding items to be coded. Specifically, when a resident is transferred from a nursing facility to a hospital geropsych, the MDS, Section S, should be coded as a hospital leave day. Please note that a 15-day in-patient hospital length of stay is allowed. The facility must reserve the hospitalized resident's bed in anticipation of his/her return. The bed may not be filled with another resident during the covered period as hospital leave. A resident must be discharged from the facility if he/she remains in the hospital for more than fifteen (15) days. Please refer to the Nursing Facility Manual, Section 5.07.1, In-Patient Hospital Leave for any additional questions.

If you have any questions, please contact Patricia Holton at the Case Mix Hotline at 601-359-5191 or Evelyn Silas at 601-359-6750.

The Jackson Heart Study, A Legacy of Health



In 1997, the National Institutes of Health (NIH) recognized that the burden of heart disease in the African-American population far exceeded that in Whites and initiated an effort to begin research that would hopefully reverse the legacy of excess death and disability due to heart disease to a “Legacy of Health”. A collaborative partnership among Jackson State University, Tougaloo College, the University Medical Center, and NIH was established, and the Jackson Heart Study was born.

The study began recruitment efforts in September and subsequently conducted its first participant exam on September 26, 2000, the 52nd anniversary of the Framingham Heart Study. The study is seeking a total of 6,500 *randomly selected* participants over the next three years. As members of the medical profession, and as members of your communities wherein your encouragement and support is well respected, we ask your help in attaining this important target. Your positive assessment when questions arise regarding the study will help the project tremendously.

The staff of the Jackson Heart Study thanks you for any and all assistance you can provide in the promotion of the study. Please contact Dr. Herman Taylor or Dr. Evelyn Walker at 601-368-4650 for further information or for answers to any of your concerns.

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2000 Owners’ Salary Limits for Long-Term Care Facilities

The maximum amounts allowed on cost reports filed by nursing facilities, intermediate care facilities for the mentally retarded, and psychiatric residential treatment facilities as owner’s salaries for 2000 are based on 150% of the average salaries paid to non-owner administrators in 1999 in accordance with the Medicaid State Plan. These limits apply to all owners and owners/administrators who receive payment for services related to patient care. The limits apply to salaries paid directly by the facility or 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 2000 are as follows:

- Intermediate Care Facilities for the Mentally Retarded (ICF-MR) \$76,045
- Small Nursing Facilities (1-60 Beds) \$70,775
- Large Nursing Facilities (61 + Beds) \$93,643
- Psychiatric Residential Treatment Facilities (PRTF) \$66,113

These limits apply to all owners and owners/administrators who receive payment for services related to patient care. The limits apply to salaries paid directly by the facility or by a related management company or home office.

Medicaid Patients

Providers cannot limit the days or times in which they will see Medicaid patients. Medicaid patients must be seen during the times other patients are seen.

Although Medicaid providers can limit the number of Medicaid patients they include in their practices, providers cannot limit the days or times in which they will see Medicaid patients. Medicaid patients must be seen during the times other patients are seen. Also, Medicaid providers cannot refuse services to a Medicaid beneficiary because of the potential existence of a third party source.

If the provider accepts an individual as a Medicaid patient, Medicaid must be billed for any services provided that are Medicaid covered services. If the Medicaid patient has a third party source (including Medicare), the third party must be billed and a payment or denial received before Medicaid is billed. Whatever the third party insurance and Medicaid pays is payment in full (minus any co-payments authorized by Medicaid), and the beneficiary cannot be "balance billed".

DOM has received numerous inquiries lately regarding a provider's ability to limit the number of Medicaid patients in his/her practice. Each provider who participates in the Medicaid program determines the number of patients he/she can accept. DOM, however, encourages providers to accept as many Medicaid patients as possible to provide adequate access to health care services for Medicaid beneficiaries.

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 assessments generate a fee-for-service reimbursement for private providers for both positive and negative 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 Bureau of Maternal and Child Health at the Division of Medicaid.

Janie P. Hobbs, RN, BSN
PHRM/ISS Coordinator

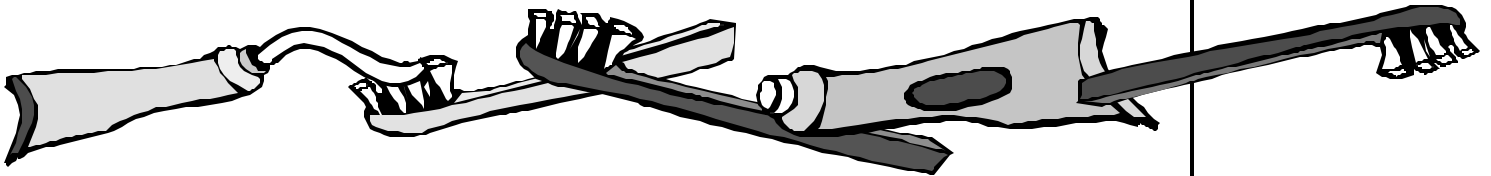
HCPCS Code E1390 Authorized

Effective May 1, 2001, the Division of Medicaid authorizes use of HCPCS Code E1390 for oxygen concentrators. Durable Medical Equipment (DME) providers will be required to utilize E1390 for new requests for oxygen concentrators submitted to HealthSystems of Mississippi (HSM) on and after May 1, 2001. This is applicable to the plan of care for both initial certification and recertifications.

The monthly rental (modifier 1) allowance for HCPCS Code E1390 will be \$156.26. The daily rental (modifier 2) allowance will be \$5.21.

HCPCS Codes E1400, E1401, E1402, E1403, and E1404 will not be utilized after April 30, 2001, as these codes are no longer valid HCPCS codes. However, DME providers who have already received an approval should continue to bill their claims using these codes for the approved period of time.

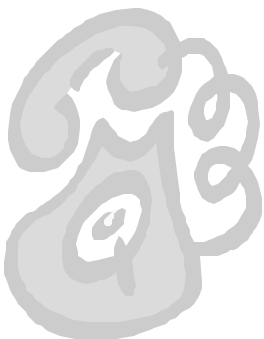
Durable Medical Equipment (DME) providers will be required to utilize E1390 for new requests for oxygen concentrators submitted to HealthSystems of Mississippi (HSM) on and after May 1, 2001.



Dental Cash Limit Reminder

The cash limit for dental services provided to Medicaid beneficiaries under the age of 21 is no longer \$750 and has been increased to \$1200 for dates of services on or after July 1, 2000. A dental plan of care to increase the limit for services is not required until the beneficiary has exceeded the \$1200 dental cash limit. If an extension of benefits is required to correct the problems identified through the exam, a prior authorization form MA 1098 must be submitted to DOM. If you have further questions, contact Bertha Williams in the Medical Services Division at 601-359-6136.

The cash limit for dental services provided to Medicaid beneficiaries under the age of 21 is no longer \$750 and has been increased to \$1200



Please direct any questions regarding information in this bulletin to the
EDS Correspondence Unit at
601-960-2800 or 1-800-884-3222.

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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.

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



May 2001

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 Begin using HCPCS Code E1390	2	3 ESC Cut-Off 5 pm	4	5
6	7	8	9	10 ESC Cut-Off 5 pm	11	12
13	14	15	16	17 ESC Cut-Off 5 pm	18	19
20	21	22	23	24 ESC Cut-Off 5 pm	25	26
27	28 DOM, EDS, HSM Closed	29	30	31 ESC Cut-Off 5 pm		

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.