Early and Periodic Screening, Diagnosis, and Treatment and Extended EPSDT Services.

(4) Interperiodic Dental Screens: Between periodic screens, coverage is provided for other medically necessary services. Payment for problem focused evaluation will be reimbursed using the Healthcare Common Procedure Coding System (HCPCS) codes as provided by the Centers for Medicare and Medicaid based on a statewide fixed fee schedule authorized by MS State Legislation. These reimbursement rates will be paid to dentists only.

b) High-Risk Assessment-Reimbursement is based on 75% of the current Medicaid allowable for an antepartum visit. These reimbursement rates will be paid to Perinatal High Risk Management (PHRM) providers only.

The Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by ten percent (10%) of the allowed amount for that service.

Targeted Case Management

1. Targeted Case Management for High-Risk Pregnant Women – The case management fee is a negotiated rate of payment. Potential providers indicated participation was contingent upon establishing a fee that allowed them to recover the cost of providing the services recognizing the additional effort required to initialize each case. The rate will be evaluated annually.

2. Targeted Case Management for High-Risk Infants – The case management fee is based upon the current negotiated fee of:

   $12.00 for open and ongoing EPSDT case management contracts

   $6.00 for closure of EPSDT case management

3. All services – In the case of a public agency, reimbursement determined to be in excess of cost will be recouped by means of a rate adjustment for the next year.

The Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by ten percent (10%) of the allowed amount for that service.

Extended Services for Pregnant Women

1. Reimbursement – Reimbursement will be on a fee-for-service basis, billed monthly on the HCFA-1500 form. Payments will be the lesser of the charge or the established fee.

   The established fees were based on like procedures and services currently paid in the Medicaid Program.

   Examples are:

   a. In-home visits pay the rate of the visits in the home by a physician plus estimated travel costs.
   b. High-risk assessment reimbursement is based on physician office visits reimbursement, currently in Mississippi

2. All Services – In the case of a public agency, reimbursement determined to be in excess of cost will be recouped by means of a rate adjustment for the next year.

The Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by ten percent (10%) of the allowed amount for that service.

Respiratory Care Services for EPSDT recipients, if medically necessary, reimbursed on a fee for service scale.

The Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by ten percent (10%) of the allowed amount for that service.

Notice of Proposed Rule Adoption

State of Mississippi
Office of the Governor
Division of Medicaid

Economic Impact Statement
For
Providers of Early and Periodic Screening, Diagnosis and Treatment Services

The Executive Director of Medicaid is required by law to recommend expenditure containments when expenditures are expected to exceed funds available for any fiscal year. Medicaid is facing a $90,000,000 shortfall in state revenues for FY2009; therefore, certain cost containment measures have been identified as necessary to balance Medicaid's budget. These measures include reducing certain non-institutional providers an additional 5% reduction in reimbursement in addition to the 5% reduction as outlined in Miss. Code Ann. § 43-13-117 (1972 as amended).

It is estimated that it will cost the Division of Medicaid approximately $5,000 to enforce the increased reduction in payments to providers. This includes system changes and staff time.

An estimate of the total economic impact for providers of Early and Periodic Screening, Diagnosis and Treatment providers, including small business providers, is noted in the chart below. The total economic impact for providers in State FY 2009 is equal to the sum of federal and state savings noted in the chart below. The Division of Medicaid estimated the impact utilizing the actual and estimated expenditures for the same services for FY2008.

FFY2008 Federal Savings	FFY2008 State Share Savings	FFY2009 Federal Savings	FFY2009 State Share Savings
$ 134,745.88	$ 41,877.37	$ 803,706.48	$ 256,033.08

The Division of Medicaid is facing a $90,000,000 shortfall in state revenues for FY2009. If this cost containment measure is not enacted, there will not be sufficient revenues to reimburse providers for the entire year.

State law limits cost containment measures that may be taken and precludes the Governor from changing eligibility or benefits; therefore, the only option is to reduce expenditures is to reduce payment.