

SOUTH DAKOTA MEDICAL ASSISTANCE NEWS

Office of Medical Services
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<http://www.state.sd.us/social/medicaid/index.htm>

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Periodically, Medical Assistance will be sending out new News. Please take the time to read the News, as it will be beneficial for both the provider and Medical Assistance.

CHIP Expansion July 1, 2000

Beginning July 1, 2000 the Department of Social Services expanded the CHIP program to cover more uninsured children. Previously CHIP covered children under 19 years of age who are at or below 140% of the federal poverty level (\$23,880 for a family of four). As of July 1 the newly expanded CHIP covers uninsured children under age 19 years of age up to 200% of the federal poverty level (\$34,104 for a family of four).

Children enrolled in the expanded CHIP will receive all of the medical services available to Medicaid-eligible children. This includes a full range of preventive and treatment services, including doctor's and well child care visits, vision and dental care, prescription drugs, chiropractic care and mental health services. These individuals will be included in the managed care program and be required to follow the same program guidelines.

To be eligible for CHIP, the above income guidelines apply and children must not be eligible for Medicaid or covered by any other health insurance. If the family drops its group health insurance coverage in the three months prior to applying for CHIP children may not be eligible.

People who think their children may be eligible for the new Children's Health Insurance Program should contact their nearest Department of Social Service office. Applications are available at all Department of Social Service (DSS) offices, as well as at many hospitals, clinics, schools, and other community locations. Applications can be mailed or faxed into their local DSS office. A complete list of DSS offices is available on the Web site at:

<http://www.state.sd.us/social/DSS/field.htm>

Blood Lead Screening Reminder

Our office reimburses for blood lead screenings for children eligible for Medical Assistance. We recommend that children receive a blood lead screening at 12 and 24 months of age. Children over the age of 24 months, up to 72 months of age, for whom no record of a previous screening blood lead test exists, should also receive a blood lead screening. The South Dakota Department of Health Lab has the capacity to analyze blood samples for lead.

Healthy Kids Klub (also known as Early & Periodic Screening, Diagnostic and Treatment services or EPSDT)

The Healthy Kids Klub brochure is being revised to include the updated Varicella recommendations and information on blood lead testing. The new brochure will be available in the near future.

We have also revised the HKK reminder letter to parents. There will now be two letters, one for those 0 to 11 years and one for those 12 years old and up. The letters contain age appropriate material along with the HKK screenings and /or immunizations that are due.

Preventive Healthcare

Keeping people healthy is the name of the game. As medical providers, you are fully aware that preventive health care is a key element in the overall health care provided to the people you serve.

The South Dakota Office of Medical Services also wants to keep the people that we serve healthy. Time and time again, research has shown that preventive medicine is by far more cost effective than paying for extended services and hospitalizations after problems are allowed to materialize.

We would like to ask for your help and commitment in actively promoting preventive health care services to the Medical Assistance individuals that you serve. Our program provides coverage for a wide variety of preventive services such as:

- Mammograms
- Cervical Cancer Screenings
- Healthy Kids Klub Screenings (EPSDT)
- Lead Screenings
- Immunizations

Everyone deserves the best chance for a long and healthy life. Therefore, our office is actively promoting preventive services to the Medical Assistance recipients that we serve. We ask that you do the same.

Non Emergency Transportation Services

Recipients of Medical Assistance are eligible to receive help with transportation services and expenses. Transportation expenses incurred directly by the recipient or a volunteer driver can be reimbursed. Reimbursement can be provided for mileage to the nearest medical provider capable of providing the medical services needed. Reimbursement is **not** based upon the medical provider chosen by the recipient or referred to by the recipient's Primary Care Provider (PCP) if the service can be provided at a closer location. Only mileage outside of the city limits is reimbursable. Other expenses such as meals and motel costs can also be reimbursed if an overnight stay is required. Recipients can also access Wheelchair or Community transportation providers who in turn bill the department directly for their services.

Prescribing Physicians Must Sign CMNs (Certificate of Medical Necessity)

During a recent MAMES (Midwest Association of Medical Equipment Suppliers) Conference, the Medicaid Program was made aware that a few DME providers in the state continue to have trouble getting the required Certificates of Medical Necessity completed by the prescribing physician within the 30-day time limit.

Please be advised, pursuant to ARSD 67:16:29:04(4), the prescribing physician must sign and date the certificate of medical necessity.... ARSD 67:16:29:04.02 states that the DME provider shall ensure that a CMN is completed, signed, and dated within 30 days after the date of the prescription. Failure to obtain a properly completed CMN is **cause for nonpayment.**

Our office respectfully requests that all SD Medicaid providers prescribing durable medical equipment to their patients be aware of, and comply with the above stated rule. It is an undue hardship for medical equipment providers to repeatedly contact physician offices for a required signature and date, not to mention the undue hardship on the physician's office staff who are constantly addressing the requests.

You can significantly impact the quality of care provided to your patients in the area of durable medical equipment services by simply signing and dating the CMNs as requested by the DME providers when they arrive. The Office of Medical Services greatly appreciates your continued efforts in support of the Medicaid Program.

Automated Voice Response System and Verifying Past Eligibility

The automated voice response system was designed only to give current eligibility information. Therefore, when a recipient's eligibility is changed, the automated voice response system can not refer to the past eligibility files and there is no indication that there may be prior periods of coverage. If you need to verify past eligibility, one option is to wait on the telephone line a little longer to hear an option to speak with a live operator. The operator can give past

eligibility information. Another option is to use a personal computer or swipe the recipient's identification card using the Envoy system. Through the Envoy system you can enter in the date of service and get past eligibility information.

Help Us Help You

Direct Deposit

It is very important, that when you change banks or close out a checking or savings account that you have requested your payments be deposited into, that you please notify us so we can stop the ACH payment or put the correct bank account on your provider file.

Telephone Service Unit

The Telephone Service Unit gets a large number of repeat calls and messages. The average length of a call runs from two to five minutes. If you need information quickly, and can not get through to a representative, and can not wait for a representative to call you back, please do not leave a message. Instead, we recommend that you keep trying to call back about every five minutes, to reach a representative. If you do leave a message, please give the phone representative at least two hour to return your call, before calling back. By leaving duplicate messages, callbacks are multiplied not only for the phone representatives, but also for the provider. Please be patient. The Telephone Service Unit appreciates any help you can give in this matter.

Claims Processing Unit

When submitting claims, please do not put an excessive number of staples on the claims and attachments. The staples can damage our filming equipment and therefore, have to be manually removed. When we receive over 1000 claims a day, it is time consuming to stop and remove large number of staples from the claim forms.

When submitting crossover claims, it is not necessary to blacken out the other names on the explanation of benefits that are not being billed to Medicaid. Our department staff is required to maintain provider/recipient confidentiality. You can highlight the name that refers to your claim to help identify the recipient, but the blacken out is not necessary. Hopefully this will save you time when you are sending in manual crossover claims.

