Mississippi Medicaid

Provider Reference Guide

For Part 223

EPSDT

This is a companion document to the
Mississippi Administrative Code Title 23
and must be utilized as a reference only.

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INTRODUCTION

Medicaid, as authorized by Title XIX of the Social Security Act, is a federal and state program of medical assistance to qualified individuals. Each state designates a state agency as the single state agency for the administration of Medicaid. State law has designated the Division of Medicaid, Office of the Governor, as the single state agency to administer the Medicaid program in Mississippi.

An EPSDT provider's participation in the Mississippi Medicaid program is entirely voluntary. However, if a provider does choose to participate in Medicaid, the provider must accept the Medicaid payment as payment in full for those services covered by Medicaid. The provider cannot charge the beneficiary the difference between the usual and customary charge and Medicaid's payment. The provider cannot accept payment from the beneficiary, bill Medicaid, and then rebate Medicaid's payment to the beneficiary. Services not covered under the Medicaid program can be billed directly to the Medicaid beneficiary.

The Mississippi Medicaid program purchases needed health care services for beneficiaries as determined under the provision of the Mississippi Medical Assistance Act. The Division of Medicaid (DOM) is responsible for formulating program policy. DOM staff is directly responsible for the administration of the program. Under the direction of DOM, the fiscal agent is responsible for processing claims, issuing payments to providers and for notifications regarding billing. Medicaid policy as it relates to these factors is initiated by DOM.

PROVIDER ENROLLMENT/PARTICIPATION REQUIREMENTS

CLINIC PREPARATION: ON-SITE

An on-site clinic inspection must be conducted prior to receiving the EPSDT provider segment. An onsite visit is also required if the physical setting is moved to a new location, an additional satellite clinic is opened as a part of the original facility, or if an existing EPSDT provider opens a new clinic. A separate Medicaid facility number must be obtained for each clinic setting, and an on-site inspection must be conducted by an EPSDT Review Nurse from the Office of Medical Services prior to EPSDT screenings and submission of Medicaid claims for screening services

EQUIPMENT AND SUPPLIES:

The following list of equipment/supplies must be available in all clinics which offer EPSDT screening services:

- An acceptable visual screening chart, placed in an area at a distance of twenty (20) feet (Paper cups are recommended for covering the eyes)
- A device for hyperopic screening (plus lens)

- A tape measure (in centimeters), necessary for measuring hernias, describing lesions and other abnormalities, and for obtaining routine infant measurements
- Standard weight scales with measuring rod, and infant scales
- Infant, child and adult size blood pressure cuffs
- An otoscope
- Audiometer or audioscope for hearing screens (Yearly calibration certificate required)
- Tongue blades
- Flashlight for viewing the pharynx
- Penlight for testing for strabismus
- A small bell to test for infant hearing
- An ophthalmoscope to check for the red reflex
- Materials necessary in the documentation of patient records
- Directions from support physicians or protocols
- Urine test strips for glucose and protein
- Necessary lab slips
- A Hemocue or a centrifuge, set up with capillary tubes, lancets, clay for capillary tubes and charts for reading hematocrits
- Materials for venipuncture, blood specimens and finger stick lead tests
- Materials for providing immunizations
- A stethoscope
- Gown or drapes
- Materials for establishing an appointment/recall/tracking system

Provider Agreement

The Division of Medicaid enters into an EPSDT provider agreement with Medicaid providers who wish to participate in the EPSDT program. Participation as an EPSDT screening provider is entirely voluntary. A physician, physician assistant or nurse practitioner who wishes to become

an EPSDT screener must complete all enrollment requirements and sign an EPSDT specific provider agreement with DOM. The provider agrees to abide by all existing laws, regulations, and procedures pursuant to the EPSDT program and Medicaid participation. This includes policies and procedures stated in Miss. Admin. Code Part 223. The agreement may not be transferred or reassigned and may be terminated by either the provider or DOM at any time by giving written notice to the other party at least thirty (30) days before the effective date of such termination. Changes in ownership or corporate entity must be reported immediately to DOM, and failure to do so may invalidate the agreement.

An EPSDT provider agreement must be on file prior to providing EPSDT services, billing, and being reimbursed by the Division of Medicaid for services rendered. An EPSDT provider cannot have a retroactive effective date.

EPSDT SCREENINGS

The EPSDT program combines screening services and diagnostic and treatment services to provide preventive and comprehensive health services to Medicaid eligible beneficiaries from birth to age twenty-one (21). Eligibility extends through the last day of the child's 21st birth month only.

Screening Services

- Mandatory periodic screening services according to the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule which include:
  - A comprehensive health and developmental history including assessment of both physical and mental health development,
  - A comprehensive unclothed physical examination (which may be accomplished by examining each unclothed body system individually),
  - Appropriate immunizations according to the Advisory Committee on Immunization Practices (ACIP) and specific to age and health history,
  - Laboratory tests adhering to the AAP Bright Futures periodicity schedule,
  - Sexual development and sexuality screening adhering to the AAP Bright Futures periodicity schedule, and
  - Health education, including anticipatory guidance.
- Adolescent counseling and risk factor reduction intervention to include diagnosis with referral to a Mississippi Medicaid provider for diagnosis and treatment for defects discovered.
- Developmental screening to include diagnosis with referral to a Mississippi Medicaid provider for diagnosis and treatment for defects discovered.
- Psychosocial/behavioral assessment to include referral to a Mississippi Medicaid provider for diagnosis and treatment for defects discovered.

- Vision screening, at a minimum, to include diagnosis with referral to a Mississippi Medicaid optometry or ophthalmology provider for diagnosis and treatment for defects in vision, including eyeglasses.

- Hearing screening, at a minimum, to include diagnosis with referral to a Mississippi Medicaid audiologist, otologist, otolaryngologist or other physician hearing specialists for diagnosis and treatment for defects in hearing including hearing aids.

- Dental screening, at a minimum, to include diagnosis with referral to a Mississippi Medicaid dental provider for beneficiaries at eruption of the first tooth or twelve (12) months of age for diagnosis and referral to a dentist for treatment and relief of pain and infections, restoration of teeth and maintenance of dental health.

DOCUMENTATION REQUIREMENTS

- The medical record must include, at a minimum, documentation of the specific age appropriate screening requirements according to the AAP Bright Futures periodicity schedule including the date the test or procedure was performed, the specific tests or procedures performed, the results of the tests or procedures, or an explanation of the clinical decision to not perform a the test or procedure in accordance with the periodicity schedule, and the following:

  - Consent for screening with beneficiary's and/or legal guardian/representative's signature,

  - Beneficiary and family history with updates at each screening visit, including, as appropriate, but not limited to:

    - Psychosocial/behavioral history,

    - Developmental history,

    - Adolescent counseling and risk factor history, and

    - Immunization history.

  - Measurements, including, but not limited to:

    - Length/height and weight,

    - Head circumference (ages 0-24 months),

    - Weight for length percentiles (0-18 months),

    - Body Mass Index (BMI) beginning at age two (2), and

    - Blood pressure beginning at age three (3).

  - Sensory screenings, subjective or objective:

    - Vision (ages 3, 4, 5, 6, 8, 10, 12, & 15 years old), visual acuity screening must be performed through the use of the Snellen Test, the Titmus vision test or an equivalent

acuity test, in addition to physical inspection. If a child passed the visual acuity test, then administer the plus lens test for hyperopia. The ability of the child to read the 30 foot line or lower with both eyes while looking through these lenses indicates the need for referral, and

- ❖ Hearing screenings (ages 4, 5, 6, 8, & 10 years old) are to be performed with the use of an audiometric testing device such as an audiometer or an audioscope. The most generally acceptable frequencies that should be screened are 1000, 2000, 4000 & 6000 or 8000. The screening level acceptable for Medicaid purposes is 30db. The audiometric testing device should be calibrated yearly to ensure testing accuracy. A certificate documenting date of calibration is required.

- ○ Developmental/behavioral assessment, including, as appropriate:
  - ❖ Developmental screening (ages 9, 18, and 30 months) to include, but not limited to:
    - ▪ A note indicating the date the test was performed,
    - ▪ The standardized tool used which must have:
    - ▪ Developmental domains which includes motor, language, cognitive and social emotional,
    - ▪ Established reliability scores of approximately 0.70 or above,
    - ▪ Established validity scores of approximately 0.70 or above for the tool conducted on a significant amount of children and using an appropriate standardized developmental or social-emotional assessment instrument, and
    - ▪ Established sensitivity/specificity scores of approximately 0.70 or above,
  - ❖ Evidence of a screening result or screening score,
  - ❖ The following tools are cited by Bright Futures (and the American Academy of Pediatrics statement on developmental screening) and meet the above criteria:
    - ▪ Ages and Stages Questionnaire (ASQ) - 2 months to 5 years
    - ▪ Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
    - ▪ Measure DEV-CH: Developmental Screening in the First Three Years of Life 75
    - ▪ Battelle Developmental Inventory Screening Tool (BDI-ST) – Birth to 95 months
    - ▪ Bayley Infant Neuro-developmental Screen (BINS) - 3 months to 2 years
    - ▪ Brigance Screens-II – Birth to 90 months
    - ▪ Child Development Inventory (CDI) - 18 months to 6 years

- Infant Development Inventory – Birth to 18 months
- Parents' Evaluation of Developmental Status (PEDS) – Birth to 8 years
- Parents' Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)

❖ Autism screening (ages 18 and 24 months),

❖ Developmental surveillance (each screening visit when structured developmental screening is not performed) of whether an individual's developmental processes fall within normal range of achievement according to age group and cultural background,

❖ Psychosocial/behavioral assessment,

❖ Alcohol and drug use assessment (risk assessment is to be performed at each screening visit beginning at 11 years of age), and

❖ Depression screening (each screening visit beginning at 11 years of age).

○ Unclothed physical examination (which may be accomplished by examining each unclothed body system individually),

○ Procedures including, as appropriate, but not limited to:

❖ Newborn blood screening,

❖ Vaccine administration, if indicated,

❖ Hematocrit and/or Hemoglobin at 12 months of age,

❖ Lead screening (ages 6 months to 6 years of age, excluding age 30 months) and lead testing (required at age 12 and 24 months). All venous BLLs greater than or equal to 10mcg/dl must be reported to the Mississippi State Department of Health (MSDH) Lead Program at 601-576-7447. Providers that utilize an in-house lead analyzer must report all lead results to the MSDH Lead Program at 601- 576-7447,

❖ Tuberculin test, if indicated,

❖ Dyslipidemia screening (between ages 9 and 11 years of age),

❖ Sexually transmitted infection (STI) screening beginning at age 11 years old, if sexually active and HIV screening at least once between the ages of 16 to 18 years old,

❖ Cervical dysplasia screening at age 21,

❖ Other pertinent lab and/or medical tests, as indicated.

○ Oral health, including:

❖ Dental assessment,

        - Dental counseling,
        - Referral to a dental home at the eruption of the first tooth or twelve (12) months of age.
    - Anticipatory guidance, including, but not limited to:
        - Safety,
        - Risk reduction,
        - Nutritional assessment,
        - Supplemental Nutrition Assistant Program (SNAP) and Women, Infants and Children (WIC) status, and
        - Adolescent counseling (each screening visit beginning at 11 years of age), including but not limited to:
            - Reproductive Health,
            - Substance Abuse,
            - Relationships,
            - Coping Skills, and Wellness.
    - Appropriate referral(s) for diagnosis and treatment,
    - Follow-up on referral(s) made to other Mississippi Medicaid enrolled providers for diagnosis and treatment,
    - Next scheduled EPSDT screening appointment according to the periodicity schedule.
    - Missed appointments and any contacts or attempted contacts for scheduling of EPSDT screening appointments.

- Medical records must be available to the Division of Medicaid and/or designated entity upon request. [Refer to Maintenance of Records Part 200, Rule 1.3]
- Every effort should be made to assure that the required components of an EPSDT screen are accomplished in one visit, and the fragmentation or duplication of screening service is prevented.

DIAGNOSTIC AND TREATMENT SERVICES

Diagnostic and treatment services which are medically necessary to treat a condition identified during a screen must be covered by the Medicaid program to the extent that federal Medicaid law allows such coverage.

Expanded Services

The EPSDT Program was expanded in the Omnibus Budget Reconciliation Act of 1989 to allow additional services. Expanded EPSDT services include any necessary Medicaid reimbursable health care to correct or ameliorate illnesses and conditions found on screening. Services not covered, or exceeding the limits set forth in the Mississippi State Plan, must be prior authorized by a Utilization Management/Quality Improvement Organization (UM/QIO), the Division of Medicaid or designated entity to ensure medical necessity.

PERIODIC REFERRAL SCHEDULE/APPOINTMENTS

PERIODIC REFERRAL

For children whose eligibility is certified by one of the Medicaid Regional Offices, the referral process for the EPSDT preventative health program must take place during the in-person interview process. The Medicaid Specialists are responsible for providing written and oral information pertaining to the EPSDT program and then completing the DOM-315 Referral form. The DOM-315 form will be used for referring the beneficiary to the provider of their choice.

Parents or guardians whose children do not get referred through the process described above may select the provider of their choice to conduct their EPSDT screenings.

PERIODIC SCHEDULE

In order for EPSDT providers to receive Medicaid reimbursement for those eligible Medicaid beneficiaries for screening services, the provider must follow the AAP Bright Futures periodicity schedule. Periodicity refers to the frequency and time of the well-child check-up. The schedule is based on the American Academy of Pediatrics Bright Futures.

EPSDT PERIODIC EXAMINATION SCHEDULE

Screening Code		Modifier	Age of Child	Unit
New Patient	Established Patient			
99381	99391	EP	3 - 5 Days	1
99381	99391	EP	0 - 1 Months	1
99381	99391	EP	2 Months	1
99381	99391	EP	4 Months	1
99381	99391	EP	6 Months	1
99381	99391	EP	9 Months	1
99382	99392	EP	12 Months	1
99382	99392	EP	15 Months	1
99382	99392	EP	18 Months	1
99382	99392	EP	24 Months	1
99382	99392	EP	30 Months	1
99382	99392	EP	3 - 4 years*	1
99383	99393	EP	5 - 11 years*	1
99384	99394	EP	12 - 17 years*	1
99385	99395	EP	18 - 21 years*	1

Beginning at 3 years of age EPSDT Screenings must be done annually up to the age of 21. Yearly visit must be planned to occur once during the state fiscal year (July 1st- June 30th)

Sensory Screenings and Developmental/Behavioral Assessments

Screening Code	EPSDT Service	Age of Child	Period	Unit
99173-EP	Vision Screen	3 - 21 Years	Annually	1
92551-EP	Hearing Screen	4 - 21 Years	Annually	1
96110-EP	Developmental Screen	3 - 21 Years	9,18, & 30 Months	1
96110-EP	Autism Screen	18 & 24 Months	18 & 24 Months	1
99420-EP (discontinued12/31/2016) 96160-EP (effective 1/1/2017)	Depression Screen	11 - 21 Years	Annually Beginning at Age 11	1

Adolescent Counseling

Screening Code	EPSDT Service	Age of Child	Period	Unit
99401-EP	Adolescent Counseling	11 - 21 Years	Annually	1

Sensory screenings, developmental/behavioral assessments and adolescent counseling must be billed in conjunction with an EPSDT comprehensive age-appropriate screening, if applicable

Appointments

Health Assessments

Appointments for EPSDT Screenings

EPSDT providers must maintain a screening periodicity tracking system for beneficiaries seen for initial screening and subsequent screenings to ensure screenings are performed timely and in accordance to the periodicity schedule. Beneficiaries, guardians and/or legal representatives should be informed of the periodicity schedule at each visit. Scheduling of initial and periodic screening of EPSDT eligible Medicaid beneficiaries is the responsibility of the EPSDT screening providers, as well as overall care coordination. EPSDT screening providers can access the Automated Voice Response System (AVRS) to verify the availability of the EPSDT screen at 1-800-884-3222.

Appointment Failures

EPSDT providers must follow up on missed appointments. If the beneficiary fails to keep the scheduled appointment, or the beneficiary, guardian and/or legal representative fails to contact the provider to reschedule, an appointment letter or telephone contact must be made providing the beneficiary another opportunity to be screened within thirty (30) days of the initial appointment.

Two (2) good faith efforts, defined as an attempt to contact the beneficiary, guardian and/or legal representative, are required to reschedule a screening appointment. EPSDT providers must document any missed appointments and the two (2) good faith efforts in the medical record.

Failure of a beneficiary, guardian and/or legal representative to keep the second appointment and respond to the provider's attempted contact is considered a declination of that screening only. The provider must continue to maintain periodicity and schedule the beneficiary for the next screening due following the same process.

DENTAL ASSESSMENTS

At the time of the exit counseling session following the initial or periodic screen, the screening provider will give notice to a family that a dental assessment is due. This provides the counselor an opportunity to stress the importance of dental care by a dentist and the importance of seeing the dentist on a routine basis.

DENTAL SERVICES

Beneficiaries should be referred to a Mississippi Medicaid dental provider at the eruption of the first tooth or by age twelve (12) months of age. The parent(s) or guardian is to be given a list of local dentists who see Medicaid beneficiaries. If there are obvious dental problems prior to this age, the child should be referred to the dentist. A periodic oral examination is recommended once each year.

DENTAL PERIODICITY SCHEDULE

The Mississippi Division of Medicaid Dental Periodicity Schedule follows the American Academy of Pediatric Dentistry (AAPD) Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents (revised 2013). Additional services are available for children based on dental necessity and as authorized by the Utilization Management/Quality Improvement Organization (UM/QIO), the Division of Medicaid or designated entity. Dental providers should refer to the Mississippi Administrative Code Part 204: Dental Service and the dental fee schedule available at www.medicaid.ms.gov for specific policy criteria and information on dental codes and fees.

Dental Service	0 – 6 mos	6 – 12 mos	12 – 24 mos	2 – 6 years	6 – 12 years	12 – 20 years
Clinical oral examination[1]	X	X	X	X	X	X
Assess oral growth and development[2]	X	X	X	X	X	X
Caries-risk assessment[2]	X (if indicated)	X	X	X	X	X
Radiographic assessment[3]	X (if indicated)	X	X	X	X	X

Prophylaxis and fluoride treatment[4]	X (if indicated)	X	X	X	X	X
Fluoride supplementation[5]	X (if indicated)	X	X	X	X	X
Anticipatory guidance/counseling[2]	X	X	X	X	X	X
Oral hygiene counseling[2]	Parent	Parent	Patient/parent	Patient/parent	Patient	Patient
Dietary counseling[2]	X	X	X	X	X	X
Injury prevention counseling[2]	X	X	X	X	X	X
Counseling for nonnutritive habits[2]	X	X	X	X	X	X
Counseling for speech/language development[2]				X	X	X
Substance abuse counseling[2]					X	X
Counseling for intraoral/perioral piercing[2]					X	X
Assessment and treatment of developing malocclusion[6]				X	X	X
Assessment for pit and fissure sealants[7]				X	X	X
Assessment and/or removal of third molars[8]						X
Transition to adult care						X

[1] Beneficiaries should be referred to a Mississippi Medicaid dental provider at the eruption of the first tooth or by age twelve (12) months of age. . Children with obvious dental problems may be referred at an earlier age. Comprehensive oral evaluation is allowed twice per fiscal year (July 1-June 30) and must be at least five (5) months apart. Limited oral evaluation is limited to four (4) times per fiscal year (July 1-June 30). Additional exams may be covered if dentally necessary as approved by DOM.

[2] Should be performed as part of comprehensive oral evaluation.

[3] Full mouth radiographs or panorex are covered every two (2) years. Additional radiographs may be covered if dentally necessary as approved by DOM.

[4] Prophylaxis and fluoride treatment may be paid twice per fiscal year (July 1-June 30) and must be at least five (5) months apart. Additional treatments may be covered if dentally necessary as approved by DOM.

[5] Fluoride supplementation is covered through the pharmacy benefit when prescribed by an approved prescriber.

[6] Orthodontic evaluation is covered. Orthodontic treatment is covered according to dental policy criteria as approved by DOM.

[7] Sealants are indicated for primary and permanent teeth with pits and fissures that are predisposed to plaque retention. Sealants may be placed on primary molars only for those children at highest risk for caries i.e. special needs children and requires a prior authorization. Sealants are allowed once every five (5) years.

[8] Removal of unerupted third molars is covered when there is radiographic evidence of severe impaction or there is evidence of chronic infection.

OFF-SITE SCREENINGS

Off-site screenings are defined as screenings that are provided off-site from the medical facility, which is defined as and limited to hospitals, physician offices, Public Health clinics, and Federal/State certified clinics and certain designated public schools. Each clinic site must have its own facility Medicaid number and be approved with an on-site survey by the DOM EPSDT Nurse prior to actual screening activities.

"Provider" is defined as a clinic provider such as a county public health clinic, federally qualified health center (FQHC), rural health clinic (RHC), community health clinic and certain designated public schools. Medical personnel performing the physical examination must be physicians, certified nurse practitioners or physician assistants employed by the facilities and must submit claims under their own individual or group Mississippi Medicaid Provider number.

Registered nurses who are employed through the Mississippi Department of Education (MDE), who have met the certification requirement, and who meet the established protocol mandated by the Mississippi State Department of Health (MSDH), MDE, Mississippi School Nurse Association, and Mississippi Board of Nursing may perform EPSDT health assessments following the protocols established by the MSDH. This process assures that registered nurses have the educational basis and clinical basis needed to perform health assessments. In addition to the certification requirement, claims submitted for these services must be submitted under the school's provider number, and the billing provider must have a letter of referral affiliation on file with the Division of Medicaid.

The primary care referral list of the providers in the county in which registered nurses render services must include pediatricians, family and general practice physicians, internal medicine physicians, vision and hearing providers and dentists (i.e., provider confirms in writing to accept referrals). The provider must submit the following information to Medicaid for approval: child

abuse and confidentiality polices; signed statement of responsibilities between the off-site agency and the provider agency; and information packet materials, including letters, forms and examples of anticipatory guidance information sheets to be used. Any changes to these forms by the provider must be prior approved by the Division of Medicaid.

A list of all physical locations at which EPSDT screenings are available will be provided. A separate provider/facility number will be assigned to each off-site location. A separate application, provider agreement and on-site visit are required for each off-site location before screenings can be done.

ELIGIBILITY FOR SCREENING SERVICES

Any Medicaid eligible student and/or child under 21 years of age may access EPSDT screening services with a signed parental consent for services. When a parent or guardian identifies on the Health Services Information sheet that there are siblings who need the health checkup, the EPSDT provider will contact the parent/guardian to schedule a time and place for the screening of these siblings.

MEDICAL RECORDS MANAGEMENT

The EPSDT screening provider is responsible for the creation and maintenance of the medical records. The medical records must be securely housed in a medical office to maintain appropriate record confidentiality and must be accessible during normal working hours. A fax and a phone must be available. Accessibility by walk-ins is also desirable. The location must be convenient to parents or other providers. The EPSDT screening provider must submit for Medicaid's approval a designated location for the medical record storage so the EPSDT review nurses can access them as necessary. All medical record forms must be approved by the Division of Medicaid.

CONFIDENTIALITY

The EPSDT screening provider must develop and adhere to confidentiality polices set by the Division of Medicaid and the off-site location. All policies, rules and regulations must adhere to HIPAA guidelines. Release of information may only take place if parental consent has been given, for children under the age of 18. Children under the age of 18, must have written consent from their parent/guardian before participating in the screening program. The parent/guardian should be encouraged to be present during the screening. However, the level of parental involvement should be a joint decision made by the EPSDT screening providers and off-site location.

Once the health screening is complete, the parent/ guardian must be informed of the results of the screening by mail or face to face, for children und the age of 18. If the child is 18 or older, the child must consent to the parent/guardian having access to the results of the screening. The anticipatory guidance materials must be age appropriate, and the material may be given to children 14 years of age and above. Refer to the post screening information listed below.

INFORMATION PACKETS

Information Packet	Pre-Screening Packet	Post Screening Packet
Cover Letter	Letter explaining the packet	Parent follow-up letter

Health services info sheet	Authorization for services	Appropriate Referral Form
	Student medical history form	Anticipatory guidance

All medical forms containing information regarding EPSDT screenings that are distributed by the provider must be prior approved by the DOM EPSDT Program and the off-site provider.

- The pre-screening packet should be sent to interested parents/guardians. Each item in the prescreening packet must be completed by the parent/guardian and returned to the off-site location. If forms are not completed or are unclear, the EPSDT provider must contact the parent/guardian for clarification before performing the screening.

- Post-screening: If the parent/guardian is not present during the screening, the EPSDT provider will be responsible for sending the post-screening packets to the parent/guardian. The post-screening packet must include contacting parents by telephone or mail, arranging appropriate parent consultation visits and referring eligible children for follow-up.

Results of the screening tests and procedures should be noted in the medical record when results are determined and appropriate action taken. Abnormal conditions must be documented in the medical history or physical exam portion of the medical record if a referral is necessary. Notation of the condition on the EPSDT referral form alone will not be considered sufficient documentation. The Division of Medicaid may recoup the fee for screening service from the referring provider when a referral is made for a condition not documented in the medical history or physical exam portion of the medical record.

REFERRALS/FOLLOW-UP:

No follow-up is needed in cases where no abnormality or disability is indicated; the nurse will inform the parent/guardian of such by telephone or mail and inform them when the next screening exam is needed.

Additional follow-up is needed in identified cases where problems are indicated; the screening provider will discuss with the parent/guardian and make appropriate referral for diagnosis. The parent/guardian must be given the freedom of choice to choose a treatment provider. Children can be referred to the provider of choice or by the provider's primary care referral list. In accordance with Mississippi Law Regarding Reporting of Suspected Child Abuse or Neglect, providers are required to report any suspected or documented child abuse or neglect.

DOCUMENT REQUIREMENTS FOR EPSDT SCREENINGS

All professional and institutional providers participating in the Medicaid program are required to maintain records that will disclose services rendered and billed under the program and, upon request, make such records available to representatives of DOM in substantiation of any and all claims. These records should be retained for a minimum of five (5) years in order to comply with HIPAA, all state and federal regulations and laws.

In order for DOM to fulfill its obligations to verify services to Medicaid beneficiaries and those paid for by the Division of Medicaid, EPSDT providers must maintain auditable records that will substantiate the claim submitted to Medicaid. Providers must maintain proper and

complete documentation to verify the services. The provider has full responsibility for maintaining documentation to justify the services.

DOM and/or the fiscal agent have the authority to request any patient records at any time to conduct random sampling review and/or document any services billed by the EPSDT provider.

If the EPSDT provider's records do not substantiate services paid under the Mississippi Medicaid program, as previously noted, the provider will be asked to refund to the Mississippi Medicaid program any money received from the program for such non-substantiated services.

ADDITIONAL SERVICES

PERINATAL HIGH RISK MANAGEMENT/ INFANT SERVICES SYSTEM

The Perinatal High Risk Management/Infant Services System (PHRM/ISS) program is a multidisciplinary case management program established to improve access to health care and to provide enhanced services to certain Medicaid eligible pregnant/postpartum women and infants. The enhanced services for this target population are case management, psychosocial and nutritional assessment/counseling, home visits, and health education. Participating providers must employ or have access to an interdisciplinary team that consists of the following:

- Mississippi licensed physician, physician assistant, nurse practitioner, certified nurse-midwife or registered nurse,
- Mississippi licensed social worker,
- Mississippi licensed nutritionist or registered dietitian.

EXPANDED SERVICES (EPSDT)

The EPSDT Program was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA 89) legislation and includes periodic screening, vision, dental and hearing services. These services were expanded in section 1905(r)(5) of the Social Security Act to require that any medically necessary health care service listed in section 1905(a) of the Social Security Act be provided to an EPSDT beneficiary even if the service is not available under the State Plan.

Expanded EPSDT services are any medical services for children from birth up to age 21 (eligible through the last day of their 21st birthday month only) that fall outside of the regular services covered by the Division of Medicaid and are deemed medically necessary**.**

For dates of service beginning **April 1, 2014,** all prior authorization requests for additional office visits must be submitted at least **two (2) business days** in advance of the service **or** submitted to the appropriate UM/QIO for review within **120 calendar days** of the service date. All requests outside of this time frame will be cancelled.

Expanded EPSDT services include any necessary Medicaid reimbursable health care to correct or ameliorate illnesses and conditions found on screening. Services not covered, or exceeding the limits set forth in the Mississippi State Plan, must be prior authorized by a Utilization Management/Quality Improvement Organization (UM/QIO), the Division of Medicaid or

designated entity to ensure medical necessity. Expanded services are available to children from birth to up to 21 years of age. Eligibility extends through the last day of the child's 21st birth month only. Mississippi Medicaid provides coverage for the following services as outlined in the State Plan. EPSDT beneficiaries may receive services in excess of those allowed in the State Plan, as required by the Act when such services are used to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State Plan.

SCHOOL SERVICES

This expanded EPSDT health-related services program serves children with disabilities or special needs as defined in IDEA (Individuals with Disabilities Education Act) and identified through the IEP (Individualized Education Plan) or the IFSP (Individualized Family Services Plan) and who are Medicaid eligible.

EARLY INTERVENTION/TARGETED CASE MANAGEMENT

Early Intervention/Targeted Case Management (EI/TCM) is an active ongoing process that involves activities carried out by a case manager to assist and enable a child enrolled and participating in a Mississippi Early Intervention Program to gain access to needed medical, social, educational and other services. Service coordination assists the child and child's family, as it relates to the child's needs, from the notice of referral through the initial development of the child's needs identified on the Individualized Family Services Plan (IFSP) for infants and toddlers from birth to age three (3).

VACCINES FOR CHILDREN (VFC)

The Vaccines for Children program was established to help increase the number of immunized Medicaid eligible, uninsured, and underinsured children from birth to age 18. Vaccines are provided at no cost to participating health care providers. Refer to Miss. Admin. Code Part 224.