

## OVERVIEW OF PROGRAM

### PRIVATE DUTY NURSING SERVICE CERTIFICATION PROGRAM

This section contains general information about HealthSystems of Mississippi's (HSM's) review program for private duty nursing services for beneficiaries under age twenty-one (21). For more details regarding how and when review is performed, HSM strongly encourages you to read through the sections in this manual which contain HSM's policies and procedures for certification

HSM has been authorized by the Division of Medicaid to carry out the Utilization Management and Quality Improvement program for the State of Mississippi. In this role, HSM will conduct utilization and quality review as outlined in general below, and in more detail throughout this manual. Our offices are located in downtown Jackson at the following address: **175 East Capitol Street, Suite 250, Lockbox 13, Jackson, MS, 39201.**

#### **HSM's Operations**

HSM's business offices are open from 8:00 a.m. to 5:00 p.m., Monday through Friday. Our direct office telephone number and primary FAX number are:

Voice Phone: (601) 352-6353

FAX Phone: (601) 352-6358

HSM also provides a toll-free **hot-line** through which beneficiaries and providers can report quality concerns and/or complaints. This hot-line can be accessed from the hours of 8:00 a.m. through 5:00 p.m., Monday through Friday. **The hot-line number is 1-888-204-0221.**

HSM provides a **toll free FAX number**, through which providers can request precertification, concurrent certification, and retrospective certification for private duty nursing services. Faxes received after 5:00 p.m. are considered received the next working day. **The FAX number for submitting certification requests is:**

**FAX NUMBER: 1-888-204-0504**

Providers may also submit requests via mail to the following address:

**HealthSystems of Mississippi  
ATTN: Private Duty Nursing Services  
175 East Capitol St.  
Suite 250 Lock box 13  
Jackson, MS 39201**

There is a “**help-line**” available for questions regarding certification review decisions and other review processes during the hours of 8:00 a.m. through 5:00 p.m., Monday through Friday. This number is **1-601-360-4949**. HSM offers an email help line as well for providers with web access.

## **Summary of Review Activities**

### **General Information**

Health Systems of Mississippi conducts medical necessity review for private duty nursing services for Mississippi Medicaid beneficiaries under age twenty-one (21). The Division of Medicaid reimburses private duty nursing services for beneficiaries under age 21 based on medical necessity. Reimbursement is based on a standard hourly rate. In FY 2004 there was an average of 31 requests for precertification per month.

For first level review, HSM employs only registered nurses in all of its private duty nursing review activities. The registered nurses (Utilization Review Coordinators) use Mississippi Division of Medicaid medical criteria to determine medical necessity and appropriateness of services. In addition, they use quality screens for review of quality of care designed specifically for the private duty nursing setting. The URC documents whether or not medical criteria are met, documents if any quality screens are failed, and refers each case to the Physician Advisor for a final review determination. Only physicians can make adverse determinations (denials or modifications, and/or confirmation of a quality issue). The URCs have access to consultation with licensed physicians.

### **Precertification**

Providers are required to request precertification on all planned private duty nursing services. Precertification requests for private duty nursing services must be submitted to HSM via fax or by mail. Precertification requests must be submitted ten (10) days prior to the planned admission. Please read the policies and procedures section of this manual for more details on this process.

### **Concurrent Certification**

HSM performs concurrent certification review of private duty nursing services. Private duty nursing agencies will receive notification of beneficiaries whose certification expires within five (5) business days. HSM will forward a copy of this list to the beneficiary’s attending physician if requested. **It is the responsibility of the private duty nursing agency/physician office to ensure that concurrent review is requested in accordance with program requirements.**

Concurrent review requests must be submitted to HSM via fax or by mail. Requests for continued care must be submitted seven (7) business days prior to the last day certified.

Please read the policies and procedures section of this manual for more details on this process. It is the policy of HSM not to reverse previously certified review determinations regardless of whether information is received that was not available at the time of the original review.

### **Retrospective Certification**

Retrospective certification review is initiated when a private duty nursing agency/physician notifies HSM that the beneficiary’s Medicaid eligibility was not established at the time services were rendered. A copy of the complete medical record must be submitted to HSM for retrospective review via fax or by mail. Under HSM’s current Mississippi Division of Medicaid (DOM) contract,

HSM nor DOM reimburse providers for costs associated with the duplication of medical records to be submitted for retrospective review.

Please read the policies and procedures section of this manual for more details on this process.

### **Pended Cases**

HSM will provide verbal and written notice to the attending physician or provider when additional information is required to complete certification review. Timeframes for submission of the information are detailed in HSM policies and procedures included in this manual and are dependent upon the type of review (precertification, concurrent, etc.). If the requested information is not received in the allotted timeframe, HSM will stop (suspend) review of the case and notify the attending physician or agency that further review of the case is not possible. Review will resume once HSM receives the requested information. In certain circumstances (precertification review where the proposed service date has passed) a new certification request must be submitted.

### **Quality Assurance/Utilization Review Activities**

#### **Quality of Care Screening**

Registered Nurses apply quality screens specific to the private duty nursing setting during the review process to determine if services/care provided meet professionally recognized standards of healthcare. These screens are applied to all cases reviewed. If one or more screens are failed, the URC documents the issue and the case is referred to a Physician Advisor for a review determination. The quality screens are included in this manual.

#### **Five-percent Quarterly Sample**

On a quarterly basis, HSM will:

- 1). Select a five percent (5%) sample of all Medicaid cases certified for precertification and concurrent review and
- 2). Review the medical record, to identify quality/utilization concerns/issues, and to validate the information provided during precertification and concurrent certification.

Results of this review will be profiled to identify patterns of problems by the facility/physician. If patterns are confirmed by HSM's Quality Intervention Committee, HSM will work with those agencies/physicians to plan, implement, and monitor improvement efforts aimed at resolving the issue. Please read the policies and procedures sections of this manual for more details on this process.

#### **Quality Intervention Process**

Quarterly, HSM will generate profiles identifying, by physician and by provider, the number of confirmed quality problems, the severity level of those problems, and the frequency of confirmed problems. The data compiled in these profiles include confirmed quality problems from the five-percent quarterly sample, from precertification/continued stay reviews, retrospective reviews, and from the beneficiary/provider hot-line. The purpose of the quarterly profiles is to identify potential patterns of problems by physicians and/or providers.

**Submission of Records and Additional Information**

HSM may request that agencies submit copies of complete medical records (i.e., for the quarterly 5% sample). HSM will send a letter to each agency, which includes a list of the records to be sent to our office. Included with this letter will be an inventory sheet for each case selected for review. This inventory sheet is to be attached to the copy of the appropriate medical record. Under the current Mississippi Division of Medicaid contract, neither HSM nor DOM reimburses providers for the cost associated with duplication of medical records for the 5% Quality Sample activity. Facilities will have a maximum of twenty (20) calendar days from HSM's request date to submit the records to HSM at the following address:

**HealthSystems of Mississippi  
ATTN: Five-Percent Quarterly Sample  
175 E. Capitol Street, Suite 250, Lock Box 13  
Jackson, MS 39201**

**Denials/Reconsiderations and Quality Re-Reviews**

If a Notice of Adverse Determination letter is issued denying/modifying the services, the beneficiary/representative, agency, or physician has the right to request a reconsideration of any denial/modification decision. The request for a reconsideration may be submitted to HSM by FAX or mail within thirty (30) calendar days of the date on the denial notice. Refer to the *Private Duty Nursing Reconsideration Process* Policy and Procedure section of this manual for additional information.

Any agency or physician who receives a Notice of Quality/Utilization Issue letter and disagrees with the determination of a confirmed issue may request a re-review of that determination and supply any information which might resolve the issue. The request must be in writing and contain the reason the agency or physician disagrees with HSM's determination. The written request must be faxed or sent by mail, within thirty (30) calendar days from the date of the Notice of Quality/Utilization Issue letter.

HSM has Reconsideration and Quality Re-review Request forms for agencies and physicians to use for these purposes.

**Mississippi Medicaid Disclaimer Statement**

HealthSystems of Mississippi's certification determination does not guarantee Medicaid payment for services or the amount of payment for Medicaid services. Eligibility for and payment of Medicaid services are subject to all terms and conditions and limitations of the Medicaid Program.