

HealthSystems



HealthSystems
OF MISSISSIPPI

A blue silhouette of the state of Mississippi is positioned behind the title text.

Transplant Application Manual

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Of Mississippi

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I. Introduction

HealthSystems of Mississippi (HSM) is the Utilization Management and Quality Improvement Organization contracted with the Division of Medicaid (DOM) to perform utilization and quality of care review for services provided to Mississippi Medicaid beneficiaries.

We have been contracted with the Mississippi Division of Medicaid (DOM) providing utilization and quality of care review since 1997. Our review is performed for the following types of services.

- Inpatient Acute Hospitals.
- Free Standing Psychiatric Inpatient Hospitals.
- Psychiatric Residential Treatment Facilities.
- MYPAC – Mississippi Youth Programs Around the Clock.
- Hospital Outpatient Mental Health Services.
- Outpatient Physical, Occupational and Speech Therapy.
- Home Health.
- Durable Medical Equipment, Orthotics, Prosthetics and Supplies.
- Private Duty Nursing.
- Medical Necessity Review for Organ Transplant.

The purpose of this manual is to assist providers in successfully navigating through HSM's review requirements and process.

II. Getting Started - Helpful Tips

Before submitting any request to HSM, providers must verify beneficiary eligibility and available benefits through DOM's fiscal agent at <https://msmedicaid.acs-inc.com/msenvision/index.do> or 1-800-884-3222 or 601-206-3000.

General information needed prior to accepting a beneficiary for transplant evaluation may be obtained by contacting DOM, Bureau of Medical Services.

Providers must read and be familiar with DOM's policies and procedures located at <http://www.medicaid.ms.gov/manuals.aspx>. Be sure to refer to DOM's Provider Policy Manual Section 6.03 for Billing Procedures policy.

III. Information You Need to Know

HSM has dedicated toll free fax numbers to assist with transplant application needs. These numbers and hours of operation are listed in the following table. In addition, if assistance is needed from a live person, our helpline phone number and hours of operation are included below.

Purpose	Description	Hours of Operation and Number(s)
Application for Transplant	Used by providers to submit applications and additional information requested by HSM.	24 hours, 7-days a week. Fax: 1-888-204-0504 Mail: Attn: Transplant Coordinator 175 East Capitol Street Suite 250, Lockbox 13 Jackson, MS, 39201
Helpline	Used by providers for questions regarding the approval process and status of transplant applications.	Web Helpline: www.hsom.org click on "Reports and Communications" link. 8:00 a.m. – 5:00 p.m. (business days) Local: 601-360-4949 Toll Free: 1-866-740-2221
Hot Line	Used by beneficiaries and providers to report quality concerns and/or complaints.	8:00 a.m. – 5:00 p.m. (business days) Toll Free: 1-888-204-0221

Electronic Submission of Helpline Inquiries

Providers are encouraged to use HSM's HIPAA secure Web-based system to electronically submit helpline inquiries. Once the transplant beneficiary is admitted to the hospital, admission and continued stay certification review requests may also be submitted electronically.

HSM's HIPAA secure Web-based system provides 24 hour a day 7 days a week access to real-time electronic submission of:

- Review requests.
- Additional information for specific reviews when requested by HSM (when the original review was submitted by Web).
- Helpline inquiries.

One of the benefits to providers who are enrolled to use the electronic Web submission is that you can check the status of your reviews at any time. The reporting module is provider-specific and available 24 hours a day 7 days a week.

If you do not have a HSM logon, contact HSM's Education Department at education@hsom.org or by phone at (601)-360-4949 or toll-free at 1-866-740-2221 to request enrollment and training.

In addition to Internet access, minimum computer specifications are:

- Pentium 133 with 32 RAM and 8 mg free space for drivers
- Color monitor
- 28.8K modem connection or higher (phone line quality will determine speed of connection)
- Internet Explorer Version 4.0 or higher.

IV. Exclusions

Medicaid policy exempts certain applications for transplant from HSM review. Providers should not submit application to HSM for these situations. HSM will not process applications that meet these policy conditions. The following are reasons for review exclusion:

Reason	Description
Type of Transplant	No HSM review is required for kidney, cornea, and bone marrow/peripheral stem cell transplants.
No Medicaid Eligibility	No HSM review is required if the beneficiary does not have current Medicaid eligibility.
Exhausted Medicaid Benefits	No HSM review is required if the beneficiary does not have inpatient benefit days remaining in given state fiscal year.
Private Insurance	No HSM review is required if the beneficiary has private insurance coverage and the insurance has approved the transplant. The following exceptions apply: <ul style="list-style-type: none"> • If the insurance has approved the transplant but the beneficiary has or is in danger of exhausting benefits, HSM will proceed with the review. • If the insurance has denied the transplant, HSM will proceed with the review.
Medicare Eligibility	No HSM review is required if the beneficiary has Medicare Part A <u>and</u> Part B coverage.
Family Planning Waiver	No HSM review is required if the beneficiary's Medicaid eligibility is only for the family planning waiver.

V. Medical Necessity Review Process for Organ Transplant

A. Requests for Review

Providers submit requests for review of medical necessity for transplant directly to HSM. Application requests and supporting documentation must be submitted within specified timeframes.

Review request submission timeframes, required documentation and submission methods are displayed in the following table.

Request must be submitted	Required Documentation	Available Submission Methods	
		Fax	Mail
After the evaluation process and the beneficiary is a transplant candidate, but before the transplant admission.	<ul style="list-style-type: none"> • Application via letter of medical necessity from the transplanting physician. • Supporting clinical documentation: <ul style="list-style-type: none"> - Clinic notes/exam notes. - Lab and test results. - Hospitalization summaries. - Medications. - Treatments. • Private insurance approval/denial letter, if applicable. 	X	X

B. Processing of Review Requests

Faxed and mailed request for review are processed by HSM intake staff. The intake staff is experienced and works collaboratively with clinical staff to provide quality services to our customers. Clinical staff is composed of registered nurses, physicians and physician consultants. These highly qualified professionals make certification review determinations. The following table describes staff functions.

Staff	Functions
Non-clinical Support Staff (Intake Staff)	<ul style="list-style-type: none"> • Screen requests for completeness. • Support all review functions.
First level reviewers (Registered Nurses)	<ul style="list-style-type: none"> • Verify Medicare approval of transplant facility • Verify existence of other financial resources and notifies DOM if finances other than Medicaid are available. • Apply DOM policy. • Apply DOM approved medical necessity criteria. • May request additional information. • Refer requests to a physician. • Completes the review process following physician review.
Second level Reviewers (Physicians)	<ul style="list-style-type: none"> • Contacts the attending physician to obtain additional information when the documentation submitted does not clearly support medical necessity. • Make approval or denial determinations. The determination is: <ol style="list-style-type: none"> 1. Based on documentation that supports medical necessity of transplant. 2. Patient-centered and takes into consideration the unique factors associated with each patient care episode. 3. Based on his or her clinical experience, judgment and transplant specific criteria.

When additional information is needed to review the request, the review is pended. The following table describes the timeframes associated with the pend process. If the requested information is not submitted by the due date, HSM suspends review of the request.

If the review cannot proceed because	It is requested by	And information must be submitted	And if the information is not submitted timely
Clinical information is required.	Telephone and in writing, within one business day of receipt of the request.	Within 60 calendar days from the date of request.	<ul style="list-style-type: none"> • HSM suspends the review and closes the request. • A new approval request and updated clinical information must be submitted to HSM.

C. Review Timeframes and Notification of Review Outcome

The following table contains the details of the notification process based on review outcomes. Review is completed within three businesses days of receipt of all necessary information.

Review Outcome	Details
Certification (Approval)	<ul style="list-style-type: none"> • Written notification of HSM's approval is sent to DOM. • DOM issues the authorization agreement letter to the transplant facility.
Denial	<ul style="list-style-type: none"> • Written notification of HSM's non-approval is sent to DOM. • DOM issues a denial letter to the transplant facility/physician. This notice includes the procedure and timeframe for requesting reconsideration.
Suspended	HSM will notify the requester (verbally and in writing) when additional information is required and the review will be pended. If the requested information is not submitted by the due date then HSM issues a written Notice of Review Suspended.

VI. Requests for Extension of Benefits

Request for extension of benefits must be submitted to HSM following the same process as a new application for transplant. Review request submission timeframes, required documentation and submission methods are displayed in the following table.

Request must be submitted	Required Documentation	Available Submission Methods	
		Fax	Mail
Prior to the expiration date of the DOM authorization agreement.	<ul style="list-style-type: none"> • New letter of medical necessity from the transplanting physician. • Information obtained since the prior review was performed: <ul style="list-style-type: none"> - Clinic progress notes/exam notes. - Lab and test results. - Hospitalization summaries. - Medications. - Treatments. 	X	X

VII. Precertification of Hospital Admission and Continued Stay

DOM requires precertification of all inpatient hospitalizations of Medicaid beneficiaries, including those for transplant procedures. Please refer to the *Inpatient Acute Care Provider Manual* for precertification requirements and process.