

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: March 1, 2002

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found. (Continued)

(3) Child Health Management Services (Continued)

Reimbursement for Child Health Management Services (CHMS) Nutrition Services is based on the lesser of the billed amount or the Title XIX (Medicaid) maximum allowed for each procedure. Nutritional services are billed on a per unit basis. One unit of service equals 30 minutes.

Effective for dates of service on or after September 1, 1999, the Arkansas Medicaid Program implemented coverage of nutritional services provided in the Child Health Management Services (CHMS) Program. The maximum rates are based on the entry level salary for a Dietician (Grade 19), Department of Human Services position. The cost categories include Salary (\$22,795), overhead and administration (\$2,276 ... using salary as the allocation base) and benefits (\$4,559 ... using salary as the allocation base). These costs were allocated at 10% for overhead/administration and 20% for benefits. A 30 minute visit will equal one unit of service. As such, the unit of service rate is \$7.12 ($\$22,795 + \$2,276 + \$4,559 = \$29,630 / 2080$ (52 weeks x 40 hours per week) = \$14.24 per hour.

Effective for claims with dates of service on or after March 1, 2002, Arkansas State Operated Teaching Hospital pediatric clinics that are not part of a hospital outpatient department shall be reimbursed based on reasonable costs with interim payments and a year-end cost settlement. The lesser of reasonable costs or customary charges will be used to establish cost settlements.

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12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)
- d. Eyeglasses
- Negotiated statewide contract bid.
13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)
- a. Diagnostic Services - Not provided.
- b. Screening Services - Not provided.
- c. Preventive Services - Not provided.
- d. Rehabilitative Services

1. Rehabilitative Services for Persons with Mental Illness

Reimbursement is based on the lower of the amount billed or the Title XIX (Medicaid) maximum allowable.

The Title XIX maximum was established based on a survey by the Division of Mental Health of the usual and customary charges used by community based programs. Rates include the professional and administrative components.

For acute outpatient services and acute day treatment previously found in the Mental Health Clinic option, reimbursement is based on the lower of: (a) the provider's actual charge for the services or (b) the allowable fee from the State's fee schedule based on average cost. The average cost of each mental health service was calculated based on 1978 cost data. A 20 per cent inflation factor was applied to arrive at the Afee schedule@ rate.

Effective April 1, 1988, reimbursement rates were increased 78% to reflect rates comparable to those charges found in the private sector for comparable mental health services. Effective July 1, 1991, a 20% increase was applied.

Effective for dates of service on or after December 1, 2001, reimbursement for inpatient visits in acute care hospitals by board certified psychiatrists is based on 66% of the Physician's Blue Shield Fee Schedule dated October 1, 1993.

Effective for claims with dates of service on or after March 1, 2002, Arkansas State Operated Teaching Hospital psychiatric clinics that are not part of a hospital outpatient department shall be reimbursed based on reasonable costs with interim payments and a year-end cost settlement. The lesser of reasonable costs or customary charges will be used to establish cost settlements.