MaineCare Services
An Office of the
Department of Health and Human Services
John E. Baldacci, Governor Brenda M. Harvey, Commissioner

Department of Health and Human Services
MaineCare Services
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DATE: July 14, 2009

TO: Interested Parties

FROM: Anthony Marple, Director, Office of MaineCare Services

SUBJECT: Proposed Rule: MaineCare Benefits Manual, Chapters II and III, Section 150, STD Screening Clinic Services

This letter gives notice of a proposed rule: MaineCare Benefits Manual, Chapters II and III, Section 150, STD Screening Clinic Services

The Department is proposing changes to this section to increase the reimbursement rate to providers, add information on clinical record keeping, and update the policy language. The local code is being replaced by a HIPAA compliant code.

Rules and related rulemaking documents may be reviewed at and printed from the Office of MaineCare Services website at http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html, or for a fee, interested parties may request a paper copy of rules by calling 207-287-9368. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 1-800-423-4331.

A concise summary of the proposed rule is provided in the Notice of Agency Rule-making Proposal. This notice also provides information regarding the rule-making process. Please address all comments to the agency contact person identified in the Notice of Agency Rule-making Proposal.

Notice of Agency Rule-making Proposal

AGENCY: Department of Health and Human Services, Office of MaineCare Services

RULE TITLE OR SUBJECT: MaineCare Benefits Manual, Chapters II and III, Section 150, STD Screening Clinic Services

PROPOSED RULE NUMBER:

CONCISE SUMMARY: The proposed changes to this section increase the reimbursement rate to providers, add information on clinical record keeping, and update the policy language. The local code is replaced by a HIPAA compliant code.

ESTIMATED INCREASE IN ANNUAL AGGREGATE EXPENDITURES: $1,630.00 per FY.

ANTICIPATED EFFECTIVE DATE: MARCH 1, 2010

SEE http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html for rules and related rulemaking documents.

THIS RULE WILL __ WILL NOT _X_ HAVE A FISCAL IMPACT ON MUNICIPALITIES.

STATUTORY AUTHORITY: 22 M.R.S.A. §42(l) and §3173.

PUBLIC HEARING: Date: August 11, 2009 1:00 PM

Location: Conference Room 3
Department of Health and Human Services
442 Civic Center Drive
Augusta, ME 04330

Any interested party requiring special arrangements to attend the hearing must contact the agency person listed below no later than August 4, 2009.

DEADLINE FOR COMMENTS: Comments must be received by midnight August 21, 2009.

AGENCY CONTACT PERSON: Derrick Grant
AGENCY NAME: Office of MaineCare Services
ADDRESS: 442 Civic Center Drive
11 State House Station
Augusta, Maine 04333-0011

TELEPHONE: 207-287-6427 FAX: (207) 287-9369 TTY: 1-800-423-4331 or 207-287-1828 (Deaf or Hard of Hearing)

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SECTION 150 **~~VD~~ STD SCREENING CLINIC SERVICES** 10/3/83

150.01 **DEFINITION**:

~~A public health facility who has as one of its functions to provide screening for venereal diseases, and who has a current provider agreement with the Department to carry out these services.~~
STD Screening Clinic means a public health facility that has as one of its functions to provide screening for sexually transmitted infections or diseases, and that has a current provider agreement with the Department to provide these services.

150.02 **ELIGIBILITY FOR CARE**:

~~The following recipients are eligible for covered VD Screening Clinic services as set forth in this manual:~~

~~A. Categorically needy Medicaid recipients whose eligibility is shown on the Medical Eligibility Card as MM, and~~

~~B. Medically needy Medicaid recipients whose eligibility is shown on the Medical eligibility Card as MI~~.

Individuals must meet the financial eligibility criteria as set forth in the MaineCare Eligibility Manual. Some members may have restrictions on the type and amount of services they are eligible to receive.

It is the responsibility of the provider to verify a member's eligibility for STD Screening Clinic Services.

150.03 **DURATION OF CARE**:

Each Title XIX and XXI ~~recipient~~ member is eligible for as many covered services ~~which~~ as are medically necessary, as long as the member meets the eligibility for care requirements set forth under paragraph 150.02. The Department reserves the right to request additional information to evaluate the medical necessity of any service provided by the ~~Medicaid~~ MaineCare Program.

150.04 **~~DELEGATION OF PHYSICIAN SERVICES:~~COVERED SERVICES:**

~~Physician services that are delegated to qualified agency personnel must be supported by written protocols.~~
A covered service is a service for which payment can be made by the Department. Covered services are limited to screening for sexually transmitted disease or infection, lab testing, cost & administration of medication when necessary, treatment follow-up and counseling.

The provision of immunization services for sexually transmitted disease is covered when medically indicated. Immunization information must be shared with the MaineCare member's primary care provider (PCP) and entered into the immunization information system (IMMPACT) when available.

150.05 **~~QUALIFICATIONS OF PERSONNEL~~NON-COVERED SERVICES**

~~Agency personnel that deliver covered services as delineated in 150-06, which requires the supervision of a physician, must be qualified under the Maine Law to practice professional nursing as defined by 32 M.R.S.A. §2102 (2) (A)(F) inclusive, or as a physician assistant as described by 32 M.R.S.A. §3279-A.~~
MaineCare reimbursement shall be made only for those STD Screening Clinic Services provided directly to the member.

150.06 **~~COVERED SERVICES~~:POLICIES AND PROCEDURES:**

~~A covered service is a service for which payment can be made by the Department. Covered services are limited to screening for sexually transmitted disease, cost & administration of medication when necessary, follow-up and counseling.~~

150.06-1 Professional and Other Qualified Staff

Physicians, Physician Assistants (PA), registered professional nurses (RN), and Licensed Practical Nurses (LPN), when properly licensed by the State of Maine and when under the appropriate supervision if required, may provide STD Screening Clinic Services within the scope of that license. Physician services that are delegated to qualified agency personnel must be supported by written protocols.

150.06-2 Member Records

There shall be a clinical record for each member which shall include, but not necessarily be limited to:

A. The member's name, address, date of birth and MaineCare ID number;
B. The member's medical and social history, including immunization records, as appropriate;
C. Findings from a physical exam, as appropriate;
D. Tests ordered, performed and the test results;
E. Treatment, counseling, or follow-up care including date provided;
F. Dates scheduled for follow-up appointments;
G. Medications and/or supplies dispensed or prescribed;
H. Recommendations for and referral to other sources of care;
I. Progress notes identifying services provided.

Entries are required for each date of service billed and must include the name, title and signature of the service provider.

150.06-3 Program Integrity

See Chapter I of the MaineCare Benefits Manual.

150.07 **REIMBURSEMENT**

In accordance with Chapter 1 of the MaineCare Benefits Manual, it is the responsibility of the provider to seek payment from any other source that is available for payment of the rendered service prior to billing MaineCare.

The maximum amount of payment of services rendered shall be the lowest of the following:

A. The provider's usual and customary charge.

B. The amount listed in the MaineCare Benefits Manual, Section 150, Chapter III, "~~Billing Instructions~~Allowances for STD Clinic Services"., ~~of the Maine Medical Assistance Manual.~~

C. The amount allowed by Medicare Part B, when the service is covered.

150.08 **BILLING INSTRUCTIONS**

Billing must be accomplished in accordance with the Department's ~~"B~~billing ~~Instructions~~requirements, ~~for VD Screening Clinic Services"~~"Billing Instructions for CMS 1500 Claim Form" located on the following website: http://www.maine.gov/dhhs/oms/providerfiles/billing_instructions.html.

ALLOWANCES FOR ~~VD~~ STD SCREENING CLINICS

The procedure code and description listed below are for use by the ~~VD~~ STD Screening Clinics.

	PROC CODE	DESCRIPTION	UNIT	MAXIMUM ALLOWANCE
~~Effective 6/1/86~~	~~6103~~ T1015	~~VD SCREENING, LAB WORK, FOLLOW- UP AND COUNSELING~~CLINIC VISIT / ENCOUNTER, ALL INCLUSIVE (STD Screening, Lab Work, Treatment Follow-up and Counseling)	PER VISIT	~~$20.00~~$60.00