

KEY DSH MANAGEMENT SOLUTIONS SERVICES

Provider 340B Initial Qualification, Maintenance and Re-instatement

The HRSA/OPA-managed 340B program is a critical component of outpatient pharmaceutical expense reduction that can often represent a meaningful segment of an eligible provider's bottom line. It will only grow in significance as treatment modalities continue their conversion from inpatient to outpatient settings. DMS uses the full set of its

MDSS[®] system capabilities to help a facility qualify for the program, maintain eligibility, and if necessary, re-qualify for entitlement. These DMS services include the retrospective Title XIX eligibility program described previously, as well as the following system capabilities that represent only a small subset of the full MDSS[®] functionality.

A. Derivational Title XIX eligibility determination

- Federal and State regulatory guidelines often mandate automatic benefit coverage based on the relationship between parties. Although the classic example is the Federal statute that mandates an automatic twelve months of Medicaid eligibility for a Newborn

born to a Mother who had Title XIX coverage when delivering (even if only on an emergency basis), this is only one example of the application of statutory mandated benefit-coverage rules that are an integral component of the MDSS[®] system.

B. Diagnosis & SSI-driven Medicaid eligibility

- 85% of SSI recipients qualify on the basis of disability guidelines published by the SSA. DMS has built a modular table-driven capability to identify individuals who are clinically qualified under these guidelines. As SSI is a means-driven program in most but not all circumstances, those criteria can be addressed to this filtered, partially-quali-

fied subset of patients using internal hospital resources or external DMS partners who work collaboratively in helping these individuals navigate the administrative maze that is the SSA. If the provider resides in one of 34 States classified as "1634" entities, entitlement to SSI generates automatic eligibility for Medicaid.

C. Out-of-State Title XIX recipients

- Medicaid recipients, in general, change physical locations far more frequently than the general population; however, State level Title XIX eligibility is not contingent upon physically residing in the State granting this coverage. One of DMS's core competencies is the continuous cycling of Medicaid eligibility requests to all States where it has trading

partner status, and the Provider participates, or could participate, with a State's Title XIX Program. Currently, DMS is qualified or testing in 26 States. By the end of 2008, we will be actively exchanging 270/271 EDI eligibility transactions sets in the 38 States that represent 90% of the Medicaid-eligible recipients.