



# Mississippi Medicaid Bulletin

## Program and Policy Information

Volume 2 Issue 2

1995

### Implementation of the Nursing Facility ESC Program

In June 1995, nursing facilities in the pilot program successfully transmitted their rosters electronically for the first time. The NECS data entry software for nursing facilities enabled the pilot sites to key their own rosters on a personal computer and submit them by modem over the phone lines. Since June 1, 1995 was a Thursday, the nursing facilities in the pilot program were able to submit their rosters before the weekly cycle ran and did not have to be concerned about the deadline for delivering a paper roster. Next month, the NECS software will allow these facilities to restore the previous roster and edit the dates of services and leave days.

Although there were a few bumps to smooth out in the pilot program, everyone was pleased with the final result. EDS and DOM are glad that this pilot program has been such a success and are interested in making the electronic program and NECS software available to all nursing facilities.

Any nursing facility interested in participating in the ESC program should first complete an EDI Submitter Agreement which can be obtained by contacting EDS at the numbers listed below. Once approved, EDI Services will issue a Submitter ID number and password so that the facility can post data to our bulletin board. EDI Services will automatically mail the NECS software free of charge to the facility. EDS can offer technical assistance for installing and operating the NECS

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*NECS data entry software for nursing facilities is now available.*

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## Nursing Facility ESC Program (continued)

program. A completed agreement must be on file before the facility can transmit data.

Interested facilities must meet the minimum system hardware requirements listed below in order to successfully install and run the NECS program. Please note, this software is designed to be installed on an individual personal computer and not on a file server or network.

Minimum system hardware requirements are:

- A personal computer with a 386 or higher central processing unit (CPU)
- 4 or more megabytes of random access memory (RAM)
- Hayes compatible modem
- Data quality phone line

Software vendors interested in obtaining file specifications are encouraged to contact EDI Services.

EDI Services, EDS

*EDS cannot offer technical support to providers who choose to install NECS software on a file server or network.*

## Nursing Facility Billing Information

Deadlines for the receipt of monthly billing paper rosters were published in the February bulletin (Volume 1, Issue 4). It is EDS' policy that monthly billing rosters must be received by EDS no later than 5:00 p.m. on Wednesday to assure that the roster will be keyed and processed the following week. Although EDS will try to key rosters received on Thursday, we cannot guarantee that they will be keyed prior to the weekly cycle.

It is also important to remember that nursing facilities are subject to the same TPL guidelines as other provider types. If Medicaid records indicate that there is TPL, then you must bill that third party resource prior to submitting your charges to Medicaid. If the policy is no longer in effect, or your claim was otherwise denied, you must submit a copy of the denial with the paper roster and you must also mark the claim "TPL DENIAL, See Attached." If you try in good faith to bill the TPL source and they will not respond, you may utilize the "TPL No Response Form." Since this form is not a part of the Nursing Facilities Manual, you may contact EDS to obtain a copy of the form. It will then be the responsibility of the provider to maintain a supply of these forms.

Provider Relations Unit, EDS  
1-800-884-3222 or 601-960-2800

## Change of Ownership for Long Term Care Facilities

Recently there has been some confusion over what constitutes a change of ownership for Medicaid purposes. In accordance with our State Plan, a change of ownership of a nursing facility, ICF-MR, or Psychiatric Residential Treatment Facility includes, but is not limited to, inter vivos gifts, purchases, transfers, lease arrangements, cash and/or stock transactions or other comparable arrangements whenever the person or entity acquires a majority interest of the facility. The change of ownership must be an arm's length transaction consummated in the open market between non-related parties in a normal buyer-seller relationship.

The definition of a change of ownership for Medicaid cost reporting purposes differs slightly from the definition utilized by the Mississippi State Department of Health. It is possible for a transaction to be considered a change of ownership by the Mississippi State Department of Health and not be considered a change of ownership for Medicaid cost report purposes and vice versa. For instance, proprietorships which incorporate are considered changes of ownership for State law purposes, but are not considered changes of ownership for Medicaid cost reporting purposes.

The Mississippi Medicaid State Plan requires a facility which undergoes a change of ownership to notify the Division of Medicaid in writing of the effective date of the sale. The seller's provider number will be closed and a new provider number assigned to the new owner after the new owner submits provider enrollment information. The new owner is not allowed to use the provider number of the old owner to file claims for reimbursement. A new provider number must be obtained any time a provider's tax identification number is changed.

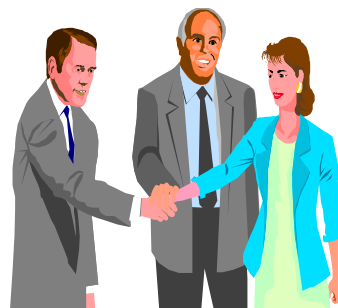
Should you have any questions regarding whether or not a proposed transaction is considered a change of ownership for Medicaid cost report purposes, please contact the Reimbursement Division at the Division of Medicaid.

Reimbursement Division, DOM  
601-359-6050 or 1-800-421-2408

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*A new provider number must be obtained any time a provider's tax identification number changes.*

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## Freestanding and Outpatient Dialysis Update

Effective July 1, 1995, erythropoietin, commonly known as Epogen, should no longer be billed using revenue codes 634 and 635. Providers are to use the 1995 HCPCS codes Q9920 through Q9940 for ESRD recipients. When billing for the use of Epogen, increments of 1,000 should be used. A billing unit of "1" means 1,000 units of Epogen. Billing units are increased accordingly, rounded to the nearest 1,000.

When completing the UB-92 claim, no revenue code is required in form locator 42 for the following procedures: CPT codes in the 70000 and 80000 range, 93000-93599, 95900-95999, "J" and "Q" codes. Description of service and the corresponding procedure should be placed in locators 43 and 44 respectively.

Medical Services, DOM  
601-359-6050 or 1-800-421-2408



*Effective 7/1/95, providers should use the 1995 HCPCS codes Q9920 through Q9940 for ESRD patients.*

## Hospital Cost Reports

Currently, all hospitals send a copy of their Medicare Cost Report to EDS for Medicaid purposes. In the future, mail two (2) copies of your Medicare Cost Report for hospitals to the Division of Medicaid. You will no longer be required to mail your cost reports to EDS. This change is effective for hospital cost report periods ending on or after June 30, 1995. The address of the Division of Medicaid is as follows:

Division of Medicaid  
Attn: Reimbursement Division  
Suite 801  
Robert E. Lee Building  
239 North Lamar Street  
Jackson, MS 39201-1399

If you have any questions, please contact Nahna Stovall at 359-6512 or 1-800-421-2408.



## Nursing Facilities Enforcement Regulations

The nursing facility enforcement federal regulations are effective July 1, 1995 for all nursing homes which participate in the Medicaid and/or Medicare program. These regulations establish several expectations. The first is that providers remain in substantial compliance with Medicare/Medicaid program requirements as well as State law. It is also expected that all deficiencies will be addressed promptly. Another expectation is that residents will receive the care and services they need to meet their highest practicable level of functioning. The process provides incentives for the continued compliance needed to enable residents to reach these goals.

Remedies imposed will be determined on a case by case basis. The factors that determine the selection of remedies include the severity and scope of deficiencies, the facility's compliance history, the relationship of the deficiencies, and the likelihood that a selected remedy will achieve correction and continued compliance. A formal notice of remedies will be sent to the facility by either the HCFA Regional Office or the Division of Medicaid. Available remedies include the following:

### **Category 1 Remedies**

**Directed Plan of Correction (DPoC)**- a plan of correction developed by HCFA, the State, or the temporary manager (with State or HCFA approval) that requires a facility to take action within specified time frames. The purpose of the DPoC is to achieve correction and continued compliance with Federal requirements.

**State Monitor** - an employee or contractor of the State who oversees, on-site (as necessary), the correction of deficiencies as a safeguard against further harm to residents when harm or a situation with a potential for harm has occurred.

**Directed In-Service Training** - requires the staff of the facility to attend an in-service training program that enables the staff to attain the basic knowledge to achieve compliance and remain in compliance with Federal requirements.

### **Category 2 Remedies**

**Denial of Payment for All New Admissions for SNF's and NF's**- denial of payment for all new Medicare and/or Medicaid admissions.

**Denial of Payment for All Individuals**- imposed by HCFA, this remedy would deny payment for all Medicare and Medicaid residents until the facility obtained substantial compliance.

**Civil Money Penalties** - \$50 - \$3,000 per day until substantial compliance is achieved.

### **Category 3 Remedies**

(Used in cases of immediate jeopardy or widespread actual harm)

**Temporary Management** - selected by the Survey Agency, this individual has the authority to hire, terminate or reassign staff, obligate facility funds, alter facility procedures, and otherwise manage a facility to correct deficiencies identified in the facility's operation.

**Termination** - closure of a facility.

**Civil Money Penalties** - \$3,050 - \$10,000 per day until substantial compliance is achieved

### **State Specific Remedy**

*Facilities should have attended workshops in June regarding these regulations. Please refer to the workshop materials for in-depth information.*

## Nursing Facilities Enforcement Regulations (continued)

Ban on Admissions for All Residents- facilities with substandard quality of care are prohibited from all admissions until substantial compliance is achieved.

Facilities should have attended workshops in June regarding these regulations. Please refer to your workshop materials for in-depth information.

Reimbursement Division, DOM  
601-359-6050 or 1-800-421-4208

## Requests for Additional Bulletins

As fiscal agent for the Medicaid program, EDS is responsible for disseminating information regarding policy changes and mandates to the provider community. For this reason, a copy of the monthly Medicaid Bulletin must be sent to every active provider. EDS maintains a separate mailing list for additional copies requested by both active providers and other interested parties. If you are receiving additional copies in error, or your request for additional copies was not processed, please contact the Publications Coordinator at EDS.

Additional Medicaid Bulletins and back issues may be requested by phone, mail or fax. Please be sure to include the following information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: \_\_\_\_\_

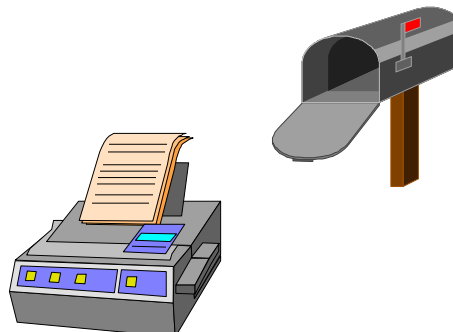
Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Unless otherwise specified, one mailing label will be generated for each request.

EDS  
Rissa Richardson, Publications Coordinator  
111 East Capitol, Suite 400  
Jackson, MS 39201-2121  
Phone: 601-960-2805 or  
Fax: 601-960-2807



*Please contact the Publications Coordinator at EDS if you have concerns about your monthly Medicaid bulletin.*



**Checkwrite Schedule**

*DOM will be closed July 3 & 4. As a result, the first payment in the month of July will be made on 7/7/95.*

July 03, 1995	August 07, 1995
July 10, 1995	August 14, 1995
July 17, 1995	August 21, 1995
July 24, 1995	August 28, 1995
July 31, 1995	

Checkwrites and Remittance Advices are dated every Monday. However, funds are not transferred until the following Thursday and Remittance Advices usually arrive the following Friday. **Funds from the July 03, 1995 RA will not be available until Friday, July 07, 1995.**

**Electronic Cut-Off Schedule**

July 06, 1995	August 03, 1995
July 13, 1995	August 10, 1995
July 20, 1995	August 17, 1995
July 27, 1995	August 24, 1995
	August 31, 1995

The deadline for transmissions to be included in the current week's claim processing cycle is 5:00 p.m., but transmissions can be accepted 24 hours a day, 7 days a week.

**Mississippi Medicaid Bulletin**

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