



Mississippi Medicaid Bulletin

Program and Policy Information

Volume 3, Issue 9

March 1997



All claims submitted for payment to Medicaid **MUST** be identified with the **EXACT** NDC of the drug dispensed.

Suspension of Pharmacy Providers for Non-compliance with the Omnibus Budget Reconciliation Act of 1990 (OBRA '90)

On June 11, 1996, all pharmacy providers were sent a letter by Certified Mail informing them that all claims submitted for payment to Medicaid **MUST** be identified with the **EXACT** NDC of the drug dispensed. This is a requirement for two reasons:

1. a difference in cost exists on many drugs among various bottle sizes and manufacturers, and
2. the rebate program is based on the exact NDC number, whether there is a cost difference or not among various bottle sizes.

Recent audits by Medicaid's Program Integrity Division have identified several pharmacy providers who are still in non-compliance with this requirement of federal law.

As of March 1, 1997, pharmacy providers may be suspended from the Mississippi Medicaid program when found to be in non-compliance with the OBRA '90 requirement that the **EXACT** NDC be used on all claims submitted for payment to Medicaid.

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Review of Pharmacy Claims for Excessive Use of Unidentified Prescriber Numbers

Compliance with Medicaid requirements by all pharmacies for identification of prescribers is imperative. **Blanket usage of 0019999 instead of the prescriber's Medicaid provider number is unacceptable.** All information submitted via claims for payment is to be accurate and correct as stipulated in provider agreements. Medicaid prescriber listings are periodically updated and distributed to participating pharmacies for this purpose. Between updates, the prescriber's office can provide the pharmacy with current, changed, or new provider numbers.

The Division of Medicaid is reviewing pharmacy claims for accuracy. Please review the prescriber Medicaid numbers in your billing system to verify the accuracy of the identification numbers of your local area prescribers, along with any other frequent prescribers of your Medicaid customers (see Section 6.01, item 7 of the Mississippi Medicaid Pharmacy Manual). There will be compliance monitoring by electronic methods and on-site audits. Continued abuse of this policy may result in termination of your POS privileges.



Closure of CPT Code W9041 for Neonatal Intensive Care

For several years, physicians treating children from birth to one year of age in the Neonatal ICU/CCU have used either code W9041 (intensive care of infants in ICU/CCU) or the CPT code appropriate for services provided for neonatal intensive care, EITHER 99295 OR 99296 OR 99297. Code W9041 will be closed March 1, 1997. Please use the neonatal intensive care CPT code appropriate for the service provided.

Nursing Facility and ICF-MR Paper Claims

EDS will key all Nursing Facility and ICF-MR paper rosters submitted by 5:00 p.m. each Wednesday in order for the claims to process in that weekend's cycle. Paper rosters received after 5:00 p.m. on Wednesday may not be paid until the following cycle.

Nursing Facilities and ICF-MRs that submit rosters electronically may do so before 5:00 p.m. on Thursday and have those claims processed in that weekend's cycle.

Cost Report Due Dates Extended for New HCFA 2552-96 Forms

The due dates for 09/30/96 and 10/31/96 Hospital and Hospital-based Home Health Agency cost reports will be extended to 04/30/97. This extension is being granted due to the new HCFA 2552-96 forms, for which vendors have not received software approval. The due dates for cost reporting periods ending 11/30/96 and forward will be due five (5) months after the year end.

HealthMACS Workshops

The Mississippi Division of Medicaid and EDS staff will be in your area to conduct workshops and recruit primary care providers (PCP) for the managed care program Health Through Medicaid Managed Access to Care and Services (HealthMACS). HealthMACS, a primary care case management program for AFDC/AFDC-related Medicaid eligibles, will be implemented in selected counties in your area on May 1, 1997. The selected counties are: **Coahoma, Leflore, Quitman, Tallahatchie, and Tunica.** HealthMACS links Medicaid eligibles with a PCP who is responsible for managing the health care needs of Medicaid eligibles assigned to him/her. HealthMACS offers better patient care by providing continuity of services and encouraging more appropriate use of the health care system.


The purpose of the workshops is to discuss the policies of the HealthMACS program, how it changes the way HealthMACS enrollees access care and services, and how medical care provided by health care specialists other than the PCP must be authorized by the PCP for Medicaid to reimburse for the services. Some Medicaid services are excluded from HealthMACS and do not require authorization by the PCP. These services include: podiatry, dental, psychiatry, ophthalmology, eyeglass, emergency services, nursing home, ICF/MR, and emergency/non-emergency transportation.

Medicaid providers who can be PCPs for HealthMACS are: family practitioners, general practitioners, pediatricians, obstetricians (OB), gynecologists (GYN), internists, and nurse practitioners (pediatric, adult, family, OB-GYN, and certified nurse midwives).

<p>If you are one of the provider types listed above, and are interested in being a PCP for HealthMACS, you and/or your representative may want to attend one of the workshops scheduled below. Detailed information about the HealthMACS program will be given during the workshop. PCP requirements and responsibilities will also be addressed. PCP applications and provider agreements will be available. Managed care provider representatives from EDS will be at the workshop to schedule one-on-one provider meetings, if you want such a meeting scheduled.</p> <p style="text-align: center;">March 25, 1997 - 9:00 a.m.</p> <p style="text-align: center;">Greenwood Civic Center Highway 7 North Greenwood, Ms</p> <p style="text-align: center;">March 26, 1997- 9:00 a.m.</p> <p style="text-align: center;">Hampton Inn 710 South State Street Clarksdale, MS</p>	<p>If you provide health care to AFDC/AFDC-related Medicaid eligibles in the counties listed above, you and/or representatives of your office/billing staff may benefit by attending one of the HealthMACS workshops scheduled below. If you are not sure you need to attend a workshop, please call the Managed Care Hotline, 1-800-627-8488, or the Division of Medicaid Managed Care staff, 1-800-421-2408, for additional information about the program and the workshops.</p> <p style="text-align: center;">March 25, 1997 - 1:00 p.m.</p> <p style="text-align: center;">Greenwood Civic Center Highway 7 North Greenwood, MS</p> <p style="text-align: center;">March 26, 1997 - 1:00 p.m.</p> <p style="text-align: center;">Hampton Inn 710 South State Street Clarksdale, MS</p>
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If any additional information is needed, please contact the Managed Care Hotline at 1-800-627-8488.

March

S	M	T	W	T	F	S
					Pharmacy providers not in compliance with OBRA '90 may be suspended from the Mississippi Medicaid program.	1 Closure of CPT code W9041.
2	3 Checkwrite	4	5	6 ESC Cut-Off	7	8
9	10 Checkwrite	11	12	13 ESC Cut-Off	14	15
16	17 Checkwrite	18	19	20 <i>Spring Begins</i> ESC Cut-Off	21	22
23	30 24 Checkwrite 31 Checkwrite	25 HealthMACS Workshops 9 a.m. & 1 p.m.	26 HealthMACS Workshops 9 a.m. & 1 p.m.	27 ESC Cut-Off	28	29

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.

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