



# Mississippi Medicaid Bulletin

## Program and Policy Information

Volume 4, Issue 3

September 1997

# More HMO Counties



### Additional HMO Counties

The Division of Medicaid (DOM) and the health maintenance organizations (HMO) which have contracts with DOM are adding additional counties to the HMO project. The program will be expanded to additional counties as follows:

<u>Counties</u>	<u>Medicaid Recipient Enrollment</u>	<u>HMOs Begin Covering Services</u>
Lauderdale County	August 1997	September 1, 1997
Forrest County	September 1997	October 1, 1997
Bolivar and Coahoma Counties	October 1997	November 1, 1997
Leflore and Sunflower Counties	November 1997	December 1, 1997

The HMOs which currently have contracts with the Division of Medicaid are: AmeriCan Medical Plans of Mississippi, Apex Healthcare of Mississippi, Family Health Care Plus, and Mississippi Managed Care Network. Phoenix Health Care of Mississippi, and Care3, have applications pending to contract with the Division of Medicaid.

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**Workshops for  
Division of  
Medicaid HMO  
Program**

## HMO Workshops for Forrest County

During the month of September, 1997, Medicaid recipients in **Forrest County** will receive HMO (Health Maintenance Organization) enrollment packets from the Division of Medicaid. Effective **October 1, 1997**, Mississippi Medicaid recipients in Forrest County will have the option to choose an HMO or remain in fee-for-service Medicaid.

Workshops scheduled for **September 24, 1997**, will give providers a basis for understanding the HMO managed care program and billing for Medicaid recipients enrolled with an HMO. Two workshops have been scheduled for your convenience. Each session will last approximately two hours, depending on the number of questions providers present to the HMO panel. The same information will be presented at both sessions. The workshop will be conducted at:

**Comfort Inn "On the Hill"**  
**Highway 49**  
**Hattiesburg, Mississippi**  
**9:00 a.m. or 1:00 p.m.**

You may choose to attend either the 9:00 a.m. or 1:00 p.m. session. Representatives will be available from the various managed care plans to answer questions and provide you with information about their plans at your convenience. *If you treat or bill for services provided to Medicaid recipients residing in Forrest County, it is essential that you be represented at one of these sessions to learn of any changes in billing requirements.* If you have any questions regarding the various managed care programs, please call the Managed Care Hotline at **1-800-627-8488**.

## Verifying Mississippi Foundation For Medical Care PRO Numbers

Some PRO numbers assigned by Mississippi Foundation for Medical Care (MFMC) are not on file with EDS. To expedite the processing of your claims, please certify that the PRO number you received from MFMC is on file with EDS before submitting your claims. You may do so by calling the EDS Correspondence Unit at 960-2800 or 1-800-884-3222 no later than September 30, 1997.

If the previously issued PRO number is not on file, please fax a copy of the approval from MFMC to HealthSystems of Mississippi (HSM) at 1-888-204-0504. Please include patients Medicaid ID number, and the dates of service. HSM will work with the providers on these cases to reassign Treatment Authorization Numbers (TAN).

*If you have any questions concerning any information in this bulletin or would like to receive additional bulletins, please call the EDS Correspondence Unit at 1-800-884-3222.*

If the previously issued PRO number is not on file, please fax a copy of the approval from MFMC to HealthSystems of Mississippi.

## HMO Workshops for Forrest County

During the month of October, 1997, Medicaid recipients in **Bolivar and Sunflower Counties** will receive HMO (Health Maintenance Organization) enrollment packets from the Division of Medicaid. Effective **November 1, 1997**, Mississippi Medicaid recipients in these counties will have the option to choose an HMO or remain in fee-for-service Medicaid.

Workshops scheduled for **October 1, 1997** will give providers a basis for understanding the HMO managed care program and billing for Medicaid recipients enrolled with an HMO. Two workshops have been scheduled for your convenience. Each session will last approximately two hours, depending on the number of questions providers present to the HMO panel. The same information will be presented at both sessions. The workshop will be conducted at:


**Delta State University  
Ewing Hall  
Delta Room  
Cleveland, Mississippi  
9:00 a.m. or 1:00 p.m.**

You may choose to attend either the 9:00 a.m. or 1:00 p.m. session. Representatives will be available from the various managed care plans to answer questions and provide you with information about their plans at your convenience. *If you treat or bill for services provided to Medicaid recipients residing in Bolivar or Sunflower Counties, it is essential that you be represented at one of these sessions to learn of any changes in billing requirements.* If you have any questions regarding the various managed care programs, please call the Managed Care Hotline at **1-800-627-8488**.

## Automated Response System (ARS) Menu

When calling the EDS toll free 1-800 number, you may expedite your call by taking advantage of the following options. You can make your choice at any time during the message. Just press 1,2,3,4 or 0 to access information!

- “1”: Eligibility, Check Amount, Drug Coverage and or Managed Care Information
- “2”: Drug Prior Authorization
- “3”: Recipients
- “4”: Point of Service Help Desk
- “0”: EDS Representative



**Workshops for  
Division of  
Medicaid HMO  
Program**

## Outpatient Hospital Reimbursement

**Effective October 1, 1997, the Division of Medicaid will utilize the following reimbursement method for outpatient hospital services which are billed on the UB92 claim form.**



1. The current State Plan payment methodology reimburses hospitals at a percentage of billed charges. The percentage paid is the lower of the cost to charge ratio, using Medicare methodology (excluding Medicare bad debts and Rural Health Clinics and Federally Qualified Health Centers) or 75%.
2. All outpatient laboratory and services are reimbursed on a fee-for-service basis.

The differential between referred lab services and outpatient lab services will be discontinued. The use of Program Indicator 80 in Form Locator 39 is no longer required. Reimbursement for lab services shall not exceed Medicare's 1994 60th percentile fee.

The provider must report the Revenue Code and the CPT codes from the 70,000 through the 79,999 range for radiology and the 80,000 through 89,999 range for lab services in Field 44 of the UB92 claim forms (refer to instructions on page 186 of the Hospital Manual).

3. To distinguish between the hospital outpatient services and clinical services, the revenue codes in the range 510 through 529 will not be valid on UB92 claims for Medicaid services.

To bill for services in hospital-owned physician clinics, hospitals must file services on the HCFA 1500 claim form under the physician group provider number. **If a hospital needs to apply for a physician group provider number, please call the Provider Enrollment Unit at EDS (Telephone 1-601-960-2800 or 1-800-884-3222) and request an application for a physicians group.**

**Should there be any questions or if your billing department needs billing instructions, please contact the EDS Correspondence Unit at 1-601-960-2088 or 1-800-844-3222.**

## Drug Utilization Review (DUR)

The Mississippi Division of Medicaid is pleased to announce that Heritage Information Systems, Inc. will assume the DUR responsibilities effective October 1, 1997.

**Additional information will be forthcoming.**

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Effective October 1, 1997, the Division of Medicaid will utilize a new reimbursement method for outpatient hospital services which are billed on the UB92 claim form.

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**HCFA Clarification on MDS 2.0+ Coding**

The Division of Medicaid has contacted HCFA regarding some coding questions on the MDS 2.0+. Their responses are described below.

The first assessment is coded an initial assessment. If a resident enters a nursing facility and is transferred to a hospital prior to the completion of the initial assessment, the assessment done after the resident re-enters the nursing facility should be coded as the initial assessment. Hospital leave days should be reported in Section S. In addition, a Discharge Tracking Form and a Re-entry Form should be submitted electronically to Medicaid.

Therapies (PT, OT, ST) that occur after admission to the nursing home may be counted if they are provided inside or outside the facility. This does not include therapy given while the patient is an inpatient at a hospital or a free-standing rehabilitation center.

A Discharge Tracking Form and a Re-entry Tracking Form are not required if the resident goes to the hospital for 23 hour observation, but is not admitted to the hospital. Any overnight stays at a hospital, whether or not the resident is admitted to the hospital, should be reported as hospital leave in Section S of the MDS 2.0+.

Section U, Number 4, Amount Administered (AA) - This is to determine the amount of medication administered each time medicine was given to the resident. It is the number of tablets, capsules, suppositories, or the amount of liquid (cc's, ml's, units) per dose that is administered to a resident.

**Requirement for Correct NDC**

When filing claims for Medicaid payment, it is very important that the specific NDC number of the actual drug dispensed (generic or trade ) is entered. Provider payments and manufacturer's billings are determined based on NDC numbers. Errors resulting from incorrect NDC numbers require that the pharmacy be contacted for resolution. The result may cause adverse payment adjustments.

**VFC Immunization Histories**

Verification of immunization history is available through the Mississippi State Department of Health for all VFC providers. You may call the immunization registry at 1-800-634-9251 or 960-7751. You will need the child's name, social security number and date of birth.

**HCFA Clarification on MDS 2.0+ Coding**

# Mississippi Medicaid Bulletin

EDS  
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## September 1997

<i>S</i>	<i>M</i>	<i>T</i>	<i>W</i>	<i>T</i>	<i>F</i>	<i>S</i>
	<b>1</b> Labor Day	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>7</b>	<b>7</b> Checkwrite	<b>7</b>	<b>10</b>	<b>11</b> ESC Cut-Off 5pm	<b>12</b>	<b>13</b>
<b>14</b>	<b>15</b> Checkwrite	<b>16</b>	<b>17</b>	<b>18</b> ESC Cut-Off 5pm	<b>19</b>	<b>20</b>
<b>21</b>	<b>22</b> Checkwrite	<b>23</b>	<b>24</b> HMO workshop in Hattiesburg 9:00 a.m. or 1:00 p.m.	<b>25</b> ESC Cut-Off 5pm	<b>26</b>	<b>27</b>
<b>28</b>	<b>29</b> Checkwrite	<b>30</b>				

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.