

Mississippi Medicaid Bulletin

Program and Policy Information

Volume 4, Issue 5 November 1997

Pharmacy Clarifications

Infusion Drug Claims

The quantity billed for an infusion drug claim is to be in milliliters (ml.) when the drug description contains a volume measurement in milliliters. When the drug description does not contain a volume measurement, bill for the total number of vials dispensed. Kits are to be billed per each.

Example #1: Gentamicin 80 mg. infused daily for 7 days is prescribed and seven vials of Gentamicin 40 mg./ml. 2 ml. vials, are dispensed. Medicaid should be billed for the quantity fourteen (14).

Example #2: Rocephin 2 GM. daily for ten days is prescribed and two vials of Rocephin 10 GM. is used in the dispensing. Medicaid should be billed for the quantity two (2).

Example #3: A Lupron Depot 7.5 mg. kit is ordered and dispensed. Medicaid should be billed for the quantity one (1).

Zyban, Wellbutrin

Drugs used to promote smoking cessation are not reimbursable by Medicaid. This includes the drug bupropion (Zyban, Wellbutrin). In the case of dispensing a dug such as Wellbutrin, it is the dispensing pharmacist's responsibility to determine the diagnosis for which the drug is prescribed.

Vitamins

Medicaid intends to pay for prenatal vitamins <u>only</u> for OB/GYN patients and vitamins with fluoride <u>only</u> for children, i.e., recipients under the age of eighteen. Rugby Therapeutic Vitamin tablets, Goldline B-plex tablets, and Vitalines Renal Multivitamin Formula tablets are only covered for dialysis patient. Physicians <u>must</u> write <u>FOR DIALYSIS</u> on the prescription.

	•
EDS	•
	•

Inside This Issue

- HealthMACS Workshops page 2
- 1997 Owners' Salary Limits for Long-Term Care Facilities
 Allowable Board of Directors Fees for Nursing Facilities, ICF-MRs, and
- PRTFs 1997 Reports
- Dental QuadrantsCheckwrite and ESC Cut-Off Schedules

page 3

page 3

page 3

page 4

HealthMACS Workshops

The Mississippi Division of Medicaid and EDS staff will be conducting workshops and recruiting 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 on **February 1, 1998.** The selected counties are: **Calhoun, Chickasaw, Clay, Grenada, Lowndes, Monroe, Oktibbeha, Webster,** and **Yalobusha.** 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 are 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, hearing aids, nursing home and 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).

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. Completed applications for PCP participation in HealthMACS and pre-assignment of recipient enrollment must be received by the Division of Medicaid by December 12, 1997.

November 18, 1997 - 9:00 a.m. Regency Park Inn Highway 45 North Columbus, Mississippi

November 19, 1997 - 9:00 a.m. Best Western Grenada 1750 Sunset Drive Grenada, Mississippi 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 if 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.

November 18, 1997 - 1:00 p.m. Regency Park Inn Highway 45 North Columbus, Mississippi

November 19, 1997 - 1:00 p.m. Best Western Grenada 1750 Sunset Drive Grenada, Mississippi

If any additional information is needed, please contact the Managed Care Hotline at **1-800-627-8488**.

The Mississippi Medicaid Bulletin	November 1997

Mississippi Medicaid Bulletin

EDS 111 East Capitol, Suite 400 Jackson, MS 39201-2121 Bulk Rate U.S. Postage PAID Jackson, MS Permit No. 584

December 1997

\boldsymbol{S}	M	T	W	T	$oldsymbol{F}$	\boldsymbol{S}
	Checkwrite	2	3	4 ESC Cut-Off 5 pm	5	6
7	Checkwrite 8	9	10	11 ESC Cut-Off 5 pm	12	13
14	Checkwrite Checkwrite	16	17	18 ESC Cut-Off 5 pm	19	20
21	22 Checkwrite Checkwrite	23	24	25 ESC Cut-Off 5 pm	26	27
28	Checkwrite	30	31		orresponden-3222 or 601	

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.