



Mississippi Medicaid Bulletin

Program and Policy Information

Volume 4, Issue 6

December 1997

Home Health Medical Record Attachments Waived

The requirement for home health medical record attachments submitted with either **electronic** or **hard copy** billing has been **waived**. This is effective immediately.

The medical records must be retained in the Home Health Agency office and must be made available to the Division of Medicaid or its representatives, upon request through mail or during an on-site visit.
















Hard copy claims must be mailed to EDS, P.O. Box 23069, Jackson, MS 39225-3069 through December 31, 1997. Effective **January 1, 1998**, hard copy claims must be mailed to EDS, **P.O. Box 23079**, Jackson, MS 39225-3079.

The requirements for services provided under Home and Community Based Services have not changed. Hard copies of actual submitted claims with attachments must still be forwarded to the appropriate Waiver Case Managers each month for **all** Home Health visits provided to individuals enrolled in the Elderly and Disabled Waiver.



Seasons Greetings

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Violation of OBRA '90 Requirements

During the months of September and October 1997, there were pharmacy providers who were suspended from the Mississippi Medicaid program for non-compliance with the OBRA '90 requirement that the **EXACT NDC** must be used on all claims submitted for payment to Medicaid. Several other pharmacies have been referred to the United States Attorney's Office this year for the same violation.

All pharmacies should be aware that on-site audits are continually being conducted by Medicaid's Program Integrity Division to ensure compliance with all Medicaid policy requirements. All pharmacy providers should take steps to ensure that all claims are submitted with correct prescription information, including the **EXACT NDC** number of the drug dispensed.

Clarification of Pharmacy Participation Policy

The Pharmacy Participation Policy, which became effective October 1, 1997, states, "The Division of Medicaid will not reimburse a retail pharmacy provider for dispensing of prescriptions where a personal provider/patient relationship does not exist between the patient and the pharmacy." Mail order prescriptions, therefore, are not reimbursable by the Division of Medicaid.

The Pharmacy Participation Policy also states for Closed-Door Pharmacies, participation in Mississippi Medicaid is limited to "dispensing infusion therapy drugs or pharmacies dispensing drugs to recipients in an institutional setting, i.e., a nursing home or similar long term care facility." Therefore, **only** prescriptions that meet these criteria are reimbursable by the Division of Medicaid.

Improper Use of the 0019999 Prescriber Identification Number

Pharmacy providers should use the 0019999 prescriber identification number **only** when a prescriber is not a Mississippi Medicaid provider. The group or clinic provider number may be used if the individual prescriber does not have a provider number. Continuing inappropriate use of the 0019999 prescriber identification number may result in the revocation of Medicaid Point of Service (POS) privileges.

Identification of Prescribers on Prescriptions

Claims submitted to Medicaid for prescriptions issued on emergency room or hospital clinic prescription pads **must** contain the prescriber's name printed or stamped on the face of the prescription, or the prescriber must be identified in the pharmacy provider's computer records. Any prescription without an identifiable prescriber name is not reimbursable by Medicaid.

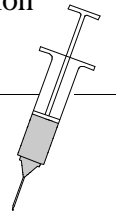
Hepatitis-B/HIB Combination Vaccine for Children

As more vaccines are added to the ACIP recommended immunization schedule, infants and children are faced with an ever increasing number of injections with each well child visit. Several vaccine manufacturers are attempting to address this issue with the introduction of new combination products. Medicaid will reimburse for the administration of one Hepatitis-B/HIB combination vaccine. At present, **Comvax** is the only combination Hepatitis-B/HIB available through the VFC program. Starting January 1, 1998, please use the following administration codes for the ACIP recommended Hepatitis-B/HIB vaccine:

W6101 - Hepatitis-B/HIB first dose;	\$10
W6102 - Hepatitis-B/HIB second dose;	\$10
W6103 - Hepatitis-B/HIB third dose;	\$10

This immunization series should be given at 2 months, 4 months and 12-15 months of age. Children ages 11-12 years are also eligible to receive this combination vaccine. **NO** other age groups are eligible to receive this combination vaccine through the Vaccine for Children program. Questions concerning Medicaid reimbursement for the administration of Hepatitis-B/HIB should be directed to Shirley Hamilton at 359-5565.

Medicaid will reimburse for the administration of **Comvax**, a Hepatitis-B/HIB combination vaccine.



Third Party Liability for Individuals Enrolled in an HMO

Third Party Liability (TPL) rules apply to Medicaid eligible individuals enrolled in an HMO just as they do to the fee-for-service individuals. When it is necessary to submit a paper claim to EDS with a TPL attachment for the HMO member, write the name of the HMO Plan on the face of the claim and on the face of the TPL attachment. This should help to ensure proper claims transmission by EDS to the HMO. If you have questions concerning the above, call EDS at (800) 884-3222 and request Managed Care Provider Relations.

Home Health Agency and Durable Medical Equipment Providers Surety Bond Requirement

The Division of Medicaid has been informed by the Health Care Financing Administration (HCFA) that the final rules specifying the surety bond standards/provisions and effective dates have not been issued. **Providers should not purchase a surety bond until the final rules are issued by HCFA. The Division of Medicaid will notify all providers of the specific requirements when they are available.** Currently, we are not planning to close provider numbers for home health agency and durable medical equipment providers as previously indicated. If you have any questions, please call Elizabeth Conn at (601) 987-3056 for durable medical equipment, and Karen Thomas at (601) 359-5186 for home health agency.

Providers should not purchase a surety bond until the final rules are issued by HCFA. The Division of Medicaid will notify all providers of the specific requirements when they are available.

HealthMACS Workshops

The Mississippi Division of Medicaid and EDS 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 the following counties: **Attala, Carroll, Holmes, Humphreys, Issaquena, Montgomery, and Sharkey on March 1, 1998, and Choctaw, Hinds, Kemper, Lauderdale, Leake, Madison, Neshoba, Newton, Noxubee, Rankin, Scott, Winston and Yazoo on April 1, 1998.** 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 these 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 include: podiatry, dental, psychiatry, ophthalmology, eyeglasses, hearing aids, nursing home, ICF/MR, and emergency/non-emergency transportation.

Medicaid providers eligible to 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 provide health care to AFDC/AFDC-related Medicaid eligibles in the counties listed above, or you are one of the provider types listed and are interested in becoming a PCP for HealthMACS, you and/or a representative of your billing staff may want to attend one of the workshops scheduled below.** Two sessions will be conducted daily at **9 am and 1 pm**. Each session includes detailed information about the HealthMACS program. 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 January 16, 1998 for counties with an implementation date of March 1, 1998, and by February 13, 1998, for counties with an implementation date of April 1, 1998.

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.

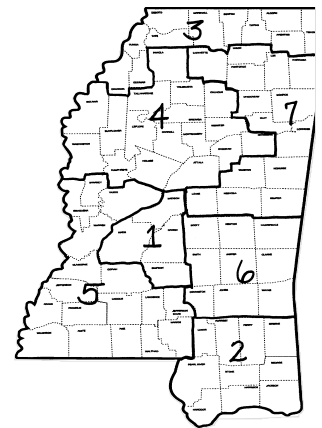
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|---|--|
| <p>📍 January 7 & 8, 1998 - 9:00 a.m. and 1:00 p.m.
 <i>Harvey Hotel & Suites North
 I-55 Northwest Frontage Road
 Jackson, Mississippi</i></p> | <p>📍 January 27, 1998 - 9:00 am. and 1:00 p.m.
 <i>Lake Tiak - O'Khata Resort
 Smyth Road
 Louisville, Mississippi</i></p> |
| <p>📍 January 9, 1998 - 9:00 a.m. and 1:00 p.m.
 <i>Holmes Community College
 McDaniel Auditorium
 369 Hill Street
 Goodman, Mississippi</i></p> | <p>📍 January 28, 1998 - 9:00 a.m. and 1:00 p.m.
 <i>Holiday Inn Northeast
 Highway 80 and I-20/59
 Meridian, Mississippi</i></p> |

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

Provider Representatives by County

If you have questions and would like a visit from your provider representative please feel free to contact them directly or contact the Correspondence Unit at 1-800-884-3222 to request a visit.

REGION	COUNTY			REP
Region 1	Hinds	Madison	Rankin	Any Representative 1-800-884-3222
Region 2	Forrest George Greene Pearl River	Hancock Harrison Lamar Louisiana east of I-55	Perry Stone Jackson	Charleston Green 601-960-2831
Region 3	Alcorn Benton Coahoma Desota	Marshall Prentiss Quitman Tunica	Tippah Tishomingo Tate Tennessee	Gloria Robison 601-960-2904
Region 4	Attala Bolivar Calhoun Carroll Choctaw Grenada	Holmes Humphreys Leflore Montgomery Oktibbeha Panola	Tippah Tallahatchie Washington Webster Yalobusha Arkansas	Ernest Torns 601-960-2840
Region 5	Adams Amite Claiborne Copiah Covington Franklin Louisiana west of I-55	Issaquena Jefferson Jeff Davis Lawrence Lincoln Marion	Pike Sharkey Walthall Warren Wilkinson Yazoo	Lawrence Johnson 601-960-2835
Region 6	Clarke Jasper Jones Alabama	Lauderdale Newton Scott	Simpson Smith Wayne	Randy Ponder 601-960-2832
Region 7	Chickasaw Clay Itawamba Kemper Lafayette	Leake Lee Lowndes Monroe Neshoba	Noxubee Pontotoc Union Winston	John Washington 601-960-2847





If you have any problems transmitting your claims electronically, please contact the EDI Unit at EDS.

Electronic Transmission Tips for the NECS Software!

- ☐ If you are experiencing trouble with your NECS software, exit through the Quit option on the menu. **Never** turn the PC/desktop off without going through the Quit option and entering **YES** to close down the application.
- ☐ Always have NECS open as a single application, especially when transmitting claims through NECS to EDS.
- ☐ If you transmit claims to other carriers prior to sending your claims to Medicaid, you will need to reboot your system before you transmit to Medicaid. This clears the buffer (memory) of data in storage.
- ☐ When you key the first claim in the NECS software, key in your provider number in the Billing Provider ID field on the first claim. The software will plug that number in on the rest of the claims within the batch.
- ☐ Always check the Billing Provider ID number when keying your claims daily. If your Billing Provider ID number changes your claims will not be processed.
- ☐ Make sure you have a version of an anti-virus software application on your PC.
- ☐ Concerning Windows '95 - The NECS software will not function with an internal Plug-n-Play modem. NECS is a DOS-based application, not a Windows application. If this is the scenario, you can send your claims through HyperTerminal. Call the EDI Unit for instructions.
- ☐ If a programmer or technician has developed a menu for ease of access in starting the NECS application, make sure that they include an option to get to a DOS prompt.
- ☐ NECS is not supported by the EDI Unit if it is installed on a file-server or a network.
- ☐ When getting the ERROR “**Data base not ordered.**” you must reload the NECS software. If you need assistance, please call the EDI Unit.
- ☐ When calling for technical support from the EDI Unit, please have your Submitter ID number (ex. 00M1111) assigned by the EDI Unit, and your provider number (this will be a 7-digit number) assigned by Provider Enrollment.

If you need to talk to an EDI Representative call the EDS Correspondence Unit at 1-800-884-3222, and ask for the EDI Unit or call directly to:

Valarie Boykin
601 960- 2830

Mark Lane
601 960- 2902

Andrew Bankhead
601 960- 2911

Destroy any blank DME forms with authorization numbers **DM104851** through **DM139350**.

Durable Medical Equipment Authorization Numbers

Claims for Durable Medical Equipment (DME) may have denied for error code 510 “Authorization Not On File”. These claims may have duplicate authorization numbers that are already in the system causing claims to deny. Please check authorization numbers on any DME forms that you may have, and destroy any blank forms with authorization numbers **DM104851** through **DM139350**.

If you have experienced a denial, please contact the EDS Correspondence Unit at 1-800-884-3222 or 601-960-2800 for more information on how to get these claims through the system.

Clarification of Split Billing

For all authorized extended home health visits under the Home and Community-Based Services program for the elderly and disabled, you must split bill after the regular benefits of (60) visits have been exhausted. The first visit after exhausting the regular benefits and any subsequent visits should be filed after, **and only after**, the regular visits have been paid. You should NOT split bill more than once during a given fiscal year (July 1 - June 30).

Refer to Chapter 6 of the Home and Community-Based Services Manual for further information.

PRO Certification Not on File

If PRO certification was obtained from the Mississippi Foundation for Medical Care (MFMC) prior to July 1, 1997, and this certification record is not on file with EDS follow the procedure as outlined below:

1. If PRO certification was issued by MFMC, but is not on file with EDS, please submit copies of the MFMC certification to include all days certified, and the recipient's name and Medicaid number to HealthSystems of Mississippi (HSM). You may fax this information to 1-888-204-0504.
2. If PRO certification was issued by MFMC, but the provider has no MFMC certification documentation, a retrospective review must be requested per the HSM Manual.
3. If the PRO certification on file with EDS is incorrect, please forward to HSM the MFMC certification documentation with the correct information including the Medicaid recipient name and ID number.

New Provider Application

Many providers of Mississippi Medicaid services have maintained copies of the provider application to use as new members enter their practice. The Division of Medicaid has recently revised the Medicaid Provider Application. Applications with revision dates prior to 6/19/97 will no longer be processed. When obsolete applications are received, they will be returned requesting the completion of the current version of the application.

In response to inquiries for the application form in an electronic medium, the current version of the provider application, dated 10/2/97, will be located on the Medicaid Website at www.dom.state.ms.us in Acrobat PDF format on December 1, 1997.

The application is not the total enrollment packet. Medicaid requires several other documents to complete the enrollment packet. Please request a complete packet from EDS Provider Enrollment at 1-800-884-3222 or 601-960-2800. Incomplete enrollment packets will be returned requesting the missing documentation.



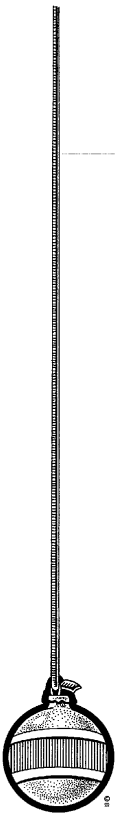
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December 1997

<i>S</i>	<i>M</i>	<i>T</i>	<i>W</i>	<i>T</i>	<i>F</i>	<i>S</i>	
	Checkwrite	1	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	15	16	17	18 ESC Cut-Off 5 pm	19	20
21	Checkwrite	22	23	24	  25 DOM/EDS Closed for the Holidays ESC Cut-Off 5 pm	26	27
28	Checkwrite	29	30	31	EDS Correspondence Unit 1-800-884-3222 or 601-960-2800		

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.