MISSISSIPPI DIVISION OF MEDICAID

Mississippi Medicaid Bulletin

Program and Policy Information

Volume 4, Issue 7 January 1998

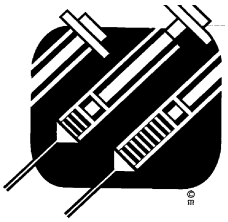
Hepatitis-B/HIB Combination Vaccine for Children

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. **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.

Correction



Inside This Issue

EDS

Case Mix Update

Medicaid will continue to receive MDS data from all nursing facilities participating in Medicaid and/or Medicare in the State of Mississippi.

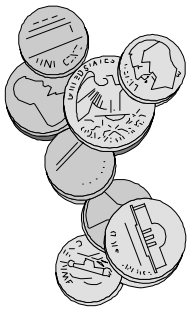
The Division of Medicaid conducted training on the MDS 2.0+ and became aware of a number of questions regarding the submission of assessment data. Medicaid will continue to receive MDS data from all nursing facilities participating in Medicaid and/or Medicare in the State of Mississippi. Although we hope to receive this data by modem in the future, facilities are currently required to submit their data by diskette until notified by the Division of Medicaid. These requirements have not changed. We are aware that the national MDS data collection system for Mississippi has been installed at the Mississippi State Department of Health, Division of Health Facilities Licensure and Certification. That system will have additional requirements for submission of data. Facilities must continue to submit their MDS data directly to the Division of Medicaid via diskette. Questions regarding the additional requirements for the national data collection system should be addressed to Vickey Maddox at the Health Department at (601) 354-7300.

The Division of Medicaid has completed its hiring of the case mix staff. The case mix nurses will be making on-site visits soon for the purpose of auditing the payment items on the MDS 2.0+, verifying bed hold information, verifying facility and resident identifiers and conducting census reviews.

During the transition of moving the Medicaid data collection system from the Health Department, we have assisted facilities in correcting facility ID codes and resident state ID numbers. Now that training has been completed and facilities are familiar with using the correct identifiers, effective January 1, 1998, the Division of Medicaid will no longer accept non-matching facility or resident identifiers from facilities. Therefore, it is imperative that facilities continue to submit the same identifiers as they are currently using for their residents and the correct facility ID code. These identifiers are located in Section S, Items 1 and 2 of MDS 2.0+.

Diskettes that are hand delivered to Medicaid should now be taken to the Case Mix office located in the Robert E. Lee Building, 239 North Lamar Street, Suite 801. The Case Mix Help Line phone number is (601) 359-5191.

Recording Third Party Liability (TPL) Money on Claim



When a Medicaid participating provider has filed a claim with the third party source and money has been received, enter the amount of money in the appropriate field on the Medicaid claim document or the electronic claim transmission. If the third party amount is more than 20% of the billed charges, EDS does not need the EOB. It has been noticed that claims are being submitted with no money entered into the third party amount field; however, there is an EOB attached showing money received. EDS is not allowed to change the face of the claim and only information on the Medicaid claim can be entered. The keyer cannot pick up information from the EOB. In order for your claims to adjudicate properly, any third party money received must be listed in the appropriate field on the claim.

If you have questions concerning the above, please call EDS at 1-800- 884-3222.

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.

February 4, 1998, will be your last opportunity to attend a HealthMACS workshop before the program is implemented statewide. 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.

January 7, 1998 - 9:00 a.m. and 1:00 p.m.
Harvey Hotels and Suites North
I - 55 North West Frontage Road
Jackson, Mississippi

January 8, 1998 - 9:00 a.m. and 1:00 p.m.
Harvey Hotels and Suites North
I - 55 North West Frontage Road
Jackson, Mississippi

January 9, 1998 - 9:00 a.m. and 1:00 p.m.
Holmes Community College
McDaniel Auditorium
369 Hill Street
Goodman, Mississippi

January 27, 1998 - 9:00 a.m. and 1:00 p.m.
Lake Tiak - O'khata Resort
Smyth Road
Louisville, Mississippi

January 28, 1998 - 9:00 a.m. and 1:00 p.m.
Holiday Inn Northeast
Highway 80 and I-20/59
Meridian, Mississippi

"Last Chance Workshop"
February 4, 1998 - 9:00 a.m. and 1:00 p.m.
Harvey Hotels and Suites North
I - 55 North West Frontage Road
Jackson, Mississippi

Prior Authorization for Durable Medical Equipment (DME) and Medical Suppliers

Effective March 1, 1998, HealthSystems of Mississippi (HSM), the Peer/Utilization Review Organization under contract with the Division of Medicaid will assume the prior authorization process for durable medical equipment and related medical supplies for both adults and children, and prosthetics and orthotics for children.

For Medicaid recipients enrolled with HMOs, the HMO procedures must be followed for obtaining this equipment and related medical supplies. Contact the HMO if you have questions.

The Division of Medicaid will be training HSM staff during January and February. During this training phase, the Division of Medicaid has authorized HSM staff to sign the authorization; however, until further notice, prior authorization requests and/or questions should continue to be directed to the Programs (EPSDT or Long Term Care) Division of the Division of Medicaid.

Additional detailed information is forthcoming.

Precertification of Home Health Services

Effective March 1, 1998, the Division of Medicaid will require precertification of all home health services. HealthSystems of Mississippi (HSM), the Peer Utilization Review Organization for Mississippi Medicaid, will manage the precertification process for Medicaid Home Health Services.

All Home Health Services provided to recipients enrolled in the Elderly and Disabled Waiver will be precertifed by the appropriate Waiver Case Managers. For Medicaid recipients enrolled with HMOs, the HMO procedures for obtaining these services must be followed. Contact the HMO if you have questions.

Additional detailed information will be forthcoming. Until further notice, questions should be directed to either EDS or the Programs (EPSDT or Long Term Care) Division at the Division of Medicaid.

Prior Approval for Solid Organ and Bone Marrow Transplants

For solid organ transplants and bone marrow transplants (autologous, allogenic, syngeneic, and peripheral stem cell transplants) prior approval must be obtained before the transplant is performed. This requirement does not apply to kidney transplants unless performed in conjunction with another transplant. Prior approval is required regardless of age of the patient or diagnosis.

Effective January 1, 1998, the Division of Medicaid has contracted with HealthSystems of Mississippi (HSM) to handle the medical necessity review for transplants. HSM will work in conjunction with the Transplant Coordinator at the Division of Medicaid. The Transplant Coordinator will continue to provide facilities with the approval/disapproval notices. Until further notice, transplant facilities or physicians needing information on transplants may continue to contact the Division of Medicaid's Transplant Coordinator at Telephone #1-601-987-3939 or Fax # 1-601-987-3916.

HealthSystems of Mississippi (HSM)
Peer/Utilization Review Services

Medicaid Policy on Freedom of Choice

Recipients' Freedom of Choice of Providers

Several pharmacy providers have written or phoned in recent months inquiring about Medicaid's policy on the issue of freedom of choice of pharmacy by recipients in a long term care facility. This issue has been addressed by a recent HCFA Program Transmittal Notice, excerpted as follows:

> ....Section 1902(a)(23) of the [Social Security] Act guarantees recipients the ability to obtain Medicaid services from any institution, agency, pharmacy, person or organization that is qualified to furnish the services and willing to furnish them to that recipient. Participation in any package plan for medical care, such as those furnished by [Nursing Facilities], must be strictly voluntary.
>
> Consequently, once a recipient chooses a particular provider or [Nursing Facility], he or she has clearly exercised freedom of choice with respect to all items of medical care included within the scope of that NF care, including all services provided or arranged for by the NF which are reimbursed through the NF rate. For those services, the State should not pay for care other than from the NF or NF arranged providers, because such payments would be redundant. NF and NF arranged providers are an available resource and payment of others is unnecessary.
>
> Although the individual retains [Freedom of Choice] for services which are not reimbursed through the NF there may be restrictions imposed by the NF as a condition of residency. While the State should not withhold payment to providers other than those approved by the NF for care actually rendered, the NF may refuse to permit such care under its own rules (if, as discussed below those rules are consistent with NF certification requirements). By choosing the NF, the individual voluntarily accepted those restrictions. The individual's FOC would only be violated if those restrictions were imposed by the State. Of course, there can also be situations where, if the NF agreed, the individual could use his or her own provider...(HCFA Program Issuance, Transmittal Notice, Region 4, Provider Identifier: MCD-40-95, To: All Title XIX Agencies and Welfare Agencies in AL, FL, GA, KY, MS, SC, TN, Michael McDaniel for Wilma Cooper, Chief, Operations and Policy Branch, Division of Medicaid, Date: April 6,1995).

A resident of a long-term care facility (nursing facility, ICF-MR, or PRTF) is allowed freedom of choice of pharmacy providers for drugs covered by the Medicaid drug program. The freedom of choice is limited to pharmacies which meet labeling and packaging requirements of the long-term care facility in the interest of reducing medication errors.

Violations of a recipient's freedom of choice of provider may be reported by phoning the Health Department Hotline at 1-800-227-7308.

Change in Billing for Stadol Nasal Spray

Beginning **February 1, 1998**, pharmacy providers are to begin billing Stadol Nasal Spray on a per bottle basis (e.g., bill one bottle dispensed as "1", two bottles as "2", etc.). Until that date, pharmacy providers should continue to bill Stadol Nasal Spray in milliliters (e.g., one bottle dispensed to be billed for the number "3").

Some pharmacy providers may need to contact their software vendors to make the necessary adjustment to comply with this change in billing units. Pharmacy providers should take steps to ensure that all employed pharmacists and pharmacy clerks or technicians are aware of this new billing procedure for Stadol Nasal Spray beginning on **February 1, 1998**.

Mississippi Medicaid Bulletin

EDS
111 East Capitol, Suite 400
Jackson, MS 39201-2121

Bulk Rate
U.S. Postage
PAID
Jackson, MS
Permit No. 584

January

January 1998

S	*M*	*T*	*W*	*T*	*F*	*S*
EDS Correspondence Unit 1-800-884-3222 or 601-960-2800				1 ESC Cut-Off 5 pm	2	3
4	Checkwrite 5	6	7	8 ESC Cut-Off 5 pm	9	10
11	Checkwrite 12	13	14	15 ESC Cut-Off 5 pm	16	17
18	Checkwrite **Martin Luther King Jr. Day** 19	20	21	22 ESC Cut-Off 5 pm	23	24
25	Checkwrite 26	27	28	29 ESC Cut-Off 5 pm	30	31

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.