

Mississippi Medicaid

Volume 5, Issue 7

January 1999

Bulletin

Change in Criteria for Urgent Durable Medical Equipment (DME) Deliveries

Effective immediately, the following criteria is applicable to requests submitted to HealthSystems of Mississippi (HSM) by DME s for urgent deliveries of DME, Orthotics, and Medical Supplies.

Urgent deliveries of DME, Orthotics, and Medical Supplies do not require precertification. However, providers are required to request certification from HSM for all urgent deliveries within 14 days of delivery. The date of delivery will be counted by HSM as

body organ, part, or other serious medical consequence

2. Delivery of DME, Orthotics, and Medical Supplies ordered upon discharge from an admission to the hospital. The equipment must be on the day of discharge or within 24 hours. The DME Supplier must report the name of the hospital and the date of

“Urgent Delivery” is defined as:

1. Delivery of DME, Orthotics, and Medical Supplies which results from the sudden onset of a medical condition or injury requiring re and manifesting

sufficient severity that the absence of equipment could result in

- Hospitalization, or
- Moderate impairment to body function, or
- Serious dysfunction of any

Approval of urgent requests by HSM is contingent upon the criteria for coverage being satisfied. If a DME Supplier identifies a request as urgent but fails to submit the to HSM within 14 days of delivery, retroactive approval will not be granted and related charges may not be Medicaid beneficiary.

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News Regarding AmeriCan Medical Plans Payment of Claims

An update for the payment of AmeriCan Medical claims will be included in the February Medicaid Provider Bulletin.

For those providers awaiting payment for services provided to Medicaid beneficiaries who were enrolled with AmeriCan Medical Plans, please to learn that the Division of Medicaid recently met with the Rehabilitation Team from the

Department of Insurance. This team is currently working on resolving the computer system problems. An update will be included

Medicaid Provider



HealthMACS Hospitals & Specialists Workshop

The Division of Medicaid and EDS will be conducting workshops to explain the basic operation and functions of the HealthMACS program as it relates to hospitals, specialists, and other specialty providers.

Sessions begin at 1:30 p.m.

The Division of Medicaid and EDS will be conducting workshops to explain the basic operation and functions of the HealthMACS program as it relates to hospitals, specialists, and other specialty providers. Please



appropriate office staff (i.e., reception, admissions, billing staff...) attend. Questions or areas of concern you would like

workshop, should be faxed to the Division of Medicaid at (601) 359 4185 by December 31, 1998. PCPs will have a separate session in the morning. PCPs need not attend the 1:30 session.

- How to obtain authorization
- How to pass authorization
- Policy changes (i.e., post authorization)

<p>January 12, 1999: Baptist Memorial Desoto; 7601 Southcrest Parkway; Southaven, MS</p> <p>January 13, 1999: Itawamba Community College; 2176 South Eason Boulevard; Tupelo, MS</p> <p>January 20, 1999: Holiday Inn; Highway 12 at South Montgomery; Starkville, MS</p> <p>21, 1999: Buster Brown Center; 400 Robertshaw Street; Greenville, MS</p> <p>January 26, 1999: Mississippi Sports Hall of Fame; 1152</p> <p>January 27, 1999: Holiday Inn Northeast; US Highway 80 & I</p> <p>ercy Quinn State Park; 1156 Camp Beaver Drive; McComb, MS</p> <p>February 3, 1999: Hattiesburg Lake Terrace; One Convention Center Plaza</p> <p>February 9, 1999: Gulf Park Conference Center; 730 East Beach Boulevard; Long Beach, MS</p>
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Recipients Now Called Beneficiaries

Please make a note that the Division of Medicaid will now use the term “Beneficiary” instead of “recipient”. The use of this term allows for consistency with Health Care Financing Administration.

Enteral and Intravenous Therapies for Childre

The Division of Medicaid continues to process Plans of Care (POCs) and Durable Medical Equipment (DME) requests for intravenous therapies for children

21. Physicians and providers filing these services should follow the process for r authorization as outlined in Chapter 8 of the EPSDT Manual, or Chapter 5 of the Physician Manual. DME providers filling

orders for enteral and intravenous therapies (i.e., supplies, pumps, etc.) should follow the process outlined in Chapter 5 of th

If you have any questions or need more information, please call Jeanette Williams in the Maternal and Child Hea

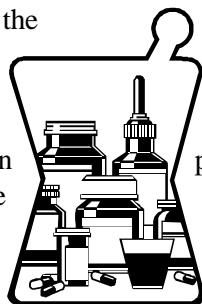
Medicaid continues

requests for enteral

Drug Utilization Review (DUR) Progra

Physicians often read of clinical guidelines in professional literature; however, seldom do they have access to comparable information. In an effort to improve clinical outcomes for its beneficiaries, the Mississippi Division of Medicaid (DOM) offers its physicians and providers the Drug Utilization Review (DUR) Program. Heritage Information Systems (HIS) is the contractor for the DUR Program. As contractor, HIS specific medical claims data, and uses its Clinical mputer Program to help identify potential drug therapy problems, such as:

- under-utilization or over-utilization
- adverse drug reactions
- contraindicated drug combinations
- drug therapy contraindicated by diagnosed disease states



HIS utilizes a physician and pharmacist board to review proposed Clinical Initiatives, and three committees that review

deemed necessary, HIS will forward providers, regarding their patient notifying them of potential drug therapy problems. Patients will be tracked for

nt, of beneficial changes in their

The DOM appreciates your positive response to this program. HIS will share efforts with physicians/providers to help illustrate observed results due to

Osborn, R. Ph., Clinical Account Manager,

Emergency Admissions

The Division of Medicaid requires providers certification on all planned and elective admissions for inpatient, n emergency admissions. For continued stay requests, it is the responsibility of the facility to obtain concurrent certificati or prior to the last day certified. This policy applies to medical/surgical admissions, acute psychiatric admissions, swi admissions, and PRTF admissions. This

policy does not apply to urgent or emergent admissions. HealthSystems of Mississippi (HSM) is responsible for identifying, through profiling, those providers that have a pattern of untimely certification requests and to initiate appropriate interventi remedy the pattern. HSM is available to discuss any problems or concerns you may have regarding this information. You m

The Division of Medicaid requires providers to request pre-certification on all planned and elective admissions for inpatient, non-emergency admissions.



Mississippi Medicaid Bulletin

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If you have any questions related to the topics in this bulletin, please contact the EDS Correspondence Unit

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Fax EDS Publications at
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EDS

January



January 1999

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				ESC Cut-Off 5 pm	DOM and EDS closed 1 Happy New Year!	2
3	4	5	6	7	8	9
	Checkwrite			ESC Cut-Off 5 pm		
10	11	12	13	14	15	16
	Checkwrite	HealthMACS Workshop Southaven, MS	HealthMACS Workshop Tupelo, MS	ESC Cut-Off 5 pm		
17	18	19	20	21	22	23
	Holiday Limited Staff	Checkwrite	HealthMACS Workshop Starkville, MS	HealthMACS Workshop Greenville, MS	ESC Cut-Off 5 pm	
24	25	26	27	28	29	30
31	1099 forms will be sent this week.	Checkwrite	HealthMACS Workshop Jackson, MS	HealthMACS Workshop Meridian, MS	ESC Cut-Off 5 pm	

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.