Mississippi Medicaid Bulletin

Volume 5, Issue 9

March 1999

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Results of Drug Utilization Review (DUR) Therapeutic Interventions

During fiscal year 1998, the

Medicaid retrospective Drug Utilization Review (DUR) Program, administered by Heritage Information Systems, conducted therapeutic interventions which involved nearly 40,000 patients and 4,500 prescribers. The initial results indicate the program's success as being cost-effective to the Division of Medicaid. Many of these savings resulted from physicians who re-evaluated drug therapy when problems such as duplicate therapy, drug-drug interactions and drug-disease contraindications were identified.

Topics that were focused on during the year included:

- Asthma Disease Management
- NSAID Therapy Management
- Peptic Ulcer Disease
- Therapeutic Interchange Among Certain Drug Categories

Based upon claims analyses for patients identified in these initiatives, Heritage's consulting physicians and pharmacists communicated potential therapy problems to some patients' physicians. Specific recommendations were offered to the prescriber for consideration. Six months after the initiatives were conducted, significant positive changes were measured. Over one half of the identified issues were resolved in a manner that helped to improve clinical outcomes or reduce the cost of therapy.

Heritage Information Systems has served as the DUR contractor since October 1997. For additional information, call Clifton Osborn, R. Ph., Clinical Account Manager, at 601-362-3388.

MISSISSIPPI DIVISION OF MEDICAID

Provider Representatives

Charleston Green
601-960-9831

Lawrence Johnson
601-960-2835

Gloria Robinson
601-960-2904

Ernest Torns
601-960-2840

Marion Ware
601-960-2832

In-house Representatives

Cindy Brown
601-960-2828

Loretta Green
601-960-2844

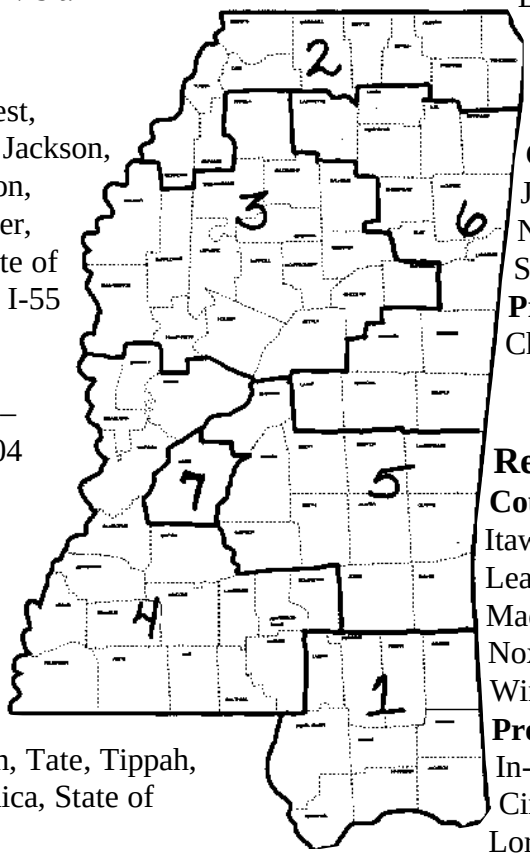
Provider Representatives by County

The provider relations unit has recently made several staffing changes. Please refer to the list below to determine who is the representative in you area. 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 1
Counties – Forrest, George, Greene, Jackson, Hancock, Harrison, Lamar, Pearl River, Perry, Stone, State of Louisiana east of I-55
Provider Representative
Gloria Robinson – 601-960-2904

Region 2
Counties – Alcorn, Benton, Coahoma, DeSoto, Marshall, Prentiss, Quitman, Tate, Tippah, Tishomingo, Tunica, State of Tennessee
Provider Representative
Marion Ware – 601-960-2832

Region 3
Counties – Attala, Bolivar, Calhoun, Carroll, Choctaw, Grenada,Holmes, Humphreys, LeFlore, Montgomery, Oktibbeha, Panola, Sunflower, Tallahatchie, Washington, Webster, Yalobusha, State of Arkansas
Provider Representative
Ernest Torns – 601-960-2840



Region 4
Counties – Adams, Amite, Claiborne, Copiah, Covington, Franklin, Issaquena, Jefferson, Jeff Davis, Lawrence, Lincoln, Marion, Pike, Sharkey, Walthall, Warren, Wilkinson, Yazoo, State of Louisiana west of I-55
Provider Representative
Lawrence Johnson – 601-960-2835

Region 5
Counties – Clarke, Jasper, Jones, Lauderdale, Madison, Newton, Rankin, Scott, Simpson, Smith, Wayne
Provider Representative
Charleston Green – 601-960-2831

Region 6
Counties – Chickasaw, Clay, Itawamba, Kemper, Lafayette, Leake, Lee, Lowndes, Madison, Monroe, Neshoba, Noxubee, Pontotoc, Union, Winston
Provider Representative
In-house Representatives
Cindy Brown – 601-960-2828
Loretta Green – 601-960-2844

Region 7
Counties – Hinds
Provider Representatives
All representatives

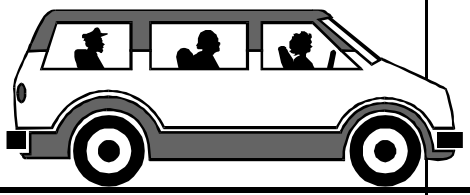
If you have any questions pertaining to provider visits please to call an In-house Representative.
Cindy Brown – 601-960-2828 or
Loretta Green – 601-960-2844

Non-Emergency Ambulance Transport

As a reminder, to qualify as non-emergency ambulance transport or for transport to a dialysis facility, the trip must be:

1. Prior approved by the Division of Medicaid
2. For patient loaded miles, only
3. For medically necessary non-emergency services to the appropriate facility for treatment, and
4. In an appropriate Advanced Life Support (ALS) or Basic Life Support (BLS) vehicle

For authorization contact Sandy Puckett at: phone (601) 359-6049 fax (601 359-6147.



For authorization of Non-Emergency Transportation contact Sandy Puckett at: phone (601) 359-6049 fax (601 359-6147.

Home and Community Based Services/Elderly and Disabled Waiver

Since the inception of prior authorization (PA) numbers, there has been an increase in the number of Home Health claims denying for 705 edit. The PA requirements have in no way changed the need to "split-bill" claims for visits over 60 for those clients enrolled in the Waiver.

Waiver recipient claims should still be filed as always, "split" billing in the month that they exceed the 60 visits. Allow those first 60 to process and pay, and then you may bill for visits beyond 60. Again, the PA requirements DO NOT affect the way claims are filed for Waiver recipients.

Billing Workshops for Hospital Providers

The Division of Medicaid and EDS will be presenting Billing Workshops for Mississippi Medicaid Hospital Providers.

April 27, 1999, from 9 am to noon

Best Western - Grenada, 1750 Sunset Drive, Grenada, MS.

April 28, 1999, from 9 am to noon

Primos Northgate- Convention Hall A, 4330 North State St. Jackson, MS.

April 29, 1999, from 9 am to noon

Comfort Inn - On the Hill, 6541 Highway 49 North, Hattiesburg, MS.

All hospital CFO's, business office managers, and billing personnel are encouraged to attend.

Highlights

- **Medicare/Medicaid Crossover Claim Limitations**
- **Medicare -- Medicaid Provider Linkage**
- **Billing Instructions**
- **EOB Codes**
- **Billing Tips**

Medical Procedures for Psychiatric Facility Patients - Policy Clarification

This policy clarification does not change or limit Medicaid policy for emergency medical care to any Medicaid recipient. Emergency medical care follows policy already established for fee-for-service Medicaid, HealthMACS, and HMOs.

This is to provide clarification of the Division of Medicaid's policy for billing of routine physical examination/ laboratory/x-ray and other routine medical services provided to Medicaid recipients at all inpatient psychiatric facilities, including freestanding acute psychiatric and psychiatric residential treatment facilities.

1. If the medical service is conducted prior to the recipient's admission to the facility, the provider may bill Medicaid directly, through the provider's number, for that service.

2. If the medical service is conducted after the recipient is admitted to the facility, it is considered to be included in the per diem rate. The provider may bill the facility for the service provided and, if the facility submits a cost report to the Division, the facility could include that fee in the cost report. The physician **may not** bill Medicaid directly for these services. This policy applies to fee-for-service Medicaid as well as Medicaid managed care programs.

3. Facility providers should be aware that some Medicaid recipients belong to managed care programs, such as HealthMACS or an HMO. The facility is responsible for obtaining managed care enrollment information when verifying Medicaid eligibility for the recipient.

   a. For those recipients in HealthMACS, if the facility refers the child to a private physician for a physical, labs, or x-ray prior to admission, it must be the recipient's HealthMACS Primary Care Provider (PCP). If service is provided by a provider other than the PCP, the claim will pay only when authorized by the PCP.

   b. For those recipient's enrolled in an HMO, all medical care conducted prior to the recipient's admission to the facility must be coordinated through the recipient's HMO. As with all claims for HMO enrollees, claims are submitted to EDS and forwarded to the HMO for payment. Consistent with number 1 above, the cost for services performed after admission is included in the per diem rate for the facility.

This policy clarification does not change or limit Medicaid policy for emergency medical care to any Medicaid recipient. Emergency medical care follows policy already established for fee-for-service Medicaid, HealthMACS, and HMOs.

Correction Regarding ICD-9 Codes Included in the Mental Health Services Carved Out of the HMO Program

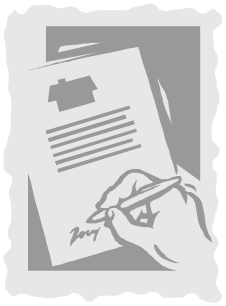
The March 1998 Mississippi Medicaid Bulletin included an article about inpatient certification for HMO members. As stated in the previous article, HealthSystems of Mississippi is responsible for all certification of Medicaid beneficiaries enrolled with an HMO whose primary diagnosis is a mental health diagnosis. The article listed the ICD-9 code range for these mental health diagnoses as 290-319.99. **The correct code range should be 290-314.9.**

Correction

ICD-9 code range included in the Mental Health services carved out of the HMO program are 290-3149.

News Regarding AmeriCan Medical Plans (AMP) Payment of Claims

Efforts by the Rehabilitation Team from the Department of Insurance (DOI) continue in the process of finalizing plans for payment of outstanding claims submitted to American Medical Plans (AMP) on behalf of Medicaid beneficiaries enrolled with the plan. Providers who have not received payment or requests for additional information for outstanding claims by March 31, 1999 should contact DOI staff at AMP at 601-968-9000 regarding status of these claims.



Any claims, which have not been previously submitted to EDS, should be submitted to EDS as soon as possible.

The Division of Medicaid appreciates your patience. An update regarding this situation will be included in the April Provider Bulletin.

Any AmeriCan Medical Plans previously submitted to EDS should be submitted to EDS as soon as possible..

Y2K Status

The Division of Medicaid (DOM) is finishing changes to its computer systems to ensure that these changes will be compliant with the year 2000. Many man-hours are being invested to assure that this task is completed well in advance of the new millennium. The changes will be extensively tested before the beginning of the state fiscal year, July 1, 1999. Please observe the Medicaid Provider Bulletins, RA Banner Messages, or visit our web page at www.dom.state.ms.us for updates on our Y2K initiative.

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 at 1-800-884-3222 or 601-960-2800.

Mississippi Medicaid Bulletins and Manuals are on the Web !
www.dom.state.ms.us

Contact EDS Publications if you would like to receive the Mississippi Medicaid Bulletin, or have an interest in what you would like to see. Fax EDS Publications at 601-960-2807, or e-mail publications@msxix.hcg.eds.com.

EDS

March 1999

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Checkwrite	2	3	4 ESC Cut-Off 5 pm	5	6
7	8 Checkwrite	9	10	11 ESC Cut-Off 5 pm	12	13
14	15 Checkwrite	16	17	18 ESC Cut-Off 5 pm	19	20
21 *First Day of Spring*	22 Checkwrite	23	24	25 ESC Cut-Off 5 pm	26	27
28	29 Checkwrite	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.