

Mississippi Medicaid

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Bulletin


Eligibility Verification through the Internet

Medicaid providers that use MediFAX® as their eligibility verification vendor can now access MediFAX® databases using the Internet. The Internet address is www.mediFAX.com. A customer with a unique identification code can access the site using an IBM-compatible PC equipped with a Hayes-compatible modem and an Internet browser like Netscape or Microsoft's Internet Explorer. No additional software is needed.

The MediFAX® site is a secure connection and meets the HCFA criteria for encryption that is required to process transactions. Upon entering the site, the user selects the appropriate commercial or public payor database for the search. Basic data about the beneficiary is input using a fill in the blank form that each user receives specific to the selected database. Both individual and batch processing is available. Transactions can then be printed using the browser's print function.

Any authenticated provider may gain access to the MediFAX® database via the Internet using a PC with minimum requirements. Internet participants are greeted with a user-friendly interface.

Minimum requirements recommended by MediFAX® are a Pentium PC running Windows '95 with 16 megabytes of RAM and a 28.8 modem. A web browser that supports SSL version 3.0 or higher like Netscape® or Microsoft® Internet Explorer is also required.



Questions regarding information in this bulletin may be directed to the EDS Correspondence Unit at 601-960-2800 or 1-800-884-3222.

MNO 6 OPER 0 1 - WXY 9 MNO 6 OPER 0 - ABC 2 TUV OPER OPER 0 0

or

1 - TUV OPER OPER 0 0 - TUV TUV GHI 4 - DEF 3 ABC 2 ABC 2



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Change in Bilirubin Light/Blanket Fee

The current DME Fee Schedule lists the daily rental allowance for HCPCS Code E0202 (Modifier 2) as \$1.67. This allowance is being changed to \$75.00 per day. DME Suppliers are reminded that this item must be precertified through HealthSystems of Mississippi.

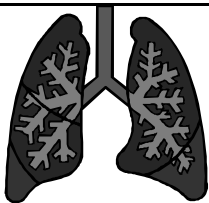
Policy and Procedure for Medicaid Reimbursement for Synagis™ (palivizumab) in the Office Setting



SYNAGIS™ (palivizumab) is indicated for the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in pediatric patients at high risk for RSV disease.

SYNAGIS™ (palivizumab) is indicated for the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in pediatric patients at high risk for RSV disease. On November 1, 1998, the DOM began reimbursing physicians for SYNAGIS™ (palivizumab) injections using HCPCS code J3490 (Injection, palivizumab, per 1 mg IM). This drug will be reimbursed for the RSV season (November through April). Medicaid reimburses \$11.52/mg. Prior authorization is required and certain clinical criteria must be met (see below). All claims must be submitted on the HCFA-1500 (paper claims only) and will pend for review. Claims must be submitted with the diagnosis code V07.2 (Prophylactic immunotherapy) and an appropriate ancillary diagnosis (example BPD, lung/respiratory failure).

- Prior Authorization for Synagis™ (palivizumab) must be obtained using the Plan of Care (POC) Authorization Request form (MA-1148). The POC must be submitted to the EPSDT Unit of the Division of Medicaid (DOM) and processed by the DOM prior to administering Synagis™ (palivizumab) to any Medicaid eligible child. If an infant or child is hospitalized, the physician should initiate the prior authorization process before discharge from the hospital. The DOM will not authorize payment for services rendered without proper prior authorization.
- The Certificate of Medical Necessity (CMN) for Synagis™ (palivizumab), located on the next page, must be attached to the Plan of Care form. No substitute for the CMN form will be accepted.
- All potential Synagis™ (palivizumab) beneficiaries must meet criteria in one of the four (4) categories (see CMN Part II).
- All authorizations for Synagis™ (palivizumab) will end at age two (last day of the child's birthday month).
- Authorization will be for the RSV season only (November through April).



If the drug is not supplied by the physician's office but is supplied by a pharmacy the same prior authorization limits and clinical criteria will apply. The pharmacist must have a valid, approved prior authorization before supplying the drug.

If you have any questions, please call Rosemary Beason at 601-359-6150.

**CERTIFICATE OF MEDICAL NECESSITY
SYNAGIS™ (palivizumab) and/or Respigam**

PART I

Patient's Name: _____ DOB ___/___/___ SEX:___ Gestational Age _____

Street Address _____ Current weight (in kg) _____ kg.

City: _____ State: _____ Zip: _____

MEDICATION

Initial Treatment: SYNAGIS™ RESPIGAM

ROUTE _____ Dose _____ Frequency _____

Place of Service: Inpatient Outpatient Hospital Office

Date of Initial Treatment: (MM/DD/YY) _____

Subsequent Treatment: SYNAGIS™ RESPIGAM

ROUTE _____ Dose _____ Frequency _____

Place of Service Inpatient Outpatient Hospital Office

Proposed Dates of Treatment: (MM/YY)___/___ through (MM/YY)___/___
must be between November through April

Actual Start Date for Treatment: (MM/DD/YY)_____/_____/_____

PART II

CRITERIA FOR SYNAGIS™ (palivizomab) and/or Respigam

Category 1

- prematurity of \leq 35 weeks gestation
- 0-2 years old
- bronchopulmonary dysplasia
- oxygen therapy-current
- oxygen therapy within past six months

Category 2

- prematurity of \leq 35 weeks gestation
- without bronchopulmonary dysplasia
- 0-6 months during RSV season only

Category 3

- prematurity of \leq 32 weeks gestation
- 6 months-2 years old
- without bronchopulmonary dysplasia
- evidence of at least one RSV risk factor

Category 4

- 32-35 weeks gestation
- 0-2 years old
- evidence of at least one RSV risk factor

I certify that this treatment is indicated and necessary and meets the guidelines for use as outlined by the Division of Medicaid. I will be supervising the patient's treatment. This is an initial certification.

Physician's Signature: _____ Telephone#: () _____

Physician's Name:(**please print**) _____

City/State: _____ Zip Code: _____

Attach this certificate to the Plan of Care Authorization Request Form (MA-1148).
OTHER Certificates of Medical Necessity will not be accepted.

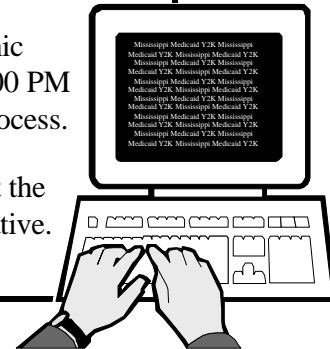
Y2K Status

Effective March 1999, the Division of Medicaid (DOM) moved all Y2K remediated code into the production environment and on June 28, 1999, began populating individual provider and beneficiary master file records with end dates within the new millennium. With these changes in place, the Medicaid Management Information System (MMIS) is now able to accept claims with dates of service after December 31, 1999, for testing with individual providers and third party billers.

Electronic test claims may be submitted using the standard test Bulletin Board System (BBS). Please refer to your provider manual for instructions. Electronic Data Interchange (EDI) operators are available weekdays from 9:00 AM to 5:00 PM at 1-800-884-3222 to help with instructions for the testing and transmission process.

Please read the Medicaid Provider Bulletins and RA Banner Messages, or visit the web page for the DOM at www.dom.state.ms.us for updates on the Y2K initiative.

During the last eighteen months, the Medicaid Management Information System (MMIS) has undergone extensive Y2K remediation and testing.



HealthMACS City/Zip Enrollment Process

Effective September 1, 1999, the maximum enrollees a HealthMACS primary care provider (PCP) participating in the monthly city/zip enrollment process may receive increases from 25 to 35 enrollees. The enrollment is based on the PCP and Medicaid beneficiary having an exact city/zip match, and the Medicaid beneficiary and/or family having no history with another PCP. This increase in city/zip enrollment is based on the results of the HealthMACS survey. Please see the June 1999 Medicaid Provider Bulletin article entitled "HealthMACS Survey Results" for survey results.

If you are a HealthMACS PCP and are interested in receiving more information about the city/zip enrollment process or if you have questions regarding the HealthMACS program, please contact the Managed Care Division at 601-359-6133 or 1-800-421-2408.

Effective September 1, 1999, the maximum enrollees a HealthMACS primary care provider (PCP) participating in the monthly city/zip enrollment process may receive increases from 25 to 35 enrollees.

HealthMACS Change in Age Assignment for Pediatricians

Beginning September 1999, HealthMACS primary care providers (PCP) with specialties in pediatrics will be assigned HealthMACS enrollees ages 0 to 18. In the past, pediatricians who participated in HealthMACS as PCPs had their assignments limited to enrollees ages 0 to 13. PCPs may begin seeing these children on their October enrollment report. This change is in response to replies received from the HealthMACS survey in which pediatric PCPs indicated that they wanted the age assignment increased to age 18. If you are a participating HealthMACS pediatrician and are assigned children not in the desired age range you wish to see, please follow the procedures in Chapter 4: HealthMACS, Attachment F, PCP Request for Beneficiary PCP Enrollment Change, in the provider manual. To request assignment of children ages 18 to 21, call the toll-free Managed Care Hotline at 1-800-884-3240.



If you have questions regarding the HealthMACS program or wish to enroll as a participating HealthMACS PCP, please call 1-800-884-3240.

Pharmacy Permit Renewals for DME

According to the Mississippi Board of Pharmacy regulations (Article XXXVIII, Section 1B), Durable Medical Equipment (DME) providers are required to obtain a permit renewal annually from the Board of Pharmacy. Upon renewal, providers must submit a copy of the permit to EDS to maintain participation in the Mississippi Medicaid Program. The provider participation end date coincides with the expiration date of the permit. If a copy of the permit is not forwarded to EDS by the expiration date, it may result in the closure of your Medicaid provider number.

Pharmacy Permit Renewals for Durable Medical Equipment (DME) providers are required by the Mississippi Board of Pharmacy for continued operation as a DME provider.

Drug Utilization Review (DUR) Update

Heritage Information Systems, Inc. (HIS) is the contractor for the Division of Medicaid’s Retrospective Drug Utilization Review (DUR) Program. HIS’s analysis of medical and pharmacy claims data provides the Division of Medicaid with information about drug utilization. One of the goals of this program is to help improve clinical outcomes in a cost-effective manner. Prescribers may receive letters containing patient-specific information that use certain terms that may be unfamiliar. Two terms commonly used are:

PUPM: Per User Per Month. This is a term used to indicate the relative cost of various therapies. For example, a diuretic, such as HCTZ, may have relatively low PUPM cost, while a proton pump inhibitor, such as omeprazole or lansoprazole, will have a relatively high PUPM cost.

Unique Patient: The number of patients who received a particular drug within a specified time. This term allows identification for patients without any duplication.

Several actual examples obtained from data analysis are provided below. The claims analysis period used for these illustrations was April 1998 through March 1999.

Examples

Second Generation Sulfonylureas	Rank	PUPM cost
Glyburide	1	\$26.45
Glimepiride	2	\$19.89
Glipizide	3	\$16.61

Drug Class	Rank	Unique Patients*
NSAIDs	1	17,397
2 nd Generation Sulfonylureas	2	8,081
Atypical Antipsychotics	3	5,909

*average number of unique patients per month

If you have questions about the use of these terms in correspondence that you receive, please call Clifton Osbon, R.P.H., Clinical Manager at 601-362-3388 or 1-888-447-8707.

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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.



September 1999

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 HealthMACS changes see page 4.	2 ESC Cut-Off 5 pm	3	4
5	6 DOM & EDS closed for Labor Day.	7	8	9 ESC Cut-Off 5 pm	10	11
12	13	14	15	16 ESC Cut-Off 5 pm	17	18
19	20	21	22	23 ESC Cut-Off 5 pm	24	25
26	27	28	29	30 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.