Mississippi Medicaid Bulletin

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Contingency Planning

The Division of Medicaid (DOM) has completed its Y2K Medicaid and supporting systems' renovation and implementation and will continue testing the changes to ensure services will not be interrupted during the new millennium.

In the event of a Y2K failure, DOM has developed a Y2K Contingency Plan to ensure its critical business functions are able to continue. This plan will be invoked immediately upon realization of a Y2K problem and will remain in effect until normal operations are restored. DOM has developed a backup Web system for the Medicaid Management Information System (MMIS) that will allow verification of beneficiary eligibility and generate either electronic or paper checks to pay providers in the event a Y2K problem prevents these functions on the MMIS.

The Eligibility Verification System will consist of 13 eligibility inquiry staff monitoring 24 incoming phone lines for providers to verify beneficiaries' eligibility. Beneficiaries' eligibility data will be accessed via an interface to a backup copy of our Medicaid Management Information Retrieval System's (MMIRS) Oracle database. This interface will contain all the eligibility information that is currently available on the MMIS. This data will be updated frequently to ensure the most current datum is available. DOM is also working closely with the Department of Human Services (DHS) to ensure new eligibility information is available. Please read the Medicaid Provider Bulletins and RA Banner Messages for updates.

The Provider Reimbursement System will generate Electronic Fund Transfers (EFTs) or manual checks for active Medicaid providers who have received reimbursements by Medicaid. Providers' eligibility data will also be accessed via an interface to our MMIRS database and will contain all the eligibility information that is currently available on the MMIS. The reimbursement amount will be the provider's average weekly payment for Fiscal Year 1999 or the average weekly payment from the date of eligibility for new providers. After normal operations are resumed, these amounts will be recouped weekly at a rate of 25% of the reimbursement amount to prevent hardships.

The complete Mississippi Medicaid Y2K Contingency Plan is available on the DOM web page at www.dom.state.ms.us.

Correct Billing of Provider Numbers for Ambulatory Surgical Centers and Independent Lab/X-ray Providers

Ambulatory surgical centers and independent lab/x-ray providers must indicate their billing provider number in field 33 of the HCFA-1500 claim form. Field 24K must be left blank since there is no servicing provider for these claims.

Nursing Facility Transportation

All transportation for nursing facility (NF) residents, whether emergency or non-emergency, must be arranged by NF staff.

All transportation for nursing facility (NF) residents, whether emergency or non-emergency, must be arranged by NF staff. For non-emergency ambulance transports, NF staff is responsible for working with ambulance providers to ensure that Certificate of Medical Necessity (CMN) forms are completed by the physician. After forms are completed, they should be forwarded to the Division of Medicaid (DOM) for review and approval prior to the date ambulance transportation is required to ensure residents' appointments are not canceled due to lack of transportation. Beneficiaries must not be denied access to medical care because NF staff did not arrange transportation in advance.

If the case does not qualify for benefits through the Ambulance Program, the NF must arrange transportation through a family member, if available. Transportation may also be arranged using NF vehicles, or by utilizing outside resources. Costs for providing this level of service are to be reported by the NF on their cost reports and are reimbursed through the facility per diem.

Staff at the NF may ask the family to transport the resident in personal vehicles if the condition of the patient is appropriate for that mode of transportation. The NF staff is responsible for providing and arranging transportation for a resident if family is not available, or if the family chooses not to transport the resident. Residents may be transported by NF vehicles or by utilizing outside resources.

Exception: For cases requiring transportation other than by ambulance to and from dialysis, the nursing facility may make referrals to the Non Emergency Transportation (NET) Program. The NET provider must, in these cases, submit claims to DOM for direct reimbursement.

If a resident is transferred from a NF to a hospital and remains hospitalized for longer than 15 days and is discharged from the NF, transportation for these residents should be arranged by the hospital.

If there has **not** been a final discharge from the NF and the resident had a hospital stay of less than 15 days, transportation back to the NF must be arranged by the NF staff.

The NF may not bill the resident or family for any means of transportation.

How Are We Reporting Your Medicaid Payments?

Are your Medicaid payments being reported to the IRS as you intended? Does the Division of Medicaid have the correct tax information on file for you? If not, or if you are uncertain, please contact the EDS Provider Enrollment Area at 601-960-2800 or 1-800-884-3222.

Extended Prescription Benefits

Prescriber requests for extended prescription benefits for **beneficiaries under 21 years of age** should be submitted to the Bureau of Maternal Child Health on Form **MA-1148** (Mississippi Medical Assistance Program Plan of Care Authorization Request). This form may be obtained by calling EDS at 1-800-884-3222 or 960-2800.

Requests for extended prescription benefits for **beneficiaries over 21 years of age** should be submitted to the Pharmacy Program by facsimile at 601-359-4185. No form is required; however, the request should be signed by the prescriber and on their letterhead. The request should include the beneficiary's name, Medicaid ID number, list of diagnoses, list of maintenance drugs used, and the name and telephone number of the beneficiary's pharmacy.

Extended Prescription Benefit requests should be submitted to the Pharmacy Program signed by the prescriber on their letterhead.

Long Term Care Alternatives Program

On November 1, 1999, Division of Medicaid (DOM) implemented the Long Term Care Alternatives Program. Senate Bill 2679, as passed by the 1999 Legislature and signed by the Governor, requires DOM to develop and implement an information, education, and referral program for long term care alternatives. Medicaid applicants and beneficiaries who apply for admission to nursing facilities will be informed of available home or community-based service alternatives to nursing facility care. The individual can choose home or community-based alternatives or nursing facility care, if available and eligibility criteria can be met. However, the individual is always free to choose nursing facility placement. Placement in a nursing facility will not be denied by DOM even if more appropriate alternatives to nursing facility care are available, or if the individual chooses not to receive the appropriate home or community-based service.

Provider Name/Number Mismatch Edit (Error Code 222)

A new edit, "Provider Name/Number Mismatch" has been implemented to reduce the possibility of paying claims to the wrong provider.

The provider name and number submitted on claims received by EDS after November 1, 1999, are edited against the provider name and number on the Medicaid Provider Master File. Therefore, it is imperative that the provider name and number submitted on all claims are entered correctly. **Failure to bill claims in this manner will result in the denial of your claims.**

Practitioners must enter the last name first to match the name on the Provider Master File. For example, John Smith, M.D. must be filed as Smith, John M. D. Other providers will bill the provider name exactly as it appears in the upper right hand corner of the Remittance Advice and the Provider Master File, such as The DOM Medical Center will bill as The DOM Medical Center.

If you are unsure of the correct billing name, please contact the EDS Correspondence Unit at 1-800-884-3222 or refer to the upper right hand corner of your last Remittance Advice.

Claims received by EDS after November 1, 1999 will be edited against the provider name and number on the Medicaid Provider Master File.

Internal Control Numbers

An Internal Control Number (ICN) is assigned to each claim that is submitted to the Mississippi Division of Medicaid (DOM). This number is used by DOM and the fiscal agent to gather information about the claim. The ICN contains claim details that may be useful to providers. As the ICN is usually associated with timely filing issues, each field has its own integral meaning, as shown below.

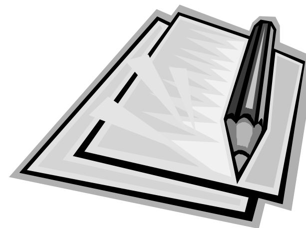
An ICN contains 11 digits, plus two additional digits that report for the line number of the claim.

Y D D D M B B B P P P (L L)

Y = The last digit of the year in which the claim was received by the fiscal agent, i.e., 1999 = 9.

D = The Julian calendar day the claim was received by the fiscal agent, i.e., January 15 = 015.

M = The media code, denotes the manner in which a claim is filed with the fiscal agent.
- 0 = paper claim
- 1 = electronic claim
- 2 = paper with attachment
- 3 = point of sales
- 4 = special batch (paper/done internally)
- 5 = RTD sent back from provider
- 6 = internal special run (mass adjustment)
- 9 = internal special run (recovery)



B = The internal batch number.

P = The page number within the batch.

L = The line number from the claim form/transmission.

NOTE: Any claim resubmitted after one year from the original date of service MUST accompany the timely filing ICN.

Update on HMOs

As of November 1, 1999, all Medicaid beneficiaries enrolled with Mississippi Managed Care Network (MMCN) were reassigned to the regular fee-for-service Medicaid program.

As of November 1, 1999, all Medicaid beneficiaries enrolled with Mississippi Managed Care Network (MMCN) were reassigned to the regular fee-for-service Medicaid program. The Department of Insurance was notified that the Board of Directors of MMCN voted to begin immediate withdrawal of all HMO activities in Mississippi. The Division of Medicaid (DOM) and MMCN representatives agreed that all Medicaid beneficiaries would be disenrolled from MMCN at midnight on October 31, 1999.

MMCN will continue to process outstanding claims for Medicaid beneficiaries. All claims for services to Medicaid members should be filed with EDS **no later than January 31, 2000**.

Providers who have filed claims for MMCN Medicaid members that have not yet been processed or who have other outstanding issues may follow up with MMCN by calling 1-800-410-3072 or 601-977-9834.

Workshops

Ambulance Providers Workshop

The Division of Medicaid is sponsoring a workshop for Ambulance Providers on Wednesday, December 8, 1999 at Eagle Ridge Conference Center in Raymond, Mississippi from 9:00 a.m. until 4:00 p.m. Pre-registration forms have been sent to appropriate ambulance providers under separate cover. Ambulance providers who have not received a pre-registration packet may call Theresa Leurck at 601-359-6150.

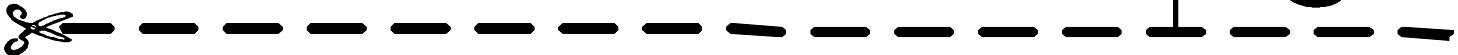
Provider Enrollment Workshop

The Division of Medicaid is assessing the need for a provider enrollment workshop. The workshop will include topics that address enrollment concerns, use of appropriate tax identification numbers and Medicare numbers, review the application process and include instructions for completing applications and agreements, and clarify Medicaid's concept of billing/group provider numbers and individual servicing provider numbers.

Providers and office staff responsible for completing provider applications, agreements and general update information are encouraged to complete the survey. If your staff or you know of anyone interested in attending the workshop, please have them complete the survey form below. Questions or concerns regarding the workshop topics may be listed in the comment section.

The survey must be returned to the following address by December 17, 1999.

Division of Medicaid
Attn: Jakki Collier
239 North Lamar Street
Suite 801
Jackson, MS 39201-1399



Workshop Attendee: ______________________________

Address: ______________________________

Provider Affiliation: ____________________ Provider Number: __________

Provider E-mail Address: ______________________________

Provider Phone Number: ______________ Provider Fax Number: ______________

Provider Specialty: ____________________ Number of Attendees: __________

Comments: ______________________________

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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

December 1999

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Happy Holidays			1	2 ESC Cut-Off 5 pm	3	4
5	6 Checkwrite	7	8 Ambulance Workshop	9 ESC Cut-Off 5 pm	10	11
12	13 Checkwrite	14	15	16 ESC Cut-Off 5 pm	17	18
19	20 Checkwrite	21	22	23 ESC Cut-Off 5 pm	24 DOM, EDS and HSM closed	25
26	27 DOM, EDS and HSM closed Checkwrite	28	29	30 ESC Cut-Off 5 pm	31 DOM, EDS and HSM closed	

DOM, EDS and HSM will be closed January 3, 2000

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.