

Mississippi Medicaid

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Bulletin

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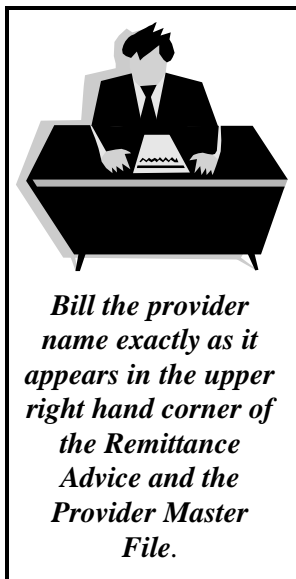
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Provider Name/Number Mismatch Edit (Error Code 222)

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 the 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.

Additions, Deletions and Description Changes to the 2000 HCPCS and CPT Codes

The additions, deletions and description changes to the 2000 HCPCS and CPT codes will be loaded into the Medicaid Management Information System (MMIS) in the near future. The 1999 codes should be utilized until the Division of Medicaid (DOM) provides further directions for filing the 2000 codes.



Adding "K" to Claims Billed for Newborn Care

Billing for Newborn Care using "K"

Neonatologists, pediatricians, and others who bill CPT codes for newborn care should bill using the baby's name, the baby's date of birth, and the mother's Medicaid number plus a "K". The CPT codes that should be used are: 99360, 99431, 99432, 99433, 99440, W9353, and W9370. This will allow DOM to identify these babies soon after birth and attempt to reduce some of the problems that have occurred with "K" babies.

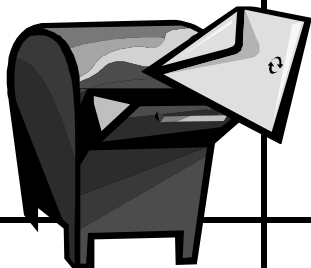


Billing Companies/Collection Agencies

DOM and its fiscal agent, EDS, cannot release information without a signed release from the Medicaid beneficiary.

Providers that are utilizing collection agencies should know that DOM and its fiscal agent, EDS, cannot release information to these companies without a signed release from the Medicaid beneficiary. Information can only be furnished to the provider that provided the service to the Medicaid beneficiary or to a provider's business agent, billing service, or accounting firm that regularly handles claims filing for the provider if the company has a written agreement with the provider and has a confidentiality agreement with DOM that is on file with the fiscal agent.

New Prescribers' Provider Numbers List



A new prescribers' numbers list was mailed to pharmacy providers on December 5, 1999. The list has been updated to include any new provider, clinic/group and hospital emergency room numbers. If you are a pharmacy provider and did not receive the list, please call the EDS Correspondence Unit at 1-800-884-3222.

Revised DOM 260 NF Screening Form

Effective November 1, 1999, the revised DOM 260 NF Physician's Certification for Nursing Facility and MI/MR screening form must be completed and faxed to (601)359-1383, for Medicaid beneficiaries and applicants who apply for nursing home placement. If you have any questions, please call the Community Long Term Care Division at (601) 359-6050.

Long Term Care Alternatives Program

On November 1, 1999 the Division of Medicaid (DOM) implemented the Long Term Care Alternatives program. This program provides information, education and referral to Medicaid applicants and beneficiaries who apply for admission to nursing facilities. DOM has contracted with the Area Agencies on Aging (AAA) to contact Medicaid beneficiaries and applicants who have applied for admission to nursing facilities to inform them of available and appropriate alternatives. Placement in a nursing facility will not be denied by DOM if more appropriate alternatives to nursing facility care are available or if the individual chooses not to receive the appropriate home or community-based services. For more information call Community Long Term Care Division at (601) 359-6050.

Millennium Contingency Strategy

The Division of Medicaid (DOM) would like to share its millennium contingency strategy as it relates to eligibility verification within the Medicaid Management Information System (MMIS) and to reinforce our efforts with regards to the Year 2000.

The DOM and the Mississippi Department of Human Services (MDHS) are working together to ensure that mission-critical programs will continue to be provided to beneficiaries if computer systems are not available. In the event of a system failure, the MDHS will issue a hard copy Notice of Approval/Change for Medicaid/Health Benefits to **new** beneficiaries and the DOM will accept these hard copy notices as proof of eligibility until the computer systems are available. Therefore, we are asking Medicaid providers to take the following steps:

- Accept the Notice of Approval/Change for Medicaid/Health Benefits as proof of Medicaid eligibility
- Photocopy the notice for verification of services and eligibility
- Attach the photocopy to a hard copy (paper) claim and submit to the DOM for payment

Verification of eligibility for **currently eligible** Medicaid beneficiaries should be handled as follows:

- Activate the Point Of Service/Eligibility Verification System (POS/EVS) (Applicable Medicaid Providers Only)
- Call the Automated Voice Response System (AVRS) at 1-800-884-3222 and select Option 1*
- Call the Eligibility Verification Unit at 1-800-884-3222 and select Option O*

Note: Please listen carefully to the available options to ensure accessing the correct system because the option numbers may change.

In the event the POS/EVS System, AVRS System and the telephone line are not available, please accept the beneficiary's Medicaid Identification Card as proof of eligibility. **Please check the availability of the POS/EVS, AVRS and Eligibility Verification Unit for each beneficiary requesting service before accepting the Medicaid Identification Card as proof of eligibility to ensure acceptance of your claims during the time frame for which there is a Y2K related outage.** Paper claims may be submitted to the DOM for payment or electronic claims may be submitted when the system is available to accept the claims. The DOM will notify providers in writing and/or by telephone when the system is available.

Thank you for your assistance in our efforts to minimize the risk to services and operations as a result of the millennium change. The complete Mississippi Medicaid Y2K Contingency Plan is available on the DOM web page at www.dom.state.ms.us.

Year

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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.

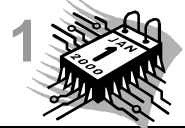
Mississippi Medicaid Bulletins and Manuals are on the Web!
www.dom.state.ms.us

*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.*



January 2000

Sunday **Monday** **Tuesday** **Wednesday** **Thursday** **Friday** **Saturday**



2	3 DOM, EDS and HSM closed	4	5	6 ESC Cut-Off 5 pm	7	8
9	10	11	12	13 ESC Cut-Off 5 pm	14	15
16	17 DOM Closed	18	19	20 ESC Cut-Off 5 pm	21	22
23 30	24 31	25	26	27 ESC Cut-Off 5 pm	28	29

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.