

Mississippi Medicaid

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April 2000

Bulletin

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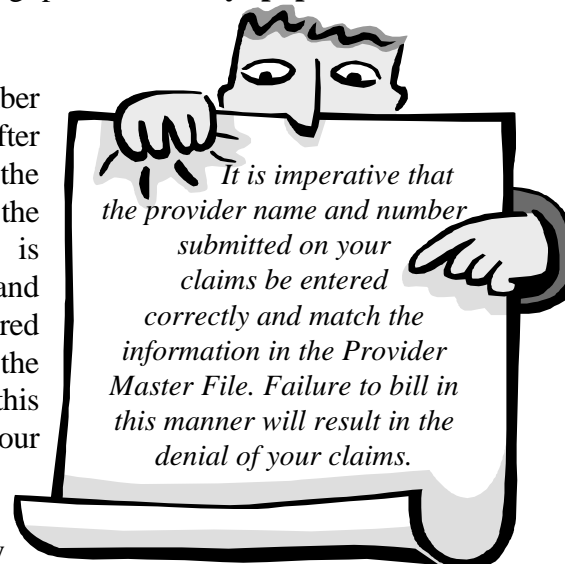
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Provider Name/Number Mismatch Edit (EOB 222)

The "Provider Name/Number Mismatch" edit was implemented to reduce the possibility of paying claims to the wrong provider. **Only paper claims are subject to this edit.**

The billing provider name and number submitted on claims received by EDS after February 3, 2000, are edited against the billing provider name and number on the Medicaid Provider Master File. It is imperative that the provider name and number submitted on your claims be entered correctly and match the information in the Provider Master File. Failure to bill in this manner will result in the denial of your claims.

If you are an individual provider, of any specialty, you must enter your last name first on your paper claim in order to match the information on the Provider Master File. For example, John Smith M.D. must be billed as Smith, John M.D. Other providers, such as groups, facilities, etc. must submit their claims with the provider name listed exactly as it is in the upper right hand corner of your Remittance Advice. This is an exact match of your identity in the Medicaid Provider Master File. Example, The DOM Medical Center will submit as The DOM Medical Center.



If you are unsure of your correct billing name, or have any further questions, please contact the EDS Correspondence Unit at 1800-884-3222.

Bill your Claims Electronically

If you are interested in sending your claims faster with less chance of error, please call the EDI department for information and specifications on billing electronically at 1-800-884-3222 or 601-960-2901.



Extended Prescription Benefits

Adults (age 21 and over)

The Division of Medicaid currently pays for ten prescriptions per month per beneficiary. In any one month, for the first five prescriptions, the beneficiary may simply present the prescription to the pharmacist. In the same month, for the second five prescriptions, the beneficiary's physician must determine and document that the prescriptions are medically necessary by faxing or mailing the Division of Medicaid a signed letter containing the following information:

- Beneficiary's full name and Medicaid identification number,
- List of all medications prescribed,
- List of all diagnoses, and
- Beneficiary's pharmacy name and phone number.

The letter should be on the physician's letterhead and should be faxed to 601-359-4185 or mailed to:

Division of Medicaid
 Attn: Pharmacy Program
 239 North Lamar Street, Suite 801
 Jackson, MS 39201



**Fax Numbers for
 Extended
 Prescription
 Benefits**

*Pharmacy
 Program
 1-601-359-4185*

*Extended
 prescriptions for
 children
 1-601-359-6147*

Children (birth to age 21)

Requests for extended prescriptions (i.e., more than five prescriptions per month) for beneficiaries under 21 years of age should be submitted to the Bureau of Maternal Child Health on Form MA-1148 (MS Medical Assistance Program Plan of Care Authorization Request). This form may be obtained by calling EDS at 1-800-884-3222 or 601-960-2800. There is no maximum prescription benefit limit for children provided the MA-1148 is submitted and approved.

Xenical Coverage

Effective March 9, 2000, Medicaid will reimburse pharmacy providers for the drug Xenical. There will be no prior approval requirements.

Prior Authorizations for Non-Emergency Ambulance Transports Not Required

The Division of Medicaid no longer requires prior authorizations for non-emergency ambulance transports. The original Mississippi Medicaid Certificate of Medical Necessity must be completed by the physician prior to the transport and must be kept on file by the ambulance provider. Please refer to Section 8.04 of your Ambulance Policy for further instructions.

Claims Destination

In order to expedite the processing of claims, please send claims to the specified addresses below:

Hospital Services, Freestanding Dialysis Center Services, Mental Health Clinic Services, Private Mental Health Center Services Emergency Ambulance Services, Non-Emergency Transportation Services, Home and Community Based Services, and Home Health Services (Billed on UB-92)	EDS P.O. BOX 23077 Jackson, MS 39225-3077
Family Planning Services, Physician Services, Home and Community-Based Services (Billed on HCFA-1500), EPSDT Screening Services, Laboratory and X-ray Services, Nursing Services, Therapy Services, Chiropractor Services, and Podiatry Services	EDS P. O. BOX 23076 Jackson, MS 39225-3076
Dental Services, Dental Screening Services, Hospice Services, Ambulatory Surgical Center Services, Rural Health Clinic Services, and Federally Qualified Health Clinic	EDS P. O. BOX 23078 Jackson, MS 39225-3078
Hearing Screening Services, Eyeglass Screening Services, Eyeglass Services, Nursing Facility Services, Intermediate Care Facility Mentally Retarded Services, and Psychiatric Residential Treatment Facility Services	EDS P. O. BOX 23084 Jackson, MS 39225-3084
Durable Medical Equipment Services, Pharmacy Services, and Family Planning Drug Services	EDS P. O. BOX 23079 Jackson, MS 39225-3079
Crossovers/RTDs EDS P. O. BOX 23080 Jackson, MS 39225-3080	All Adjustment Requests and Check Returns EDS P.O. BOX 23085 Jackson, MS 39225-3085
Administrative Mail EDS 111 East Capitol, Suite 400 Jackson, MS 39201	Claim Form/Manual Reorders Claim Correspondence EDS P. O. BOX 23061 Jackson, MS 39225-3061
Magnetic Tapes and Diskettes EDS 111 East Capitol, Suite 400 Jackson, MS 39201 Attn.: EDI Specialist	



Please do not send any claims to the Division of Medicaid unless otherwise specified.

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@msix.hcg.eds.com.



April 2000

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2 Daylight Savings	3 Checkwrite	4	5	6 ESC Cut-Off 5 pm	7	8
9	10 Checkwrite	11	12	13 ESC Cut-Off 5 pm	14	15
16 	17 Checkwrite	18	19	20 ESC Cut-Off 5 pm	21	22
23 	24 DOM and HSM closed Checkwrite	25	26 Professional Secretaries Day	27 ESC Cut-Off 5 pm	28	29
30 						

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.