

Mississippi Medicaid

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Bulletin

Inside this Issue

<i>Medicaid Numbers for K-Babies</i>	2
<i>Request for Newborn Health Benefits ID#</i>	2
<i>Hospice Workshop Scheduled</i>	3
<i>Non-Emergency Transportation (NET) Group Providers Submit Claims Directly to EDS</i>	3
<i>HIPAA Update</i>	3
<i>Checkwrite and ESC Cut-Off Schedule</i>	4

Nondiscrimination Compliance Review

In order to be in compliance with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, the Division of Medicaid is required to conduct periodic reviews of Mississippi Medicaid providers. The intent of this review is to insure that no person of the State of Mississippi shall, on the grounds of race, color, national origin, disability, sex, or religion, be excluded from participation. Nor shall be denied the benefits of, or be otherwise subjected to discrimination under any Title XIX program.

Once every two years, the Mississippi Medicaid Beneficiary Relations Division sends a survey to each hospital and long term care provider. The purpose of the survey is to obtain information from providers to determine compliance with Title VI and Section 504 guidelines and regulations. Specific information will be requested from the providers to determine compliance. This information will minimally include: 1) current bed census, 2) copy of the facility's current written Title VI policies, 3) current employment statistics, 4) copy of the facility's nondiscriminatory policy advertised to the general public, and 5) appropriate 504 information.

On an annual basis, ten percent (10%) of physicians and dentists participating in the Medicaid program will be selected at random to receive a survey from the Mississippi Medicaid Beneficiary Relations Division to determine compliance with Title VI and Section 504 guidelines and regulations. Each provider will be requested to submit to the office certain compliance information. This information shall include, but not be limited to: 1) entrances, 2) waiting areas, 3) use of treatment facilities, and 4) provision for seeing patients.

The Beneficiary Relations staff will conduct a desk review of each survey. In some cases additional information may be requested from the provider and/or an onsite visit to the facility by the Beneficiary Relations staff. Any request for additional information will be specified in writing to each provider.

Patient Control Number Field on UB-92 Claims Form

On the UB-92 claim form, field 23 entitled Medical Record Number, is for the providers internal use. In this field the provider may report an internal patient ID number, a medical record number, etc. Up to sixteen digits may be entered into this field. The number entered in this field is printed on the provider's Remittance Advice. If you have questions, please call the EDS Correspondence Unit at 1-800-884-3222 or 601-960-2800.



Medicaid Numbers for K-Babies

Since 1984, the Division of Medicaid and birthing hospitals have struggled with the timely assignment of permanent Medicaid ID numbers for newborn children of Medicaid beneficiaries. After meeting with Department of Human Services (DHS) officials and representatives of the Mississippi Hospital Association, a consensus was reached, and the following plan is effective September 1, 2000:

The hospital will be asked to complete the Request for Newborn Health Benefits ID Number form following the birth of a Medicaid beneficiary's child and before the mother is discharged from the birthing facility. This form also authorizes the hospital to release information to Medicaid and DHS. The completed form should be faxed to the DHS office in the newborn's county of residence. DHS eligibility workers will process the newborn information and assign a permanent Medicaid ID number within 7-10 days of receipt.

Below is a copy of the Request for Newborn Health Benefits ID Number form. This form may be copied for use. The

REQUEST FOR NEWBORN HEALTH BENEFITS ID#

Co. DHS Office _____ Hospital _____

Fax _____

I. RELEASE OF INFORMATION - TO BE COMPLETED BY PARENT:

I, _____, hereby authorize _____
(Name of Parent) (Name of Hospital)

to release to the Mississippi Division of Medicaid and the Mississippi Department of Human Services, information regarding my newborn child, _____ for purposes of enrolling my child in Medicaid or the Children's Health Insurance Program.
(Name of Child)

Signature of Parent _____ Date _____

II. IDENTIFYING INFORMATION - TO BE COMPLETED BY HOSPITAL:

Name of Mother _____ Newborn's Date of Birth _____

Mother's Medicaid ID# _____ Mother's SSN _____

Address of Mother _____

Were parental rights terminated? No Yes

Hospital Representative Furnishing Information _____

Telephone # _____ Date _____

PLEASE SEND A COPY OF THE BIRTH CERTIFICATE APPLICATION WITH THIS FORM.

III. HEALTH BENEFITS INFORMATION - TO BE COMPLETED BY CO. DHS OFFICE

Newborn is eligible for Medicaid Children's Health Insurance

Health Benefits ID# _____ Effective Date _____

Hospice Workshop Scheduled

A hospice provider workshop/training session has been scheduled by the Division of Medicaid to be held on September 12, 2000, at the Department of Education (old Central High School) auditorium in Jackson. The workshop will begin promptly at 9 am and continue until approximately 3 pm, with a break for lunch. This workshop will introduce new Medicaid policy, reimbursement methods, enrollment forms and answer any questions for hospice providers. More information and a registration form will be mailed to enrolled hospice providers.

Non-Emergency Transportation (NET) Group Providers Submit Claims Directly to EDS

Beginning September 1, 2000, all NET group providers will be required to submit their claims directly to EDS for payment. The Division of Medicaid held training sessions and explained the new claims process.

Providers must submit their HCFA-1500 claims to EDS either electronically or by paper. Electronic submission is the preferable format. So that claims can be submitted electronically EDS provides NECS software at no cost to the provider. Medicaid NET Coordinators will still arrange and approve transportation requests for group providers as they have done in the past. However, NET group providers should submit their claims directly to EDS only *after* the NET Coordinator has approved the transport. After the claim has been processed, EDS will generate the remittance advice directly to the group provider.

HIPAA Update

Frequently Asked Questions About *Administrative Simplification*

What transmissions must comply?

All electronic transmissions of the specified transactions from one computer to another must comply with the standards. Electronic transmissions include transmissions using all media, even when the transmission is physically moved from one location to another using magnetic tape, disk, or CD media. Transmissions over the Internet, intranets, leased lines, dial-up lines, private networks, etc. are all included. Telephone voice response and faxback systems would not be included. The HTML interaction between a server and a browser by which the elements of a transaction are solicited from a user would not be included; but once assembled into a transaction by the server, transmission of the full transaction to another corporate entity, such as a payer, must comply.

The only exception involves the use of clearinghouses.

- Providers may submit non-standard transactions to clearinghouses, who must convert the data into the standard transaction before forwarding it on to the payer.
- Payers may submit non-standard transactions to clearinghouses, who must also create the standard transaction before forwarding it on to the provider.
- A clearinghouse may convert standard transactions into paper or other non-standard format for receipt by a provider or plan which does not have the capacity to receive such transactions in standard format.

NOTE: This information was taken from the Health Care Financing Administrations's web site at www.hcfa.gov

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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

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



September 2000

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

Effective September 1, 2000 <ul style="list-style-type: none"> A Request for Newborn Health Benefits ID Number form must be filed out for K-babies NET Group providers must submit claims directly to EDS 						1	2
3	4 DOM, HSM and EDS closed for	5	6	7 ESC Cut-Off 5 pm	8	9	
10	11	12 Hospice Workshop Scheduled	13	14 ESC Cut-Off 5 pm	15	16	
17	18	19	20	21 ESC Cut-Off 5 pm	22	23	
24	25	26	27	28 ESC Cut-Off 5 pm	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.