

Mississippi Medicaid

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Bulletin

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PHRM/ISS Risk Screening Assessment Status

The Maternal Child Health (MCH) staff thanks Medicaid providers (physicians and/or nurse practitioners/midwives) for responding to its request to identify and refer at-risk moms and infants appropriately. Pursuant to the request, Medicaid providers risk-screened 79% and 57% of Medicaid-eligible pregnant/postpartum women and infants, respectively, for fiscal year 2001. The goal of MCH for fiscal year 2002 is for all Medicaid-eligible pregnant/postpartum women and infants to receive a Risk Screening Assessment.

Please refer positive risk screening assessments to the PHRM/ISS Case Management Agency provider in your service area. Maternal (W9350) and Infant (W9353) Risk Screening Assessments generate a fee-for-service reimbursement to Medicaid providers for both positive and negative risk screenings.

For additional information on the PHRM/ISS Risk Screening Assessment and/or the name of a PHRM/ISS Case Management Agency provider in your service area, please contact Janie P. Hobbs at (601) 359-5535 or Jakki Lomax at (601) 359-6811.

Again, thank you for your continued efforts in affording the much needed services to our Medicaid beneficiaries!



HealthMACS Changes for Inpatient Hospital Admissions

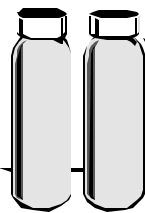
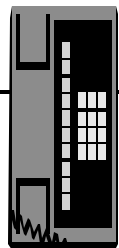
Effective with dates of service on or after October 1, 2001, inpatient claims no longer require the HealthMACS authorization of the assigned Primary Care Provider (PCP) for HealthMACS patients who are admitted to the hospital.

Effective with dates of service on or after October 1, 2001, inpatient claims no longer require the HealthMACS authorization of the assigned Primary Care Provider (PCP) for HealthMACS patients who are admitted to the hospital. Inpatient hospital admissions continue to require pre-certification from Health Systems of Mississippi (HSM). Because HSM determines medical necessity for inpatient admissions, it is no longer necessary that the PCP be contacted for HealthMACS authorization.

In August, HSM began providing written notification to the assigned HealthMACS PCP regarding their HealthMACS patients who have been certified by HSM for an inpatient hospital stay. This information must be filed in the patient's unified medical record and should be used by the PCP to assist in the effective case management of the primary health care needs of their patients.

Addition to the ER Procedure Codes that Do Not Require HealthMACS Authorization

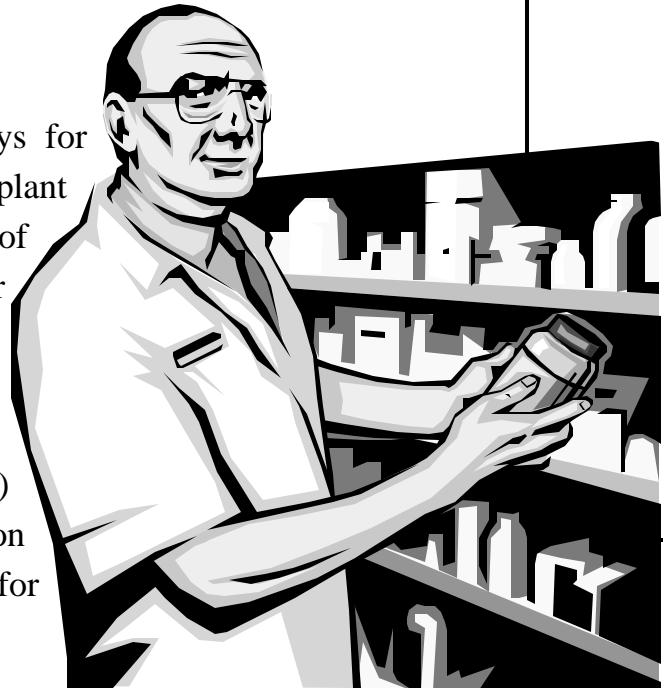
Effective with dates of service on or after October 1, 2001, procedure code 99291 has been added as a procedure code that can be used for billing emergency room (ER) professional services that no longer require the HealthMACS authorization of the assigned Primary Care Physician (PCP). Professional services provided in the ER billed with procedure code 99291 or procedure codes in the range of 99281 through 99285 do not require the authorization of the HealthMACS PCP.



Pharmacy Changes

Effective December 21, 2000, Medicare pays for immunosuppressants for life for transplant recipients who are on Medicare at the time of the transplant. Medicaid still pays for immunosuppressive agents for non-Medicare eligible transplant recipients.

Medications requiring prior authorization (PA) must be approved prior to dispensing. Division of Medicaid can only back date payments for retroactive eligibility.



BENZODIAZEPINES will be limited to a six (6) month prior authorization.

VIAGRA: Beginning October 1, 2001, DOM will cover two Viagra tablets per month with prior authorization.

Medications requiring prior authorization (PA) must be approved prior to dispensing. Division of Medicaid can only back date payments for retroactive eligibility.



Nursing Home Providers Now Required to Use New Electronic Filing System

Beginning October 1, 2001, all Mississippi Medicaid Nursing Home Providers will be required to file their cost reports electronically using a PC-based computer filing system.

Details were mailed to providers in early September. If you did not receive this mailing, please call Bettye Sledge at (601) 359-6132.

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



October

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4 <small>ESC Cut-Off 5 pm</small>	5	6
7	8	9	10	11 <small>ESC Cut-Off 5 pm</small>	12	13
14	15	16	17	18 <small>ESC Cut-Off 5 pm</small>	19	20
21	22	23	24	25 <small>ESC Cut-Off 5 pm</small>	26	27
28	29	30	31 			

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.