Mississippi Medicaid Bulletin

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November 2001

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HIPAA Compliance
Provider Re-enrollment

The Division of Medicaid (DOM) must enter into new provider agreements with all Mississippi Medicaid providers to meet requirements for the Health Insurance Portability and Accountability Act (HIPAA). The revised provider agreements will address privacy and electronic billing requirements. If you have a signed provider agreement with DOM, it is not necessary for you to prepare any statement to meet HIPAA compliance requirements. You will receive what you need from DOM in time to meet the October 16, 2002 implementation deadline.

Because it is necessary to send new provider agreements to all Mississippi Medicaid providers, this opportunity will be used to re-enroll all current Medicaid providers. This is necessary to be sure current addresses, phone numbers, fax numbers, tax identification numbers, banking information, etc. are in the provider files for processing claims and paying providers.

Future monthly Medicaid provider bulletins will notify you when the provider agreements and re-enrollment packets will be sent to you and the deadline for returning these documents to the fiscal agent.

Pharmacy Program Reminder

H2 antagonists and PPIs are limited to a 64-day supply for treatment of dyspepsia, gastrointestinal reflux disease, ulcer therapy and other short-term GI conditions. For maintenance treatment of GERD, Zollinger-Ellison syndrome, and gastric hypersecretory conditions, the physician must write the medically accepted diagnosis on the face of the prescription. The pharmacist may, upon receipt of an acceptable prescription, override the 64-day limitation.

MISSISSIPPI DIVISION OF MEDICAID

HIPAA UPDATE
Standards for Privacy of Individually Identifiable Health Information
[45 CFR Parts 160 - 164]

Standards for Privacy of Individually Identifiable Health Information (the Privacy Rule) became effective on April 14, 2001. Most health plans and health care providers that are covered by the new rule must comply with the requirements by April 2003.

The Privacy Rule for the first time creates national standards to protect individuals' medical records and other personal health information.

- ✓ It gives patients more control over their health information.
- ✓ It set boundaries on the use and release of health records.
- ✓ It establishes appropriate safeguards that health care providers and others must achieve to protect the privacy of health information.
- ✓ It holds violators accountable, with civil and criminal penalties that can be imposed if they violate patients' privacy rights.
- ✓ And it strikes a balance when public responsibility requires disclosure of some forms of data — for example, to protect public health.

For patients — it means being able to make informed choices when seeking care and reimbursement for care based on how personal health information may be used.

- ✓ It enables patients to find out how their information may be used and what disclosures of their information have been made.
- ✓ It generally limits release of information to the minimum reasonably needed for the purpose of the disclosure.
- ✓ It gives patients the right to examine and obtain a copy of their own health records and request corrections.

What does this regulation require the average provider or health plan to do?

For the average health care provider or health plan, the Privacy Rule requires activities, such as:

- ✓ Providing information to patients about their privacy rights and how their information can be used.
- ✓ Adopting clear privacy procedures for its practice, hospital, or plan.
- ✓ Training employees so that they understand the privacy procedures.
- ✓ Designating an individual to be responsible for seeing that the privacy procedures are adopted and followed.
- ✓ Securing patient records containing individually identifiable health information so that they are not readily available to those who do not need them.

Responsible health care providers and businesses already take many of the kinds of steps required by the rule to protect patients' privacy. Covered entities of all types and sizes are required to comply with the final Privacy Rule. To ease the burden of complying with the new requirements, the Privacy Rule gives needed flexibility for providers and plans to create their own privacy procedures, tailored to fit their size and needs. The scalability of the rules provides a more efficient and appropriate means of safeguarding protected health information than would any single standard. For example:

- ✓ The privacy official at a small physician practice may be the office manager, who will have other non-privacy related duties; the privacy official at a large health plan may be a full-time position and may have the regular support and advice of a privacy staff or board.

(Continued from previous page)

- ✓ The training requirement may be satisfied by a small physician practice, providing each new member of the workforce with a copy of its privacy policies and documenting that new members have reviewed the policies; whereas a large health plan may provide training through live instruction, video presentations, or interactive software programs.
- ✓ The policies and procedures of small providers may be more limited under the rule than those of a large hospital or health plan based on the volume of health information maintained and the number of interactions with those within and outside the health care system.

NOTE: This information was taken from the Department of Health and Human Services, Office for Civil Rights web site at http://www.hhs.gov/ocr/hipaa

Billing Influenza and Pneumonia Immunizations for Adults

The Division of Medicaid (DOM) continues efforts to educate Medicaid providers and beneficiaries on the benefits of receiving influenza and pneumonia immunizations prior to the influenza season. DOM requests that providers assist in the effort to increase influenza and pneumonia protection in the state.

In order to receive maximum reimbursement for providing these services, physicians and nurse practitioners should bill as indicated below:

For beneficiaries who come in only for these immunizations, physicians, physician assistants and nurse practitioners may bill E&M procedure code 99211, the vaccine code(s), and the G administration code(s). This E&M procedure code **does not count toward the 12 office visit limit** for beneficiaries.

For beneficiaries who are seen by the physician, physician assistant or nurse practitioner for evaluation or treatment and receive these immunizations, the provider may bill the appropriate E&M procedure code, the vaccine code(s), and the G administration code(s). The E&M procedure code billed in this instance will count toward the 12 office visit limit for beneficiaries.

Rural health clinic (RHC) and federally qualified health center (FQHC) providers will count visits under current procedures. Providers will not count or bill for visits when the only service involved is the administration of influenza or pneumonia vaccine.

All immunizations for children must be handled through the Vaccine Program for Children.

Effective November 1, 2000, procedure code 90724 was closed. Coding and reimbursement for vaccines and administration are as follows:

Influenza			Pneumonia		
Vaccine	90658 (ages 19 and up)	$7.13	Vaccine	90732 (ages 19 and up)	$12.41
Vaccine	90659 (ages 19 and up)	$7.02	Administration	G0009	$3.37
Administration	G0008	$3.37			

ACS Announces November Provider Training for Upcoming Fiscal Agent Transition

Affiliated Computer Services (ACS) State Healthcare is very pleased to be assuming the fiscal agent responsibilities for the Mississippi Medicaid program on January 1, 2002. To help ensure a smooth transition for the provider community, ACS will hold regional provider workshops to:

- Introduce ACS staff to Medicaid providers throughout the state
- Explain procedural changes that will take effect January 1, 2002

All enrolled Medicaid providers will receive invitations with detailed information about the training within the next few weeks. The training will take place as scheduled below:

November 27th

Southaven
Southaven Community Center
320 Brookhaven Drive
9:00-11:00 a.m.

McComb
McComb Public Library
1022 Virginia Avenue
9:00-11:00 a.m.

Tupelo
Trace Inn
400 W Main Street
2:30-4:30 p.m.

Gulfport
Holiday Inn Express
9435 Highway 49
2:30-4:30 p.m.

November 28th

Grenada
Holiday Inn
Highway 8 W
9:00-11:00 a.m.

Hattiesburg
Lake Terrace Convention Center
1 Convention Center Plaza
9:00-11:00 a.m.

Greenville
Ramada Inn
2700 Highway 82 E
2:30-4:30 p.m.

Meridian
Union Station
1901 Front Street
2:30-4:30 p.m.

November 29th

Jackson
MS Agriculture and Forestry Museum
1150 Lakeland Drive
9:00-11:00 a.m. and 2:30-4:30 p.m.

HealthMACS Inpatient Hospital Admissions for Deliveries

Effective with dates of service on or after October 1, 2001, inpatient admissions that require prior authorization from Health Systems of Mississippi (HSM) no longer require the HealthMACS authorization of the assigned Primary Care Provider (PCP).

Because inpatient admissions for deliveries do not require prior authorization from HSM, these services will still require HealthMACS authorization. Medicaid plans to make the systems changes needed so that inpatient admissions for deliveries will not require PCP authorization. Due to the upcoming change in fiscal agents, it will be next year before this systems change can be implemented. Once this change has been completed, providers will be notified in the monthly Medicaid provider bulletin. Providers who have been unable to obtain the HealthMACS authorization of the assigned PCP for inpatient claims for deliveries should contact Susan Mancil, Medicaid Managed Care Specialist, at 1-800-421-2408, extension 9-6089.

This applies to claims for delivery services provided by both hospitals and physicians.

2001 ICD-9 Diagnosis and Procedure Codes

The additions, deletions, and changes to the 2001 ICD-9 Diagnosis and Procedure codes have been loaded into the Medicaid Management Information System (MMIS). Providers who have already submitted claims with the new codes and received denials because of invalid codes should resubmit the claims as soon as possible.

Tobacco Cessation Services

The Division of Medicaid covers tobacco cessation medications, including nicotine gum, nicotine patches, nicotine nasal spray, nicotine oral inhaler, and Zyban, for all beneficiaries. A physician's prescription is required for all prescription and non-prescription tobacco cessation medications, and each prescription will count toward the ten (10) prescription per month limit. It is expected that utilization of these products will be in accordance with medical standards of practice, FDA guidelines, and manufacturers' recommendations which generally limit product use to approximately 12 weeks.

To maximize the effectiveness of tobacco cessation medications, beneficiaries should also receive tobacco cessation counseling from their physician or health care provider, which research has shown increases tobacco quit rates more effectively than medication alone. The clinical practice guideline, "Treating Tobacco Use and Dependence" from the U. S. Department of Health and Human Services (June 2000), provides recommendations to physicians and health care providers for brief interventions that are effective in assisting tobacco users to quit. This document can be obtained from the internet at **www.surgeongeneral.gov/tobacco/default.htm** or by calling the National Cancer Institute at 1-800-4-CANCER.

Beneficiaries should also be strongly encouraged to seek free tobacco cessation counseling through The Mississippi Tobacco Quitline, a statewide toll-free telephone number (1-877-4US2ACT). The Division of Medicaid mails a letter and an information brochure about the Mississippi Tobacco Quitline to each beneficiary who has a prescription filled for tobacco cessation medication. Providers are encouraged to talk to beneficiaries about calling the Quitline to use the free counseling services. More information about the Mississippi Tobacco Quitline and other tobacco prevention and cessation programs can be found at **www.healthy-miss.org** or by calling the Quitline at 1-877-4US2ACT or The Partnership for a Healthy Mississippi at 601-362-0740.

Mississippi Medicaid Bulletin

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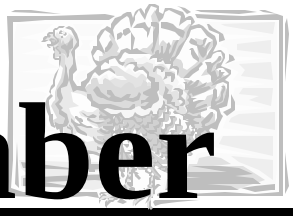
If you have any questions related to the topics in this bulletin, please contact the EDS Correspondence Unit at 1-800-884-3222 or 601-960-2800.

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



November

November 2001

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				ESC Cut-Off 5 pm 1	2	3
4	5 Checkwrite	6	7	ESC Cut-Off 5 pm 8	9	10
11	12 Checkwrite DOM Closed Veteran's Day	13	14	ESC Cut-Off 5 pm 15	16	17
18	19 Checkwrite	20	21	ESC Cut-Off 5 pm 22 DOM, EDS & HSM Closed Thanksgiving	23	24
25	26 Checkwrite	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.