

Mississippi Medicaid

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Bulletin

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Co-Pay Exceptions

The following Medicaid beneficiaries are exempt from Medicaid co-payments:

- Newborns with K exemption indicator;
- Children under age 18 with C exemption indicator;
- Pregnant women with P exemption indicator;
- Residents of nursing facilities, intermediate care facilities for the mentally retarded (ICF-MR) and psychiatric residential treatment facilities (PRTF) with N exemption indicator;
- Persons receiving family planning services with F exemption indicator; and
- Persons receiving services in an emergency room when certified by the physician as a true emergency and recorded as such in the medical record with E exemption indicator.

For persons in the Medicaid waiver programs, waiver services are exempt. The co-pay is required for other services received by recipients in the waiver program.

Provider Training Success!

ACS would like to thank all of the providers who participated in the provider training held during April and May. We appreciate all of the comments that we received.

If you were unable to attend the training, additional training packets are available by contacting Provider and Beneficiary Services at (800) 884-3222 or (601) 206-3000.



In the March 2002 issue of the Mississippi Medicaid Bulletin, there was an article detailing instructions on how the American Dental Association (ADA) form should be completed. To prevent delays in processing dental claims submitted on the ADA form, place the ICD-9-CM diagnosis codes on the form as shown below:

1. In field 58 enter the ICD-9-CM diagnosis code.
2. In field 59 enter the number (1, 2, 3 or 4) that corresponds to the appropriate ICD-9-CM code which was entered in field 58. Note: the original ICD-9-CM code should not be placed in field 59.
3. This information is REQUIRED.

[illegible]

Helpful Tip: Before a claim can be entered into the Medicaid Management Information System (MMIS) to be processed for payment, it must first be scanned. After a claim is scanned the electronic image of that claim is transmitted to the Data Entry Department. The Data Entry Department then enters the information from the scanned images into an electronic file. That file is then transmitted to the MMIS for claims payment processing. As a result, it is imperative that all claims be submitted in a condition suitable for scanning. Please make sure that you use original ADA forms instead of photocopies. Photocopies cause the scanner to produce darker images, which distort the billing information on the claim.

Take the Right Route!

To ensure proper documentation and claim submittal, the following information will serve as your guide to routing your paperwork to the appropriate address. By using the assigned addresses below, you will lessen the chance for errors and shorten the time required to complete your transactions. If you have any questions or comments, please contact Provider and Beneficiary Services at 1-800-884-3222 or 601-206-3000.

Below is a list of each type of form or document with its corresponding address or fax number:

Form #	Title	Send this Form to :
DOM 210	Eyeglass/Hearing Aid Authorization Form	Division of Medicaid Bureau of Medical Services 239 North Lamar St., Suite 801 Jackson, MS 39201-1399
DOM 260 NF	Certification for Nursing Facilities	Fax to 601-359-1383
DOM 260 DC	Certification for Disabled Child	Division of Medicaid Maternal and Child Health 239 North Lamar St., Suite 801 Jackson, MS 39201-1399
DOM 260HCBS	Certification for HCBS	Division of Medicaid Bureau of Long Term Care 239 North Lamar St., Suite 801 Jackson, MS 39201-1399
DOM 260 MR	Certification for ICF/MR	ACS, P.O. Box 23076, Jackson MS 39225
DOM 301 HCBS	HM Comm-Based SVS/PH	ACS, P.O. Box 23076, Jackson MS 39225
Pharmacy	Pharmacy Authorization Request	Division of Medicaid Pharmacy Prior Approval Health Information Designs P. O. Box 32056 Flowood, MS 39212
DOM 413	Level II PASARR Billing Roster	Division of Medicaid Mental Health Services 239 North Lamar St., Suite 801 Jackson, MS 39201-1399
HCBS 105	Home and Community Based Services	ACS P.O. Box 23076, Jackson MS 39225 Attention: Medical Review
MA 1001	Sterilization Consent Form	ACS, P.O. Box 23076, Jackson MS 39225
MA 1002	Hysterectomy Acknowledgement Statement	ACS, P.O. Box 23076, Jackson MS 39225
MA 1097	Dental Services for Orthodontics Authorization Request	Division of Medicaid Bureau of Medical Services 239 North Lamar St., Suite 801 Jackson, MS 39201-1399
MA 1098	Dental Services Authorization Request	Division of Medicaid Bureau of Medical Services 239 North Lamar St., Suite 801 Jackson, MS 39201-1399
MA-1148A	Addendum to Plan of Care	Division of Medicaid 239 North Lamar St., Suite 801 Jackson, MS 39201
MS/ADJ	Adjustment Void Form	ACS, P.O. Box 23077, Jackson MS 39225
MA 1165	Hospice Membership Form Effective July 1, 2002	Division of Medicaid Long Term Care, Hospice Services 239 North Lamar St., Suite 801 Jackson, MS 39201-1399
MS/INQ	Claim Inquiry Form	ACS, P.O. Box 23078, Jackson MS, 39225
MS/XOVE	Medicare/Medicaid Crossover Form - Part A	ACS, P.O. Box 23076, Jackson MS, 39225
MS/XOVE	Medicare/Medicaid Crossover Form - Part B	ACS, P.O. Box 23076, Jackson MS, 39225
Title XIX	Pharmacy Claim Form	ACS, P.O. Box 23076, Jackson MS, 39225
ADA	American Dental Association Claim Form	ACS, P.O. Box 23076, Jackson MS, 39225
HCFA 1500	HCFA 1500	ACS, P.O. Box 23076, Jackson, MS 39225
UB-92	UB-92	ACS, P.O. Box 23076, Jackson, MS 39225



Get Your Claim Right the First Time

In an effort to improve the quality of service it provides, ACS would like to identify the primary reasons why some paper claims are being returned to providers. Before a claim can be entered into the Medicaid Management Information System (MMIS) to be processed for payment, it must first be scanned. After a claim is scanned the electronic image of that claim is transmitted to the Data Entry Department. The Data Entry Department then enters the information from the scanned images into an electronic file. That file is then transmitted to the MMIS for claims payment processing. As a result, it is imperative that all claims be submitted in a condition suitable for scanning. Presently, claims are being returned to providers for the following reasons:

- Illegible handwriting
- Light print due to submitting photocopies instead of original paper claim documents
- Improper claim form and/or missing information

To ensure that your claims will not be returned, please remember the following tips:

1. Do not staple claims together. Providers should place attachments behind the associated claim and place them in an envelope.
2. Sign the claim in ink. Most of the claims are returned because they are not properly signed.
3. Submit requests for Medicaid payment on the appropriate Mississippi crossover claim form.

Providers are sending HCFA-1500 and UB-92 claim forms with Medicare Explanation of Benefits (EOB) showing that payment has been received by Medicare.

4. List the third party payment amount in the prior payments field on the UB-92 and in the amount paid field on the HCFA-1500. Continue to submit with the claim the EOB which shows the third party payment
5. Do not send a stack of claims with only one copy of the attachment if the attachment goes with each claim. Copy the attachment for each claim and place it with the associated claim before submitting the claims for processing.
6. Submit standard 8x11 attachments. Strips, cutouts, etc., are not acceptable.
7. Put the bill date on each claim.
8. Place bill types on UB 92 claim forms and crossover forms for Medicare Part A.
9. Mail or electronically submit your claims. FAX COPIES OF CLAIMS CANNOT BE ACCEPTED.

Attention to these important tips will allow ACS to process your claim accurately. If you have any questions, please call Provider and Beneficiary Services at 1-800-884-3222 or 601-206-3000.

Prior Authorization of DME and Medical Supplies for Home Infusion Therapy Services and Enteral Feedings for Beneficiaries Under Age 21

Currently, the Division of Medicaid/ Bureau of Maternal and Child Health **processes** prior **authorization** requests for durable medical equipment (DME) and medical supplies for home infusion therapy services and enteral feedings for beneficiaries under age 21.

Effective July 1, 2002, Durable Medical Equipment Suppliers must submit the requests directly to HealthSystems of Mississippi (HSM) instead of the Division of Medicaid and follow the procedures **set by HSM**. Questions relating to the process may be directed to DME Help Line at HealthSystems at telephone # (601) 360-4888.

After July 1, 2002, requests received by the Bureau of Maternal and Child Health will **be** returned to the DME provider.

Pharmacy Notes:

Prior Authorization changes:

- The new Prior Authorization process will begin June 1, 2002.
- Health Information Designs (HID) will be handling prior authorization (PA) of prescriptions for the Division of Medicaid (DOM).
- All PAs will use one convenient process of faxing the appropriate PA form to HID.*
- Existing PAs will remain in place until their expiration date. The new process will begin when the current PA expires.

HID can be contacted as follows:

Health Information Designs
P.O. Box 32056
Flowood, MS 39212
Phone: 601-939-7320
1-800-355-0486
Fax: 1-800-459-2135

<http://www.hidmsmedicaid.com>

Attention:

Laura Neuman RPh,
Account Manager

Lew Ann Snow, RN,
Program Administrator

***Previous methods of obtaining PAs such as Automated Voice Response systems will not be active after June 1, 2002. PAs for children and adults will all be handled by HID.**

Do not fax PA requests to the Division of Medicaid.

Reminders Of Changes To The Pharmacy Program:

- The estimated cost of drugs to be reimbursed by Medicaid is now AWP minus 12%.
- The dispensing fee is now \$3.91.
- All prescriptions are limited to a 34-day supply. Please explain to the beneficiary that this pertains to the day's supply rather than the number of doses, pills, etc.
- Drugs covered by Medicare prescribed to dual-eligible beneficiaries must first be billed to Medicare.
- The number of prescriptions per month per beneficiary is reduced to 7 with prior approval after the 5th prescription effective June 1, 2002.

Items Exempt from 5% Reduction in SB 2189

Senate Bill 2189, which became law April 12, 2002, exempts inpatient hospital services, nursing facility services, intermediate care facility for the mentally retarded services, psychiatric residential treatment facility services, and pharmacy services from the 5% reduction in reimbursement that was authorized in HB1200. In addition, the reduction shall not apply to case management services and home delivered meal services provided under the home and community-based services waiver program for the elderly and disabled.

In lieu of the 5% cut, inpatient hospital services will be assessed \$1.50 per licensed inpatient acute bed. The bed assessment for nursing facility services and intermediate care facilities for the mentally retarded will increase to \$3 per licensed and/or certified bed. Each psychiatric residential treatment facility will be assessed \$3 per licensed and/or certified bed effective May 1. The assessment will be collected by the division each month. Facilities are exempt from the assessment if they are operated under the direction of the VA, UMC, a state agency or state facility that either provides its own state match through intergovernmental transfers (IGT) or certifies funds for the division.

Policy Manual Reminder

This bulletin is a document for the Mississippi Medicaid Policy Manual and must be placed behind Tab 88 of the manual. All providers are accountable for all policies in the monthly Mississippi Medicaid Bulletins.

ACS
P.O. Box 23078
Jackson, MS 39255

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*If you have any questions
related to the topics in
this bulletin, please
contact ACS at
1-800 -884 -3222 or
601 -206 -3000*

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

June

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SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3 CHECKWRITE	4	5	6 EDI Cut Off 5:00 p.m.	7	8
9	10 CHECKWRITE	11	12	13 EDI Cut Off 5:00 p.m.	14	15
16	17 CHECKWRITE	18	19	20 EDI Cut Off 5:00 p.m.	21	22
23/30	24 CHECKWRITE	25	26	27 EDI Cut Off 5:00 p.m.	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.