

Mississippi Medicaid

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Bulletin

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Retraction of the Presumptive Eligibility Provision

Due to budgetary constraints, the Division of Medicaid will not proceed with the implementation of Presumptive Eligibility (PE) for the Mississippi Health Benefits Program. Your support and cooperation in preparing for the implementation of PE is appreciated. These budgetary constraints do not affect the funding of the positions for the 47 out-stationed eligibility workers who will be placed at federally qualified health centers and disproportionate share hospitals. Thank you for your support of the Medicaid program and assistance in the identification and enrollment of uninsured children across the state.

EPSDT (Well Checkups) Reimbursement

The following is clarification of the Division of Medicaid (DOM) policy regarding reimbursement of the required components of an EPSDT screening. The EPSDT screening reimbursement rate of \$37.63 includes the following required components of the screening:

- ❖ Comprehensive unclothed physical examination
- ❖ Comprehensive health and developmental history
- ❖ Health education
- ❖ Anticipatory guidance
- ❖ Appropriate laboratory tests (urine & hematocrit or hemoglobin)
- ❖ Appropriate vision testing (under 3)
- ❖ Appropriate hearing testing (under 3)

Please note that the above listed laboratory tests and health education are included in the EPSDT screening reimbursement rate and should not be billed separately. EPSDT providers with questions should contact the EPSDT Division at 1-800-421-2408 or 601-359-6150.

Hospice

Effective for dates of service on or after July 1, 2002, hospice services will require prior approval for those beneficiaries who are Medicaid only. If you are a hospice provider and have questions or need additional information regarding this change or other hospice policies and/or procedures, please contact the Bureau of Long Term Care at 1-800-421-2408.



Provider Policy Manual Revisions

The following DOM provider policies and manual sections have been revised with effective dates as noted. These policies are posted on the DOM web site in Provider Manuals at www.dom.state.ms.us. Please review these policies carefully. If you have any questions, call your ACS representative or the Division of Medicaid Bureau of Provider and Beneficiary Relations at 601-359-6133.

New/Revised Provider Policies	
Section 53.12	Cochlear Implant – effective 1/1/02
Section 12.08	Non-Emergency Transportation Arranging Services – effective 4/15/02
Section 38.03	Maternity/Fetal Ultrasounds- effective 5/1/02
Section 53.14	Abdominal Panniculectomy – effective 6/1/02
Section 29.04	Scratch Resistant Coating/Eyeglasses – effective 6/1/02
Section 3.5 and 3.6	Beneficiary Proof of I.D. – effective 6/15/02
Section 4.07	Provider Advertising – effective 6/15/02
Section 37.03	Paternity Testing – effective 7/1/02

New/Revised Provider Manual Sections	
Section 10	Durable Medical Equipment – effective 7/1/02
Section 14	Hospice – effective 7/1/02
Section 40	Home Health – effective 7/1/02

Notice to all Nursing Facilities, ICF-MR's and PRTF's:

Due to cost containment measures, an increase **will not** be made to the Medicaid rates to compensate for the new bed tax assessed by the Mississippi Legislature. The bed tax will be an allowable cost on facilities' cost reports. Questions may be directed to the Bureau of Reimbursement at (601) 359-6046.

Notice To All Nursing Facilities:

Beginning July 1, 2002, the Division of Medicaid will exclude the 2% access incentive weights from the calculation of the per diem rates. The quarter final case mix roster reports for the quarter January 1, 2002, through March 31, 2002, which will be used in setting the rates effective July 1, 2002, will not reflect access weights. Instead, all scores will be computed using the base weights. The rates effective July 1, 2002, will be issued with the case mix roster reports upon final approval of the state plan amendment from CMS.

Prescription Prior Authorizations for Nursing Facility, ICF-MR, and PRTF Facilities

There is no prior authorization required for the number of prescriptions residents of nursing homes, intermediate care facilities for the mentally retarded (ICF-MR) and psychiatric residential treatment facilities (PRTF) may receive. Drug prior authorizations such as those for NSAIDs, etc., are still required for all beneficiaries, including nursing home, ICF-MR, and PRTF residents.

Provider Policy Manuals On The Web Site

Effective July 1, 2002, the Division of Medicaid will no longer mail hard copies of the Provider Manuals unless requested by the provider. All provider policies and manual sections will be posted on the DOM web site at www.dom.state.ms.us. This process will enable us to update the policy manuals more timely, and providers will be assured that they have access to the most current information. Manual sections and policy pages can be accessed from the web site and printed by the provider as needed.

If you want a hard copy of the Provider Policy Manual, please call ACS Provider and Beneficiary Services at 1-800-884-3222 or 601-206-3000. If more than one hard copy is requested per provider number, the provider will be asked to pay for each additional copy.

Pharmacy Notes:

- ❖ Current provider information is available on Division of Medicaid web site. Go to <http://www.dom.state.ms.us> and click on Provider Lookup on the left side of the Mississippi Division of Medicaid home page.
- ❖ Medicare only covers immunosuppressant drugs for kidney transplants due to End Stage Renal Disease (ESRD) for three years. For other diagnoses, the recipient is eligible for immunosuppressant therapy through Medicare for life, as long as the beneficiary is on Medicare, and was on Medicare at the time of the transplant.
- ❖ Any prescribing providers who have not received a Prior Authorization packet from Health Information Designs (HID) should call 1-800-355-0486 or 1-601-709-0000 or fax 1-800-459-2135. PA forms can be printed from their web site at: www.hidmsmedicaid.com

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 State Healthcare EDI Gateway Services Introduces iDEX (Internet Data Exchange) Service to the Mississippi Medicaid Provider Community

Manual Medicaid payment posting will become a thing of the past in your office with ACS iDEX. iDEX is innovative Internet technology that provides easy and efficient access to Mississippi Medicaid. You can access iDEX using a standard Internet service. Medicaid providers have access to their Electronic Remittance Advice (ERA) and Electronic Claims Rejection Report 24 hours a day, 7 days a week. iDEX delivers your information electronically allowing you more options to utilize data — *and* it's faster than regular mail.

With iDEX, ERA data is available in two file formats: a print image file and a dataset file. The print image file is an electronic version of the hard copy remit received in the mail. Receiving it as a text file (TXT) allows you to easily search documents for specific information. You can copy-and-paste information and remit data into other programs. Also, you can review data online without printing.

The ERA dataset file contains the same remittance data found in the print image, but formatted as a data file rather than a report. Designed to be read by your practice management system, the dataset file accommodates automated Medicaid claim reconciliation.

ACS EDI Gateway Services operates its own clearinghouse for the state of Mississippi's Medicaid program. All electronic Medicaid claims submitted in the state pass through our system. If claims are rejected in the clearinghouse for any reason, iDEX notifies you when you retrieve your Claims Rejection Report. This report provides details concerning our claim data rejection. Our EDI Business Analysts are available to assist you with the resolution of your ACS clearinghouse rejection issues.

iDEX services are free and enrollment is easy. Just visit our Gulf Coast Regional Office web site (WWW.ACS-GCRO.COM) to print a copy of the EDI enrollment package. Follow the instructions included in the package to get started with iDEX. Providers need to consult with their software vendors to determine if they have the capability to take advantage of iDEX. Providers using the NECS software can take advantage of iDEX.

If you have any questions about iDEX, contact the Electronic Data Interchange (EDI) Support Unit at 1-866-225-2502 (select option 3), or e-mail us at EDI.DATAEXCHANGE@ACS-INC.COM. The ACS EDI Support Unit is available to all Mississippi Medicaid clients/providers Monday through Friday from 7:00 a.m. to 5:00 p.m., CST. We look forward to serving you.

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

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SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1 CHECKWRITE	2	3	4 Independence Day! DOM, ACS and HSM CLOSED EDI Cut Off 5:00 p.m.	5 DOM CLOSED	6
7	8 CHECKWRITE	9	10	11 EDI Cut Off 5:00 p.m.	12	13
14	15 CHECKWRITE	16	17	18 EDI Cut Off 5:00 p.m.	19	20
21	22 CHECKWRITE	23	24	25 EDI Cut Off 5:00 p.m.	26	27
28	29 CHECKWRITE	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.