Mississippi Medicaid Bulletin

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Abortion Reimbursement Policy

Effective September 1, 2002, the policy for reimbursement of abortions and the Mississippi Medicaid Abortion Necessity Form were revised. The policy and form are located in Section 25.31 of the Hospital Inpatient manual section and in Section 53.08 of the General Medical Policy manual section. Please download these pages from the DOM web site at www.dom.state.ms.us.

Immunization Manual

The Immunization Manual, Section 34, has been revised with an effective date of 08/15/02. The policy is posted on the DOM web site in the Provider Manuals at www.dom.state.ms.us. Please review this policy. If you have any questions, please call your ACS representative or the Division of Medicaid Bureau of Provider and Beneficiary Relations at 601-359-6133.

Mississippi HIPAA Web Site

The state agencies sub-workgroup of the Mississippi HIPAA Implementation Task Group, in conjunction with ITS, has developed a Mississippi HIPAA web site. In the weeks and months to come, state agencies will publish agency-specific information to this web site to keep the healthcare community and other interested parties informed on what Mississippi's state agencies are doing for HIPAA compliance. The web site address is: www.hipaa.state.ms.us.

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

The Division of Medicaid is sponsoring several training sessions in downtown Jackson on using the electronic cost report software. Morning and afternoon training sessions were held August 20 and 21, and additional sessions are scheduled for September 19 and October 22 and 23, 2002. Two sessions will be held each day. The session times will be 9:00 to 12:00 and 1:30 to 4:30.

Due to space, registration is limited for each session. Please fax your request to attend to Bureau of Reimbursement (601) 359-4193 or send your request by e-mail to rbmck@medicaid.state.ms.us. Be sure to include your name(s) and organization, your first and second choice for time and date of session, and contact information for a written response from DOM. Confirmation of your registration will be sent to you with location and parking information.

Please note: All participants should have a working knowledge of the Medicaid long-term care facility cost report. This training will explain use of the software only.

Retraction Notice to all Nursing Facilities:

The Division of Medicaid will continue to include 2% access incentive weights in the calculation of per diem rates. The notice in the July 2002 bulletin stating that these would be excluded effective July 1, 2002, is being retracted, and the proposed state plan amendment has been withdrawn. Questions may be directed to the Bureau of Reimbursement at (601) 359-6046.

Retraction Notice to all PRTFs:

The July 2002 bulletin reported that no increases would be made to the Medicaid rates to compensate for the new bed tax assessed by the Division of Medicaid. However, an increase will be included in the calculation of PRTF rates for two of the three dollars in the provider tax that was added May 1, 2002. The rate calculation will be applied retroactively to May 1, 2002. This change will occur so that provider taxes paid by PRTFs are reimbursed at the same level as other long-term care facilities. Questions may be directed to the Bureau of Reimbursement at (601) 359-6046.

Notice to all Nursing Facilities, ICF-MRs and PRTFs:

An increase **has been** made to the Medicaid rates to compensate for the one dollar additional bed tax assessed by the Division of Medicaid August 1, 2002. The increased rate calculation was effective August 1, 2002. 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.

Re-submitting Claims

The Division of Medicaid and the fiscal agent, ACS State Healthcare, have identified many problems resulting from providers resubmitting claims repeatedly, sometimes daily, as a means of following up on claims on which processing has not been completed. The Division of Medicaid is directing that claims not be resubmitted as a means of following up on claims. Claims must be submitted only once. If providers need to check on the status of claims that are in process, they must contact the fiscal agent for a status report. If, upon completion of processing, the claim is rejected for a reason that justifies resubmission, then and only then, should providers resubmit claims.

Treatment Authorization/Prior Authorization Numbers for K-Babies

The procedure for issuing treatment authorization numbers (TAN)/prior authorization (PA) numbers for K-babies is being changed in an effort to reduce some of the problems that have occurred when claims have been filed for these babies.

Effective October 1, 2002, when the provider contacts HSM for a TAN/PA for a K-baby, HSM will determine medical necessity and give the provider the TAN/PA number. At this time, the provider will be advised that the TAN/PA will not be released to the fiscal agent, ACS, until the provider notifies HSM of the baby's Medicaid ID number. The TAN/PA will no longer be transmitted to ACS using the mother's Medicaid ID + K. However, the mother must be Medicaid eligible for HSM to complete the review. When HSM is notified of the baby's Medicaid ID number by the provider, the TAN/PA will be released to ACS and the provider can submit the claim to ACS.

On at least a bi-weekly basis, HSM will send a list to providers to inform the provider that a review has occurred or has been certified and that the baby's Medicaid ID number is needed so that TAN/PA information can be transmitted to ACS.

This change in procedure will be for any TAN/PA requested for a K-baby on and after October 1, 2002. The process will not change for any TAN/PA issued with the mother's Medicaid ID+K prior to October 1, 2002.

EPSDT Program

There will be no programmatic changes of the EPSDT program at this time. The closure of the Interperiodic Screening Codes (W9358, W9360, W9364) will not go into effect September 1, 2002. Any questions, please contact any staff within the Maternal Child Health Bureau at 601-359-6150.

Provider Policy Manuals On the Web Site

Effective July 1, 2002, the Division of Medicaid is no longer mailing 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 on a timely basis, and providers will be assured that they have access to the most current information. As new or revised policies are released, the Division of Medicaid will notify providers by bulletins.

If you want a hard copy of a policy, 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.

Providers are responsible for obtaining copies of the policies by printing them from the web site or requesting hard copies and placing them in the appropriate sections of the Provider Policy Manual. Providers must maintain a file of all policies in this manual rather than just those applicable to their specific practices.

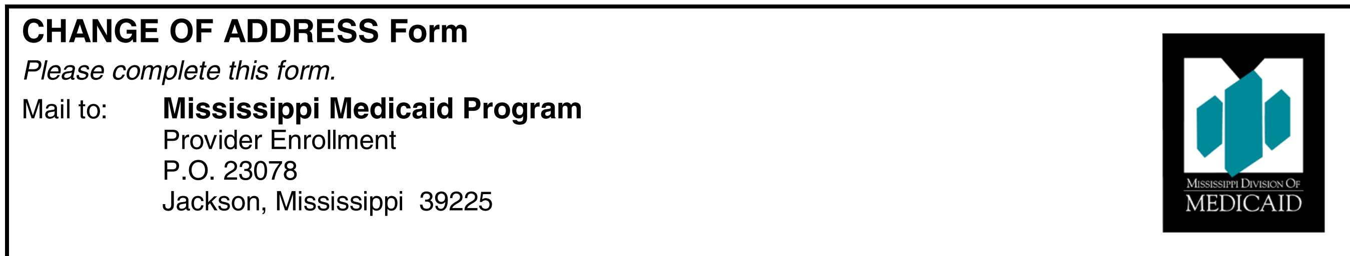
Policy Manual Reminder

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.

Provider Change of Address

In an effort to keep current and valid provider information on file with Mississippi Medicaid, your provider file will be closed if the fiscal agent receives returned mail. This procedure will go into effect September 1, 2002.

Please call ACS Provider Enrollment at (800) 884-3222 to verify that the correct information is on file. All change of address requests must be received in writing. Attached is a Change of Address Form. Please feel free to complete the following form and mail it to ACS State Healthcare.



CHANGE OF ADDRESS Form

Please complete this form.

Mail to: **Mississippi Medicaid Program**
Provider Enrollment
P.O. 23078
Jackson, Mississippi 39225

Mississippi Division Of
MEDICAID

Provider Information

Medicaid Provider Number							*Medicaid Provider Name*

Change of Address Information

Please check the appropriate box below for the address type you wish to change.

☐ Servicing Address ☐ Billing Address

Changing Location From (Enter OLD Address)

Changing Location To (Enter NEW Address)

Authorization for Change

Change Authorized By (Please Print Name)

Signature

Title	*Date*

Get Your Claim Right the First Time!

In an effort to improve the quality of service we provide, ACS has identified the primary reasons why paper claims are being returned to providers. The following information is your guide to understanding the importance of getting your claim filed correctly.

The Route of the Claim

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.

The Main Reasons a Claim Can be Returned

Presently, claims are being returned to providers for the following:

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

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. **Did you know that the majority of returned claims are due to the provider's failure to sign the claim?** Mississippi Medicaid requires an original signature from providers on all paper claims. Stamps are not acceptable. Be sure you submit all paper claims with original provider signatures to ensure your claims will be processed in a timely manner!
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 Medicare has made payment.
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. FAXED COPIES OF CLAIMS CANNOT BE ACCEPTED.

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

September

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SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2 DOM, HSM, and ACS CLOSED CHECKWRITE	3	4	5 EDI Cut Off 5:00 p.m.	6	7
8	9 CHECKWRITE	10	11	12 EDI Cut Off 5:00 p.m.	13	14
15	16 CHECKWRITE	17	18	19 EDI Cut Off 5:00 p.m.	20	21
22	23 CHECKWRITE	24	25	26 EDI Cut Off 5:00 p.m.	27	28
29	30 CHECKWRITE					

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.