Mississippi Medicaid Bulletin

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January 2003

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AVRS Changes

Two changes have recently been added to the Mississippi Medicaid Automated Voice Response System:

1) EPSDT providers may now determine if an EPSDT screening is available for a Medicaid child less than 21 years of age. Go through the prompts for Service Limits and indicate the screening code to be used. If a claim has not been paid for the code, a response of "screen available" will be spoken. If a claim has been paid, a response of "screen not available" will be spoken

2) Providers are now able to bypass the audit number when checking eligibility through the AVRS by pressing the # key on the telephone.

We hope that these features will help Mississippi Medicaid providers use the AVRS more effectively and efficiently.

Positron Emission Tomography Scans (PET Scans)

Effective for dates of service on or after January 1, 2003, Positron Emission Tomography Scans (PET Scans) will be reimbursed by the Division of Medicaid (DOM). Coverage is provided for those conditions and/or uses documented as medically necessary and documentation demonstrates specified criteria have been met.

Please refer to Section 46 of the Medicaid Provider Policy Manual at the DOM website, www.dom.state.ms.us for conditions of coverage and specific criteria.
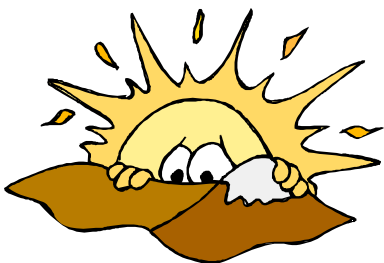
Envision on the Horizon

HIPAA, the Health Insurance Portability and Accountability Act of 1996, has become a common word in our vocabulary. One word you may not be familiar with is *Envision*.

Envision is the comprehensive name of the system that the Division of Medicaid is developing in preparation for compliance with the Administrative Simplification Provisions of HIPAA as well as renovating the current **M**edicaid **M**anagement **I**nformation **S**ystems (MMIS).

The concept of the *Envision* system was approved by the Centers for Medicare & Medicaid Services (CMS) on August 15, 2001, when it approved DOM's Advanced Planning Document (APD) on the analysis and justification for replacing the current Mississippi MMIS. The implementation of the *Envision* system has afforded the Division of Medicaid the opportunity to thoroughly examine current operating practices from all areas. *Envision* will not only address HIPAA, it will also help streamline and standardize DOM's current computer systems and administrative practices for greater interconnectivity and a sharing of data across a seamless platform. The end result will be a system that serves the Division's goal of providing quality healthcare services and improving the lives of Medicaid beneficiaries.

In order to be HIPAA compliant, DOM will be undertaking a re-enrollment of all Medicaid Providers (*see related article "Coming Soon" on this page*).

In the coming months we will be sharing with you more details of our progress on the *Envision* system and how it impacts you…our provider community.

Coming Soon!

To be compliant with the new HIPAA guidelines, every Medicaid provider will be required to re-enroll. ACS and the Mississippi Division of Medicaid are working together to assure each provider that the re-enrollment process is streamlined, efficient, and easy.

Providers will have the option to complete a paper re-enrollment application or enroll via the website. Regardless of when you enrolled as a Medicaid provider, a new application will have to be completed. Enrollment information and deadlines will be mailed to you in the near future.

2002 Physician Fee Update

In accordance with House Bill 1332, passed during the 1999 Legislative Session, effective July 1, 1999, the Division of Medicaid has updated the physician fees in compliance with the following language that requires that these fees be adjusted annually:

"All fees for physicians' services that are covered only by Medicaid shall be reimbursed at ninety percent (90%) of the rate established on January 1, 1999, and as adjusted each January thereafter, under Medicare (Title XVIII of the Social Security Act, as amended), and which shall in no event be less than seventy percent (70%) of the rate established on January 1, 1994..."

The 2002 update is effective for dates of services on and after July 1, 2002. The update was reflected on the December 2, 2002 remittance advice. A recovery of claims previously paid with dates of services on and after July 1, 2002, will be authorized in early 2003.

Pharmacy Notes:

- **72-Hour Emergency Supply**
  According to Title XIX of the Social Security Act for Mississippi, in emergency situations, the Division of Medicaid will allow payment for a 72-hour supply of drugs that are to be prior authorized.

  Emergency supplies should be reserved for situations in which the pharmacist may dispense a <u>one time only</u> 72-hour supply without prior authorization (PA), if the beneficiary's monthly prescription benefit limit has not been met. A 72-hour emergency supply may be provided to beneficiaries who are awaiting the acknowledgment of PA. The pharmacy will be reimbursed for this product even if the prescription is changed to an alternative medication or the PA is denied.

  If the drug is approved for PA, the emergency supply should be submitted as part of the original fill. The dispensing fee and beneficiary co-pay may not be collected until the remainder of the drug is dispensed.

  If the PA date range assigned does not include the 72-hour emergency dispense date, please notify Health Information Designs, Inc. at 1-800-355-0486.

  Claims for a 72-hour supply when the PA is not approved should be billed by hard copy claim to:

  > Division of Medicaid
  > Attn: Pharmacy Bureau
  > 239 N. Lamar Street, Suite 801
  > Jackson, MS 39201-1399

- **Telephoned and Faxed Prescriptions**
  The Division of Medicaid will accept refills on telephoned and/or faxed prescriptions from physician offices. It is the provider's responsibility to ensure the integrity of the prescription.

- **Transfer of Prescription to Another Pharmacy**
  The Division of Medicaid allows the transfer of a prescription from one pharmacy to another.

- **Brand Oral SR Opioid Agonist Prior Authorization Policy Clarification**
  The Division of Medicaid criteria maintain that daily dosage intervals of oral sustained-release opioid agonists should not exceed manufacturer guidelines or FDA requirements.

Windows-Based Claims Submission Software

Currently, Mississippi Medicaid providers use the DOS-based electronic billing software, NECS, to submit claims to Mississippi Medicaid. Coming in the new year, a new Windows-based software product will be available for electronic claims submission.

ACS has designed a new Windows-based software product called Windows Accelerated Submission and Processing 2000 (WINASAP2000). Just like NECS, this new Windows-based software allows the user to submit claim data electronically from a personal computer to ACS. And just like NECS, this software is free to all active Mississippi Medicaid providers.

Benefits of WINASAP2000:

- Electronic Void Capability
- Stable environment
- User friendly

To use WINASAP2000, your personal computer must meet the following minimum requirements:

- Windows 95 or higher operating system
- Pentium processor
- CD-ROM drive
- 50 megabytes of free disk space
- 64 megabytes of RAM
- Hayes compatible 9600 baud asynchronous modem
- Telephone connectivity

Shortly, a software packet will be sent to all current NECS submitters. This packet will contain:

- The new claims submission software WINASAP2000
- Instructions on how to install the software and
- Tips and Tricks for using the software.

If you do not receive this software packet by **March 1, 2003**, please call the ACS EDI Support Unit at 1-866-225-2502 to request one.

Look for more information about this exciting new product by ACS by visiting our Mississippi Medicaid website at http:\\www.acs-gcro.com.

Allowable Board of Directors Fees

for Nursing Facilities, ICF-MR's and PRTF's 2002 Cost Reports

The allowable Board of Directors fees that will be used in the desk reviews and audits of 2002 cost reports filed by nursing facilities (NF's), intermediate care facilities for the mentally retarded (ICF-MR's), and psychiatric residential treatment facilities (PRTF's) have been computed. The computations were made in accordance with the Medicaid State Plan by indexing the amounts in the plan using the Consumer Price Index for All Urban Consumers - All Items. The amounts listed below are the per meeting maximum with a limit of four (4) meetings per year.

The maximum allowable, per meeting Board of Directors fees for 2002 are as follows:

Category	Maximum Allowable Cost for 2002
0 - 99 Beds	$3,027
100 - 199 Beds	$4,540
200 - 299 Beds	$6,053
300 - 499 Beds	$7,566
500 Beds or More	$9,080

2003 New Bed Values for Nursing Facilities, ICF-MR's and PRTF's

The new bed values for 2003 for nursing facilities, intermediate care facilities for the mentally retarded (ICF-MR's) and psychiatric residential treatment facilities (PRTF's) have been determined by using the R.S. Means Construction Cost Index. These values are the basis for rental payments made under the fair rental system of property cost reimbursement for long-term care facilities.

Facility Class	2003 New Bed Value
Nursing Facility	$32,210
ICF-MR	$38,652
PRTF	$38,652

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

The Division of Medicaid will sponsor several training sessions on using the electronic cost report software. Morning and afternoon training sessions will be held April 29 and 30, 2003. Two sessions will be held each day. The session times will be 9:00 to 12:00 and 1:30 to 4:30. Training will be held in downtown Jackson in Suite 804 of the Robert E. Lee Building. 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 choices for time and date of session, and contact information for a response from DOM. Confirmation of your registration along with directions will be sent to you by fax or e-mail.

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.

Update to State Plan

For updates to the Medicaid State Plan, please refer to the DOM website (www.dom.state.ms.us). Proposed amendments, retracted/withdrawn amendments, and approved amendments will be posted under the topic State Plan.

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.

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 **DOM and ACS CLOSED**	2 **EDI Cut Off 5:00 p.m.**	3	4
5	6 CHECKWRITE	7	8	9 **EDI Cut Off 5:00 p.m.**	10	11
12	13 CHECKWRITE	14	15	16 **EDI Cut Off 5:00 p.m.**	17	18
19	20 **DOM and ACS CLOSED** CHECKWRITE	21	22	23 **EDI Cut Off 5:00 p.m.**	24	25
26	27 CHECKWRITE	28	29	30 **EDI Cut Off 5:00 p.m.**	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.