

Mississippi Medicaid

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Bulletin

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Sterilization Consent Forms

Sterilization consent forms are scanned into the Envision system when sent to ACS for processing. To ensure that the forms are processed correctly, please verify that all of the appropriate form fields are completed and the signature and dates are clear and legible. The consent form consists of several copies. Please use a ballpoint pen and apply sufficient pressure when completing the forms to create legible documents.

ICD9-CM Code Update

As a result of the Health Insurance Portability and Accountability Act (HIPAA), providers are required to bill with current code sets. The Division of Medicaid has updated its system to accept new and deny invalid ICD9-CM codes effective October 1, 2005.

Please remember that ICD9-CM is composed of codes with either 3, 4, or 5 digits. A code is invalid if it has not been coded to the full number of digits required for that code. Therefore, you must use a current version of ICD9-CM which is updated October 1 of each year.

Be sure to keep your previous books, as they may be needed when reconciling older claims.

Sanctioned/Excluded Providers

In order to meet Federal requirements regarding public notification of sanctioned Medicare/Medicaid providers as provided in 42 CFR Section 1002.212, the Mississippi Division of Medicaid has posted on its website at www.dom.state.ms.us a list of providers who have been excluded from participation in the Medicaid programs.



Hurricane Katrina Information

To: All Providers and Provider Associations
Re: Provision of Essential Services to Medicaid Beneficiaries Displaced by Hurricane Katrina

In response to the destruction resulting from Hurricane Katrina, the Mississippi Division of Medicaid is encouraging all medical providers and pharmacies to provide essential services for Medicaid beneficiaries who have migrated to your location.

We will work with providers in any State willing to serve our displaced Mississippi Medicaid beneficiaries to ensure enrollment in our program in order to provide reimbursement. Providers will be reimbursed based on coverage policies set forth by the Mississippi Division of Medicaid.

Provider Enrollment Procedures for Mississippi Medicaid:

Medical Services and Pharmacy Providers currently not enrolled as a Mississippi Medicaid provider may obtain a temporary provider number if they are enrolled in their State's Medicaid program. This Emergency Provider Enrollment Form may be obtained through the following website. Go to www.dom.state.ms.us and click on the link for [Mississippi Division of Medicaid EMERGENCY PROVIDER ENROLLMENT FORM for Out-Of-State Providers](#). Completed forms may be submitted via facsimile to a number listed in the form. For those providers not enrolled in their State's Medicaid program please complete a provider enrollment packet that can be obtained at <http://msmedicaid.acs-inc.com>

Mississippi Medicaid Eligibility Verification:

If a patient presents Mississippi Medicaid in your clinic/facility, you may verify Medicaid eligibility by calling 1-800-884-3222. Providers can verify eligibility by using the "dummy" provider number 08486836.

Our Mississippi Medicaid providers should also feel confident regarding reimbursement of services to displaced Medicaid beneficiaries from Louisiana. Please note that providers will be paid based on coverage policies established by the Louisiana Medicaid program.

Provider Enrollment Procedures for Louisiana Medicaid:

Medical Services and Pharmacy Providers currently not enrolled as a Louisiana Medicaid provider may obtain an enrollment packet through the following web site: www.lamedicaid.com Completed enrollment applications may be submitted via facsimile to a number listed in the packet or emailed in an adobe format to lois.harpole@unisys.com

Residents Displaced From Mississippi Medicaid Nursing Facilities

Procedures for Displacement within Mississippi

Residents that were displaced from a Mississippi Nursing Facility (NF) due to the Hurricane Katrina disaster and were transported and accompanied by staff to another Mississippi NF, should remain under the provider number of the original NF. If no staff followed the displaced residents to another nursing facility, the resident must be treated as a new admission by the receiving facility. All criteria for a long term care beneficiary must be followed by the receiving NF.

Policy Manual Additions/ Revisions

The following policies and policy sections have been added and/or revised in the DOM Provider Policy Manual. Providers of these services may view these changes by accessing the DOM website at www.dom.state.ms.us and clicking on "Provider Manuals" in the left window.

Manual Section	Policy Section	New	Revised	Effective Date
1.0 Introduction	1.07 Medicaid Regional Offices		X	10/01/05
3.0 Beneficiary Information	3.01 Eligibility of Persons		X	10/01/05
	3.02 Newborn Child Eligibility		X	
25.0 Hospital Inpatient	25.08 Newborn Child Eligibility		X	10/01/05
25.0 Hospital Inpatient	25.32 Newborn Hearing Screens		X	11/01/05
29.0 Vision Services	All		X	11/01/05
30.0 Hearing Services	All		X	11/01/05

Resubmitting 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 may use the web portal or contact the fiscal agent for a status report. If, upon completion of processing, the claim is rejected for a reason that justifies resubmission, then providers may resubmit claims.

TOP TEN REASONS CLAIMS ARE RETURNED TO PROVIDERS

1. Provider Signature Missing
2. Group or PIN Number Missing
3. Billing Date Missing
4. Total Charges Missing
5. Service Dates Missing
6. Missing Attachments (EOMB's, EOB's, TPL's)
7. Wrong Claim Type
8. Beneficiary ID Number Missing
9. Correction Fluid/Correction Tape
10. Highlighted Documents (Unable To Image)

Policy Manual Reminder

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

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ACS
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 Jackson, MS 39225

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 Manuals are on the Web www.dom.state.ms.us
 And Medicaid Bulletins are on the Web Portal <http://msmedicaid.acs-inc.com>

October

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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	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.