Mississippi Medicaid Bulletin

Volume 13, Issue 5

May 2007

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We Are Moving!

The Division of Medicaid Offices, currently located in the Robert E. Lee Building at 239 North Lamar Street in Jackson, moved to the Sillers Building, 550 High Street in Jackson.

Medicaid providers will have uninterrupted access to eligibility and medical claims information through the web portal of our current fiscal agent, ACS. The move will not affect claims being processed.

Medicaid Regional Offices will be open for business during this moving period.

All telephone numbers will remain the same at the new Sillers Building location.

All mail should continue to be sent to the Office of the Governor, Division of Medicaid, 239 North Lamar Street, Suite 801, Jackson, Mississippi 39201-1399 until further notice.

Billing Tip: Importance of Maintaining Current Information On Medicaid Provider Files

Due to system enhancements and the implementation of NPI over the next few months, it is very important that each provider file reflect the most current information. Correspondence and announcements are forwarded to the specific contact information on the Medicaid provider file.

Updates to the provider file could include change of practice location, telephone number, fax number, email address, link to appropriate Medicare group number, or adding your NPI number. Please fax all changes to be made to your provider file to the attention of ACS Provider Enrollment at 601-206-3015.

NPI is Here!!!! NPI Compliance Date - May 23, 2007!!!

NPI: Get it. Share it. Use it.

The National Provider Identifier (NPI) compliance date is May 23, 2007. By now, providers should have already obtained their NPI and provided it to the Division of Medicaid. For instruction on providing your NPI to DOM, please refer to pages 3-4 of your November 2006 Mississippi Medicaid Provider Bulletin.

From April 27, 2007 to May 22, 2007, providers may bill their claims using either their 8-digit Mississippi Medicaid provider number or their NPI.

Providers should begin using *ONLY* their NPI when billing their claims to Mississippi Medicaid on May 23, 2007. Providers should not use their 8-digit Mississippi Medicaid provider number on and/or after May 23, 2007.

For billing instructions on use of the NPI for the UB04 claim form, refer to pages 7-12 of your March 2007 Mississippi Medicaid Provider Bulletin.

For billing instructions on use of the NPI for the CMS-1500 claim form, refer to pages 7-9 of your April 2007 Mississippi Medicaid Provider Bulletin.

Providers who have obtained one NPI for multiple Medicaid provider numbers **MUST** bill the appropriate taxonomy code on their claims. Please refer to the billing instructions for the UB04 and CMS-1500 for specific directions on billing the taxonomy code.

Where can I obtain more information?

Additional information has been published in previous Provider Bulletins, the DOM website at www.dom.state.ms.us, and on the MS Envision Web Portal at http://msmedicaid.acs-inc.com. You may also contact ACS Provider/Beneficiary Support at 1- 800-884-3222 if you have questions or visit http://www.cms.hhs.gov/NationalProvIdentStand/.

Late Breaking News!!!

Have you checked Late Breaking News on the Envision Web Portal at http://msmedicaid.acs-inc.com? Look in the upper right hand corner under "What's New?" and click on "Late Breaking News."

Late Breaking News provides important and timely updates on Medicaid claims issues. This news section provides information on current systems issues and their resolutions. Please read this section daily to stay abreast of issues that may affect the billing process and claims payment.

Sterilization Benefits

Sterilization procedures are covered benefits under most Medicaid categories of eligibility, which includes 29 (Family Planning) and 88 (Pregnant Women). The MA 1001 (Sterilization Consent Form) must be completed and submitted according to current guidelines. Please refer to the November 2005 Mississippi Medicaid Bulletin and Mississippi Medicaid Provider Manual section 25.29 for instructions on completion of the MA 1001.

A valid copy of the Mississippi Medicaid Sterilization Consent form can be obtained by contacting the ACS Provider and Beneficiary Services at 1-800-884-3222. A Customer Service Representative will provide a current copy of the sterilization consent form upon request. The consent form will be sent as a set with an original and two carbon copies. The original form is for the patient's record and the remaining two carbon copies are for the physician and the Fiscal Agent (ACS).

Excluded and Sanctioned 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 that have been excluded from participation in the Medicaid programs.

The effect of an exclusion (not being able to participate) is:

- No payment will be made by any Federal health care program for any items or services furnished, ordered, or prescribed by an excluded individual or entity. Federal health care programs include Medicare, Medicaid, and all other plans and programs that provide health benefits funded directly or indirectly by the United States (other than the Federal Employees Health Benefits Plan). For exclusions implemented prior to August 4, 1997, the exclusion covers the following Federal health care programs: Medicare (Title XVIII), Medicaid (Title XIX), Maternal and Child Health Services Block Grant (Title V), Block Grants to States for Social Services (Title XX), and State Children's Health Insurance (Title XXI) programs.

- No program payment will be made for services that an excluded person furnishes, orders, or prescribes. This payment prohibition applies to the excluded person, anyone who employs or contracts with the excluded person, any hospital or other provider where the excluded person provides services, and anyone else. The exclusion applies regardless of who submits the claims and applies to all administrative and management services furnished by the excluded person.

- There is a limited exception to exclusions for the provision of certain emergency items or services not provided in a hospital emergency room. See regulations at 42 CFR 1001.1901(c).

Top Ten Reasons Claims Are Returned To Providers

1. Provider Signature Missing
2. Group or PIN 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 Fields (Unable To Scan)

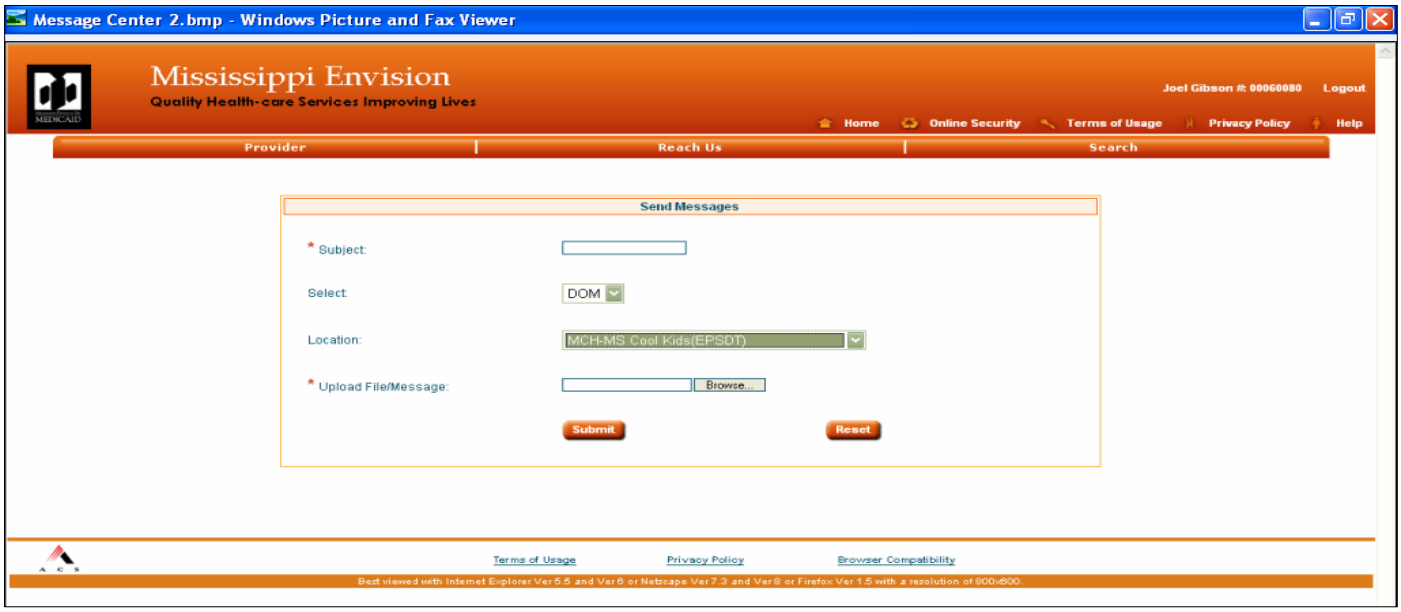
Acquiring Additional Bulletins

As the fiscal agent for the Mississippi Medicaid program, ACS is responsible for distributing information regarding policy changes and mandates to the provider community. For this reason, a copy of the monthly Medicaid Bulletin must be sent to every active provider. If additional copies are needed, the bulletins may be downloaded from the web portal at the following address: **http://msmedicaid.acs-inc.com**. Providers may simply call the ACS Provider and Beneficiary Services call center at 1-800-884-3222 to make a request.

Envision Web Portal Message Center

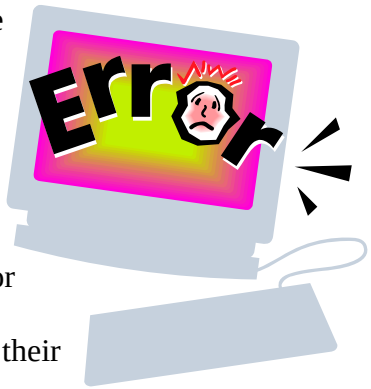
One of the enhanced features available to providers on April 30, 2007, is the Envision web portal Message Center. Each provider will be able to log on to a secure section of the web portal, and interactively with the Division of Medicaid and ACS, be able to use the Message Center to communicate with the two agencies. Each Monday remittance advices (RAs) will be automatically sent via the Message Center. The RAs can be saved or printed directly from the Message Center. The provider will be alerted to waiting transmissions by a small mail icon.

Providers will be able to ask questions of ACS Provider and Beneficiary Services (PBS) as well as receive responses via the Message Center. All transmissions will be available for viewing for 60 days.



For additional questions regarding the Envision web portal, please contact ACS Provider and Beneficiary Services at 1-800-884-3222.

Common Billing Errors by Out-of-State Providers



The following list reflects the most common billing errors made by out-of-state providers which may result in a delay or denial of payment. Out-of-state providers are encouraged to check these items carefully before submitting claims to Mississippi Medicaid for payment.

1. **Beneficiary is not eligible on Date of Service (DOS**) - MS Medicaid beneficiary eligibility was not verified prior to services being performed.
2. **Benefits exhausted** - Beneficiary is eligible on DOS but service limits for the requested services have already been met for the fiscal year.
3. **Wrong/incorrect provider number** - Providers using numbers other than their Mississippi Medicaid provider number.
4. **Unenrolled/Inactive/Unlinked Provider**
    a. Unenrolled Provider - Provider is not enrolled as an active Mississippi Medicaid provider on the DOS.
    b. Provider eligibility expired - Provider number was enrolled as a Mississippi Medicaid provider; however, eligibility has lapsed because the provider was no longer active on DOS.
    c. Servicing Provider not in Billing Group - Servicing/rendering provider number is not properly linked/associated with the billing provider number and, therefore, payment cannot be made to the billing group.
5. **Prior Authorization (PA)/Treatment Authorization Number (TAN) missing** - The Provider failed to obtain, or provide, the required PA/TAN number supplied by
    a. Mississippi Division of Medicaid (DOM)
    b. HealthSystems of Mississippi (HSM)
    c. Health Information Designs (HID)
6. **Claims exceed timely filing limits** - Claims must be received within one (1) year of DOS for non-Medicare claims, or within 180 days of Medicare paid date for crossover claims.
7. **Billing the code that most accurately describes the services that were performed** - Providers are reminded that **not all CPT, HCPCS, or ICD-9 surgical codes are covered by Mississippi Division of Medicaid (DOM)**. Reimbursement is subject to DOM policy as well as Mississippi Medicaid beneficiary service limits.

Verifying Beneficiary Eligibility

Providers have a variety of resources for verifying the eligibility of a Medicaid beneficiary. Eligibility can be verified by contacting the ACS Provider and Beneficiary Services Call Center at 1-800-884-3222, by calling the AVRS at 1-866-597-2675, by utilizing the Mississippi Envision Web Portal at http://msmedicaid.acs-inc.com, and by using a swipe card verification device. You may also access the Web Portal for interactive beneficiary eligibility verification.

When verifying eligibility through the call center, please obtain the call record number (CRN) from the Call Center Associate prior to ending the call. When verifying eligibility through the web portal, please print a copy of the documentation which contains the eligibility information. If verifying eligibility through the use of a swipe card verification device, please keep a copy of the receipt. If verifying eligibility through the use of the AVRS, please document the audit reference number. Please be advised that these are tools for providers to determine eligibility prior to treatment being performed; however, this is not a guarantee of payment.

REMINDER
Pre-Admission Screening (PAS) Training for Nursing Facilities, Hospital Discharge Planners, and Other Medical Professionals

The Division of Medicaid (DOM) has the ultimate responsibility for the development of a new pre-admission screening assessment process for entry to the Division of Medicaid long-term care programs as a result of the Billy A Lawsuit settlement. The new PAS form will replace all Home and Community Based Services DOM HCBS 260 forms and the current Nursing Facility DOM NF 260 form (Physician Certification for Nursing Facility Care and Mental Illness/Mental Retardation Screening). The training will be conducted by E P& P Consulting, Inc., and the Division of Medicaid.

On May 8, 2007, this training for the Pre-Admission Screening (PAS) process will be held for nursing facilities, hospital discharge planners, and other medical professionals at the UMC Conference Center in the Jackson Medical Mall, from 9:00 a.m. – 3:00 p.m. There will be a maximum of two persons allowed per nursing facility in order to accommodate as many persons as possible from other provider groups. You may pre-register by using the form below. If you have not registered, please do so by May 7, 2007. For more information, contact Mike Gallarno at 601-359-6697, Evelyn Silas at 601-359-6750, or Rebecca Martin at 601-359-9548.

DIVISION OF MEDICAID, BUREAU OF LONG TERM CARE
Registration for May 8, 2007, Pre-Admission Screening (PAS) Training

NAME OF FACILITY/PROVIDER	ADDRESS AND TELEPHONE NUMBER
PERSON ATTENDING TITLE:	PERSON ATTENDING TITLE:

FAX TO
TREMEKA MINOR AT 601-359-1383

OR

MAIL TO
DIVISION OF MEDICAID, BUREAU OF LTC
ATTN: TREMEKA MINOR
239 NORTH LAMAR STREET, SUITE 801
JACKSON, MISSISSIPPI 39201-1399

Frequently Asked Questions in the Pharmacy about Medicaid

Many of the following questions have been addressed previously in the MS Medicaid Provider Bulletin. However, since the Pharmacy Bureau continues to receive inquiries regarding these subjects, these questions will be answered again.

Question: Why are some drugs not covered by Medicaid?
Response: Drug non-coverage may be due to

- Non-rebated drug: Prescription drugs for Medicaid beneficiaries are restricted to medically necessary products manufactured by pharmaceutical companies who agree to participate in the CMS rebate program. A drug repackager is an example of a company who does not participate in the CMS rebate program.
- DESI Drug: A DESI drug is any drug that lacks substantial evidence of effectiveness, or is 'less than effective' according to the FDA regulations. Mississippi Medicaid does not reimburse for drugs which have been FDA categorized as DESI 5 or 6. For a current listing of DESI drugs, go to the CMS DESI drug website at http://www.cms.hhs.gov/MedicaidDrugRebateProgram/12_LTEIRSDrugs.asp
- Excluded drugs: Some categories of drugs are excluded from coverage in accordance with OBRA '90. Examples include, but are not limited to, drugs for cosmetic purposes, fertility drugs, drugs for cough and cold, and drugs for weight loss.
- Other: The National Drug Code number is obsolete; that is, the manufacturer has notified CMS and FirstDataBank (FDB) that they are no longer manufacturing the product or using this NDC number.

Question: Are contraceptives and prenatal vitamins on the Preferred Drug List (PDL)?
Response: No. Most oral contraceptives and prenatal vitamins are covered by Medicaid. Routine service limits apply, the generic mandate applies, and the manufacturer must participate in the federal rebate program. Prenatal vitamins are covered during a beneficiary's pregnancy but not after delivery. Place the letter "P" following the beneficiary's Medicaid number in processing prescription claims for these pregnant beneficiaries. Please note that prenatal vitamins is *not* a covered service for beneficiaries enrolled in the Family Planning Waiver Program (yellow card).

Question: What pharmacy services are covered for beneficiaries who are in the Family Planning Waiver and have a yellow Medicaid card?
Response: Beneficiaries enrolled in the Family Planning Waiver are eligible for Medicaid coverage for family planning services only, and ***are not eligible for any other Medicaid services***. The only pharmacy services reimbursed for this beneficiary population are contraceptive injections and patches. The Family Planning Waiver program is a collaborative venture between the Mississippi Department of Health and the Division of Medicaid, and oral contraceptives are supplied by the Department of Health.

Question: Can pharmacies qualify to receive oral contraceptives from the Health Department?
Reponse: No. These oral contraceptives are to be viewed similar to physician samples which the prescriber physically hands to the beneficiary. The Mississippi Department of Health pays for oral contraceptives.

Question: How do I access pharmacy information on the DOM web page? What information is available?
Response: The Division of Medicaid's website may be referenced at http://www.dom.state.ms.us. Select and click on Pharmacy Services which is located in the menu on the left side of the page; go to the Pharmacy Services Page and select the topic(s) of interest. There are many areas of interest for pharmacists such as

NPI Number Information
Provider Bulletins
Preferred Drug List
Preferred/Non-Preferred Drug List
Medicare Part D Help
DOM's OTC Formulary
90-day Maintenance Drug List
Products with Quantity Limits
Prior Authorization Forms
Timely Pharmacy News

Clarification: Albuterol inhalers and DOM's PDL

The Pharmacy Bureau continues to receive questions about Mississippi Medicaid's Preferred Drug List and the limited availability of Albuterol. Preferred drugs have been selected for their efficaciousness, clinical significance, cost effectiveness, and safety. Many preferred drugs have supplemental rebates, and the retail cost and Medicaid costs are not the same. Since April 1, 2006, Albuterol CFC has been a preferred drug and Albuterol HFA has been a non-preferred drug. Albuterol CFC is being phased out and complete withdrawal from the marketplace is to be no later than December 31, 2008. For more information about the timeline and withdrawal of Albuterol CFC from the marketplace, go to the FDA's website at http://www.fda.gov/cder/; select drug shortages, and go to Albuterol.

Inhaled respiratory agents, such as Albuterol, were reviewed by the P & T Committee on April 10, 2007, and subsequent changes to the PDL will become effective on July 1, 2007. For the complete PDL, refer to our website at www.dom.state.ms.us; select Pharmacy Services, and click on PDL. A chart listing preferred and non-preferred sympathomimetic respiratory agents as of April 1, 2006, is included for your easy reference:

Preferred Drugs Override/PA not required	Non-Preferred Drugs Override/ PA IS required
Sympathomimetics	
albuterol (soln.for inhal., syrup, tabs)	**albuterol HFA (generic, Ventolin HFA, Proventil HFA**)
albuterol CFC (*until completely withdrawn*	albuterol (**AccuNeb, Vospire ER**)
from the market by 12-31-08)	formoterol (**Foradil**)
levalbuterol (**Xopenex Inhalation Sol**)	pirbuterol (**Maxair**)
levalbuterol (**Xopenex HFA**)	
metaproterenol	
salmeterol (**Serevent Diskus**)	
terbutaline	

Question: My patient needs more than two brands and/or five drugs monthly. Are there any options for more drug coverage monthly?
Response: State law, which became effective June 30, 2005, limited the number of prescription drugs reimbursed by Medicaid to a limit of five prescription drugs per month with no more than two of those being for brand-name drugs for all non-institutionalized beneficiaries. The only exception to this benefit limit is the number of drugs for beneficiaries under the age of 21, when it is deemed medically necessary. The medically necessary prior authorization form for beneficiaries under the age of 21 may be found at our web site, www.dom.state.ms.us; select Pharmacy Services.

The Division of Medicaid has identified certain drugs that are used to maintain certain conditions. These drugs may be dispensed in 90-day supply increments. Refer to our web site at www.dom.state.ms.us under Pharmacy Services for the current listing of drugs that may be dispensed in a 90-day supply as maintenance drugs. Please note that this list may be routinely revised.

Question: Cough and cold products are not covered by Medicare. What cough products are covered by DOM for Medicaid beneficiaries, including the dually eligible Medicare/Medicaid beneficiary?
Response:

- promethazine with codeine (compares to Phenergan with codeine)
- guaifenesin (compares to Robitussin)
- guaifenesin with dextromethorphan (compares to Robitussin DM)
- guaifenesin with codeine *(compares to Robitussin AC)*
- guaifenesin, pseudoephrine, and codeine *(compares to Robitussin DAC)*

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
7.0 General Policy	7.05 Healthcare Practitioner Peer Review Protocol		X	05/01/07
12.0 Non-Emergency Transportation (NET)	12.05 Modes of Transportation Motel/Hotel Reimbursement		X	05/01/07
15.0 MH/ Community Mental Health	15.30 Billing Guidelines		X	05/01/07
29.0 Vision Services	29.09 Cataract/Ocular Surgery 29.13 Documentation 29.14 Reserved for Future Use 29.15 Lacrimal Punctum Plugs	 X X	X X	05/01/07
42.0 Foot Care	42.24 Exclusions Relating to Foot Care		X	05/01/07
52.0 Surgery	52.17 Lacrimal Punctum Plugs	X		05/01/07
2.0 Benefits	2.03 Exclusions		X	06/01/07
7.0 General Policy	7.09 Fundraising	X		06/01/07
15.0 MH/ Community Mental Health	15.07 Reserved for Future Use		X	06/01/07
26.0 Hospital Outpatient	26.28 Radiopharmaceuticals	X		06/01/07
28.0 Transplants	28.08 Fundraising		X	06/01/07
31.0 Pharmacy	31.10 Refills/Renewals of Prescription Drugs 31.12 Prior Authorization 31.25 Return to Stock/Claims Reversals	 X	X X	06/01/07 06/01/07 06/01/07
46.0 Radiology	46.05 Radiopharmaceuticals	X		06/01/07
53.0 General Medical	53.30 Wellness Policy	X		06/01/07
55.0 Physician	55.12 Radiopharmaceuticals	X		06/01/07
46.0 Radiology	46.06 Teleradiology	X		07/01/07

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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P.O. Box 23078
Jackson, MS 39225

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

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

May

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Sunday	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*
		1	2	3 **EDI Cut Off 5:00 p.m.**	4	5
6	7 CHECKWRITE	8	9	10 **EDI Cut Off 5:00 p.m.**	11	12
13	14 CHECKWRITE	15	16	17 **EDI Cut Off 5:00 p.m.**	18	19
20	21 CHECKWRITE	22	23	24 **EDI Cut Off 5:00 p.m.**	25	26
27	28 **DOM and ACS CLOSED** CHECKWRITE	29	30	31 **EDI Cut Off 5:00 p.m**		

Checkwrites and Remittance Advices are dated every Monday. The Remittance Advice is available for download each Monday morning at http://msmedicaid.acs-inc.com while funds are not transferred until the following Thursday.