

Mississippi Medicaid

Volume 14, Issue 5

May 2008

Bulletin

Inside this Issue

Compliance With Title VI of the Civil Rights Act of 1964	1
Assistance from ACS Provider Field Representatives	2
Web Portal Reminder	4
Medicaid Long Term Care (LTC) Pre-admission Screening (PAS) Update	5
Policy Manual Reminder	5
Co-payments for Outpatient Hospital – Reminder	6
Recent Questions Received in the Pharmacy Bureau About Tamper Resistant Prescription Pads/Paper (TRPP) Federal Mandate	6
Recent Actions Regarding Carisoprodol	8
Tapering Carisoprodol (Soma)	8
Policy Manual Additions/Revisions	9

Compliance With Title VI of the Civil Rights Act of 1964

The Division of Medicaid will be conducting Title VI Civil Rights Compliance Reviews beginning June 2008 for the following provider groups: hospitals, nursing facilities, and a random sampling of physicians and dentists. Select providers will be notified during the month of May 2008 to submit the required documents approved under the State Plan. The reviews shall be conducted in accordance with and by the authority of the Department of Health and Human Services, Office of Civil Rights (OCR), which is charged with monitoring Title XIX service providers to insure their compliance with federal nondiscriminatory regulations. Pursuant to Title VI of the Civil Rights Act of 1964, “No person in the United States shall, on the grounds of race, color or national origin (including persons with limited English proficiency) be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program to which this part applies.”

Providers who have completed their compliance review with the Medicare Program will be requested to submit a copy of their current Medicare Civil Rights Compliance approval letter, and shall not be required to complete the Medicaid compliance review forms. Medicaid’s compliance review process mirrors the Medicare requirements, as both programs are recipients of federal financial assistance and are monitored by the Office of Civil Rights for compliance with the statute.

The Division of Medicaid will make available all respective implementing regulations, relevant data, and required information necessary for the Office of Civil Rights to determine compliance by providers and other participating service providers with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. The requirements in its entirety can be viewed at www.dom.state.ms.us/ under the State Plan link located in the box on the left hand side of the home page. Once you have determined that you have the appropriate documentation to be submitted, you will be required to mail it to:

Attention: Dinne Ensley, Division of Medicaid, 550 High Street, Suite 1000, Jackson, MS 39201-1399; or send electronically via e-mail as an attachment to fca.@dom.state.ms.us.

If you need additional information, contact Evelyn Silas or Dinne Ensley at 601-359-6133.



Assistance from ACS Provider Field Representatives May 2008

ACS Provider Field Representatives will provide services to providers in all counties within the state, and some areas outside of the state. They are available to assist you by telephone, email, or in person with complex billing questions, claims issues, and provider education. However, if your respective Provider Field Representative is out of the office on a field visit or not available, feel free to leave a detailed voice mail message. A response should be provided to you within two business days of your call.

Provider visits will be scheduled at the convenience of you the provider. So that any issue(s)/problem(s) can be researched and addressed in an expeditious manner, it is requested that your issue(s) or problem(s) be submitted in writing to your Provider Field Representative prior to any scheduled visit.

ACS Provider Field Representatives may be reached by contacting them directly, using the telephone numbers listed in the chart below. Please be aware that representatives are assigned by billing location, and not by service location.

County	Provider Representative	Telephone #
Adams	Rebecca Boren	601.206.3030
Alcorn	Prentiss Kitchens	601.206.3042
Amite	Rebecca Boren	601.206.3030
Attala	Ekida Wheeler	601.572.3265
Benton	Prentiss Kitchens	601.206.3042
Bolivar	Rebecca Boren	601.206.3030
Calhoun	Prentiss Kitchens	601.206.3042
Carroll	Ekida Wheeler	601.572.3265
Chickasaw	Prentiss Kitchens	601.206.3042
Choctaw	Ekida Wheeler	601.572.3265
Claiborne	Rebecca Boren	601.206.3030
Clarke	Parren Clark	601.572.3275
Clay	Cherry Woods	601.206.3013
Coahoma	Cynthia Morris	601.572.3237
Copiah	Rebecca Boren	601.206.3030
Covington	Chris Gibson	601.206.2948
Desoto	Cynthia Morris	601.572.3237
Forrest	Randy Ponder	601.206.3026
Franklin	Rebecca Boren	601.206.3030
George	Connie Mooney	601.572.3253
Greene	Randy Ponder	601.206.3026
Grenada	Ekida Wheeler	601.572.3265
Hancock	Connie Mooney	601.572.3253
Harrison	Connie Mooney	601.572.3253

Continued on the next page

County	Provider Representative	Telephone #
Hinds	Randy Ponder Parren Clark	601.206.3026 601.572.3275
Holmes	Ekida Wheeler	601.572.3265
Humphreys	Ekida Wheeler	601.572.3265
Issaquena	Rebecca Boren	601.206.3030
Itawamba	Prentiss Kitchens	601.206.3042
Jackson	Connie Mooney	601.572.3253
Jasper	Parren Clark	601.572.3275
Jefferson	Rebecca Boren	601.206.3030
Jefferson Davis	Chris Gibson	601.206.2948
Jones	Parren Clark	601.572.3275
Kemper	Cherry Woods	601.206.3013
Lafayette	Cynthia Morris	601.572.3273
Lamar	Randy Ponder	601.206.3026
Lauderdale	Cherry Woods	601.206.3013
Lawrence	Chris Gibson	601.206.2948
Leake	Ekida Wheeler	601.572.3265
Lee	Prentiss Kitchens	601.206.3042
Leflore	Ekida Wheeler	601.572.3265
Lincoln	Chris Gibson	601.206.2948
Lowndes	Cherry Woods	601.206.3013
Madison	Ekida Wheeler	601.572.3265
Marion	Chris Gibson	601.206.2948
Marshall	Cynthia Morris	601.572.3237
Monroe	Prentiss Kitchens	601.206.3042
Montgomery	Ekida Wheeler	601.572.3265
Neshoba	Cherry Woods	601.206.3013
Newton	Cherry Woods	601.206.3013
Noxubee	Cherry Woods	601.206.3013
Oktibbeha	Cherry Woods	601.206.3013
Panola	Cynthia Morris	601.572.3237
Pearl River	Connie Mooney	601.572.3253
Perry	Randy Ponder	601.206.3026
Pike	Chris Gibson	601.206.2948
Pontotoc	Prentiss Kitchens	601.206.3042
Prentiss	Prentiss Kitchens	601.206.3042
Quitman	Cynthia Morris	601.572.3237
Rankin	Chris Gibson	601.206.2948
Scott	Cherry Woods	601.206.3013
Sharkey	Rebecca Boren	601.206.3030
Simpson	Chris Gibson	601.206.2948
Smith	Chris Gibson	601.206.2948

County	Provider Representative	Telephone #
Stone	Connie Mooney	601.572.3253
Sunflower	Ekida Wheeler	601.572.3265
Tallahatchie	Cynthia Morris	601.206.3237

County	Provider Representative	Telephone #
Tate	Cynthia Morris	601.206.3237
Tippah	Prentiss Kitchens	601.206.3042
Tishomingo	Prentiss Kitchens	601.206.3042
Tunica	Cynthia Morris	601.206.3237
Union	Prentiss Kitchens	601.206.3042
Walthall	Chris Gibson	601.206.2948
Warren	Rebecca Boren	601.206.3030
Washington	Rebecca Boren	601.206.3030
Wayne	Parren Clark	601.572.3275
Webster	Ekida Wheeler	601.572.3265
Wilkinson	Rebecca Boren	601.206.3030
Winston	Cherry Woods	601.206.3013
Yalobusha	Cynthia Morris	601.572.3237
Yazoo	Ekida Wheeler	601.572.3265

Out of State Assignments

Alabama	Tamara Cry	601.206.3028
	Kimberly Guyton	601.206.2961
Mobile, Alabama	Connie Mooney	601.572.3253
Arkansas	Tamara Cry	601.206.3028
	Kimberly Guyton	601.206.2961
Louisiana	Tamara Cry	601.206.3028
	Kimberly Guyton	601.206.2961
Tennessee	Tamara Cry	601.206.3028
	Kimberly Guyton	601.206.2961
Memphis, Tennessee	Cynthia Morris	601.572.3237
Montana	Tamara Cry	601.206.3028
	Kimberly Guyton	601.206.2961
Nebraska	Tamara Cry	601.206.3028
	Kimberly Guyton	601.206.2961

Web Portal Reminder

For easy access to up-to-date information, Providers are encouraged to use the **Mississippi Envision Web Portal**. The Web Portal is the electronic approach to rapid, efficient information exchange with providers including eligibility verification, claim submission, electronic report retrieval, and the latest updates to provider information. The **Mississippi Envision Web Portal** is available 24 hours a day, 7 days a week, 365 days a year via the Internet at <http://msmedicaid.acs-inc.com>.

Medicaid Long Term Care Pre-Admission Screening Update

As a result of proactive input, from you as providers, the Division of Medicaid has been able to identify opportunities to clarify and improve the Pre-Admission Screening (PAS) process. Based on recent questions and feedback, the following reminders and points are offered:

- Remember to tab through the banner fields at the top of the PAS;
- Only the Medicaid ID number (9 digits) can be entered into the Medicaid ID number field at the top of the PAS in the banner field. Do not use dashes or characters which are not a part of the number; DO NOT enter N/A, Pending, Applied for, etc. However, if there is no Medicaid ID number, then the field should be left blank;
- If you receive a PA report that is blank, exit the Web and retry at a later time. If you still experience problems, please call us at (601) 359-6141;
- We are receiving PAS attachments which are not appropriate documents for the individual's Medicaid application process. When scanning and saving signed documents please consider giving the file a name that is easily recognized as the client's signed documents;
- Check eligibility on each client prior to beginning the Medicaid application process. This should be done whether the individual seeking services requires a PAS or not;
- Double check the Medicaid and Social Security Number (each are 9 digit numbers) before submitting the PAS. Do not use dashes or any character which is not included in the number;
- If you use the remote application, verify that all information is carried over;
- For individuals in nursing homes who wish to transition to a Home and Community Based Service (HCBS) Waiver program, the person, family or nursing home professional should contact Medicaid HCBS at (601) 359-6141.

Section X, PAS Summary and Certification

- The physician must select whether or not the determination has been made that a PASRR Level II is necessary;
- The date of signature must be noted;
- A primary diagnosis code must be included (and a secondary diagnosis code, when applicable);
- The electronic attestation should only be completed if the physician chooses to follow the necessary steps available through the Envision web portal, in lieu of a hard copy signature. This process has been successfully completed by a number of physicians, and others are encouraged to utilize this feature.
- If faxing documents to the Division of Medicaid for scanning, note the applicant's name on each page of the faxed documents. We are working to develop an automated function for this on PAS printouts in the future.

Thank you for helping to make this process easier and more user friendly. Should you have questions about any Medicaid Long Term Care related services, please call the Bureau of Long Term Care at (601) 359-6141 and your call will be directed to the appropriate program area.

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.

Co-payments for Outpatient Hospital – Reminder

Effective April 1, 2008, the Division of Medicaid requires the collection of a \$3.00 co-payment for all beneficiaries receiving services in an outpatient hospital setting UNLESS the beneficiary or service is exempt from the co-payment. When the beneficiary is exempt from the co-payment an exception code must be placed on the claim. It is the provider's responsibility to bill the claim with the appropriate co-payment exception code, and to collect the co-payment from the beneficiary. If an exception code is not billed on the claim, Medicaid will subtract the \$3.00 co-payment from the claim's payment amount. Refer to the Mississippi Medicaid Policy Manual Section 3.08 for details about co-payments and co-payment exception codes.

Co-payment exception codes are:

- K Infant
- C Children under 18
- P Pregnant Women
- N Nursing Facility
- F Family Planning
- E Emergency Services
- O Chemotherapy (Drug Therapy for Cancer) – outpatient hospital only
- T Radiation Therapy – outpatient hospital only
- L Laboratory/Laboratory Pathology – outpatient hospital only

Recent Questions Received in the Pharmacy Bureau About Tamper Resistant Prescription Pads/Paper (TRPP) Federal Mandate

Question: Is there a grace period for prescribers to get tamper resistant pads/paper?

Response: As of April 1, 2008, all non-electronic Medicaid prescriptions must be on tamper-resistant prescription pads/paper. The grace period to obtain compliant tamper resistant pads/paper (TRPP) ended on March 31, 2008.

Question: Do refills go by the same rule? Can they be refilled without the tamper resistant prescription pads/paper?

Response: Refills of written prescriptions presented at a pharmacy before April 1, 2008, are exempt.

Question: Are pharmacies required to document telephoned prescriptions on tamper resistant pads/paper?

Response: No.

Question: Why is MS Medicaid starting a tamper resistant pad/paper program?

Response: In 2007, Congress enacted a provision that mandates all Medicaid prescriptions be written on 'tamper resistant' pads or paper in order to be eligible for reimbursement by Medicaid. The goal of the tamper resistant prescription pad/paper federal mandate is to reduce the number of fraudulent prescriptions for which Medicaid reimburses. For additional information regarding the tamper resistant pad/paper federal mandate, refer to DOM's website at www.dom.state.ms.us; go to Pharmacy Services and select Tamper Resistant Pad/Paper (TRPP) information.

Continued on the next page

Question: Do my prescription pads meet the tamper resistant criteria?

Response: It is the responsibility of prescribers to select documents with tamper resistant features in order to comply with the federal mandate.

Question: Do computer generated prescriptions on plain paper meet the tamper resistant requirements?

Response: No. Computer generated prescriptions are not exempt from the TRPP mandate. As with written prescriptions, computer generated prescriptions must incorporate at least one feature to be compliant. For example,

Quantity Border and Fill (for computer generated prescriptions on paper only)	Quantities are surrounded by special characters such as an asterisk to prevent alteration, e.g. QTY **50** Value may also be expressed as text, e.g. (FIFTY), (optional)
Refill Border and Fill (for computer generated prescriptions on paper only)	Refill quantities are surrounded by special characters such as an asterisk to prevent alteration, e.g. QTY **5** Value may also be expressed as text, e.g. (FIVE), (optional)

Question: Are batch numbers considered a valid feature on a prescription pad/paper?

Response: No. Each batch of prescription pads has a unique identifier assigned to a specific prescription pad vendor. Since MS Medicaid did not limit vendor access to this program, this feature is not an approved feature for the MS Medicaid program.

Question: Can a prescriber be called to verify the name of drug, strength, and refills if his/her prescription does not have tamper resistant features for Schedule II drugs?

Response: Yes. If a prescription is not on tamper-resistant paper, the pharmacy personnel should
 (1) Call the practice and verify both name and age of the beneficiary; (2) Verify the drug (including strength), the quantity, and refills. If more than one medication is specified, verify that all the medications were ordered.
 (3) Document the date, time, and person who verified the prescription. Notations can be made on the hard copy of the prescription or electronically.

Documentation must be retrievable for audit purposes.

Question: Will a personalized embossing stamp qualify as tamper resistant feature for my prescriptions?

Response: No.

Question: Does this rule apply to prescriptions for Part D?

Response: Part D excluded drugs paid for by Medicaid must be executed on tamper-resistant pad/paper.

Recent Actions Regarding Carisoprodol

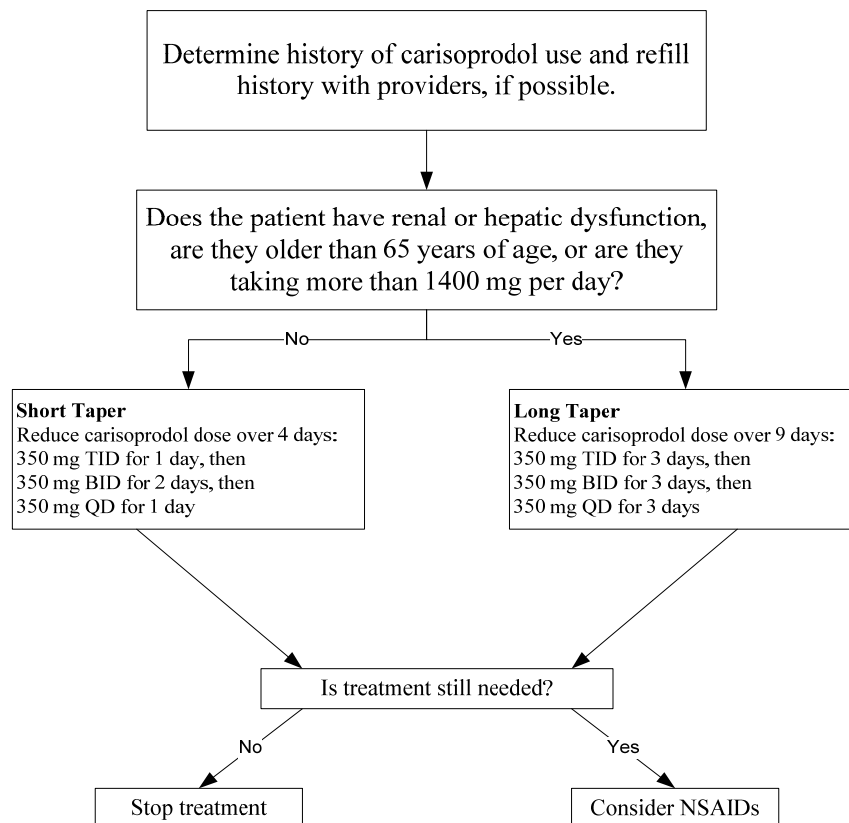
Soma® or carisoprodol, a centrally-acting skeletal muscle relaxant, is indicated for the relief of discomfort associated with acute, painful musculoskeletal conditions in adults, according to the Food and Drug Administration. This drug should only be used for short periods of time, up to two to three weeks, because efficacy in more prolonged cases has not been established. Also, in general, acute musculoskeletal injuries are of short duration.

Although carisoprodol is not a controlled substance, abuse associated with this drug is well-documented. Carisoprodol is metabolized to meprobamate, an anxiolytic and schedule IV controlled substance.

Effective July 1, 2008, all carisoprodol-containing products will be subject to the prior authorization process. The Division recommends that providers, with patients who are chronic users of carisoprodol, be proactive and begin the tapering process now. The following chart can be used to guide providers through the tapering regimen. More details regarding the prior authorization policy and criteria for carisoprodol will be included in the June 2008 bulletin and will be available on the agency's website at www.dom.state.ms.us.

Tapering Carisoprodol (Soma®)

Due to potential dependence, upon discontinuation of high doses of carisoprodol, patients may suffer withdrawal symptoms such as body aches, increased perspiration, anxiety and insomnia. To assist prescribers who wish to discontinue carisoprodol (Soma®), carisoprodol with aspirin (Soma® Compound), and carisoprodol with aspirin and codeine (Soma® Compound with Codeine), the following tapering schedule is available.



Tapering schedule developed by the Department of Veterans Affairs Medical Center, Portland, Oregon, as published in the Oregon DUR Board Newsletter. Oregon DUR Board Newsletter. 2002; 4:1. 28 December 2005. Reproduced by permission from the Oregon State University College of Pharmacy Department of Drug Use Research and Management.

*This schedule may not work for all patients. Each provider must review the specific circumstances of the patient and tailor any medical treatment plan to the specific case.

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
6.0 Third Party Recovery	6.04 Casualty Cases		X	05/01/08
11.0 Dental	11.20 Authorization (Prior Authorization/Authorization Prior to Billing)		X	05/01/08
29.0 Vision Services	29.03 Beneficiary Cost Sharing* 29.11 Eyeglasses/ Hearing Aid Authorization Form		X X	05/01/08
30.0 Hearing Services	30.02 Hearing Aids		X	05/01/08
31.0 Pharmacy	31.13 Over the Counter (OTC) Drugs		X	05/01/08
36.0 Nursing Facility	36.14 Nurse Aide Training		X	05/01/08
71.0 PHRM/ISS	71.07 Covered Services for High Risk Infants		X	05/01/08

Correction- The April 2008 Bulletin reflected a revision to Section 31.04 Pharmacy\ Reimbursement. This policy was not enacted on April 1, 2008, but is scheduled to take effect on May 1, 2008. Providers will be notified of any changes to this section in the future.

* This section is a cross reference to Section 3.08 Beneficiary Cost Sharing.

PRSR STD
 U.S. Postage Paid
 Jackson, MS
 Permit No. 53

ACS
 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

May 2008

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

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.