Mississippi Medicaid Bulletin

Volume 14, Issue 7

July 2008

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Notice to Providers of Reduction in Reimbursement

The Director of Medicaid is required by law to recommend expenditure containments when expenditures are expected to exceed funds available for any Fiscal Year. Medicaid is facing a $90,000,000 shortfall in state revenues for FY2009. Therefore, cost containment measures will be implemented for dates of service effective August 6, 2008, subject to federal approval, as listed below:

- Reimbursement to certain non-institutional providers will be reduced an additional 5% above the 5% reduction currently in place as outlined in the MS Code Ann. §43-13-117 (1972 as amended). Examples of non-institutional providers include, but are not limited to, physicians, dentists, therapy providers, durable medical equipment suppliers and independent laboratory and radiology providers.
- "Lower of" logic will be implemented for Part B crossover claims. The Division of Medicaid will pay the co-pay and deductible amount only up to the Medicaid rate on file. Any crossover claims in excess of the Medicaid rate on file will be reduced to the Medicaid rate on file. If the co-pay and deductible amount is less than the Medicaid rate on file, the co-pay and deductible amount will be paid only up to the amount due the provider for the co-pay and deductible amount.
- Payments to certain Nursing Facilities, Intermediate Care Facilities for the Mentally Retarded and Psychiatric Residential Treatment Facilities will be reduced by 6.1%.
- Payments to certain hospital providers for inpatient and outpatient hospital services will be reduced by 33.5%.

MYPAC and Mental Health Providers: Medicaid Billing

MS Youth Programs Around the Clock (MYPAC) is a new Medicaid Home and Community-Based waiver program. Eligible youth, with serious emotional disorders, now have an alternative to psychiatric residential treatment facility (PRTF) placement.

The MYPAC provider is responsible for the ***cost of all mental health services*** for the enrolled youth. ***Medicaid will make payment only to a MYPAC provider for mental health services rendered to youth enrolled in MYPAC.***

Mental health services claims, which are submitted to the Division of Medicaid from a provider other than the MYPAC provider, will be denied. This change only applies to Medicaid reimbursement for mental health services, and does not affect the billing and reimbursement for other Medicaid services provided to the MYPAC enrollee.

If you have questions regarding this change, please contact Bonlitha Windham, Division Director, Bureau of Mental Health Programs at 601-359-9536 or mhbmw@medicaid.state.ms.us .

Reminder to Nursing Facilities
Billing Bedhold and Therapeutic Leave Days

Nursing facilities billing for bedhold inpatient days and/or therapeutic leave days should use the actual date span of the leave on the respective lines, when filing for those services. Refer to the September 2004, and July 2005 Medicaid Bulletins for additional information.

If additional information is required, contact Provider and Beneficiary Relations at 601-359-6133 or 1-800-884-3240.

Prescriber Licenses: When does a prescription become invalid?

In Mississippi, a prescription becomes invalid 30 days after the prescriber/patient relationship is terminated. The State of Mississippi recognizes the prescriber/patient relationship as one that is terminated when the patient is no longer able to seek personal treatment or consultation from the prescriber. Examples of the prescriber/patient relationship termination include, a prescriber's license being revoked; death, retirement or incarceration of the prescriber; loss of privileges to prescribe controlled substances; or other sanctions imposed upon him/her. For comprehensive information on this topic, refer to the Mississippi Pharmacy Practice Regulations, and Pharmacy Practice Act, Article XII, Section 7 (Effective July 1, 1998).

Prescriptions for controlled substances become invalid immediately upon the expiration or revocation of the prescriber's license (refer to Title 21, Code of Federal Regulations, Part 1306.03). In other words, as soon as an adverse action on a prescriber's license by the appropriate licensing jurisdiction, authority to prescribe or dispense controlled substances under that license ceases.

The Division of Medicaid recommends that pharmacies/pharmacists update their prescription files as soon as information is received that a prescriber's license is no longer valid. The information that a prescriber's license is no longer valid may be received via newsletters, faxes or other types of communication. It is the responsibility of each pharmacist to insure that the dispensing of medications is done properly through continued adherence to both state and federal laws.

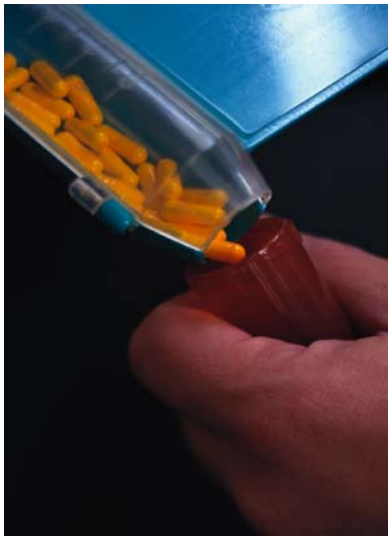
Reminder: Tamper Resistant Prescription Pad/Paper Federal Mandate

All non-electronic prescriptions are required to be written on tamper-resistant pads/paper. The tamper resistant prescription pads/paper requirement applies to all outpatient drugs, including over-the-counter drugs. It also applies whether DOM is the primary or secondary payer of the prescription being filled. This new provision impacts all DOM prescribers, physicians, dentists, optometrists, nurse practitioners, and other providers, who prescribe outpatient drugs. Additionally, computer generated prescriptions are not exempt from the CMS required mandate.

Compliance with the tamper-resistant prescription pad/paper requirement is allowed to occur in two phases. For the first phase, in order to be considered "tamper-resistant", a prescription must have contained at least one of three features by April 1, 2008. All three features are required on the prescription pads by October 1, 2008.

For a comprehensive listing of tamper resistant prescription pad/paper (TRPP) features and exemptions to the federal mandate, refer to the agency's website at www.dom.state.ms.us, Pharmacy Services, and select TRPP information.

REMINDER: PHARMACY REFILL POLICY



In accordance with state law, Medicaid provides up to a 31-day supply of a medication to Medicaid beneficiaries.

- **Medicaid will not pay for a prescription refill until 75% of the day's supply of the drug has elapsed as indicated on the prescription.**

EXAMPLE: A prescription for a 31-day supply has been 75% used by the 23rd day after it was dispensed. The prescription may be refilled on the 23rd day. Any attempt to refill a prescription through the Point-of-Sale system before the 23rd day will be automatically denied.

If a prescription for a 31-day supply of a non-controlled substance was filled on July 1, 2008 and the prescription has refills remaining, and the beneficiary has not exhausted monthly service limits, then the prescription can be refilled on July 24, 2008 (1 + 23 = 24).

- **Medicaid will not pay for a prescription refill until 85% of the days' supply of any controlled substance (Schedule III, IV, and V) has elapsed as indicated on the prescription**.

EXAMPLE: A prescription for a 31-day supply has been 85% used by the 26th day after it was dispensed. The prescription may be refilled on the 26th day. Any attempt to refill a prescription through the Point-of-Sale system before the 26th day will be automatically denied.

If a prescription for a 31- day supply of a controlled substance was filled on July 1, 2008 and the prescription has refills remaining, and the beneficiary has not exhausted monthly service limits, then the prescription can be refilled on July 27, 2008. (1 + 26 = 27).

Continued on the next page

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- **By law, Schedule II narcotics cannot be refilled; therefore, Medicaid will not pay for a prescription refill for any Schedule II narcotic, nor will Medicaid pay for a new prescription until 85% of the days' supply has elapsed.**

EXAMPLE: A prescription for a 31-day supply has been 85% used by the 26th day after it was dispensed.

*If a **new** prescription for a 31-day supply of a Schedule II substance was filled on July 1, 2008 and a **new** prescription is submitted for payment, and the beneficiary has not exhausted monthly service limits, then Medicaid can reimburse for the **new** prescription as of the July 27, 2008 date. (1 + 26 = 27).*

For additional information regarding DOM's Pharmacy Program, including the prescription refill policy, refer to the Pharmacy Manual which may be found on the agency's website at www.dom.state.ms.us.

Drugs Marketed in the United States That Do Not Have Required FDA Approval

The Federal Food, Drug, and Cosmetic Act generally requires that drugs marketed in the United States be shown to be both safe and effective prior to marketing, and widespread use in the general population. FDA approval means not only that the product has been reviewed for safety and effectiveness, it means the agency has reviewed manufacturing quality, inspected manufacturing controls, and has reviewed the product labeling to ensure it adequately conveys the drug's benefits and risks. It also means that the drug product is consistently monitored for safety, effectiveness, and adherence with manufacturing quality standards. FDA estimates that there are several hundred different unapproved prescription drug active ingredients on the market, and that less than 2% of prescribed drugs are unapproved.

Drugs that are marketed without required FDA approval may not meet modern standards for safety, effectiveness, quality, and labeling. However, some drugs, mostly older products, continue to be marketed illegally in the United States, without required FDA approval. Many healthcare providers are not aware of the unapproved status of some drugs and have continued to unknowingly prescribe those drugs because the drugs' labels do not disclose that they lack FDA approval.

There may be a number of examples whereby unapproved prescribed drugs are placed on the market. These are only a few:

- The company may not have received approval for a drug;
- One or more companies may have approval for a drug, but others may be manufacturing that drug without having gone through the FDA approval process to show that their versions of the drug have the same quality and benefits as the drugs that are approved;
- There may be approval for a drug to be sold as a single active ingredient, but other companies may be manufacturing a drug that combines that ingredient with other ingredients without FDA approval;
- A combination of ingredients is approved, but the single ingredient is sold without approval.

For further information, please see FDA's Unapproved Drugs Web Page, located at http://www.fda.gov/cder/drug/unapproved_drugs/default.htm .

Medicaid Covered Drugs for the Dually Eligible Beneficiary

The Pharmacy Bureau has received inquiries regarding Medicaid drug coverage for the dually eligible beneficiary. Some Medicare Part D plans are revising their formularies to exclude FDA unapproved drugs as described in a prior article. Medicaid drug coverage for the dual eligible is limited to:

- Benzodiazepines—generic formulations only;
- Barbituates—limited to phenobarbital and mephobarbital;
- Over the counter medications—limited to DOM's OTC formulary only;
- Prescription vitamins—limited to folic acid, Vitamin K, vitamin B12 injection, and legend Vitamin D; prenatal vitamins for females up to age of 45 years of age; fluoride vitamins for beneficiaries under the age of 21; some renal vitamins for dialysis beneficiaries; and
- Butalbital/acetaminophen or aspirin analgesic combinations (for example--Fiorcet or Fiorinal)

Reminder: PDL Update on July 1, 2008

PDL update: The Division of Medicaid's Preferred Drug List (PDL) will be updated July 1, 2008. For a comprehensive list of the PDL, go to the Agency's website at www.dom.state.ms.us, under Pharmacy Services.

FDA Advisory Regarding Albuterol Inhalers

The U.S. Food and Drug Administration (FDA) have issued a public health advisory regarding the availability of chlorofluorocarbon (CFC)-propelled albuterol inhalers. CFC propelled inhalers are harmful to the environment by contributing to depletion of the ozone layer above the Earth's surface. As of December 31, 2008, CFC-propelled albuterol inhalers will no longer be available in the United States. Hydrofluoroalkane (HFA)-propelled albuterol inhalers are a safe and effective alternative to CFC propelled albuterol inhalers. FDA is advising patients and health care providers to switch to HFA-propelled albuterol as soon as possible.

Albuterol is a beta-adrenergic agonist used in the treatment of bronchospasm in patients with asthma and chronic obstructive pulmonary disease (COPD). Three HFA-propelled albuterol inhalers, Proair® HFA Inhalation Aerosol, Proventil® HFA Inhalation Aerosol, and Ventolin® HFA Inhalation Aerosol, have received FDA approval. All of these inhalers are available for use. Levalbuterol, an isomer of albuterol, is an FDA approved alternative and is available as Xopenex HFA™ Inhalation Aerosol.

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.

ATTENTION: Rural Health Centers and Federally Qualified Health Centers

Provider Workshops – July, August, and September 2008

ACS Government Healthcare Solutions, in conjunction with the Mississippi Division of Medicaid, will conduct provider workshops for **billers** at RHC and FQHC facilities during July, August, and September of 2008. The workshop will cover the following topics:

- **Correct Billing Practices**
- **Mississippi Medicaid Policy**
- **NPI**
- **Enhanced Web Portal Functionality**
- **Encounter Payment Methodology**
- **Medicare Part C claims**

The specific dates and locations of the workshops are as follows:

Date/Time	Location	Date/Time	Location
July 30, 2008 10:00 am – 2:00 pm	MSU Riley Center 2200 Fifth Street Meridian, MS 39301	August 20, 2008 10:00 am – 2:00 pm	BancorpSouth Conference Center 387 East Main Street Tupelo, MS 38804
August 6, 2008 10:00 am – 2:00 pm	Days Inn 1796 Sunset Drive Grenada, MS 38901	September 5, 2008 10:00 am – 2:00 pm	Hattiesburg Lake Terrace Convention Center 1 Convention Center Plaza Hattiesburg, MS 39401
August 13 2008 10:00 am – 2:00 pm	Natchez Eola Hotel 110 N Pearl St Natchez, MS 39120		

The same information will be presented at each workshop. Additionally, the workshops are free of charge. Seating is limited. It is imperative that you RSVP by **July 18, 2008**. Mail the RSVP to: ACS Government Healthcare Solutions, ATTN: Provider/Beneficiary Services, P.O. Box 23078, Jackson, MS 39225 or, fax it to ACS, Attn: Provider/Beneficiary Services at **601-572-3200**. You may contact Tamara Cry at 601-206-3028 or email her at tamara.cry@acs-inc.com to RSVP or if you have questions about the workshops.

We look forward to meeting with you.

Sincerely,
ACS Government Healthcare Solutions

Please complete the RSVP Section and mail or fax by July 18, 2008 to:

ACS Government Healthcare Solutions
ATTN: Provider/Beneficiary Services
P.O. Box 23078
Jackson, MS 39225

Provider Name	***Provider Number***
Provider Telephone Number	***Contact Name***
Name (s) of Attendees	
Date of Workshop Location Attending	

Compliance with Title VI of the Civil Rights Act of 1964

The Division of Medicaid began conducting Title VI Civil Rights Compliance Reviews during the month of June 2008 for the following provider groups: hospitals, nursing facilities, and a random sampling of physicians and dentists.

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.

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 State Plan requirements may be retrieved from: **www.dom.state.ms.us/ under the State Plan link; then select Section 7.2, Non Discrimination. Other required documents for completion are on the ACS Web Portal at https://msmedicaid.acs-inc.com/msenvision/; under Provider/Provider Enrollment/Download Enrollment Package; then Required Documentation, Civil Rights Compliance Information Request for Medicaid Certification.**

Once you have the required documentation to be submitted, mail it to: Division of Medicaid, Attention: Dinne Ensley, 550 High Street, Suite 1000, Jackson, MS 39201-1399; or send it 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.

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**.

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
40.0 Home Health	40.03 Covered Services		X	07/01/08
64.0 LTC/Pre-Admission Screening (PAS)	64.17 PAS Level II Requirements for Mental Illness (MI) or Mental Retardation (MR)		X	07/01/08
65.0 Elderly & Disabled Waiver	65.02 Eligibility 65.03 Provider Enrollment 65.04 Freedom of Choice 65.07 Covered Services 65.08 Quality Management 65.09 Documentation/Record Maintenance		X X X X X X	07/01/08
66.0 Independent Living Waiver	66.02 Eligibility 66.03 Freedom of Choice 66.06 Covered Services 66.07 Quality Management 66.08 Documentation/Record Maintenance 66.10 Reimbursement		X X X X X X	07/01/08
11.0 Dental	11.13 Oral Surgery		X	08/01/08
13.0 Ambulatory Surgical Center	13.02 Definitions		X	08/01/08
53.0 General Medical Policy	53.20 Medical Visit Editing	X		08/01/08
55.0 Physician	55.03 Medical Visit Editing*	X		08/01/08
81.0 General Coding Information	81.03 Code Auditing	X		08/01/08

*This section cross references section 53.20 Medical Visit Editing.

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P.O. Box 23078
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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

July

July 2008

Sunday	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*
		1	2	3 **EDI Cut Off 5:00 p.m.**	4 **DOM and ACS CLOSED**	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 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.