

Mississippi Medicaid

Volume 14, Issue 8

August 2008

Bulletin

Inside this Issue

<i>A Message from the Executive Director</i>	1
<i>Hospital Emergency Room Visit Limit – Six Visits per Fiscal Year</i>	2
<i>Web Portal Reminder</i>	2
<i>Policy Manual Reminder</i>	2
<i>DOM's Pharmacy Program Reminders</i>	3
<i>Synagis 2008-2009 Season Procedure</i>	4
<i>Pharmacy Prior Authorization Process</i>	4
<i>Change in Crossover Claim Submissions for Paper/Hard Copy</i>	5
<i>Policy Manual Additions/Revisions</i>	5
<i>RHC and FQHC Workshop RSVP invitation</i>	6
<i>RHC and FQHC Workshop RSVP form</i>	7

A Message from the Executive Director

Dear Medicaid Providers,

I want to take this opportunity to let you know that we appreciate your patience and cooperation during the recent period of Medicaid funding discussions. I would also like to give you a brief update. An administrative solution for funding the Mississippi Medicaid program that is consistent with current state and federal law has been finalized. We believe the solution will have the least impact on all providers.

In announcing the proposed cost containment measures required by law, the Division has considered the requirements of state and federal law. We determined the amount of funds needed to generate the necessary savings in order to balance its budget. Medical service payments for inpatient hospital services will be reduced by 96.2%. The Division reimburses hospitals for inpatient services through two other programs (DSH and UPL) in addition to the regular medical service payments. Medicaid will replace the cuts to medical service payments with additional UPL payment. Hospitals will be paying the same amount in provider fees they have historically contributed as part of the state's non-federal match for the Medicaid program. This new solution will protect the program by replacing shortfalls in the state Medicaid share by increasing the current gross revenue assessment on hospitals. Certain other providers of non-institutional Medicaid services will have a reimbursement rate reduction of .74%. The net effect of all this will be approximately \$6 million in total cuts spread across all providers.

A copy of the documents pertaining to these reductions may be found on the agency website at www.dom.state.ms.us. A copy of the full Economic Impact Statement can also be found on the same website.

This solution prevents the catastrophe which would have resulted from cuts that could not be replaced with other funds, and does so at no extra cost to federal or state budgets, or to Mississippi taxpayers. We ask that you, as providers, continue serving Mississippi's Medicaid population through this difficult financial period.

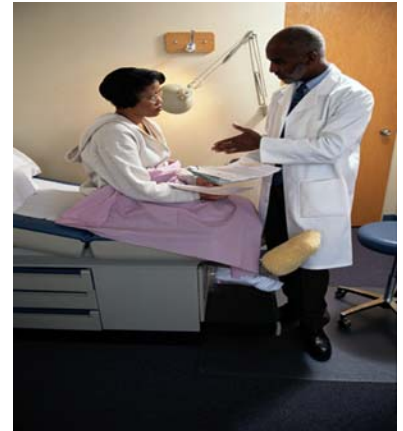
Sincerely,

Robert L. Robinson



Hospital Emergency Room Visit Limit – Six Visits per Fiscal Year

Hospital providers are reminded that beneficiaries age 21 and over are limited to six emergency room visits per fiscal year (July – June). Emergency room visits billed with revenue codes 450 through 459 are counted toward the six-visit limit. Hospital outpatient charges related to services outside of the emergency room are not counted toward the six-visit limit. For example, beneficiary visits to the outpatient department of a hospital for non-emergency services, such as outpatient surgery, outpatient chemotherapy, outpatient radiation treatment, or outpatient laboratory or radiology services would not count toward the six-visit emergency room visit limit. For more details, please refer to the Mississippi Medicaid Provider Policy Manual, Section 26.16.



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 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.

Pharmacy Program Reminders

❖ Usual and customary pricing/generic flat rate pricing

The MS Division of Medicaid receives a number of questions regarding the flat rate price of generics offered in Mississippi. Claims must be billed at the usual and customary charge. DOM does not reimburse claims at more than the usual and customary charge. Refer to DOM's Pharmacy Manual, Section 31.04, pages 1 and 2, which states the following: "Usual and customary charge for prescription drugs is the price charged to the general public. DOM defines the general public as the patient group accounting for the largest number of non-Medicaid prescriptions from the individual pharmacy, but does not include patients who purchase or receive their prescriptions through a third party payer."

The rate charged to the general public must be the same as that charged to Medicaid. All Medicaid policies and procedures, such as prior authorization requirements and limits, are still applicable. All records must be available to Medicaid upon request, since audits may be forthcoming.

❖ Effective October 1, 2008: Tamper Resistant Prescription Pad/Paper Federal Mandate

The tamper resistant prescription pads/paper requirement applies to Medicaid reimbursable outpatient drugs, including over-the-counter drugs. All three features are required on the prescription pads/paper 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.

❖ Why is it important to use the correct Prescriber's Identification Number or NPI?

Skewed Drug Utilization Review (DUR) data and data collection is flawed. Inaccurate or erroneous prescriber identification numbers distort pharmacy claims information for the DOM and Health Information Designs (HID), who is DOM's DUR contractor. The Medicaid Drug Utilization Review Program's main emphasis is to promote patient safety, through an increased review and awareness of outpatient prescribed drugs. Using an incorrect or random prescriber identification number or NPI, distorts DUR data, causing data collection to be flawed. State Medicaid agencies are required to submit an annual report to CMS regarding patient safety, provider prescribing habits, and dollars saved by avoidance of problems such as drug-drug interactions, drug-disease interactions, therapeutic duplication, and over-prescribing by providers. For additional information regarding the CMS Drug Utilization Review program, refer to <http://www.cms.hhs.gov/DrugUtilizationReview/>.

Using an incorrect/random NPI may be a fraudulent entry. It is considered a fraudulent act to knowingly submit a prescriber identification number, such as an NPI, another prescriber's identification number, or a pharmacy provider number, that does not belong to the provider who has written the prescription. **Remember:** When a pharmacy fills a prescription and the prescriber's identification number is unknown, or the number that pharmacy has does not work on the claim, and the pharmacy inserts a random provider/NPI number into the required field, then the pharmacy employee has just committed a fraudulent act against Mississippi Medicaid, which could lead to sanctions against them, and their employer.

Continued on next page

❖ *Pharmacy Billing for Influenza and Pneumonia*

Influenza and pneumonia immunizations are covered services for Medicaid beneficiaries ages 19 and above, who are nonresidents of long-term care facilities. As with other pharmacy services, a hard copy prescription must be on file.

Immunizations provided by a credentialed pharmacist will count against the service limits, and co-payments are applicable. If a beneficiary has Medicare and Medicaid, Medicare should be billed first, since Medicare is the primary payer.

Influenza and pneumonia vaccines/immunizations are the only ones available via the Pharmacy Program. Immunizations for children up to the age of 18 are provided through the Vaccines for Children (VFC) Program and are not available through the Pharmacy Program.

Synagis® 2008-2009 Season Procedure

Mississippi Medicaid will approve the administration of Synagis® for children meeting the American Academy of Pediatrics Redbook criteria for RSV immunoprophylaxis. Beginning October 20, 2008, prior authorizations may be submitted to Health Information Designs (HID) for administration of Synagis® starting on October 27, 2008. As with the 2007-2008 season, DOM will approve a total of five Synagis® doses per season, in accordance with AAP guidelines.

Health Information Designs handles Pharmacy prior authorization (PA) requests. Prior authorization forms for the Pharmacy Program may be found at DOM's website, www.dom.state.ms.us; Pharmacy Services, and select forms. Forms are also available through HID's website at www.hidmsmedicaid.com.

Pharmacy Prior Authorization Process

There are two types of prior authorizations (PA's) in DOM's Pharmacy Program: paper requests submitted by the prescriber and electronic requests. The electronic PA system is an automatic system operating behind the scenes, to approve prescriptions for Medicaid beneficiaries who meet predetermined criteria. The electronic system automatically approves medication claims in 46 different drug classes without requiring prescribers to submit paper requests. This process has been operational for over three years, and has successfully reviewed over 700,000 requests for DOM providers and beneficiaries. During the first quarter of 2008, no paperwork was required of the provider for approximately 99% of all prescription claims paid.

If a prior authorization has been issued and there are problems processing the claim, then the PA on file may require modification to match the claim. Providers are requested to contact the HID PA Help Desk at 1-800-355-0486.

Change In Crossover Claim Submissions For Paper/Hard Copy

Effective October 1, 2008, the Division of Medicaid (DOM) will no longer accept paper/hard copy crossover claims on the DOM specific crossover form. Paper Claims may be submitted on the UB 04 or CMS-1500 Claim form.

Prior to the accessibility and availability of the Envision Web Portal, providers were unable to submit certain types of adjustments/voids or corrections for crossover claims to Medicaid except by means of the DOM paper forms for Part A and Part B claims. Although we will accept the UB-04 and CMS-1500 paper forms, we encourage providers to expedite claims processing by utilizing the Web Portal. The Web Portal allows the submission of:

- Claims Entry
- Claims Correction
- Adjustment Entry
- Inquiry Options
- Prior Authorization
- Claims with attachments can be entered (crossovers, TPL, etc)

EXCEPTION –Providers submitting crossover claims for Medicare Advantage Plans (Part C) must submit paper claims on the DOM Part A and Part B Crossover forms. These claims are not authorized to be paid electronically at this time. Providers should continue to note on each claim the following: “Medicare Part C” or “Medicare Advantage Plan”.

For more information, contact your Provider Representative at 1-800-884-3222.

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
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
76.0 School Based EPSDT	76.02 Provider Enrollment		X	09/01/08

*This section cross references section 53.20 Medical Visit Editing.



ATTENTION: Rural Health Centers and Federally Qualified Health Centers

Provider Workshops – 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 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
August 6, 2008 10:00 am – 2:00 pm	Days Inn 1796 Sunset Drive Grenada, MS 38901	August 20, 2008 10:00 am – 2:00 pm	BancorpSouth Conference Center 387 East Main Street Tupelo, MS 38804
August 13, 2008 10:00 am – 2:00 pm	Natchez Eola Hotel 110 N Pearl St Natchez, MS 39120	September 5, 2008 10:00 am – 2:00 pm	Hattiesburg Lake Terrace Convention Center 1 Convention Center Plaza Hattiesburg, MS 39401

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 **August 5, 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 August 5, 2008 to:

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

<i>Provider Name</i>	<i>Provider Number</i>
<i>Provider Telephone Number</i>	<i>Contact Name</i>
<i>Name (s) of Attendees</i>	
<i>Date of Workshop Location Attending</i>	

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>

August

August 2008

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

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.