

# Mississippi Medicaid

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## Bulletin

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### Mississippi Childhood Lead Poisoning Prevention Program (CLPPP) Screening and Case Management Plans

The Mississippi State Department of Health's Childhood Lead Poisoning Prevention Program (CLPPP), partners, and consultants developed a Case Management Plan and a Screening Plan to support the efforts of the United States Public Health Service (Healthy People 2010) to eliminate childhood lead poisoning in Mississippi.

The Case Management Plan outlines the CLPPP case management protocol for children with elevated blood lead levels (EBLLs). It includes recommendations and guidance for environmental, medical, nutritional, developmental, and educational assessments and interventions. This is a guide in the evaluation and treatment of children with EBLLs for local health departments, community health centers, and other medical providers.

The Screening Plan outlines the history of lead screening and follow-up in Mississippi, provides a rationale for targeted versus universal screening, and identifies high-risk areas in the state and high-risk populations. This document serves as a guide for the appropriate screening of lead poisoned children.

These documents replace the 2004 Mississippi Childhood Lead Poisoning Prevention Guidance document and will be used as the standard protocol for lead case management and screening of Mississippi's children.

Please contact the CLPPP at (601) 576-7447 for a copy or you may visit the Mississippi State Department of Health's website: [www.msdh.state.ms.us](http://www.msdh.state.ms.us) to download a copy.

### 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>.



## Ambulatory Surgical Center Billing Requirement

When submitting claims to the Division of Medicaid, the ‘Servicing Provider’ listed on the claim should always be the Ambulatory Surgical Center (ASC). It is not appropriate to bill another provider, e.g., a physician, as the servicing provider on an ASC claim.

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### NOTICE TO PROVIDERS Payment Error Rate Measurement (PERM)

The Centers for Medicare & Medicaid Services (CMS) implemented the Payment Error Rate Measurement (PERM) program to measure improper payments in the Medicaid program and the State Children's Health Insurance Program (SCHIP). PERM is designed to comply with the Improper Payments Information Act of 2002 (IPIA; Public Law 107-300).

The PERM program is designed to evaluate the accuracy of Medicaid payments to providers, including medical records documentation. The CMS contractors who will be working in Mississippi are Livanta, LLC, the documentation/database contractor (DDC), and HealthDataInsights, Inc., the review contractor (RC). The process will be conducted using a case sampling plan, in compliance with applicable regulations and instructions developed by CMS.

Understandably, providers are concerned with maintaining the privacy of patient information. However, providers are required by Section 1902(a) (27) of the Social Security Act to retain records necessary to disclose the extent of services provided to individuals receiving assistance and furnish CMS with information regarding any payments claimed by the provider for rendering services. The furnishing of information includes medical records. In addition, the collection and review of protected health information contained in individual-level medical records for payment review purposes **is permissible** by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and implementing regulations at 45 Code of Federal Regulations, parts 160 and 164.

Livanta will be contacting providers to obtain medical records for claims chosen for review. It is extremely important that Mississippi Medicaid providers cooperate and respond to the requests for documents in a timely manner.

For information about the federal PERM regulations, contractor oversights, and overall project information, please refer to those items located on the CMS website at [www.cms.hhs.gov](http://www.cms.hhs.gov).

#### 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 Co-payment for LTC Dual Eligibles with Part D

If a LTC beneficiary is a dual eligible, has Medicare Part D, and is being assessed a copayment on pharmacy claims, the LTC provider should contact the Part D plan to ensure that the beneficiary is flagged as a LTC beneficiary in the Plan's records. For Part D Plan telephone numbers, contact 1-800-Medicare or 1-800-633-4227 and follow the prompts.

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### Albuterol CFC and HFA inhalers

As of January 1, 2009, Albuterol CFC metered dose inhalers are no longer available in the United States. The phase-out of CFC-propelled inhalers is the result of the Clean Air Act and an international environmental treaty, the Montreal Protocol on Substances that Deplete the Ozone Layer. Under this treaty, the United States has agreed to phase out production and importation of ozone depleting substances including CFCs. *In accordance with the international treaty agreement, no CFC propelled albuterol inhalers may be produced, marketed, or sold in the United States after December 31, 2008.*

Albuterol HFA (hydrofluoroalkane) inhalers, on the market since 1998, contain the same active drug ingredient, will remain available and are in abundant supply. All three albuterol HFA inhalers approved by the FDA are preferred products for Mississippi Medicaid beneficiaries. These products are ProAir HFA Inhalation Aerosol, Proventil HFA Inhalation Aerosol, and Ventolin HFA Inhalation Aerosol.

While Albuterol HFA inhalers are used the same way as the CFC formulations and contain and deliver the same amount of active drug with each inhalation, it is important to inform patients that there are some differences between the delivery devices. Patients switching to an HFA may notice a different spray force and a different smell and taste due to the propellant. HFA inhalers also have different cleaning and priming instructions that can be found in the package insert.

For patients using quick-relief albuterol inhalers more than twice a week, consider discussing asthma management and the need for a long-term controller medicine such as an inhaled corticosteroid. The NHLBI published new guidelines in 2007 for the management of asthma. These guidelines can be accessed by visiting <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm>. For your easy reference, HID has prepared a DOM Prescribing Information Update for providers summarizing the 2007 NHLBI Asthma guidelines. This update can be found at [www.hidmsmedicaid.com](http://www.hidmsmedicaid.com).

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### Pharmacy Reminder

**Acne Products:** Acne preparations are covered by DOM for beneficiaries up to the age of 21 years of age. For a listing of the PDL and preferred products, refer to the Pharmacy Services webpage at <http://www.medicaid.ms.gov/Pharmacy.aspx>, and select PDL from the menu on the right hand side of page.

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

**February**

**February 2009**

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

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.