

# Mississippi Medicaid

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## Bulletin

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### Mississippi Medicaid Provider Bulletin

The Division of Medicaid (DOM) is committed to providing helpful as well as useful information to our provider community. The Provider Bulletin is one of the tools that DOM uses to keep providers informed of policy changes and other essential information. Beginning January 1, 2010, the Provider Bulletin will no longer be published on a monthly basis. In order to make best use of limited resources, the Provider Bulletin will be published on a quarterly cycle and released each year during the months of March, June, September, and December. If there is a need to communicate important information between publishing cycles, DOM will publish a special bulletin.

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### 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>.



## **Notice to Providers Regarding Third Party Liability and Recovery Program**

The Code of Federal Regulations, Part 433, Subpart D, requires the Medicaid Agency to develop and maintain a Third Party Liability (TPL) Program. The TPL Program is designed to ensure that Medicaid pays for medical services only when there is no other source available to pay for a beneficiary's health care.

Mississippi Medicaid has contracted with Health Management Systems, Inc. (HMS) for TPL supplemental services which include automated data matching to identify any possible third party resources including private and other governmental insurance coverage. This process includes contacting providers and advising them that Medicaid is the payer of last resort and that claims must be filed with other coverage plans prior to filing with Medicaid. This contract does not relieve providers of their responsibility, as state law requires, to identify to DOM any third party source and to cooperate with DOM in the recovery of Medicaid's payment from the third party. Details of this requirement may be referenced in the Provider Policy Manual, Section 6.01.

Thank you for your continued participation in the Medicaid program. If you have any questions, please contact the Division of Medicaid Bureau of Recovery at 601-359-6095.

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## **Provider Satisfaction Survey**

The Division of Medicaid (DOM) is interested in receiving feedback concerning the quality of services you are receiving from the DOM as well as our fiscal agent, ACS. The survey on the following page includes questions related to the service we provide. We are asking all Providers to take a moment to complete the survey and return it via fax to the number indicated by May 31, 2010. The responses received from the returned surveys will assist DOM in determining if providers' needs are being met and in the planning of future workshops and training sessions.

Your cooperation with DOM in its efforts to better serve you is greatly appreciated.

*Continued on the next page*

**MISSISSIPPI MEDICAID PROVIDER SURVEY**

Provider Name \_\_\_\_\_ Medicaid Provider # \_\_\_\_\_

The Mississippi Division of Medicaid is interested in improving its services and relationships with the provider community. We know that your time is valuable and appreciate your willingness to participate in this survey. Please note that your participation is voluntary. The information obtained in this survey will be used to improve quality standards and services to the provider community. Thank you for taking the time to complete the Mississippi Medicaid Provider Satisfaction Survey. **Please fax your completed Survey to 601-359-4185.** If you have any questions or concerns, you may call 601-359-6133 and ask to speak with a Provider Relations Representative.

**CALL CENTER – CUSTOMER SERVICE** (Please check one \_\_\_\_\_ ACS \_\_\_\_\_ DOM)

**How satisfied are you with the accessibility of customer service representatives?**

- Completely Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Not at all Satisfied

**How satisfied are you with the accuracy and clarity of the responses to your questions by the customer service representatives?**

- Completely Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Not at all Satisfied

**How satisfied are you with the courtesy and professionalism of customer service representatives?**

- Completely Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Not at all Satisfied

**PROVIDER RELATIONS**

**How satisfied are you with the accessibility and timeliness of response from your provider representative?**

- Completely Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Not at all Satisfied

**How satisfied are you with the accuracy and clarity of the responses to your questions by your provider representative?**

- Completely Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Not at all Satisfied

**How satisfied are you with the courtesy and professionalism of your provider representative?**

- Completely Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Not at all Satisfied

**PROVIDER ENROLLMENT**

**How satisfied were you with the responsiveness and availability of the provider enrollment representative during the process of enrollment?**

- Completely Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Not at all Satisfied

**How satisfied are you with the accuracy and clarity of the responses to your questions by the provider enrollment representative?**

- Completely Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Not at all Satisfied

**How satisfied are you with the courtesy and professionalism of the provider enrollment representative?**

- Completely Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Not at all Satisfied

**MISCELLANEOUS**

**How satisfied are you with the training and educational resources available?**

- Completely Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Not at all Satisfied

**How satisfied are you with the claims processing performance compared to other insurers?**

- Completely Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Dissatisfied
- Not at all Satisfied

**Would you recommend becoming a MS Medicaid provider to another medical provider? \_\_\_\_\_ Yes \_\_\_\_\_ No**

If no, Please explain \_\_\_\_\_  
\_\_\_\_\_

**COMMENTS** - Please provide comments on how DOM may improve provider services in any of the above areas.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Mississippi Medicaid Benefits and Categories of Eligibility

Mississippi Medicaid beneficiaries are assigned various categories of eligibility. The services our beneficiaries may qualify for are determined by the category of eligibility. The chart below outlines the various categories of eligibility and the benefits associated with each.

### Medicaid Categories of Eligibility

001	SSI Individual via SDX	Full Medicaid Benefits	
002	SSI Retro Eligibility	Full Medicaid Benefits	
003	IV-E Foster Care/ Adoption Assistance Related	Full Medicaid Benefits	
005	SSI in Institution	Full Medicaid Benefits	
006	Protected SSI Child	Full Medicaid Benefits	
007	Protected Foster Care Child	Full Medicaid Benefits	
010	Nursing Home, under 300%	Full Medicaid Benefits	
011	Long Term Hospital, under 300%	Full Medicaid Benefits	
012	Swing Bed, under 300%	Full Medicaid Benefits	
013	NH, Eligible at Home	Full Medicaid Benefits	
014	Long Term Hospital, SSI Eligible at Home	Full Medicaid Benefits	
015	Swing Bed, SSI Eligible at Home	Full Medicaid Benefits	
019	Disabled Child at Home	Full Medicaid Benefits	
020	Emergency SSI Limitations Case	Full Medicaid Benefits	
021	Emergency Immigrant	Medicaid Benefits for Date of Service Only	Exclusions – All dates other than Date of Service
025	Working Disabled	Full Medicaid Benefits	
026	CWS Foster Care/ Adoption Assistance Child	Full Medicaid Benefits	
027	Breast/Cervical Group	Full Medicaid Benefits (Limited to Women identified to DOM by the State Health Dept, screened and diagnosed with breast/cervical cancer)	

028	DMIE Project Demonstration to Maintain Independent Employment (HIV Grant)	Full Medicaid Benefits	
029	Family Planning	Limited Medicaid Benefits Family Planning Benefits Only	Exclusions – All other benefits
<b>031</b>	<b>QMB - Qualified Medicare Beneficiary</b>	<b>Medicaid payment of Medicare Parts A and B Premiums, deductibles, and coinsurance</b>	<b>Exclusions – Non-covered Medicare Services non-emergency transportation</b>
<b>035</b>	<b>QWDI – Qualified Working Disabled Individual</b>	<b>Medicaid payment of Medicare Parts A Premium</b>	<b>Exclusions – Non-covered Medicare Services non-emergency transportation</b>
041	PLAD <100% FPL Poverty Level Aged or Disabled	Full Medicaid Benefits to 12-31-2005	No Benefits from 1-1-2006
042	PLAD <120% FPL Poverty Level Aged or Disabled	Full Medicaid Benefits to 12-31-2005	No Benefits from 1-1-2006
043	PLAD <135% FPL Poverty Level Aged or Disabled	Full Medicaid Benefits to 12-31-2005	No Benefits from 1-1-2006
044	PLAD Kidney Disease Poverty Level Aged or Disabled	Full Medicaid Benefits to 12-31-2005	No Benefits from 1-1-2006
<b>045</b>	<b>PLAD Healthier MS Waiver - No Medicare</b>	<b>Limited Medicaid Benefits Does include NET service</b>	<b>Exclusions – Long term care, hospice, dental, eyeglasses, chiropractic, podiatry, therapy at free-standing clinic.</b>
046	Healthier MS Waiver - Cancer	Full Medicaid Benefits to 12-31-2005	No Benefits from 1-1-2006
047	Healthier MS Waiver – Renal Disease	Full Medicaid Benefits to 12-31-2005	No Benefits from 1-1-2006
048	Healthier MS Waiver – Transplant	Full Medicaid Benefits to 12-31-2005	No Benefits from 1-1-2006
049	Healthier MS Waiver – Anti-Psychotic	Full Medicaid Benefits to 12-31-2005	No Benefits from 1-1-2006

051	<b>SLMB - Specified Low-Income Medicare</b>	<b>Medicaid payment of Medicare Part B Premium</b>	Exclusions–All other Medicaid Benefits
054	<b>QI1 – Qualified Individual</b>	<b>Medicaid payment of Medicare Part B Premium</b>	Exclusions–All other Medicaid Benefits
057	<b>QI2 – Qualified Individual</b>	<b>Medicaid payment of Medicare Part B Premium to 12-31-2002</b>	No Benefits from 1-1-2003
061	Hospice	Category ended 5-1-2005	
062	HCBS Assisted Living	Full Medicaid Benefits	
063	HCBS Elderly/Disabled	Full Medicaid Benefits	
064	HCBS ID/DD	Full Medicaid Benefits	
065	HCBS Independent Living	Full Medicaid Benefits	
066	TBI/SCI Waiver (Traumatic Brain Injury)	Full Medicaid Benefits	
085	Medical Assistance – Intact Family	Full Medicaid Benefits	
087	Children up to Age 6	Full Medicaid Benefits	
088	Pregnant Women and children under Age 1, under 185%	Full Medicaid Benefits, Except beneficiaries Age 21 and older	Exclusions – Eyeglasses and Dental for beneficiaries Age 21 and older
090	1973 Grandfathered Case	Full Medicaid Benefits	
091	Child Under Age 19, under 100%	Full Medicaid Benefits	
092	HR-1 Hurricane Relief	Full Medicaid Benefits For 5 months from elig. date	HR Waiver application deadline 1-1-2006
093	Cost of Living	Full Medicaid Benefits	
094	Disabled Adult Child-DAC	Full Medicaid Benefits	
095	Widow(er) 60+yrs	Full Medicaid Benefits	
096	Widow(er) 50+yrs	Full Medicaid Benefits	
099	CHIP, under 200%	No Medicaid Benefits. Administered by BCBS 1-877-870-3110	All
999	Converted record only- not enough information		
KK	K-Baby – Newborns, under 1yr old	Full Medicaid Benefits To 1yr Birthday	No Benefits After 1yr Birthday

**\*If Medicare eligible, the beneficiary should receive pharmacy coverage through a Medicare Part D Plan.**

## Pre-Admission and Resident Review Training

The Division of Medicaid (DOM) Bureau of Mental Health Programs is pleased to announce its webinar training course schedule for the Pre-Admission Screening and Resident Review (PASSR) policy. The specific training dates and times are listed below. We encourage staff at the Community Mental Health Centers and Regional Centers to participate in the webinar. According to DOM Policy, Section 20.08 Credentialing Requirements for Level II Evaluators, staff who conduct Level II evaluations must complete this training. We also encourage administrative and billing staff involved in the PASRR Level II process to participate.

<b>Date</b>	<b>Time</b>	<b>Registration End Date</b>
Wednesday, March 3, 2010	9:00 a.m. – 10:30 a.m.	Wednesday, February 24, 2010
Thursday, June 3, 2010	2:00 p.m. – 3:30 p.m.	Thursday, May 27, 2010
Thursday, September 9, 2010	9:00 a.m. – 10:30 a.m.	Thursday, September 2, 2010
Tuesday, December 7, 2010	2:00 p.m. – 3:30 p.m.	Tuesday, November 30, 2010

To register for a training session, please contact Priscilla Gainer at 601-359-9545.

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## 2010 New Bed Values for Nursing Facilities, ICF-MRs and PRTFs

The new bed values for 2010 for nursing facilities, intermediate care facilities for the mentally retarded (ICF-MRs) and psychiatric residential treatment facilities (PRTFs) have been determined by using the R.S. Means Construction Cost Index. These values are the basis for rental payments made under the fair rental system of property cost reimbursement for long-term care facilities.

<u>Facility Class</u>	<u>2010 New Bed Value</u>
Nursing Facility	\$50,999
ICF-MR	\$61,199
PRTF	\$61,199

## Policy Manual Additions/ Revisions

The following policies and policy sections have been added and/or revised in the DOM Provider Policy Manual since January 1, 2010. Providers of these services may view these changes by accessing the DOM website at [www.medicaid.ms.gov](http://www.medicaid.ms.gov) and clicking on “Provider Policy Manuals” under “Publications”.

Manual Section	Policy Section	New	Revised	Effective Date
7.0 General Policy	7.02 Access to Public Information		X	01/01/10
10.0 Durable Medical Equipment	10.47 Insulin Pump		X	01/01/10
18.0 Mental Health/Psychiatric Residential Treatment Facility (PRTF)	18.03 Admission 18.10 Documentation Requirements 18.18 Reporting Requirements 18.35 CRI-Clinical Services Section A: Resident Record Review		X X X X	01/01/10
36.0 Nursing Facility	36.14 Nurse Aide Training		X	01/01/10
37.0 Laboratory	37.05 Trofile Assay	X		01/01/10
53.0 General Medical Policy	53.40 Implantable Testosterone Pellets (Testopel)- Cross reference only.	X		01/01/10
55.0 Physician	55.18 Implantable Testosterone Pellets (Testopel)	X		01/01/10
66.0 HCBS/Independent Living Waiver	66.06 Covered Services		X	01/01/10
76.0 EPSDT School Health Related Services	76.07 Audiological Services		X	01/01/10
7.0 General Policy	7.08 Administrative Hearings for Beneficiaries 7.11 Audit Policy	X X		04/01/10
25.0 Hospital Inpatient	25.37 Independent Laboratory Services	X		04/01/10
36.0 Nursing Facility	36.04 Termination of Agreement		X	04/01/10
37.0 Laboratory	37.06 Independent Laboratory Services (Cross reference to section 25.37)	X		04/01/10
68.0 HCBS/Assisted Living Waiver	68.06 Covered Services		X	04/01/10

### 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 quarterly Mississippi Medicaid Bulletins.



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

**March**

**March 2010**

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