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Third Party Payment and PPOs

Medicaid providers who are a part of a preferred provider organization (PPO) must report the contractual agreement (discount) plus the money received as the third party payment.

Section 6.03 of the Mississippi Medicaid Provider Policy Manual states that a Medicaid beneficiary is covered by a private insurance policy whose administrator has a PPO in which the Medicaid provider participates, the following applies:

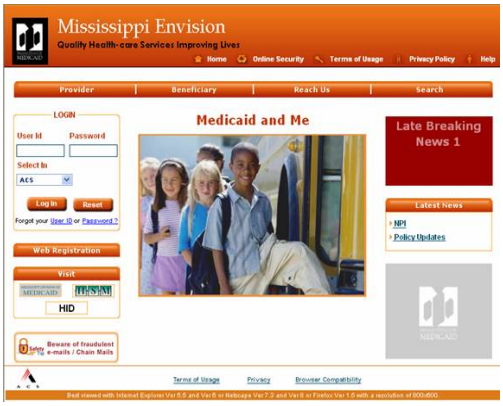
> Pursuant to the State Medicaid Manual as written by CMS, "Medicaid is to make no payment when billed for the difference between the third party payment and the provider's charges. The provider's agreement as a member of the preferred provider organization to accept payment of less than his charges constitutes receipt of a full payment of his/her services; therefore, the Medicaid recipient who is insured has no further responsibility. Medicaid is intended to make payment only when there is a recipient legal obligation to pay."

To comply with this policy, the provider must enter the total of the contractual adjustment and the third party payment as the third party amount in field 54 of the UB04, and in field 29 of the CMS 1500. If no payment is received, enter zero in the third party field. An explanation of benefits must be attached if the insurance company denies the claim or the amount in the third party field is less than 20% of charges.

Correction

The article, *Mississippi Medicaid Benefits and Categories of Eligibility* on pages four through six in the March Provider Bulletin, mistakenly listed Blue Cross Blue Shield as the carrier in COE 099. The correct carrier is United Healthcare at 1-800-557-9933.

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.**

Cardiovascular Device Monitoring – Implantable and Wearable Devices

Cardiovascular monitoring services are diagnostic medical procedures using in-person and remote technology to assess device therapy and cardiovascular physiologic data. The Division of Medicaid (DOM) has been monitoring the use of the new CPT codes introduced in the 2009 Professional Edition of the CPT and has noted that providers are billing the codes more frequently than the CPT description allows. CPT codes 93293 through 93296 are to be reported no more than **once** every ninety (90) days and CPT codes 93297 through 93299, 93228, and 93229 are to be reported no more than **once** every thirty (30) days.

Providers should be reminded that the Division of Medicaid requires that all providers' claims are accurately coded (1) to ensure proper payments for covered services, (2) to preserve the integrity of data used to evaluate processes and outcomes of healthcare for Mississippi Medicaid beneficiaries, and (3) to prevent waste, fraud, and abuse. Providers are responsible for adhering to guidance provided by all current state and/or federal policies and statutes. All providers submitting claims to Mississippi Medicaid are responsible for selection of the correct codes for the services provided to the beneficiaries by following the guidelines listed in the CPT coding manual.

Verifying Beneficiary Eligibility

Providers have a variety of resources for verifying the eligibility of a Medicaid beneficiary. Eligibility can be checked by contacting the Provider and Beneficiary Services Call Center at 1-800-884-3222, by calling the AVRS at 1-866-597-2675, by utilizing the Mississippi Envision Web Portal at http://msmedicaid.acs-inc.com, and by using a swipe card verification device.

When verifying eligibility through the call center, please obtain the call record number (CRN) from the Call Center Associate prior to ending the call. When verifying eligibility through the web portal, please print a copy of the documentation which contains the eligibility information. If verifying eligibility through the use of a swipe card verification device, please keep a copy of the receipt. If verifying eligibility though the use of the AVRS, please document the audit reference number.

Minimum Data Set 3.0 for Nursing Facilities
Division of Medicaid on Target for October 1, 2010 Implementation

The Centers for Medicare and Medicaid Services (CMS) is implementing a new version of the Minimum Data Set (MDS) effective October 1, 2010. This notice is to provide information to all nursing facilities that Division of Medicaid (DOM) staff is working diligently to ensure that the new MDS will be processed without delay. Nursing Facilities will be notified as processes are final and available. For your information, the following actions are in progress:

- DOM will continue utilizing our current RUG-III *modified* 34 grouper model for case mix calculation.
- A few items in MDS 3.0 are not a direct match to MDS 2.0; however, CMS has provided a crosswalk tool for those items that are not a direct match (such as impaired cognition and indicators of depression which now include a resident interview).
- Section S has been developed and awaiting CMS approval. Provider and Vendor notification will be provided once approved.
- Any conversion to a RUGs IV grouper will be evaluated once sufficient data is collected to determine the feasibility of changing to a different grouper model.
- DOM and Mississippi State Department of Health, Bureau of Health Facilities Licensure and Certification will be conducting provider training this summer (dates to be announced).

If you have any questions, please direct them to: patricia.holton@medicaid.ms.gov .

Intellectual Disabilities/Developmental Disabilities
Waiver Services Provided by Nurses

The Division of Medicaid (DOM) will implement changes in the administration of nursing services for the home and community based Intellectual Disabilities/Developmental Disabilities (ID/DD) Waiver program. Effective June 1, 2010, any active provider number issued to a Registered Nurse (RN) or Licensed Practical Nurse (LPN) providing independent nursing services to ID/DD Waiver participants will be closed. In addition, DOM will no longer enroll this provider type to practice independently for the ID/DD Waiver program.

These changes are in compliance with the current Mississippi Nurse Practice Law and other applicable state and federal laws and regulations. An RN or LPN must be supervised by an appropriately qualified professional through a home health agency or other entity. An appropriately qualified professional includes a licensed physician, physician assistant, dentist, certified nurse practitioner, or other qualified professional allowed by state law. Nurses may not provide services independently.

Revisions will be included in the ID/DD Waiver Provider Manual which will be posted on the DOM website at www.medicaid.ms.gov later this year.

Pharmacy Program Changes

There will be changes in the Division of Medicaid (DOM)'s Pharmacy Program beginning on July 1, 2010. To keep current with the DOM Pharmacy program, visit the Pharmacy Services' webpage often. To access the Pharmacy Services webpage, go to the DOM's website at http://www.medicaid.ms.gov/ , select Pharmacy Services, and go to the Pharmacy News on the left-hand side of the page. Program changes include, but are not limited to:

✓ *Preferred Drug List (PDL) Update, effective July 1, 2010*

The Division of Medicaid's Preferred Drug List (PDL) is updated two times annually on January 1st and July 1st. Changes to DOM's PDL will be effective on July 1, 2010. To view *the PDL changes*, refer to the Provider Notice posted on under Pharmacy News on the Pharmacy Services' webpage. For a comprehensive list of the PDL including the July 2010 changes, go to DOM's website at http://www.medicaid.ms.gov/, select Pharmacy Services, go to the menu on the right-hand side of the page and select PDL.

✓ *New Monthly Quantity Limits, effective July 15, 2010*

In accordance to the Drug Utilization Review (DUR) Board's recommendation and beginning with dates of service July 15, 2010, the Mississippi Division of Medicaid (DOM) will implement quantity limits for *short and long acting* stimulants:

- ***Short Acting stimulants will be limited to 62 total units per 31 days.***
- ***Long Acting stimulants will be limited up to 31 or 62 total units per 31 days per manufacturer's recommended dose and as reported in the packet insert(P.I.)***

Claims in excess of the monthly limits will reject and require a 'Maximum Unit Override Request' form containing an explanation of medical justification form to HID from the prescriber. New quantity limits are enhancements to DOM's current Products with Quantity Limits which can be referenced at www.medicaid.ms.gov, select Pharmacy Services, and go to Products with Quantity Limits. Prior authorization criteria and /or forms may be referenced at www.hidmsmedicaid.com.

Be mindful that maximum quantities are calculated based on 31 rolling days and NOT on calendar days.

Pharmacy Reminders

- **Other Insurance/Third Party Liability/Cost Avoidance:** When a beneficiary is covered by both Medicaid and other third party insurance, a provider must bill the third party insurer before billing Medicaid. DOM updates the 'other insurance' segments for Medicaid beneficiaries daily. Since DOM considers Medicare Part D as payment in full, the information and instructions below apply to beneficiaries with coverage other than Medicare Part D.
  - For those beneficiaries with other third party coverage, the transmitting pharmacy will receive a reject with NCPDP reject code "41" which will display the message, "Submit Bill to Other Processor or Primary Payer". Information received includes the name; address and telephone number of the other insurer also known as the Third Party Payer (TPP). The pharmacy then submits the claim to the TPP.
  - If the TPP pays 100% of the Medicaid allowable charge, the claim must be resubmitted to Medicaid but no payment will result. If the TPP pays less than 100% of the Medicaid allowable charge, the claim should be resubmitted to Medicaid using the following methodology:

i. Enter the total amount paid by the TPP in the "TPL Amount Paid" field.
ii. Enter '02' in 'Other Coverage Code' field
iii. Submit claim to Medicaid fiscal agent for the full usual and customary amount. ***Do not submit copay amount only.***
iv. Resulting payment will be Medicaid allowable minus TPL Amount Paid.

- If the TPP does not pay any of the claim ($0.00 Paid Amount, Rejection or Denial), enter $0.00 in the 'TPL Amount Paid' field. In field #308-C8 'Other Coverage Code" one of the following values should be entered based on the reason for the denial or rejection:
  i. **01 = No Other Coverage Exists**
  ii. **03 = Other Coverage Exists** – Claim Not Covered
  iii. **04 = Other Coverage Exists** – Payment Not Collected
  iv. **06 = Other coverage Denied** – Not Participating Provider
  v. **07 = Other Coverage Exists** – Not in effect on Date of Service
- Submit the claim to Medicaid's fiscal agent. The claim will pay Medicaid Allowable.
- Pharmacy providers must keep explanation of benefits (EOB) from other insurance companies. These records must be available to Medicaid upon request.

In accordance with federal guidelines, Medicaid is always the payer of last resort.

❖ ***Medicare Part D Point-of-Sale Facilitated Enrollment (POS FE) Process***
Four Steps for Pharmacists, Updated November 2009

The Centers for Medicare & Medicaid Services (CMS) has redesigned the program formerly known as the WellPoint Point-of-Sale Facilitated Enrollment (POS FE) process. Since January 1, 2010, the program is now known as the Limited Income Newly Eligible Transition program, or Limited Income NET, and administered by Humana.

The POS FE process was designed to ensure that individuals with both Medicare and Medicaid, or "dual eligibles," not yet enrolled in a Part D prescription drug plan are still able to obtain immediate prescription drug coverage when evidence of Medicare and Medicaid eligibility is presented at the pharmacy. For detailed instructions regarding the use of the POS FE process including how to submit an E1 Transaction to the TrOOP Facilitator, see this: http://www.cms.gov/Pharmacy/Downloads/POSFEFourStepsNov2009.pdf

❖ ***Drug Reference File Database*:** DOM's Drug Reference Database File is updated weekly. There are over -9,000 active national drug code (NDC) numbers in the system. Be advised that there are thousands of updates *weekly* which may include, but are not limited to: pricing changes, Orange Book ratings, DEA class, DESI standing, rebate status, FDA decisions on whether or not the product is classified as a drug/device/ non-drug, NDA/ANDA status, daily dose ranges, and age/gender/pregnancy restrictions, if applicable.

Changes to the Drug Reference file can impact pharmacy claims.

❖ ***Prescriber Licenses: When does a prescription become invalid?***

In Mississippi, a prescription becomes invalid thirty (30) days after the prescriber/patient relationship is terminated. Examples of this include instances where a prescriber's license is revoked, prescriber dies, prescriber retires, prescriber is incarcerated, and prescriber has lost controlled substance privileges and/or has other sanctions imposed upon the prescriber. 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. 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).

When a prescription is for a controlled substance, the prescription becomes invalid immediately upon the expiration or revocation of the license; **refer to Title 21, Code of Federal Regulations, Part 1306.03.** In other words, as soon as a decision is made regarding a prescriber's license, authority to prescribe or dispense controlled substances under that license ceases.

The Division of Medicaid recommends that pharmacies/pharmacists clean up their prescription files as soon as information is received that a prescriber's license is no longer valid. This type of information 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 Mississippi and federal laws.

Ambulatory Surgical Centers Providers

On January 1, 2008, the Centers for Medicare and Medicaid Services (CMS) implemented revisions to the Medicare payment system for Ambulatory Surgical Centers (ASC) services. ASC's are no longer reimbursed based on group rates. Instead, CMS changed the Medicare payment to mirror Medicare Outpatient Prospective Payment System (OPPS) and expanded the list of procedures reimbursed in an ASC.

Since these changes occurred, the Division of Medicaid has not changed the list of procedures covered in an ASC nor made any changes to the payment methodology of these procedures. Providers should refer to the ASC fee schedule for covered procedures and reimbursement rates located at www.medicaid.ms.gov.

Policy Manual Additions/ Revisions

The following policies and policy sections have been added and/or revised in the DOM Provider Policy Manual since March 1, 2010. Providers of these services may view these changes by accessing the DOM website at www.medicaid.ms.gov and clicking on "Provider Policy Manuals" under "Publications."

Manual Section	Policy Section	New	Revised	Effective Date
7.0 General Policy	7.11 Audit Policy	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
7.0 General Policy	* 7.08 Administrative Hearings for Beneficiaries	X		05/01/10

* **Correction**- The March 2010 bulletin reflected an April 1, 2010 effective date for section 7.08 Administrative Hearings for Beneficiaries. The effective date is May 1, 2010.

Assistance from DOM and ACS Provider Field Representatives

Provider Field Representatives 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. If your respective Provider Field Representative is out of the office or not available to answer your call, feel free to leave a detailed voice mail message. A response will be provided to you within two business days of your call.

We understand that some billing issues cannot be resolved by telephone or email. In these instances, an on-site visit may be arranged at the convenience of the provider. So that issue(s) can be researched and addressed in an expeditious manner, it is requested that your issue(s) be submitted in writing to your Provider Field Representative prior to any scheduled visit.

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

County	Provider Field Representative	Telephone #	Email Address
Adams	Randy Ponder	601.206.3026	Randy.Ponder@acs-inc.com
Alcorn	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Amite	Randy Ponder	601.206.3026	Randy.Ponder@acs-inc.com
Attala	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
Benton	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Bolivar	Clint Gee	662.459.9753	Clinton.Gee@medicaid.ms.gov
Calhoun	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
Carroll	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
Chickasaw	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
Choctaw	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
Claiborne	Randy Ponder	601.206.3026	Randy.Ponder@acs-inc.com
Clarke	Chris Gibson	601.206.2948	charles.gibson@acs-inc.com
Clay	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
Coahoma	Clint Gee	662.459.9753	Clinton.Gee@medicaid.ms.gov
Copiah	Joyce Wilson	601.359.4293	Joyce.Wilson@medicaid.ms.gov
Covington	Pamela Williams	601.359.9575	Pamela.Williams@medicaid.ms.gov
Desoto	Cynthia Morris	601.572.3237	cynthia.morris@acs-inc.com
Forrest	Chris Gibson	601.206.2948	charles.gibson@acs-inc.com
Franklin	Randy Ponder	601.206.3026	Randy.Ponder@acs-inc.com
George	Connie Mooney	601.572.3253	connie.mooney@acs-inc.com
Greene	Chris Gibson	601.206.2948	charles.gibson@acs-inc.com
Grenada	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
Hancock	Connie Mooney	601.572.3253	connie.mooney@acs-inc.com
Harrison	Connie Mooney	601.572.3253	connie.mooney@acs-inc.com
Hinds	Parren Clark	601.572.3275	parren.clark@acs-inc.com
Holmes	Ekida Wheeler	601.572.3265	ekida.wheeler@acs-inc.com
Humphreys	Ekida Wheeler	601.572.3265	ekida.wheeler@acs-inc.com
Issaquena	Ekida Wheeler	601.572.3265	ekida.wheeler@acs-inc.com
Itawamba	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Jackson	Connie Mooney	601.572.3253	connie.mooney@acs-inc.com
Jasper	Chris Gibson	601.206.2948	charles.gibson@acs-inc.com
Jefferson	Randy Ponder	601.206.3026	Randy.Ponder@acs-inc.com
Jefferson-Davis	Pamela Williams	601.359.9575	Pamela.Williams@medicaid.ms.gov
Jones	Chris Gibson	601.206.2948	charles.gibson@acs-inc.com

County	Provider Field Representative	Telephone #	Email Address
Kemper	Cherry Woods	601.206.3013	cherry.woods@acs-inc.com
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Prentiss	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
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Scott	Joyce Wilson	601.359.4293	Joyce.Wilson@medicaid.ms.gov
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Smith	Chris Gibson	601.206.2948	charles.gibson@acs-inc.com
Stone	Connie Mooney	601.572.3253	connie.mooney@acs-inc.com
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Washington	Ekida Wheeler	601.572.3265	ekida.wheeler@acs-inc.com
Wayne	Chris Gibson	601.206.2948	charles.gibson@acs-inc.com
Webster	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
Wilkinson	Randy Ponder	601.206.3026	Randy.Ponder@acs-inc.com
Winston	Cherry Woods	601.206.3013	cherry.woods@acs-inc.com
Yalobusha	Clint Gee	662.459.9753	Clinton.Gee@medicaid.ms.gov
Yazoo	Ekida Wheeler	601.572.3265	ekida.wheeler@acs-inc.com

Out of State Assignments	Provider Representative	Telephone #	Email Address
Alabama	Tamara Cry Kimberly Rice	601.206.3028 601.206.2961	tamara.cry@acs-inc.com kimberly.guyton@acs-inc.com
Mobile, Alabama	Connie Monney	601.572.3253	connie.mooney@acs-inc.com
Arkansas	Tamara Cry Kimberly Rice	601.206.3028 601.206.2961	tamara.cry@acs-inc.com kimberly.guyton@acs-inc.com
Louisiana	Tamara Cry Kimberly Rice	601.206.3028 601.206.2961	tamara.cry@acs-inc.com kimberly.guyton@acs-inc.com
Tennessee	Tamara Cry Kimberly Rice	601.206.3028 601.206.2961	tamara.cry@acs-inc.com kimberly.guyton@acs-inc.com
Memphis, Tennessee	Cynthia Morris	601.572.3237	cynthia.morris@acs-inc.com
Montana	Tamara Cry Kimberly Rice	601.206.3028 601.206.2961	tamara.cry@acs-inc.com kimberly.guyton@acs-inc.com
Nebraska	Tamara Cry Kimberly Rice	601.206.3028 601.206.2961	tamara.cry@acs-inc.com kimberly.guyton@acs-inc.com
Other	Tamara Cry Kimberly Rice	601.206.3028 601.206.2961	tamara.cry@acs-inc.com kimberly.guyton@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 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
And
Medicaid Bulletins are on the Web Portal
http://msmedicaid.acs-inc.com

June

June 2010

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

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.