

# Mississippi Medicaid

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## Bulletin

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### 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 (CHIP). The PERM program is designed to comply with the Improper Payments Information Act of 2002 (IPIA; Public Law 107-300). The PERM program also evaluates the accuracy of Medicaid payments to providers, including medical records documentation. Mississippi has been selected as 1 of 17 states required to participate in PERM reviews of Medicaid and CHIP payments in federal fiscal year 2011 (**October 1, 2010, through September 30, 2011**).

CMS is using two national contractors to measure improper payments. The statistical contractor (unknown at this time) will coordinate efforts with the State regarding the eligibility sample, maintaining the PERM eligibility website, and delivering samples and details to the review contractor. The review contractor, A+ Government Solutions, will be communicating directly with providers and requesting medical record documentation associated with the sampled claims. Providers will be required to furnish the records requested by the review contractor within a timeframe specified in the medical record request letter.

**It is anticipated that A+ Government Solutions will begin requesting medical records for Mississippi sampled claims by March 2011. Providers are urged to respond to these requests promptly with timely submission of the requested documentation. Please note that there may be requests for additional documentation following your initial submission. Please respond to these specific requests promptly.**

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. Also, 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.

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).



## CMS Final Rule ~ Anti-Fraud Provisions of Affordable Care Act (ACA)

The Centers for Medicare and Medicaid Services (CMS) has issued a Final Rule noting an effective implementation date of March 25, 2011. The rule was published in the Federal Register (42 CFR Parts 405, 424, 438, 447, 455.457, 498 and 1007) with provisions to be implemented as it relates to Medicare, Medicaid and Children's Health Insurance Programs (CHIP) in the prevention of provider fraud and abuse. This Rule will implement provisions of the Affordable Care Act (ACA) that establish procedures under which screening (fingerprinting, criminal background checks, on site visits and database checks with state and federal agencies) is conducted for providers of medical or other services and suppliers in the Medicare, Medicaid and CHIP programs; an application fee imposed on institutional providers and suppliers at initial enrollment and revalidations; temporary moratoria that may be imposed if necessary to prevent or combat fraud, waste and abuse under the Medicare, Medicaid and CHIP programs; guidance for states regarding termination of providers from Medicaid if terminated by Medicare or another Medicaid State plan or CHIP; guidance regarding the termination of providers and suppliers from Medicare if terminated by a Medicaid state agency; and requirements for suspension of payments pending credible allegations of fraud in the Medicare and Medicaid programs.

The Division of Medicaid – Provider Enrollment Division is in the process of instituting policies and procedures of the Final Rule as directed by CMS. Further communications concerning the implementation of this rule will be noted on the DOM website and the Envision Web Portal. For in-depth details on this CMS Final Rule, please refer to the CMS website at [www.cms.hhs.gov](http://www.cms.hhs.gov).

## Billing Reminder - Miscellaneous CPT or HCPCS Codes

When billing any of the CPT or HCPCS miscellaneous codes, providers must bill only one (1) unit on the claim line to avoid a denial of Exception Code 0238 - SUBMITTED UNITS EXCEED MAXIMUM ALLOWED UNITS. Documentation must be submitted indicating the number of units that were supplied or services performed for reimbursement to be calculated correctly.

## 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>.



## Infertility Testing and Treatment

Effective December 1, 2010, Section 2.03 of the Medicaid Provider Policy Manual, which outlines program exclusions, was updated to reflect changes related to infertility testing and treatment. The following CPT and HCPCS codes will be covered as noted below.

Codes to be closed	Codes to be Denied if Diagnosis Related to Infertility		Codes Requiring FAS Review
55300	49320	74440	55559
58752	49321	74740	58679
58760	54500	74742	58999
89264	54505	76830	
89300	54900	76831	
89310	54901	76856	
89320	55400	76857	
89321	55530	80414	
89322	55535	80415	
89325	55540	80418	
89329	55550	80426	
89330	58340	83001	
89331	58345	83002	
	58350	88172	
	58672	88173	
	58673	J0725	
	58770	J1620	
	69990		

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## Pre-Admission Screening and Resident Review Training

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

Date	Time
Tuesday, March 8, 2011	9:30 am – 11:00 am
Thursday, June 16, 2011	2:00 pm – 3:30 pm
Tuesday, September 13, 2011	9:30 am – 11:00 am
Wednesday, December 7, 2011	2:00 pm – 3:30 pm

To register for a training session, please contact Gail Strength at 601-359-9545.

## Update on Coverage of Psychiatric Diagnostic Interview Examination

Effective January 1, 2011, a Licensed Certified Social Worker (LCSW) was added as a Medicaid covered provider type for CPT code 90801 (Psychiatric diagnostic interview examination). Providers are encouraged to visit the DOM website at [www.medicaid.ms.gov](http://www.medicaid.ms.gov) to utilize the Interactive Fee Schedule, which includes rates by provider type. The Interactive Fee Schedule can be accessed by clicking on “Services”, selecting “Mental Health Programs” and following the “Fee schedule by individual procedure code and service date through Envision” link.

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## New Mental Health Policy for Psychiatric Services

Effective January 1, 2011, Section 55.19 Mental Health/Psychiatry was added to the Provider Policy Manual. This policy outlines psychiatric services and guidelines rendered in a physician’s office or clinic that are provided by a psychiatrist or psychiatric mental health nurse practitioner. Providers of these services may view the new policy by accessing the DOM website at [www.medicaid.ms.gov](http://www.medicaid.ms.gov) and clicking on “Provider Policy Manuals” under “Publications”.

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## Policy Change for ID/DD Waiver Providers

Effective January 1, 2011, Section 67.0 – HCBS Mentally Retarded/Developmentally Disabled (MR/DD) Waiver was removed from the Provider Policy Manual. It has been replaced by Section 16 – HCBS Intellectual Disabilities/Developmental Disabilities (ID/DD) Waiver policy. The section change was made to reflect the name change of the waiver program. Providers of these services may view this policy section and other changes to the section by accessing the DOM website at [www.medicaid.ms.gov](http://www.medicaid.ms.gov) and selecting ‘Provider Policy Manual’ under the ‘Publications’ link.

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## Dental Prior Authorization Process

When submitting prior authorization requests for dental services via the web portal or paper forms:

- Use only **one** prior authorization form per beneficiary. The form allows for multiple procedures to be submitted on the same form. Only use additional forms if the number of procedures is greater than the number of lines on the form.
- Submit the request only once. Do not resubmit a request if you have not received a response. All prior authorization requests are reviewed by a practicing dental consultant and you will be notified as soon as the review is completed.

If you want to ensure we have received the request or you have any questions, please contact the Bureau of Medical Services at 1-800-421-2408, extension 95139 or 601-359-5139.

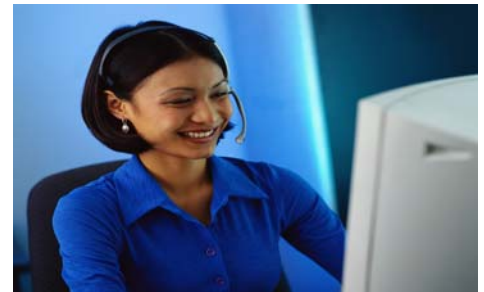
## Policy Manual Additions/Revisions

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.medicaid.ms.gov](http://www.medicaid.ms.gov) and clicking on “Provider Policy Manuals” under “Publications”.

Manual Section	Policy Section	New	Revised	Effective Date
40.0 Home Health	40.02 Criteria for Coverage		X	03/01/11
73.0 Mississippi Cool Kids (EPSDT) Program	73.05 EPSDT Screenings		X	03/01/11
81.0 General Coding Information	81.02 Modifiers		X	03/01/11

### 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. Additionally, DOM and ACS implemented two new options for eligibility verification and status inquiries in October 2010. Eligibility verification and claim status inquiries can be e-mailed to [msinquiries@acs-inc.com](mailto:msinquiries@acs-inc.com) or faxed to **601-206-3003**. E-mail and fax inquiries will be responded to within **48** hours.



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 through the use of the AVRS, please document the audit reference number.

### 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.

## 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	Justin Griffin	601.206.2922	Justin.Griffin@acs-inc.com
Alcorn	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Amite	Justin Griffin	601.206.2922	Justin.Griffin@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	Justin Griffin	601.206.2922	Justin.Griffin@acs-inc.com
Clarke	Kimberly Guyton-Rice	601.206.2961	Kimberly.Guyton@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	Kimberly Guyton-Rice	601.206.2961	Kimberly.Guyton@acs-inc.com
Franklin	Justin Griffin	601.206.2922	Justin.Griffin@acs-inc.com
George	Connie Mooney	601.572.3253	connie.mooney@acs-inc.com
Greene	Kimberly Guyton-Rice	601.206.2961	Kimberly.Guyton@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	Kimberly Guyton-Rice	601.206.2961	Kimberly.Guyton@acs-inc.com
Jefferson	Justin Griffin	601.206.2922	Justin.Griffin@acs-inc.com
Jefferson-Davis	Pamela Williams	601.359.9575	Pamela.Williams@medicaid.ms.gov
Jones	Kimberly Guyton-Rice	601.206.2961	Kimberly.Guyton@acs-inc.com

County	Provider Field Representative	Telephone #	Email Address
Kemper	Cherry Woods	601.206.3013	cherry.woods@acs-inc.com
Lafayette	Cynthia Morris	601.572.3237	cynthia.morris@acs-inc.com
Lamar	Pamela Williams	601.359.9575	Pamela.Williams@medicaid.ms.gov
Lauderdale	Cherry Woods	601.206.3013	cherry.woods@acs-inc.com
Lawrence	Pamela Williams	601.359.9575	Pamela.Williams@medicaid.ms.gov
Leake	Joyce Wilson	601.359.4293	Joyce.Wilson@medicaid.ms.gov
Lee	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Leflore	Clint Gee	662.459.9753	Clinton.Gee@medicaid.ms.gov
Lincoln	Justin Griffin	601.206.2922	Justin.Griffin@acs-inc.com
Lowndes	Cherry Woods	601.206.3013	cherry.woods@acs-inc.com
Madison	Ekida Wheeler	601.572.3265	ekida.wheeler@acs-inc.com
Marion	Pamela Williams	601.359.9575	Pamela.Williams@medicaid.ms.gov
Marshall	Cynthia Morris	601.572.3237	cynthia.morris@acs-inc.com
Monroe	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
Montgomery	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
Neshoba	Cherry Woods	601.206.3013	cherry.woods@acs-inc.com
Newton	Cherry Woods	601.206.3013	cherry.woods@acs-inc.com
Noxubee	Cherry Woods	601.206.3013	cherry.woods@acs-inc.com
Oktibbeha	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
Panola	Cynthia Morris	601.572.3237	cynthia.morris@acs-inc.com
Pearl River	Connie Mooney	601.572.3253	connie.mooney@acs-inc.com
Perry	Kimberly Guyton-Rice	601.206.2961	Kimberly.Guyton@acs-inc.com
Pike	Pamela Williams	601.359.9575	Pamela.Williams@medicaid.ms.gov
Pontotoc	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Prentiss	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Quitman	Clint Gee	662.459.9753	Clinton.Gee@medicaid.ms.gov
Rankin	Joyce Wilson	601.359.4293	Joyce.Wilson@medicaid.ms.gov
Scott	Joyce Wilson	601.359.4293	Joyce.Wilson@medicaid.ms.gov
Sharkey	Ekida Wheeler	601.572.3265	ekida.wheeler@acs-inc.com
Simpson	Joyce Wilson	601.359.4293	Joyce.Wilson@medicaid.ms.gov
Smith	Kimberly Guyton-Rice	601.206.2961	Kimberly.Guyton@acs-inc.com
Stone	Connie Mooney	601.572.3253	connie.mooney@acs-inc.com
Sunflower	Clint Gee	662.459.9753	Clinton.Gee@medicaid.ms.gov
Tallahatchie	Clint Gee	662.459.9753	Clinton.Gee@medicaid.ms.gov
Tate	Cynthia Morris	601.572.3237	cynthia.morris@acs-inc.com
Tippah	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Tishomingo	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Tunica	Cynthia Morris	601.572.3237	cynthia.morris@acs-inc.com
Union	Prentiss Butler	601.206.3042	prentiss.kitchens@acs-inc.com
Walthall	Pamela Williams	601.359.9575	Pamela.Williams@medicaid.ms.gov
Warren	Justin Griffin	601.206.2922	Justin.Griffin@acs-inc.com
Washington	Ekida Wheeler	601.572.3265	ekida.wheeler@acs-inc.com
Wayne	Kimberly Guyton-Rice	601.206.2961	Kimberly.Guyton@acs-inc.com
Webster	Rhonda Evans	601.359.1370	Rhonda.Evans@medicaid.ms.gov
Wilkinson	Justin Griffin	601.206.2922	Justin.Griffin@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

<b>Out of State Assignments</b>	<b>Provider Representative</b>	<b>Telephone #</b>	<b>Email Address</b>
Alabama	Tamara Cry	601.206.3028	tamara.cry@acs-inc.com
Mobile, Alabama	Connie Mooney	601.572.3253	connie.mooney@acs-inc.com
Arkansas	Tamara Cry	601.206.3028	tamara.cry@acs-inc.com
Louisiana	Tamara Cry	601.206.3028	tamara.cry@acs-inc.com
Tennessee	Tamara Cry	601.206.3028	tamara.cry@acs-inc.com
Memphis, Tennessee	Cynthia Morris	601.572.3237	cynthia.morris@acs-inc.com
Montana	Tamara Cry	601.206.3028	tamara.cry@acs-inc.com
Nebraska	Tamara Cry	601.206.3028	tamara.cry@acs-inc.com
Other	Tamara Cry	601.206.3028	tamara.cry@acs-inc.com



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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 2011**

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	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 while funds are not transferred until the following Thursday.