

# MS Medicaid

## PROVIDER BULLETIN



MISSISSIPPI DIVISION OF  
**MEDICAID**

## Simply Complicated, the Basal Ganglia and Medicaid



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Executive Director  
MS Division of Medicaid

Before I came to the Mississippi Division of Medicaid I had many roles and responsibilities at the University of Mississippi Medical Center, but by far, my favorite position was professor.

As a professor, I thoroughly enjoyed learning about a subject in-depth and then preparing material for lecture. The repeating challenge was to take a complicated subject, break it down into its component parts, and then build it back up

layer by layer until both the big picture as well as the details became clear.

As much of a challenge it was to take these subjects and convey them to a room full of students day after day, it was also a joy. This was especially true in neurophysiology, a subject I absolutely loved teaching. And I found that year after year, the most complex content to explain was always the function of the basal ganglia.

The basal ganglia are a functionally diverse group of nuclei that lie deep within the cerebral hemispheres. These nuclei influence movement by regulating the activity of the upper motor neurons. The caudate nucleus, putamen, and globus pallidus make up the functional core of this motor regulatory system. The substantia nigra and the subthalamic nucleus contribute an important modulatory function on the core nuclei themselves.

The collective structures of the basal ganglia make a subcortical loop that links most areas of the cerebral cortex with the upper motor neurons in the primary motor cortex and premotor cortex. The neurons in this loop modify their activity before and during the course of voluntary motor activity. Their influence on the upper motor neurons is required for normal coordinated muscle activity.

One of the hardest concepts to understand about the function of the basal ganglia is that of disinhibition of an inhibitory system. I often think about this in terms of a default switch for motor activity. At rest the default switch is on, and the activity of the upper motor neuron is suppressed. The anticipation of motion originating in the frontal and parietal lobes of the cortex creates a signal that turns the switch off for a very brief period of time and allows the motion to occur.

Inputs from multimodal areas of the frontal and parietal cortex project to both the caudate nucleus and the putamen. These signals excite the neurons in these structures. Neurons from the caudate and putamen project to the globus pallidus and inhibit its activity. The globus pallidus is tonically active and axons from this structure project to and inhibit neurons in the thalamus which ultimately send excitatory signals to the upper motor neurons.

Are you as thoroughly confused as the medical students were? I mentioned it was the hardest concept to get across and understand.

So here's how it works.

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The default switch that suppresses motor activity is in the globus pallidus. The globus pallidus is tonically active and outputs from this structure inhibit neurons in a part of the thalamus that provides excitatory inputs to the upper motor neuron. The cognitive initiation of movement originating in the cortex excites the neurons in the caudate nucleus and putamen which in turn causes transient inhibition of the globus pallidus. Once released from inhibition by the globus pallidus the thalamic neurons can excite the upper motor neurons and cognitively controlled movement occurs. Together these structures act like a physiological gate that opens to allow purposeful movement to occur and then closes to inhibit competing or spurious motor patterns.

What does this have to do with Medicaid?

Well, as complicated as basal ganglia may seem, Medicaid has proven to be as equally challenging due to the monumental responsibilities and tasks we are charged with carrying out every day.

Much like other temporary assistance governmental programs, Mississippi Medicaid can be difficult to understand and a source of frustration. There are so many moving parts, regulations, policies, procedures, programs, services and parties involved that it often is overwhelming to grasp the overall big picture.

The Division of Medicaid (DOM) has over 900 employees located throughout one central office, 30 regional offices and 95 outstations across the state, all working together to provide quality health care coverage for the vulnerable, eligible populations in Mississippi. The total combined state and federal budget amounts to over \$4.96 billion (from fiscal year 2012).

Contrary to common misconceptions, many people are hard at work implementing laws and policies to help make the program run more efficiently and provide assistance understanding these changes.

What are we doing to make it easier for you?

Helpful resources for providers such as the fee schedules, forms, billing information and the administrative code are available on the Division of Medicaid website under the Providers link (<http://www.medicaid.ms.gov>).

Also on the Contact Us webpage there are links with phone numbers, including a long detailed list of who exactly to contact regarding specific topics and issues.

Additionally, we have a dedicated team at the agency, the Bureau of Provider Beneficiary Relations, who addresses concerns, answers questions and is our link to providers in the Mississippi Medicaid network. They routinely go out into the community to educate and inform beneficiaries and providers alike, with the basics of how Medicaid works and the services available. Just recently, they conducted several provider workshops throughout the state and are gearing up for another round focusing on beneficiary workshops.

In order to be able to provide better customer service, I encourage you to seek out these resources to gain quick answers to your questions. We are here to serve both the beneficiaries and providers of Mississippi, collaborating together to provide quality health care services.

Despite the basal ganglia, that's a common goal we can all understand.



## 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>.

# MississippiCAN

Mississippi Coordinated Access Network

[www.medicaid.ms.gov/mscan](http://www.medicaid.ms.gov/mscan)



MISSISSIPPI DIVISION OF  
**MEDICAID**

## MississippiCAN Open Enrollment

What is Open Enrollment?

- After a person is enrolled in *MississippiCAN*, with either Magnolia Health Plan or UnitedHealthcare, they will get to use their plan for the next year, if they remain Medicaid eligible.
- A person will have 90 days after their initial enrollment or assignment to change plans once within that 90 days, if they want.
- Another time that they may change plans or opt out is during Open Enrollment, once a year. The Open Enrollment Period is from October 1 to December 15 of each year.
- Outside the Open Enrollment period, members will only be able to change plans if there is an agency-approved good cause.
- Members of the Indian Tribes may change plans at any time.

What if a member wants to change their doctor?

- If members want to change their doctor, they should call their plan.
- Each plan has many doctors who can be their Primary Care Provider (PCP).

How does a member submit an Enrollment or Change Form?

- **Enroll online at [www.medicaid.ms.gov/mscan](http://www.medicaid.ms.gov/mscan) or**
- **Print and mail the form to: MS Division of Medicaid  
Attention: MSCAN  
P.O. Box 23708  
Jackson, MS 39225**
- **Print and fax the form to 601-206-3015 or**
- **Call the toll free line for *MississippiCAN* Enrollment at 1-800-884-3222 (press \*) Between the hours of 8 a.m. to 5 p.m. Central Standard Time, Monday through Friday.**

OFFICE OF THE GOVERNOR

Walter Sillers Building | 550 High Street, Suite 1000 | Jackson, Mississippi 39201

MISSISSIPPI DIVISION OF  
**MEDICAID**

September 3, 2013

### MississippiCAN Provider Survey

The Mississippi Coordinated Access Network (MississippiCAN) is a statewide coordinated care program designed to

***improve beneficiaries access to needed medical services,  
improve the beneficiaries quality of care and efficiencies,  
and cost effectiveness.***

Dear Medicaid Providers,

The Division of Medicaid (DOM), Bureau of Coordinated Care, is conducting a MississippiCAN provider survey. We are soliciting the input and opinion of our providers. DOM believes your opinion and feedback is vital in assisting us with the improvement and quality of service delivery through the MississippiCAN program.

We realize that this survey will take you a few minutes to complete, however each questions is important. The time you invest in completing this survey will aid the DOM in identifying specific areas of improvement, that will facilitate positive change, enabling both Magnolia Health Plan and UnitedHealthcare to serve you better and more efficiently regarding medical management decisions. We ask that you please complete and return the survey to us by mail or you may complete the survey on the MississippiCAN website at <http://www.medicaid.ms.gov/mscan/Provider.aspx>.

The DOM encourages you to complete this important survey because your feedback is valuable to us. We thank you for your time and assistance. If there are any questions, please contact the Bureau of Coordinated Care at 601- 359-3789 or 1 -800- 421-2408.

Your participation is greatly appreciated.

Division of Medicaid  
Bureau of Coordinated Care

## OFFICE OF THE GOVERNOR

Walter Sillers Building | 550 High Street, Suite 1000 | Jackson, Mississippi 39201

MISSISSIPPI DIVISION OF  
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Facility: \_\_\_\_\_ Provider Type: \_\_\_\_\_ County: \_\_\_\_\_

We need your help to tell us how well the MississippiCAN program is doing. Please take a few minutes to complete this survey by placing a checkmark beside your response about your experience with MississippiCAN. If you have any questions please contact the Bureau of Coordinated Care at (601) 359-3789. You can also download a Provider Satisfaction survey from the MississippiCAN website at <http://www.medicaid.ms.gov/mscan/provider.aspx>

**MississippiCAN Provider Survey**

1. How would you describe your overall experience with the MississippiCAN Program?  
☐ Excellent    ☐ Good    ☐ Fair    ☐ Poor
2. In general, do you think the quality of care for the eligible Mississippi Medicaid beneficiaries has improved?  
☐ Improved Very Much    ☐ Somewhat Improved  
☐ Not Improved
3. How long have you been a MississippiCAN Provider?  
☐ More than a year    ☐ Six months  
☐ Recently became a Provider    ☐ Not a MississippiCAN Provider  
 If you marked not a MississippiCAN Provider **STOP**
4. Which plan are you enrolled?  
☐ Magnolia Health Plan    ☐ United Healthcare  
☐ Both
5. Have you ever been visited by a provider representative from the plans?  
☐ Yes    ☐ No
6. Do you receive a member roster panel from the plan or Coordinated Care Organization? ☐ Yes ☐ No  
 If so, how often? ☐ Daily    ☐ Weekly    ☐ Monthly    ☐ Never
7. Do you receive notifications of changes from the plans?  
☐ Yes ☐ No  
 If so, how often? ☐ Monthly    ☐ Quarterly    ☐ Annually    ☐ Other
8. How do you receive provider notifications?  
☐ Web Portal    ☐ Email    ☐ Mail    ☐ Fax    ☐ Never

		Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
9.	My claims are processed in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Claims have been paid at correct rate (no less than what Medicaid would pay)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Claims inquiries are answered promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	When I call the Plans I am able to speak directly with someone and get my questions answered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Denial notifications consistently provide denial reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	The plan's Provider Grievance & Appeals process is effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	The Prior Authorization process is working efficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	My staff and I are familiar with the MississippiCAN program and the services they provide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	I would recommend MississippiCAN to eligible Mississippi Medicaid beneficiaries and other providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	My facility utilizes the Disease and Care Management programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	I think Mississippi Medicaid beneficiaries understand the MississippiCAN program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS:**

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# NEWS



## Tips for Individual Providers When They Relocate

Your Mississippi Medicaid Provider number belongs to you, the individual provider, not the practice. Often times providers' numbers are established with the address and banking information that belongs to the practice that is initiating the enrollment rather than the individual provider. When the individual provider changes practices, the information of his/her prior practice remains on his/her Medicaid provider file until he/she submits the required forms to change the addresses and banking information.

When the individual provider changes practices or affiliations, the provider should check their addresses and banking information on file with Medicaid. Verifying the information on their provider file will prevent the non-receipt of important letters/notices and payment to incorrect accounts.

### SUBMITTING CHANGE OF BANKING INFORMATION

The Direct Deposit Authorization Agreement form should be printed from the web portal at <https://msmedicaid.acs-inc.com/msenvision/downloadenrollmentPackage.do> and should be completed and signed by the individual provider. A preprinted voided check or deposit slip or a letter on bank letterhead signed by a bank official should be submitted to verify the accuracy of the information noted on the form. The Direct Deposit Authorization agreement and the bank verification can be faxed to Xerox Provider Enrollment at (601) 206-3015 or can be mailed to the following address:

Xerox Provider Enrollment Department  
P. O. Box 23078  
Jackson MS 39225

Once the update to your individual file has been completed, at any point that you bill claims on your individual number you will receive a paper check mailed to your billing address on file for 2-3 payment cycles. Ongoing, you will begin receiving your Mississippi Medicaid Reimbursement electronically deposited according to the information on your provider file.

### SUBMITTING CHANGE OF ADDRESS FORM INSTRUCTIONS

The Change of Address form should be printed from the web portal at <https://www.medicaid.ms.gov/Forms/ProviderForms/ChangeofAddressform.pdf> and must be completed and signed by the individual provider. The Change of Address form can be faxed to Xerox Provider Enrollment at 601-206-3015 or it may be mailed to the following address:

Xerox Provider Enrollment Department  
P. O. Box 23078  
Jackson MS 39225

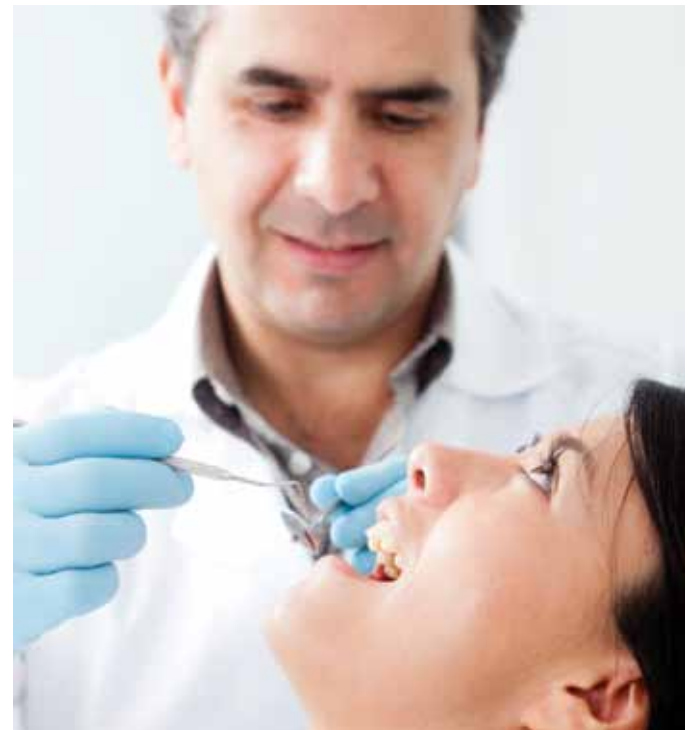
If you have questions, please contact the Xerox Provider Enrollment Department at 1-800-884-3222.

Note: If the 1099 address is being updated, a W9 will be required and the individual must sign.

## Verifying Vision and Dental Services Via the Web Portal

Did you know that you can now check coverage for vision and dental services through the web portal? Here's how:

1. Access the Mississippi Envision Web Portal via the following link: [www.msmedicaid.acs-inc.com/msenvision](http://www.msmedicaid.acs-inc.com/msenvision)





2. Log in using your previously created/assigned username and password. You must have a web portal account, and you must login to your account to utilize the appropriate inquiry options.
3. After logging in, click the Provider heading.
4. Scroll to Inquiry Options.
5. Select Eligibility Inquiry.
6. Enter the patient's MS Medicaid beneficiary ID number and date(s) of service. If you do not have the beneficiary's ID number, you may use alternate identifying information such as the beneficiary's name, social security number, and date of birth.
7. Click submit, and the Beneficiary Eligibility Response page should be returned.
8. Scroll to the very bottom of that page to the Other Eligibility Information section. Here you will find the Dental and Vision coverage tabs.
9. Clicking the Dental Coverage tab will return the Dental Coverage Inquiry page.
10. Select the procedures you are inquiring about, and then click submit.



11. The Dental Coverage Response window should open displaying your results.
12. Clicking the Vision Coverage tab will return the Vision Coverage Inquiry page.
13. Select the procedures you are inquiring about, and then click submit.
14. The Vision Coverage Response window should open displaying your results.

## PROVIDER COMPLIANCE



- 1) The provider administers Depo-Provera, utilizing HCPCS code J1050 or
- 2) The provider evaluates the beneficiary for a new contraceptive, contraceptive changes or contraceptive problems and documents the beneficiary's condition, utilizing the appropriate office visit CPT code and HCPCS code J1050.

### Recommendations to Fix "One-To-Many" Claims Issues

**One-To-Many NPI Providers** are providers who chose to enumerate with the same NPI for several servicing locations or provider types. Doing so causes claims to deny to the unlisted provider number due to the inability of the system to determine the pay-to provider. In order to possibly remedy this problem the following recommendations are being offered:

1. Submit claims using a unique taxonomy code for each location.
2. Use a different billing zip code.
3. Enumerate with a different NPI for each location.

Please be mindful that these are **ONLY** recommendations that will aid in more accurate claims payment. Also verify that the taxonomy code(s) and NPI number(s) are on the provider

### Family Planning Waiver Depo-Provera Billing Tip

Providers may bill an Evaluation and Management visit code when administering Depo-Provera. However, the use of this visit code is subject to the four (4) visits per federal fiscal year limit for beneficiaries enrolled in the Family Planning Waiver. Providers may submit claims for Depo Provera only if:





file by contacting Xerox Customer Service at 800-884-3222. Updates to the provider file may be faxed to Xerox Provider Enrollment at 601-206-3015. Be sure to specify the provider number for which you are requesting the update.

## 2013 Annual Rate Change for Mental Health Services

The Division of Medicaid (DOM) has revised the rates for our providers based on 90% of the current Medicare rate, as defined in State Law. The rate change has been entered into the system effective 7/1/2013. The new rates can be found on the fee schedules located at <https://msmedicaid.acs-inc.com/msenvision>.

Procedure Code	New Medicaid Rate
90846	\$64.83
90847	\$77.76
90849	\$28.85
90853	\$21.42

Please inform your billing office of these changes. It is the policy of the Division of Medicaid to pay the amount billed by the provider if it is less than the rate on file. If you have any questions, please feel free to contact Kim Sartin-Holloway or Charlene Toten-Hobson at (601) 359-9545 for assistance.

## Attention Hospitals and Radiology Providers

Beginning July 1, 2013, Mississippi Division of Medicaid (DOM) now requires prior authorization for certain outpatient, non-emergency advanced imaging services to include:

- CT
- MRA
- MRI
- PET
- Nuclear Cardiac studies.

This change is effective for enrolled Mississippi Medicaid ordering and rendering providers. Advanced imaging services performed during an inpatient stay, emergency room visit, or twenty three (23) hour observation period will not require prior authorization.

Advanced imaging prior authorizations must be obtained by the Utilization Management/Quality Improvement Organization (UM/QIO), MedSolutions. To request a prior authorization, the ordering or rendering provider must contact MedSolutions by:





- Calling toll-free at 877-791-4106
- Utilizing their Web Portal at [www.medsolutionsonline.com](http://www.medsolutionsonline.com)
- Faxing a MedSolutions request form (available on the Web Portal) to 888-693-3210
- Mail to: Medsolutions  
814 North President Street  
Jackson, MS 39202

Please visit <http://www.medsolutions.com/implementation/msmedicaid/> for more information and a list of advanced imaging CPT codes that require prior authorization.

The ordering provider will be notified of prior authorization decisions via fax.

Please be advised that advanced imaging services rendered without securing prior authorization may be denied for payment and providers may not seek reimbursement from the beneficiary.

## Reminders for Providers Submitting Paper Claims

Providers who submit paper claims are encouraged to use the Envision Web Portal to access up-to-date information including eligibility verification, electronic report retrieval, and the latest provider updates.

### *“Paper clips and staples are prohibited when submitting paper claims.”*

The Web Portal is available at <http://msmedicaid.acs-inc.com>. If claims must be submitted on paper, the CMS-1500 and UB04 claim forms must be:

- ❖ Submitted on the original red CMS-1500 or UB04 claim forms. No black and white or photocopied forms are accepted. This does not apply to Dental and Medicaid Part C Claims.
- ❖ Completed in blue or black ink without highlighting or use of correction fluid or correction tape.
- ❖ Clearly legible.
- ❖ Properly aligned with the required data printed in the designated fields.
- ❖ Signed. (Rubber stamps are acceptable)
- ❖ Submitted without medical record and other documentation unless specifically requested. (This does not apply to EOBs)

Failure to adhere to these guidelines may result in delays to claim payment or claim returns.

For more information, refer to section 2.0, 3.0, and 4.0 of the Medicaid Provider Billing Manual located at <http://www.msmedicaid.ms.gov/BillingManuals.aspx>.

**\*\*\*Note: This is a revision to the previous article published in the June 2012 bulletin.**



# PHARMACY



## FDA Warning: Ketoconazole Oral Tablets

On July 26, 2013, the U.S. Food & Drug Administration (FDA) released new warnings for the oral antifungal drug, ketoconazole. Warnings of severe liver injuries, adrenal gland problems and multiple harmful drug interactions have been added to the drug's label. As a result of these new warnings, it is recommended that ketoconazole tablets only be used to treat endemic mycoses when alternative antifungal therapies are not available or tolerated. The FDA's document in its entirety may be found at <http://www.fda.gov/Drugs/DrugSafety/ucm362415.htm>. While the FDA has strengthened the warnings contained within the medication guide, the European Medicines Agency took one step further and recommended that use oral ketoconazole products be suspended throughout the European Union.

In response to these new warnings, the Mississippi Division of Medicaid elected to change the Preferred Drug List (PDL) status of ketoconazole tablets from preferred to non-preferred. Patients currently taking ketoconazole will be allowed a two week transition period to switch to an alternative, preferred oral antifungal product. Prescribers,

whose patients are currently on ketoconazole and wish for them to receive the 14 day transition provision, are requested to call the Pharmacy PA unit at 1-877-537-0722. Otherwise, prescribers are to submit prior authorization requests for the on-going use of ketoconazole tablets. This will allow the DOM pharmacy staff and its clinical contractors to evaluate the risks and benefits of using ketoconazole tablets within the Mississippi Medicaid population. Be advised that this change in PDL status was effective immediately.

## Preferred Drug List (PDL): Clarification

The pharmacy bureau has received questions regarding PDL prior authorization requirements for non-preferred drugs. Please note that the PDL addresses drugs dispensed in the pharmacy or point of sale (POS) venue only. It is not applicable to drugs provided and billed by physician offices.

## Beneficiary Access Issues: Doxycycline

It has come to our attention that beneficiaries are experiencing difficulties getting prescriptions for doxycycline filled. Drug shortages and availability issues have created significant price increases for the *hyclate* formulation. Reimbursement







of doxycycline hyclate is based upon the federal upper limits (FUL) which cannot be overridden. However, doxycycline monohydrate is a readily available formulation without an assigned federal upper limit (FUL).

As an option for our beneficiaries and providers, the following doxycycline monohydrate formulations have been moved to preferred status. We encourage providers to prescribe, stock, and dispense doxycycline monohydrate when appropriate for their MS Medicaid beneficiaries:

**Doxycycline Monohydrate 50mg Caps:**

00591041001  
49884072601

**Doxycycline Monohydrate 100mg Caps:**

00591041150  
49884072703  
49884072704

For your easy reference, this document is posted under the "Latest News" section of the pharmacy services webpage at <http://www.medicaid.ms.gov/Pharmacy.aspx>.

## Hurricane Preparedness: New Pharmacy Billing Procedures in Times of Officially Declared Emergencies

Be sure that your pharmacy is prepared for the upcoming hurricane season. During officially declared emergencies, DOM has a new pharmacy point of sale (POS) procedure.

Pharmacists should enter a value of '13-Payor Recognized Emergency' in NCPDP Field '420-DK' when it is necessary to override the following service limit edits:

- 2 Brand/5 Prescription Limit
- Early Refill

Please note that when the declared emergency announcement is made, the fields noted above will be opened for the specified time period. Pharmacy providers are advised to use professional judgment in emergency situations. The Division of Medicaid may conduct audits after such events to ensure appropriate care was taken in dispensing medications for affected beneficiaries. Providers and beneficiaries residing and/or receiving care not in an evacuation area must have documentation on file to justify rationale for early/excess fills. Medicaid monies may be recouped if supporting documentation is not found.

For your easy reference, this document is posted under the "Latest News" section of the pharmacy services webpage at <http://www.medicaid.ms.gov/Pharmacy.aspx>.





## Preferred Drug List (PDL) Update, Effective October 1, 2013

There will be a minor PDL update effective October 1, 2013. To reference the current PDL, go to <http://www.medicaid.ms.gov/Pharmacy.aspx> and select the MS Preferred Drug document from the menu on the left hand side of the page. To view the document in its entirety, go to MS PDL Effective October 1, 2013. To reference the preferred/non-preferred additions and deletions, see MS PDL Changes-Provider Notice, effective October 1, 2013.

We recommend adding this link to your favorites as you will find it very helpful.

## Pharmacy Billing for Influenza and Pneumonia

In the MS Medicaid Pharmacy program, influenza and pneumonia immunizations are covered services for Medicaid beneficiaries ages 19 and older who are not residents of long-term care facilities. These are the only vaccines/immunizations available via the Pharmacy Program. As with other pharmacy services, a hard copy prescription must be on file. Immunizations provided from a credentialed pharmacist

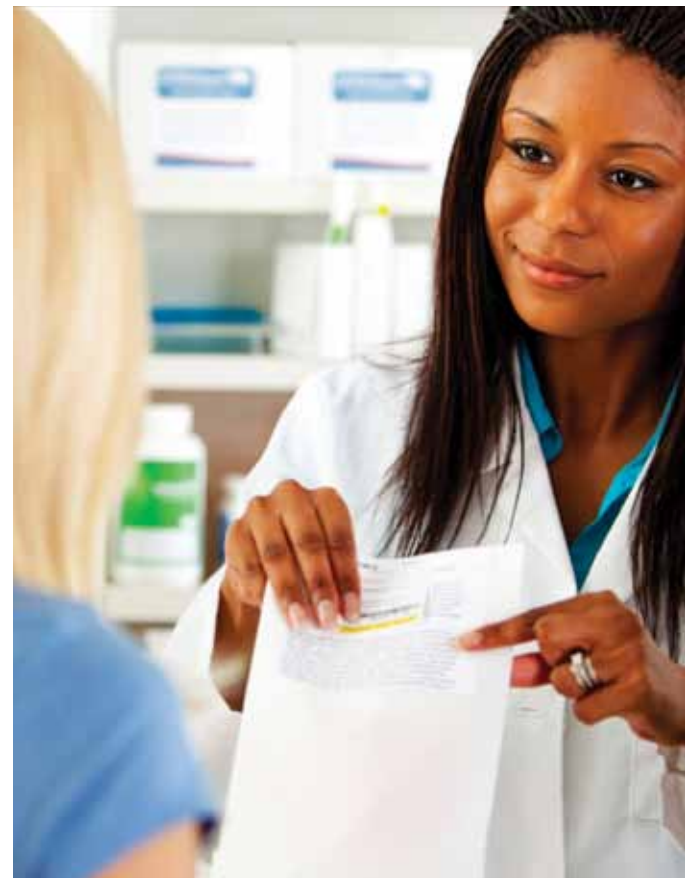
will count against the service limits and co-payments are applicable. MS Medicaid reimburses for the drug's ingredient cost and pays a dispensing fee for immunizations administered in the pharmacy venue. No administration fee is paid for immunizations administered in the pharmacy venue.

All immunizations for children age 18 and younger must be handled through the Vaccines for Children Program (VFC). For additional information regarding immunizations and Medicaid policies, refer to Title 23: Medicaid, Part 224 Immunizations of the Administrative Code, which may be found at <http://www.medicaid.ms.gov/AdminCode.aspx>.

## Reminder: DOM Pharmacy Claims and Valid Provider Types

Effective June 1, 2013, all pharmacy claims must use a valid prescribing provider type, a person, and not a building, i.e. clinic or hospital, national prescriber identification (NPI) number. A 'prescriber' must be a person, and not a building. In the past, DOM allowed a 'clinic' and 'hospital' NPIs to be used.

*Effective June 1, 2013 claims using a non-person's NPI deny.* Valid provider types are physicians, doctors of osteopathy, podiatrists, dentists, optometrists, nurse midwives, nurse practitioners and physician assistants.



## Drug Utilization Review

The Omnibus Reconciliation Act of 1990 (OBRA) mandated that each State establish a drug use review (DUR) program by January 1, 1993. The Drug Utilization Review (DUR) Board evaluates standards of drug use in the Mississippi Division of Medicaid's drug program and is responsible for conducting both retrospective and prospective drug use reviews (DURs). The purpose of the DUR program is to improve the quality of pharmaceutical care by ensuring that prescriptions are appropriate, medically necessary, and that they are not likely to cause adverse medical results.

The Mississippi Evidence-Based DUR Initiative (MS-DUR) performs the retrospective drug utilization review (DUR) for the Mississippi Division of Medicaid. Based on activities of the DUR Board and claims reviews, MS-DUR provides educational outreach to health care practitioners on drug therapy to improve prescribing and dispensing practices for Mississippi Division of Medicaid beneficiaries. **The MS-DUR website**, also found at <http://www.pharmacy.olemiss.edu/cpmm/msdurresourcesforproviders.html>, has resources for providers, including the "Mississippi Medicaid Pharmacy Update" newsletters and special initiatives developed to assist providers in selecting therapy, like the "Medicaid Cough and Cold Quick List."

We recommend adding this link to your favorites as you will find it very helpful.



### REMINDER TO ALL PROVIDERS

All providers are held accountable for information contained in the Mississippi Medicaid Provider Bulletins in accordance with Medicaid's Administrative Code.



# PROVIDER FIELD REPRESENTATIVES

## PROVIDER FIELD REPRESENTATIVE AREAS BY COUNTY

PROVIDER FIELD REPRESENTATIVE AREAS BY COUNTY		
<b>AREA 1</b> Cynthia Morris (601.572.3237) <a href="mailto:cynthia.morris2@xerox.com">cynthia.morris2@xerox.com</a>	<b>Area 2</b> Prentiss Butler (601.206.3042) <a href="mailto:prentiss.butler@xerox.com">prentiss.butler@xerox.com</a>	<b>AREA 3</b> Clint Gee (662.459.9753) <a href="mailto:clinton.gee@medicaid.ms.gov">clinton.gee@medicaid.ms.gov</a>
<b>County</b>	<b>County</b>	<b>County</b>
Desoto	Alcorn	Bolivar
Lafayette	Benton	Coahoma
Marshall	Itawamba	Leflore
Panola	Lee	Quitman
Tate	Pontotoc	Sunflower
Tunica	Prentiss	Tallahatchie
	Tippah	Yalobusha
	Tishomingo	
<b>*Memphis</b>	Union	
<b>AREA 4</b> Charleston Green (601.359.5500) <a href="mailto:charleston.green@medicaid.ms.gov">charleston.green@medicaid.ms.gov</a>	<b>AREA 5</b> Ekida Wheeler (601.572.3265) <a href="mailto:ekida.wheeler@xerox.com">ekida.wheeler@xerox.com</a>	<b>AREA 6</b> Cherry Woods (601.206.3013) <a href="mailto:cherry.woods@xerox.com">cherry.woods@xerox.com</a>
<b>County</b>	<b>County</b>	<b>County</b>
Attala	Holmes	Kemper
Calhoun	Humphreys	Lauderdale
Carroll	Issaquena	Lowndes
Chickasaw	Madison	Neshoba
Choctaw	Sharkey	Newton
Clay	Washington	Noxubee
Grenada	Yazoo	Winston
Monroe		
Montgomery		
Oktibbeha		
Webster		
<b>AREA 7</b> Candice Granderson (601.206.3019) <a href="mailto:candice.granderson@xerox.com">candice.granderson@xerox.com</a>	<b>AREA 8</b> Justin Griffin (601.206.2922) Zip Codes (39041-39215) <a href="mailto:justin.griffin@xerox.com">justin.griffin@xerox.com</a> Randy Ponder (601.206.3026) Zip Codes (39216-39296) <a href="mailto:randy.ponder@xerox.com">randy.ponder@xerox.com</a>	<b>AREA 9</b> Joyce Wilson (601.359.4293) <a href="mailto:joyce.wilson@medicaid.ms.gov">joyce.wilson@medicaid.ms.gov</a>
<b>County</b>	<b>County</b>	<b>County</b>
Adams	Hinds	Copiah
Amite		Leake
Claiborne		Rankin
Franklin		Scott
Jefferson		Simpson
Warren		
Wilkinson		
<b>AREA 10</b> Nadia Shelby (601.206.2961) <a href="mailto:nadia.shelby@xerox.com">nadia.shelby@xerox.com</a>	<b>AREA 11</b> Pamela Williams (601.359.9575) <a href="mailto:pamela.williams@medicaid.ms.gov">pamela.williams@medicaid.ms.gov</a>	<b>AREA 12</b> Connie Mooney (601.572.3253) <a href="mailto:connie.mooney@xerox.com">connie.mooney@xerox.com</a>
<b>County</b>	<b>County</b>	<b>County</b>
Clarke	Covington	George
Forrest	Jefferson-Davis	Hancock
Greene	Lawrence	Harrison
Jasper	Lincoln	Jackson
Jones	Marion	Pearl River
Lamar	Pike	Stone
Perry	Walthall	
Smith		
Wayne		
<b>OUT OF STATE PROVIDERS</b>		<b>Mobile, AL</b>
		Justin Griffin (601.206.2922) <a href="mailto:justin.griffin@xerox.com">justin.griffin@xerox.com</a> Randy Ponder (601.206.3026) <a href="mailto:randy.ponder@xerox.com">randy.ponder@xerox.com</a>

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*If you have any questions  
related to the topics in this  
bulletin, please contact  
Xerox at 1-800-884-3222*

Mississippi Medicaid  
Administrative Code and  
Billing Manuals are on the Web  
[www.medicaid.ms.gov](http://www.medicaid.ms.gov)

Medicaid Bulletins are  
located on the Web Portal  
<http://msmedicaid.acs-inc.com>



*DOM & Xerox State Healthcare, LLC.,  
welcome the fall!*

## SEPTEMBER 2013

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