The Healthcare Financial Management Association Conference

April 21,2023

Agenda

Mississippi Division of Medicaid Website

Common Denials & Issues

Future Updates

Provider Field Representatives

Questions

Mississippi Division of Medicaid Website

DOM Website
https://medicaid.ms.gov

- ✓ Fee Schedules and Rates
- ✓ Administrative Code
- ✓ Late Breaking News
- ✓ Paper Claims Billing Manual
- ✓ EDI Claims Companion Guides
- ✓ Taxonomy Lookup Tool
- ✓ MESA Provider Portal Workshops
- ✓ MESA Portal for Providers
  - Mesa Tip (Training Guides)
  - FAQs
  - Training Videos

Medicaid Fee Schedule

https://medicaid.ms.gov/providers/fee-schedules-and-rates/

Medicaid Fee Schedule

https://medicaid.ms.gov/providers/fee-schedules-and-rates/

Common Issues & Denials

Voiding and Adjusting Legacy Claims

Resolution
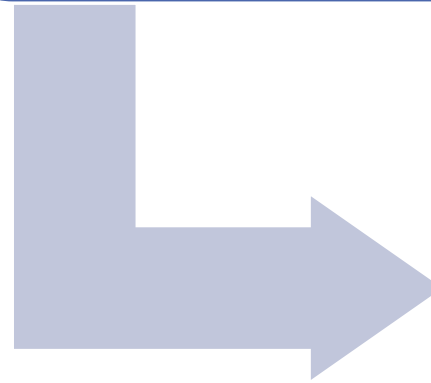
There is still an issue with providers voiding and adjusting claims that were previously paid in the Legacy System. The issue is currently being addressed by Gainwell and more information will be forthcoming. You can void or adjust claims hardcopy. The instructions per your claim type is housed in the Paper Billing Manual on DOM's website.

Marking Medicare on CMS 1500 Form

Resolution:

Make sure the appropriate box is marked to identify whether the claim is Medicaid or a crossover Medicare claim.

Figure 1. FL 1 Required: Type of Insurance

1. MEDICARE	MEDICAID	TRICARE	CHAMPVA	GROUP HEALTH PLAN	FECA BLK LUNG	OTHER
☐ (Medicare#)	☒ (Medicaid#)	☐ (ID#/DoD#)	☐ (Member ID#)	☐ (ID#)	☐ (ID#)	☐ (ID#)

Instructions: Indicate the type(s) of insurance coverage applicable to this claim. Enter an "X" in the box marked Medicaid.

1. MEDICARE	MEDICAID	TRICARE	CHAMPVA	GROUP HEALTH PLAN	FECA BLK LUNG	OTHER
☒ (Medicare#)	☐ (Medicaid#)	☐ (ID#/DoD#)	☐ (Member ID#)	☐ (ID#)	☐ (ID#)	☐ (ID#)

Instructions: Indicate the type(s) of insurance coverage applicable to this claim. Enter an "X" in the box marked Medicare for claims where the member has Medicare Coverage.

Pulling up Remittance Advices on the MESA Portal

Resolution:

Make sure that you are logged in under the MESA Portal for the MESA ID being billed. Refer to the NPI Look Up Tool to see all the MESA (Fee For Service/FFS) IDs you have associated with that billing NPI and make sure that you have created MESA Accounts for each MESA ID.

Inquiring about EFT payments

Resolution:

Gainwell Technologies runs a financial cycle each week. Claims received via EDI by noon on Friday and Web Portal claims by 7pm should appear on the following week's Remittance Advice Statement. Remittance Advice Statements are available each Monday morning. Payments to providers via EFT are available by Thursday morning and paper checks are mailed each Wednesday evening.

Clearinghouses or Software Venders Billing Medicaid Claims instead of Crossover Claims.

Resolution

Please refer to the EDI Claims Companion Guide, which gives step by step instructions with Loops and Segments along with the information that is needed to process the claim correctly in those Loops and Segments.

EDI Technical Documents - Mississippi Division of Medicaid (ms.gov) webpage: https://medicaid.ms.gov/edi-technical-documents/

EOMB Requirements

Resolution:

See Crossover Instructions in the Paper Billing Manual for each claim type (CMS 1500 & UB04).

The Paper Billing Manual can be found here: **https://medicaid.ms.gov/providers/billing-manual/**

CMS 1500 Form

Filing Medicare Crossover Claims on the CMS1500 Beneficiaries that are both Medicare and Medicaid eligible require a slightly different approach to claims submission. Complying with the following instructions expedites claims adjudication:

- In FL 1 (Figure 1), enter X in the box labeled "Medicare" when submitting a crossover claim and enter X in the box labeled "Medicaid" for non-crossover claims.

- Ensure that the beneficiary's nine-digit Medicaid number is in FL 1a (Figure 2).

- Enter the NPI number of the billing provider who is the one to which Medicaid payment will be made in FL 33 (Figure 57). If FL 33 contains a group NPI provider number, enter the ten-digit NPI of the servicing/ rendering provider in FL 24j (Figure 46).

- Circle the corresponding claim information on the Explanation of Medicare Benefits (EOMB). Attach the EOMB to the back of the claim.

- The claim detail information should match the individual EOMB detail level information.

The Medicare EOMB must be completely legible and copied in its entirety. These are the only acceptable alterations or entries on a Medicare EOMB.

- The provider may line out outpatient data not applicable to the claim submitted.

- The provider may line out any claim line that has been previously paid by Medicaid that the provider chooses not to bill Medicaid, or that has been paid in full by Medicare.

- If the claim lines on the EOMB have been lined out, the "claim totals" line on the EOMB must be changed to reflect the deleted line(s).

- The claim lines or "recipient section" on the EOMB that are being submitted for reimbursement must be circled and never highlighted. The MISSISSIPPI CROSSOVER CLAIM FORM will no longer be accepted.

Please mail claim forms to:
Mississippi Medicaid Program P.O.
Box 23076 Jackson, MS 39225-3076

UB04 Form

Filing Medicare Part A Crossover Claims on the UB-04 Beneficiaries that are both Medicare and Medicaid eligible require a slightly different approach to claims submission. Complying with these instructions expedites claims adjudication.

• The word "Medicare" should be entered in FL 38 (Figure 83).

• The beneficiary's Medicare number should be entered in FL 60 (Figure 103).

• The beneficiary's nine-digit Medicaid number should be entered in FL 60 (Figure 93).

• The ten-digit NPI number should be entered in FL 56 (Figure 99).

• Optional: The nine-digit Medicaid provider number should be entered in FL 57 (Figure 100).

• The corresponding claim information should be circled on the EOMB and the EOMB attached to the back of the claim.

• The claim detail information should match the individual EOMB detail level information.

• Any prior payer payments should be reported in FL 54 (Figure 97) of the UB-04. The Medicare EOMB must be completely legible and copied in its entirety. The only acceptable alterations or entries on a Medicare EOMB are as follows:

- The provider may line outpatient data not applicable to the claim submitted.

- The provider may line out any claim line that has been previously paid by Medicaid that the provider chooses not to bill Medicaid, or that has been paid in full by Medicare.

- If the claim lines on the EOMB have been lined out, the "claim totals" line on the EOMB must be changed to reflect the deleted line(s).

- The claim lines or "recipient section" on the EOMB that are being submitted for reimbursement must be circled and never highlighted.

Edit 1928/EOB 1112: The NPI is invalid for the rendering provider (Header Level)

Resolution:

Make sure that there is a rendering provider on the claim if Group NPI is being billed unless rendering provider is the billing provider. Make sure that correct NPI/Taxonomy is used for the rendering provider, assuming this a rendering provider billing under their individual number.

Edit 566/ EOB 1679: Unable to process your adjustment request but the Provider ID and/ or Billing Address is on the claim

Resolution:

Make sure the billing address or provider ID matches the original claim being adjusted.

Edit 5000/EOB 5000: Physician/crossover vs Physician/crossover extract

Resolution

Gainwell is currently working with DOM to make some enhancements to the duplicate auditing that has already included recognizing appropriate modifiers. Ex: LT,RT

Professional and Outpatient Crossover Denials

Edit 4502/EOB 4502: Medicare EOMB information is missing at the claim detail level.

Resolution

For professional crossovers and outpatient crossovers, the Medicare information must be entered at the detail level. Each of the lines billed including HCPCS Code, Rev Code, and units must match the EOMB.

Future Updates

Future Updates

➢ Web Portal Enhancements (Eligibility, Service Limits, Retro Eligibility (backdate 1 year or further), etc.)

➢ More Subspecialty Taxonomies (Ex: Dentist vs Oral Surgeon Taxonomy)

➢ Updating Edits/ Audits (Ex: Duplicate Edits)

➢ Unifying through MSCAN Plans

➢ NPI Lookup Tool

dom-azure-app.medicaid.ms.gov

Field Representative Regional Map
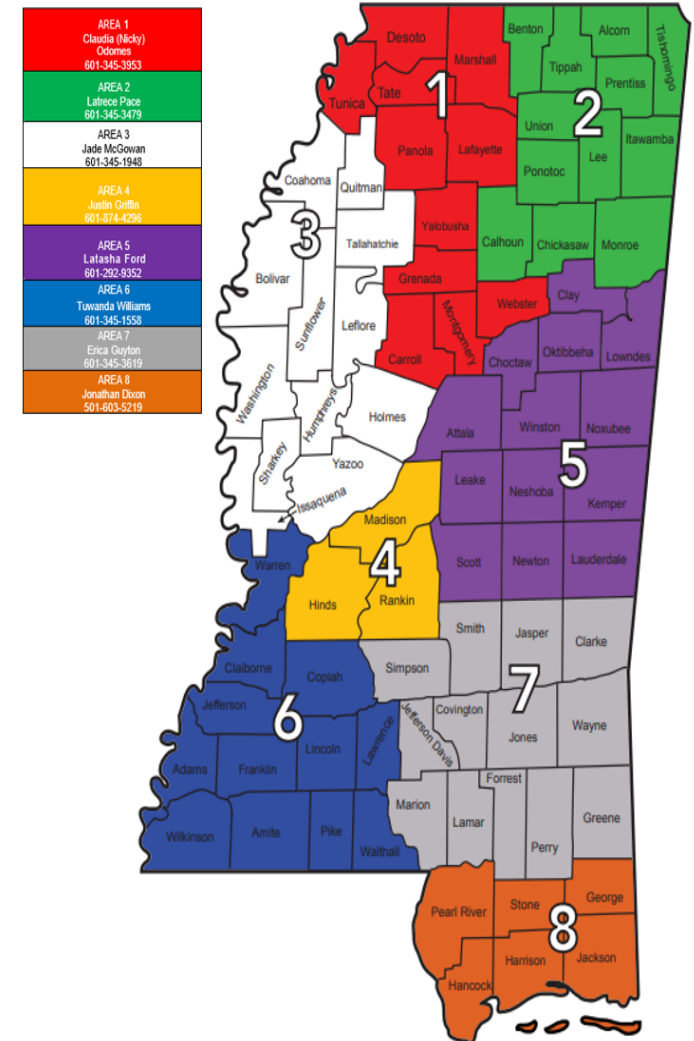
Provider Field Representatives

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Carroll	Alcorn	Bolivar
Desoto	Benton	Coahoma
Grenada	Calhoun	Holmes
Lafayette	Chickasaw	Humphreys
Marshall	Itawamba	Issaquena
Montgomery	Lee	Leflore
Panola	Monroe	Quitman
Tate	Pontotoc	Sharkey
Tunica	Prentiss	Sunflower
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Madison	Choctaw	Amite
Rankin	Clay	Claiborne
	Kemper	Copiah
	Lauderdale	Franklin
	Leake	Jefferson
	Lowndes	Lawrence
	Neshoba	Lincoln
	Newton	Pike
	Noxubee	Walthall
	Oktibbeha	Warren
	Scott	Wilkinson
	Winston	

Provider Field Representatives *continued*

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Covington		Hancock
Forrest		Harrison
Greene		Jackson
Jasper		Pearl River
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Questions?