



MEDICAID NEWS

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Periodically, the Office of Medical Services will be sending out new News. Please take the time to read the News, as it will be beneficial for both the provider and the Office of Medical Services.

Y2K Wake Up Call

Time is running out. Are you prepared? We are confident that you are doing all you can to prepare for the new millennium, including having a contingency plan in place to address potential problems that may arise despite your best efforts to prepare.

Creating a Year 2000 Contingency Plan is not giving up on fixing your systems; it is just good business. No matter how early you started, everything that impacts you can not be guaranteed to be compliant. A contingency plan could save you from disaster!

All of South Dakota Medicaid's programs are remediated and tested and a contingency plan is being developed and will be in place. The concept of Medicaid's contingency is based on the failure of other resources necessary to conduct the essential function of our office. The plan is not an alternative to system compliance. It is to develop alternative processes that allow for ongoing operation of critical business functions if problems occur.

In addition to having a contingency plan in place, our office will be staffed on January 1, 2000 to test all the critical functions of our office on day one of the new millennium.

Payment of Other Source

Recently we have found that the payment of other source is not always being reported on claim forms. This is a mandatory field and being blank will be cause for non-processing or denial of the claim by Medicaid. Failure to accurately indicate the amount paid by another source is

potentially a serious problem if an over payment occurs.

If a recipient has other health insurance coverage (Aetna, Blue Cross, Champus, etc.) you must provide the information as requested in the appropriate place on the claim form. Attaching a remittance advice disclosing the insurance benefits is not an adequate safeguard to prevent overpayment or duplicate payments.

Refund Checks

When possible, please submit a void or adjustment claim, instead of a refund check. When a refund is submitted, it is not included in our paid claims history. As a result, future claims may not be able to be processed in a routine manner.

In addition, when it is determined that a refund must be completed, DO NOT send it in with a claim, as this is an easy way for checks to get misplaced or lost. Please send refund checks in a separate envelope with a letter stating who the recipient is, and why the refund is being completed.

We greatly appreciate your cooperation. It will assist us as we attempt to provide good service to you.

Direct Deposit

It is very important, that when you change banks or close out a checking or savings account that you have requested your payments be deposited into, that you please notify us so we can stop the ACH payment or put the correct bank account on your provider file.

Definition of Emergency

We receive many questions regarding proper procedures for recipients accessing emergency and non-emergency care at hospital emergency rooms. The Balanced Budget Amendment of 1997 (BBA) requires that managed care organizations adopt the Prudent Layperson's Definition of emergency care. Although South Dakota Medicaid has incorporated this definition, it has very little effect on reimbursement and coding procedures.

Prudent Layperson Definition

Emergency Care - An "emergency medical condition" is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- (1) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- (2) Serious impairment to bodily functions; or
- (3) Serious dysfunction of any bodily organ or part.

Medicaid requires that the attending medical provider on duty or on call at the hospital determine the patient's type of admission. Three codes are utilized for type of admission: 1-Emergency (Prudent Layperson Definition), 2-Urgent and 3-Routine or Elective. The admission type must be determined at the time of service by the attending provider. This duty should not be left to someone who has not seen the patient such as billing personnel.

Some general restrictions apply to Medicaid managed care recipients regarding coverage of outpatient hospital services. Medicaid fully reimburses medical services accessed from a hospital emergency rooms when: The service is considered a true emergency or the service is pre-authorized by the recipient's Primary Care Provider (PCP). Medicaid partially reimburses non-referred "Urgent" care to cover emergency screening services.

Childhood Immunization

Our office is currently working on a project of considerable importance. We all know how necessary it is for children to receive timely and adequate immunizations to ensure protection against debilitating diseases. We have come along way in educating parents on the importance of immunizations but still have a ways to go to get all children properly immunized.

Governor William Janklow has made the children of South Dakota one of his top priorities. In order for children to develop and grow into healthy citizens of our state they need protection from diseases right from the start.

Our goal is to get at least 95% of all children under the age of two who are receiving Medicaid, fully immunized by July 1, 2000. In order to reach this goal, your assistance is needed. Medicaid Primary Care Providers play a crucial role in assuring that children are properly immunized and that accurate and up to date records are available.

The Department of Health has implemented an electronic statewide tracking system called the South Dakota Immunization Information System (SDIIS). Your participation with this project is strongly encouraged. This system is designed to document when and where children are receiving their immunizations. This is a very useful tool available to providers such as yourself.

This is a very important project and one that we hope will be of importance to you as a provider. After all, we are all working for the same goal of keeping South Dakota's kids healthy. If you have any questions or concerns, please feel free to contact Scott Beshara, or Judy Merriman, at 605/773-3495.

