HOUSE BILL NO. 512

1 AN ACT TO AMEND SECTION 43-13-113, MISSISSIPPI CODE OF 1972,
2 TO EXTEND THE DATE OF REPEAL FROM JULY 1, 2001, TO JULY 1, 2002,
3 ON THE DIVISION OF MEDICAID'S CONTINGENCY PLAN FOR MILLENNIUM
4 CONVERSION OF ALL OF THEIR COMPUTERS AND COMPUTER PROGRAMS; AND
5 FOR RELATED PURPOSES.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

7 SECTION 1. Section 43-13-113, Mississippi Code of 1972, is
8 amended as follows:

9 43-13-113. (1) The State Treasurer shall receive on behalf
10 of the state, and execute all instruments incidental thereto,
11 federal and other funds to be used for financing the medical
12 assistance plan or program adopted pursuant to this article, and
13 place all such funds in a special account to the credit of the
14 Governor's Office-Division of Medicaid, which funds shall be
15 expended by the division for the purposes and under the provisions
16 of this article, and shall be paid out by the State Treasurer as
17 funds appropriated to carry out the provisions of this article are
18 paid out by him.

19 The division shall issue all checks or electronic transfers
20 for administrative expenses, and for medical assistance under the
21 provisions of this article. All such checks or electronic
22 transfers shall be drawn upon funds made available to the division
23 by the State Auditor, upon requisition of the director. It is the
24 purpose of this section to provide that the State Auditor shall
25 transfer, in lump sums, amounts to the division for disbursement
26 under the regulations which shall be made by the director with the
27 approval of the Governor; however, the division, or its fiscal
28 agent in behalf of the division, shall be authorized in
maintaining separate accounts with a Mississippi bank to handle
claim payments, refund recoveries and related Medicaid program
financial transactions, to aggressively manage the float in these
accounts while awaiting clearance of checks or electronic
transfers and/or other disposition so as to accrue maximum
interest advantage of the funds in the account, and to retain all
earned interest on these funds to be applied to match federal
funds for Medicaid program operations.

(2) Disbursement of funds to providers shall be made as
follows:

(a) All providers must submit all claims to the
Division of Medicaid's fiscal agent no later than twelve (12)
months from the date of service.

(b) The Division of Medicaid's fiscal agent must pay
ninety percent (90%) of all clean claims within thirty (30) days
of the date of receipt.

(c) The Division of Medicaid's fiscal agent must pay
ninety-nine percent (99%) of all clean claims within ninety (90)
days of the date of receipt.

(d) The Division of Medicaid's fiscal agent must pay
all other claims within twelve (12) months of the date of receipt.

(e) If a claim is neither paid nor denied for valid and
proper reasons by the end of the time periods as specified above,
the Division of Medicaid's fiscal agent must pay the provider
interest on the claim at the rate of one and one-half percent
(1-1/2%) per month on the amount of such claim until it is finally
settled or adjudicated.

(3) The date of receipt is the date the fiscal agent
receives the claim as indicated by its date stamp on the claim or,
for those claims filed electronically, the date of receipt is the
date of transmission.
(4) The date of payment is the date of the check or, for those claims paid by electronic funds transfer, the date of the transfer.

(5) The above specified time limitations do not apply in the following circumstances:

(a) Retroactive adjustments paid to providers reimbursed under a retrospective payment system;

(b) If a claim for payment under Medicare has been filed in a timely manner, the fiscal agent may pay a Medicaid claim relating to the same services within six (6) months after it, or the provider, receives notice of the disposition of the Medicare claim;

(c) Claims from providers under investigation for fraud or abuse; and

(d) The Division of Medicaid and/or its fiscal agent may make payments at any time in accordance with a court order, to carry out hearing decisions or corrective actions taken to resolve a dispute, or to extend the benefits of a hearing decision, corrective action, or court order to others in the same situation as those directly affected by it.

(6) The Division of Medicaid and its fiscal agent shall develop a contingency plan for reimbursement and eligibility verification to be used in the event that on January 1, 2000, the computers and computer programs used by the Division of Medicaid and its fiscal agent have not been sufficiently modified to deal with the issues that will result because of the year 2000. Such contingency plan (a) must be ready to be implemented immediately upon the realization of a year 2000 problem, (b) must be developed so there will be no delay of eligibility verification or reimbursement resulting from such year 2000 problem, and (c) must include a periodic interim payment system for each Medicaid provider that will be immediately implemented, regardless of the purported effectiveness of the conversion process, should such
conversion process or the lack thereof result in a Medicaid remittance payment to a Medicaid provider for two (2) payment cycles that is less than seventy percent (70%) of the average remittance to that provider during state fiscal year 1999. A draft of the contingency plan and a summary thereof must be available for review and comment by Medicaid providers no later than July 1, 1999. The Medicaid providers shall be entitled to submit written, substantive comments to the Division of Medicaid no later than September 1, 1999, regarding such contingency plan, which plan must be finalized no later than October 1, 1999, whereupon the Division of Medicaid shall then make available the contingency plan and a summary thereof to all Medicaid providers.

This subsection (6) shall stand repealed on July 1, 2002.

(7) If sufficient funds are appropriated therefor by the Legislature, the Division of Medicaid may contract with the Mississippi Dental Association, or an approved designee, to develop and operate a Donated Dental Services (DDS) program through which volunteer dentists will treat needy disabled, aged and medically-compromised individuals who are non-Medicaid eligible recipients.

SECTION 2. This act shall take effect and be in force from and after July 1, 2001.