

By: Representative Ford

To: Public Health and Welfare

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



29 maintaining separate accounts with a Mississippi bank to handle  
30 claim payments, refund recoveries and related Medicaid program  
31 financial transactions, to aggressively manage the float in these  
32 accounts while awaiting clearance of checks or electronic  
33 transfers and/or other disposition so as to accrue maximum  
34 interest advantage of the funds in the account, and to retain all  
35 earned interest on these funds to be applied to match federal  
36 funds for Medicaid program operations.

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

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

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

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

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

50 (e) If a claim is neither paid nor denied for valid and  
51 proper reasons by the end of the time periods as specified above,  
52 the Division of Medicaid's fiscal agent must pay the provider  
53 interest on the claim at the rate of one and one-half percent  
54 (1-1/2%) per month on the amount of such claim until it is finally  
55 settled or adjudicated.

56 (3) The date of receipt is the date the fiscal agent  
57 receives the claim as indicated by its date stamp on the claim or,  
58 for those claims filed electronically, the date of receipt is the  
59 date of transmission.



60 (4) The date of payment is the date of the check or, for  
61 those claims paid by electronic funds transfer, the date of the  
62 transfer.

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

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

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

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

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

80 (6) The Division of Medicaid and its fiscal agent shall  
81 develop a contingency plan for reimbursement and eligibility  
82 verification to be used in the event that on January 1, 2000, the  
83 computers and computer programs used by the Division of Medicaid  
84 and its fiscal agent have not been sufficiently modified to deal  
85 with the issues that will result because of the year 2000. Such  
86 contingency plan (a) must be ready to be implemented immediately  
87 upon the realization of a year 2000 problem, (b) must be developed  
88 so there will be no delay of eligibility verification or  
89 reimbursement resulting from such year 2000 problem, and (c) must  
90 include a periodic interim payment system for each Medicaid  
91 provider that will be immediately implemented, regardless of the  
92 purported effectiveness of the conversion process, should such



93 conversion process or the lack thereof result in a Medicaid  
94 remittance payment to a Medicaid provider for two (2) payment  
95 cycles that is less than seventy percent (70%) of the average  
96 remittance to that provider during state fiscal year 1999. A  
97 draft of the contingency plan and a summary thereof must be  
98 available for review and comment by Medicaid providers no later  
99 than July 1, 1999. The Medicaid providers shall be entitled to  
100 submit written, substantive comments to the Division of Medicaid  
101 no later than September 1, 1999, regarding such contingency plan,  
102 which plan must be finalized no later than October 1, 1999,  
103 whereupon the Division of Medicaid shall then make available the  
104 contingency plan and a summary thereof to all Medicaid providers.  
105 This subsection (6) shall stand repealed on July 1, 2002.

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

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

