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Federal and state governments play an essential role in the administration of the Medicaid program. The United States Department of Health and Human Services (DHHS) issues guidelines for the Medicaid program. Along with these guidelines, DHHS has established certain criteria that each state must meet in order to participate.

Role of the centers for Medicare and Medicaid Services

The Centers for Medicare and Medicaid Services (CMS) is a part of DHHS. This agency is responsible for the overall administration and coordination of Medicare and Medicaid programs. CMS is the federal regulatory agency most directly involved with each state's Medicaid program. The CMS office that regulates the Mississippi program is in Atlanta, Georgia.

Role of the Social Security Administration

The Social Security Administration (SSA) receives applications and determines eligibility for Supplemental Security Income (SSI) applicants and beneficiaries. SSI categories are aged, blind, and disabled. Recipients of SSI cash assistance receive Medicaid coverage automatically with no separate Medicaid application required. However, if an SSI recipient has unpaid medical expenses that would be covered by Medicaid for up to 3 months prior to the SSI application month, a separate application is required for the retroactive period. The SSI retroactive application must be filed with the Medicaid Regional Office that serves the county where the SSI recipient lives.

Role of the Division of Medicaid

The Division of Medicaid (DOM) administers the Medicaid program. DOM staff is directly responsible for the development and oversight of the program. DOM Regional Medicaid Offices receive applications and determine Medicaid eligibility for the Medicaid-only programs that cover the aged and disabled. The Medicaid Regional Offices also determine eligibility for the families and children and CHIP programs. The DOM has oversight responsibility for benefits for the eligibles certified by DHS and SSA. DOM also sets reimbursement rates, conducts financial reviews of cost-based providers, assures contractors follow the terms of their contracts, and conducts provider reviews..

Role of the Department of Human Services

The Department of Human Services (DHS) certifies Medicaid eligibility for children within the custody of DHS in their foster care and adoption assistance programs.

Role of the Medicaid Regional Offices

DOM operates regional offices throughout the state to offer local accessibility for eligibility determinations for the aged and disabled. For regional office locations refer to the DOM website at www.medicaid.ms.gov.

Role of the Fiscal Agent

The fiscal agent maintains a system for the effective processing and payment of all valid provider claims in the Title XIX Medicaid program. This system meets the requirements of the state and federal government. Other services of the fiscal agent include provider enrollment, provider services, and distributing provider information and offering information on technical aspects of submitting a claim. The fiscal agent cannot tell a provider what to bill for his/her services, but the fiscal agent can help the provider with the mechanics of properly submitting a claim. The fiscal agent also maintains a reporting system that enables DOM to monitor the Medicaid program and enforce policies and procedures.

Role of the Utilization Management/Quality Improvement Organization

The Utilization Management/ Quality Improvement Organization (UM/QIO) conducts certification reviews of some Medicaid services. These services include inpatient hospital, swing-bed, and psychiatric residential treatment facility admissions and continued stay, private duty nursing, home health, durable medical equipment, orthotics, prosthetics, and medical supplies. The purpose of the UM/QIO is to evaluate medical necessity of these services. The UM/QIO also conducts quality assurance reviews, consultant peer reviews, and peer review panels.

Role of the Retrospective Drug Utilization Review Organization

The retrospective drug utilization review (DUR) organization provides maintenance of therapeutic criteria for use in conducting the prospective drug review program and a qualitative retrospective utilization review system which identifies and mitigates potential drug related problems in terms of under-utilization, over-utilization, iatrogenic effects and adverse reactions, contraindicated combination use, and drug therapy contraindicated by diagnosis and/or parameters.

For more details regarding any aspect of program policy or as directed per manual instructions, contact DOM as noted below:

Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201-1399

Telephone:
601-359-6050
1-800-421-2408 (Toll Free)
1-800-880-5920 (Fraud and Abuse Issues)

Fax:
601-359-6294
(Identify person, bureau and/or program area to which inquiry should be directed).

The website for the Division of Medicaid is www.medicaid.ms.gov.

Medicaid regional offices are responsible for determining eligibility for certain categories of beneficiaries. Refer to Provider Policy Manual section 3.01 Eligibility Groups for eligibility policy. Beneficiaries who may qualify for Medicaid services should be directed to the appropriate office. For regional office locations, refer to the Division of Medicaid website at www.medicaid.ms.gov.

For information regarding SSI benefits, call the SSA State office at 1-800-772-1213 for the office that serves each county.

For information regarding DHS services, call the DHS State office at 1-800-345-6347 for the office that serves each county.

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