



Section: Adjustment/Void Request and Claim Inquiry Forms

## 8.1 Claim Inquiry Form

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The Division of Medicaid and the fiscal agent provide telephone and written claim inquiry processes. These procedures allow providers to determine claim status. Descriptions of these procedures are provided in the following sections.

### Telephone Inquiry

The fiscal agent staffs a Provider and Beneficiary Services call center to answer your claim inquiries, which cannot be answered through the Automated Voice Response System (AVRS). The Provider and Beneficiary Services call center accepts calls from providers during the hours of 8:00 a.m. to 5:00 p.m. central time, Monday through Friday. **The Provider and Beneficiary Services call center can answer most of your questions immediately. The call center may be contacted at 1-800-884-3222 or 601-206-3000. Callers within the Jackson calling area may use either number.**

### Using the Automated Voice Response System (AVRS)

The fiscal agent has installed an AVRS using automated response technology to give Mississippi Medicaid providers free access to important and up-to-date information pertaining to the Medicaid program. The system is designed to allow providers to verify all of these items by using your touch-tone telephone. The AVRS cannot be accessed with a rotary dial telephone. The AVRS is as simple and convenient to use as the telephone. Providers choose the time for their inquiries. It allows members of the provider's staff, who previously would not have been able to ask the appropriate questions, to make inquiries because the AVRS prompts the caller throughout the inquiry. This permits better utilization of staff in the provider's office and permits more efficient use of available telephone facilities. The system encourages use by offering prompt and accurate responses to eligibility inquiries.

The AVRS is accessible twenty-four (24) hours a day, seven (7) days a week with the exception of a few hours each week when eligibility files are updated. This will generally occur by Wednesday morning but may occur at another time. If you dial the AVRS during this time, you will be informed that the system is unavailable.

The AVRS can support telephone inquiries regarding:

- Verification of beneficiary eligibility
- Verification of other health insurance coverage for beneficiaries
- Beneficiary benefits remaining
- Current check amount
- National drug code (NDC) coverage
- Number of days remaining for therapeutic dosage of H2Antagonists, Prilosec, and Carafate.

Whenever providers call the fiscal agent at 1-800-884-3222, they will be greeted by the AVRS and can access information through a variety of options. The AVRS will be improved and changed periodically. Providers will be notified of the changes via the Quarterly Medicaid Bulletin, RA banner messages or voice messages recorded on the AVRS.

Any problems which may occur with the AVRS are to be reported Monday-Friday, 8:00 a.m. – 5:00 p.m. central time, to the fiscal agent at 1-800-884-3222 (Mississippi and border states). For those providers who do not have a touch-tone telephone, please contact the Provider and Beneficiary Services call center at 1-800-884-3222.

### Written Inquiry—Completing the Claims Inquiry Form

A Claims Inquiry Form, as shown on the following page, should be used to obtain information regarding the status of a submitted claim. The Claims Inquiry Form should be used if a claim has been submitted to the fiscal agent, and it has not appeared on your remittance advice within 30 days as having been pended, paid, or denied. A Claims Inquiry Form should also be used if the provider needs clarification of an adjudicated claim, which has appeared on his/her RA. The fiscal agent will respond in writing to all written inquiries:

All fields on the Claim Inquiry form must be completed. Directions for completing the form are as follows:

Field	Claim Inquiry Form Field Name and Instructions
<b>1a</b>	<b>Provider Number:</b> Enter 8-digit Mississippi Medicaid provider number for the billing and/or servicing provider.
<b>1b</b>	<b>Provider NPI:</b> Enter the 10-digit National Provider Identifier for the billing and/or servicing provider.
<b>1c</b>	<b>Provider Name and Address:</b> Enter the physicians name or name of healthcare entity and the address.
<b>1d</b>	<b>Point of Contact:</b> Enter the name of the point of contact for the healthcare entity.
<b>1e</b>	<b>Provider Telephone:</b> Enter the telephone number for the point of contact.
<b>2a</b>	<b>Name:</b> Enter the beneficiary’s name exactly as it appears on the beneficiary’s Mississippi Medicaid card.
<b>2b</b>	<b>Recipient ID Number:</b> Enter the patient’s nine-digit Medicaid beneficiary identification number as it appears on the Medicaid card omitting the last three digits found after the ID number.
<b>2c</b>	<b>Date(s) of Service:</b> Enter the date that the service was performed.
<b>2d</b>	<b>TCN:</b> Enter the Transaction Control Number from the Remittance Advice.
<b>3</b>	<b>Nature of Inquiry:</b> Check the appropriate option.
<b>4a</b>	<b>Signature Of Sender:</b> Sign the form, as it cannot be processed without a signature.
<b>4b</b>	<b>Date:</b> Enter date the form is signed.

Attach any supporting documentation that may assist with the inquiry, such as a claim or remittance advice. Mail the completed form to:

Mississippi Medicaid Program  
P.O. Box 23078  
Jackson, Mississippi 39225

