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MS Medicaid
PROVIDER BULLETIN
MISSISSIPPI DIVISION OF MEDICAID

Medicaid at a Glance

DR. DAVID DZIELAK
Executive Director
MS Division of Medicaid

A new year is upon us and the 2016 Mississippi Legislature is now in session, so this is an opportune time to offer a quick overview of the Division of Medicaid (DOM), its purpose and services.

Hopefully, this "Medicaid at a Glance" snapshot of the agency will serve as a handy reference guide of DOM's current status, as state lawmakers deliberate and decide on budgetary matters. As always, more information may be found on our website at http://medicaid.ms.gov or by calling toll-free at 800-421-2408.

What does our budget look like?

DOM is a big budget item for the state and the source of much debate each legislative session. For example, total Medicaid funding for Fiscal Year (FY) 2015 was $5.58 billion, which includes $975 million in direct state funds, $509 in other non-federal funds and $4.1 billion in federal funds. For FY 2016, DOM requested $990 million in state funds and the figure increased to $1.036 billion for FY 2017. The vast majority of these funds are used to reimburse providers for medical services they provide to Medicaid beneficiaries.

Although medical services costs and public demand drives Medicaid expenditures, other cost drivers are provider reimbursement rates, medical service inflation costs and utilization rates for health services. Additionally, DOM is legally mandated to comply with the Affordable Care Act (ACA) which will have lasting impacts on the agency.

The ACA mandated that qualified primary care physicians who provide certain services to Medicaid beneficiaries receive an enhanced payment to bring the reimbursement for their services to a level equivalent to Medicare. The Federal government was responsible for those enhanced payments from January 2013 through December 2014. During the 2014 legislative session, DOM received approval to continue primary care physician fee enhanced payments beyond calendar year 2014, and Mississippi is one of only 15 states to do so.

Because of our judicious use of resources, DOM has one of the lowest percentages of administrative costs compared to other state Medicaid programs throughout the nation. We have taken several cost stabilizing measures, including enlarging the footprint of our managed care program by including inpatient hospital services into the program. We have ongoing cost recovery efforts as well, which are lead by our third party recovery and program integrity offices. Federal and state laws require Medicaid to be the payer of last resort to any primary or third party benefits for which a Medicaid beneficiary is entitled. During FY 2015, over $16 million was recovered for Medicaid from other third party insurers responsible for paying medical expenses of beneficiaries; and 248 cases of provider fraud were investigated. These recoveries allow DOM to continue to serve our beneficiaries.

Mississippi is a state of limited means with many residents in need of health care, who qualify for Medicaid coverage based on federally-required eligibility criteria.

IN THIS ISSUE

For Medicaid, the Federal Medical Assistance Percentage (FMAP) is used to calculate federal matching funds for health-care expenditures. For FY 2016, the FMAP is 74.17 percent. That means for every state dollar spent on Medicaid's health service claims the federal government gives us about four dollars, and conversely, a loss of one state dollar translates into a loss of four dollars, overall.

Last fall, I submitted the DOM budget recommendation to the Legislative Budget Office for FY2017. In January, Gov. Bryant's Executive Budget Recommendation was submitted to the Legislature. Lawmakers will hold budget discussions throughout the spring. The Mississippi Legislature determines the final budget for the state through the appropriations process, which typically happens during the last week of the session. Right now, it appears that this will happen sometime in mid-to-late April.

Who is on Medicaid?

The U.S. census estimates there are nearly three million residents in Mississippi as of July 2015. As of February 2016, the total enrollment for Medicaid and the Children's Health Insurance Program (CHIP) stood at 778,370. This group of enrolled beneficiaries is comprised of eligible, low-income populations including children, low-income parents and caretakers, pregnant women and the aged, blind, and disabled. Contrary to the common perception, the largest population we serve is children, which comprise 55 percent of our beneficiaries.

Those numbers translate to over one in four Mississippians receiving health benefits through regular Medicaid, the Children's Health Insurance Program (CHIP), and Medicaid's managed care program, MississippiCAN.

In order to qualify for coverage, people must apply by completing and submitting an application for Mississippi Medicaid health benefits. In addition, they must meet the stringent state and federal eligibility requirements. Mississippi Medicaid health benefits is an umbrella term we use, which encompasses all health benefits programs administered by DOM – regular Medicaid, CHIP and Medicaid's managed care program, MississippiCAN.

This can be a source of confusion for a lot of people. The agency oversees all of those programs, but, CHIP is separate from Medicaid. CHIP and MississippiCAN are both administered by two managed care organizations – Magnolia Health and UnitedHealthcare Community Plan.

Keep in mind, Medicaid is different and runs separately from Medicare. Beneficiaries do not directly receive money from Medicaid for their health benefits.

Now let's take a closer look at CHIP and our managed care program, MississippiCAN.

What is CHIP?

The Children's Health Insurance Program provides health coverage for uninsured children up to age 19, whose family income does not exceed 209 percent of the federal poverty level (FPL). To be eligible for CHIP, a child cannot be eligible for Medicaid. In other words, CHIP covers children in a higher family income bracket. Also, at the time of application, a child cannot be covered by another form of insurance to qualify for CHIP. As of October 1, 2015, CHIP is paid 100 percent by federal funds through FY2019.

What is MississippiCAN?

The Mississippi Coordinated Access Network (MississippiCAN) is DOM's managed care program, which was authorized by the state Legislature in 2011. As of February 2016, there were 506,798 beneficiaries enrolled in MississippiCAN, representing about 65 percent of our total Medicaid population.

Managed care is an increasingly common approach to providing health benefits for Medicaid programs. According to the Kaiser Foundation, at least 38 state Medicaid agencies now have some type of managed care program. DOM initiated its managed care program with the aim of improving the quality of care for Medicaid beneficiaries while at the same time making the most of the resources we have. MississippiCAN is designed to do this by improving beneficiary access to needed medical services, improving the quality of care through case management and creating cost predictability.

While MississippiCAN is a DOM program, it is administered by Magnolia Health and UnitedHealthcare Community Plan. These are sometimes referred to as Coordinated Care Organizations (CCO) or Managed Care Organizations (MCO), but Managed care and coordinated care is essentially the same thing.

Beneficiaries have to choose to enroll in one of the two CCO plans. Health-care providers who serve beneficiaries covered by Medicaid or CHIP should verify their eligibility at each date of service and identify to which network they belong. We encourage providers to enroll in all three programs.

CHIP & MississippiCAN Contacts

Xerox Health Solutions: for enrollment
Toll-free: 800-884-3222
Website: www.ms-medicaid.com

Magnolia Health
Toll-free: 866-912-6285
Website: www.magnoliahealthplan.com

UnitedHealthcare Community Plan
Toll-free: 877-743-8731 (MississippiCAN)
Toll-free: 800-992-9940 (CHIP)
Website: www.uhccommunityplan.com

Mississippi Division of Medicaid
Phone: 601-359-3789
Toll-free: 800-421-2408
Website: www.medicaid.ms.gov

What are Home and Community Based Services?

While children make up the largest percent of individuals covered by Medicaid, we also cover a sizeable population of the elderly and disabled.

Home and Community Based Services is a program under DOM's Office of Health Services that operates a number of special services designed to help people with disabilities live at home instead of in an institutional setting.

These services and waivers include the Assisted Living Waiver, Elderly and Disabled Waiver, Independent Living Waiver, Intellectual Disability/Developmentally Disabled (ID/DD) Waiver, Traumatic Brain/Spinal Cord Injury (TBI/SCI) Waiver and Bridge to Independence (B2I). Each waiver can only cover a certain number of people, so beneficiaries who might need them must apply for these services. The number of slots available is determined by the Centers for Medicare and Medicaid Services (CMS) and approved by the state legislature.

How can residents apply for Medicaid?

DOM has tried to make the application process as simple as possible for people to apply for Medicaid coverage. There are a number of ways they can go about it. They can apply online through the federally facilitated marketplace or by downloading an application on our website; they can print the application form and submit it by fax, e-mail or postal mail; or they can walk in and apply in person at any of our 30 regional offices or 82 outstations located across the state.

If an applicant qualifies, it is their responsibility to renew their coverage each year. Because incomes and circumstances can change from year to year, DOM performs annual reviews to verify a family's income. It is an important process to make sure people who qualify for benefits have access when they need it.

How long has DOM been around?

The legislation to create a Medicaid program in Mississippi was passed in 1969, four years after CMS Amendments were made to the Social Security Act of 1965. The Mississippi Medicaid Commission, as the agency was originally known, actually began operating in January of 1970.

At first, determining the eligibility of beneficiaries was handled by the State Department of Public Welfare, which is now the State Department of Human Resources. But in 1980 and 1981, the Legislature authorized Medicaid to begin making its own eligibility determinations. This led to enlargement of the Medicaid agency, and the first regional offices began popping up around the state.

In 1984, the Legislature transferred responsibilities of the Mississippi Medicaid Commission to the Office of the Governor, and the Division of Medicaid became the single state agency tasked with administering the program.

Today, DOM has approximately 1,000 employees located throughout one central office, 30 regional offices and over 82 outstations. To learn more about DOM programs and services, visit our website at http://medicaid.ms.gov.

WEB PORTAL REMINDER

For easy access to up-to-date information, providers are encouraged to use the **Mississippi *Envision* Web Portal**. The Web Portal is the electronic approach to rapid, efficient information exchange with providers including eligibility verification, claim submission, electronic report retrieval, and the latest updates to provider information. The **Mississippi *Envision* Web Portal** is available 24 hours a day, 7 days a week, 365 days a year via the Internet at www.ms-medicaid.com.

NEWS

Receiving Notifications for Changes to the State Plan, Administrative Code, and Waivers

The Division of Medicaid's (DOM) Office of Policy sends out e-mail notifications for submittals and approvals of State Plan Amendments, proposed and final revisions made to our Administrative Code Title 23, and to our Waiver renewal and amendments. Previously, these notifications were sent from spa@medicaid.ms.gov, admincode@medicaid.ms.gov, and waiver@medicaid.ms.gov. Effective January 7, 2016, we have combined these three e-mail addresses to create a single address (DOMPolicy@medicaid.ms.gov), that will serve the purpose of notifying you of changes made to the State Plan, Administrative Code, and Waivers.

Please send an e-mail with your name and information to DOMPolicy@medicaid.ms.gov if you would like to be added to the notification list. If you previously received e-mail notifications, you have automatically been placed on the notification list for DOMPolicy@medicaid.ms.gov.

Advanced Imaging Changes

Effective March 1, 2016, eQHealth Solutions (eQHS) began performing prior authorization reviews for advanced imaging services, in accordance with Mississippi Administrative Code Title 23, Part 220 Radiology Services. Prior to March 1, 2016 advanced imaging services were prior authorized through MedSolutions (eviCore). The Mississippi Division of Medicaid (DOM) will honor MedSolutions (eviCore) treatment authorization numbers issued to rendering providers for dates of services on or before March 30, 2016. Advanced imaging prior authorization requests pended for additional information by MedSolutions (eviCore) on or after March 1, 2016 must be submitted to eQHS as a new prior authorization request.

eQHS will conduct webinar sessions designed to assist providers with this transition. All providers and staff are encouraged to attend one of these informative sessions. Please visit http://eqhs.org to register for the upcoming sessions. For additional information, please contact eQHS at 601-360-4833 or by e-mail at education@eqhs.org. Providers may also contact DOM Office of Medical Services at 601-359-6150.

This change does not impact Medicaid beneficiaries enrolled in the MS Coordinated Access Networks (MSCAN).

Medicaid Program Integrity Education

The Centers for Medicare and Medicaid Center for Program Integrity provides educational resources to educate providers, beneficiaries and other stakeholders in promoting best practices and awareness of fraud, waste and abuse. Medicaid Provider Integrity Education (MPIE) materials include topic-based information in an easy to read format that aid in furthering education. The information available is intended to further the education efforts of MPIE, assist providers with being in compliance with their billing, and assist in the fight against fraud, waste and abuse. Please visit Medicaid Program Integrity Education - Centers for Medicare & Medicaid Services to access educational booklets, fact sheets and provider checklist resources and tools which promote efforts to prevent fraud, waste and improper payments.

PROVIDER COMPLIANCE

Coming Soon: Provider Re-Validation

42 CFR §455.414 of the Final Rule of the Affordable Care Act (ACA) requires that state Medicaid agencies revalidate the enrollment of all providers at least every five years. The Division of Medicaid (DOM) is in the process of implementing this requirement. Please watch for upcoming communications on the DOM website and the Envision Web Portal concerning implementation of processes and policies relating to these guidelines. For in-depth details on this CMS Final Rule, please refer to the CMS website at www.cms.hhs.gov.

Intrauterine Contraceptive Code Changes

Effective 12/31/2015, HCPCS code J7302 (Levonorgestrel-Releasing Intrauterine Contraceptive System, 52 MG) will be discontinued. The new HCPCS codes J7297 (Liletta) and J7298 (Mirena) should be utilized for billing Levonorgestrel-Releasing Intrauterine Contraceptive System, 52 MG beginning with dates of service on or after 01/01/2016.

Liletta is the newest intrauterine contraceptive approved by the FDA and is used by women to prevent pregnancy for up to three (3) years. Mirena, also an intrauterine contraceptive, can be used for up to five (5) years.

For more information regarding covered contraceptives, please refer to the DOM website at http://www.medicaid.ms.gov/ or contact your Provider Representative or the Office of Medical Services at 601-359-6150.

Mental Health Provider Guidance

New guidance for providers of Therapeutic and Evaluative Mental Health Services for Expanded EPSDT is now available on the Division of Medicaid (DOM) website. This document contains helpful information about mental health services offered to DOM beneficiaries under the age of 21 and is accessible at the following link: http://www.medicaid.ms.gov/wp-content/uploads/2016/01/Provider-Guidance-Therapeutic-and-Evaluative-Mental-Health-Services.pdf

If you have any questions about this information, contact Kimberly Evans or Charlene Toten at 601-359-9545.

2016 New Bed Values for Nursing Facilities, ICF-IIDs, and PRTFs

The new bed values for 2016 for nursing facilities, intermediate care facilities for individuals with intellectual disabilities (ICF-IID) and psychiatric residential treatment facilities (PRTF) have been determined by using the R.S. Means Historical Cost Index. These values are the basis for rental payments made under the fair rental system of property cost reimbursement for long-term care facilities.

Facility Class	2016 New Bed Value
Nursing Facility	$91,462
ICF-IIDs	$109,754
PRTF	$109,754

2015 Owner Salary Limits for Long-Term Care Facilities

The maximum amounts that will be allowed on cost reports filed by nursing facilities, intermediate care facilities for individuals with intellectual disabilities and psychiatric residential treatment facilities as owner's salaries for 2015 are based on 150% of the average salaries paid to non-owner/administrators that receive payment for services related to patient care. The limits apply to all salaries paid directly by the facility or by a related management company or home office. Adjustments should be made to the cost report to limit any excess salaries paid to owners. In addition, Form 15 should be filed as part of the Medicaid cost report for each owner.

The maximum allowable salaries for 2015 are as follows:

Small Nursing Facilities (1-60 Beds)	$128,285
Large Nursing Facilities (61 + Beds)	$150,977
Intermediate Care Facilities for individuals with intellectual disabilities (ICF-IID)	$140,820
Psychiatric Residential Treatment Facilities (PRTF)	$206,906

Allowable Board of Directors Fees for Nursing Facilities, ICF-IID's and PRTF's 2015 Cost Reports

The Allowable Board of Directors fees that will be used in the desk reviews and audits of 2015 cost reports filed by nursing facilities (NF's), ICF-IID, and PRTF have been computed. The computations were made in accordance with the Medicaid State Plan by indexing the amounts in the plan using the Consumer Price Index for all Urban Consumers - All Items. The amounts listed below are the per meeting maximum with a limit of four (4) meetings per year.

The maximum allowable, per meeting Board of Directors fees for 2015 are as follows:

Category	Maximum Allowable Cost for 2015
0 – 99 Beds	$ 4,015
100 – 199 Beds	$ 6,022
200 – 299 Beds	$ 8,029
300 – 499 Beds	$10,037
500 Beds or More	$12,044

Disabled Child Living at Home

The Disabled Child Living at Home (DCLH) or "Katie Beckett" group is a special category of eligibility that allows certain children who are residents of Mississippi with long-term disabilities or complex medical needs, living at home with their families, to obtain Mississippi Medicaid eligibility.

Children who are not eligible for other Medicaid programs, because the income or assets of their parents are too high, may be eligible for Medicaid through the DCLH category of eligibility. In order to qualify, a child must meet all of the following eligibility criteria:

- The child is under 19 years of age and determined to be disabled using Social Security disability rules
- Requires a level of care at home that is typically provided in a hospital, nursing facility, or intermediate care facility (which includes an intermediate care facility for the intellectually disabled)
- Can be provided safe and appropriate care in the family home
- Does not have income or assets in his or her name in excess of the current standards for a child living in an institution
- Does not incur a cost at home to the Medicaid Program that exceeds the cost that Medicaid would pay if the child were in an institution

Information that specifically addresses the nature and extent of a child's condition will be reviewed with respect to functional abilities and overall medical, developmental and/or behavioral health presentation. The needs of the family in caring for the child at home and in the community are also considered when determining the level of care. These criteria take into consideration a wide range of factors including but not limited to: the severity of the child's condition; the intensity of the services required; and the extent to which various other medical issues mitigate or exacerbate the child's condition or service needs.

Applications for consideration of enrollment into the DCLH program can be obtained at the beneficiary's local regional office. The application, the Disabled Child Questionnaire, and the Medicaid Certification for Disabled Children Living at Home must be completed and returned to the beneficiary's local regional office in person or by mail. Once the application is submitted, the Medicaid Specialist will determine if the child meets the age and financial qualifications. The Disabled Child Questionnaire will then be sent to the Disability Determination Services office to see if the child meets the Social Security disability rules. The Medicaid Certification for Disabled Children Living at Home will be sent to medical staff in order to make sure the child meets the "level of care" medical requirements. If additional information is needed to make this determination, the child's physician will be contacted. Once a determination of eligibility has been made, the Medicaid Regional office will notify the beneficiary and/or their parents in writing and advise if all qualifications have been met.

For more information on this service, please contact the Office of Medical Services at 601-359-6150.

Hospital and Nursing Facilities Physician's Signature Notification Announcement

Effective January 1, 2016, Mississippi Division of Medicaid (DOM) will no longer require the physician's certification, electronic or hardcopy signature to confirm clinical eligibility of a nursing facility resident. Applicable sections of Mississippi Administrative Code Title 23 are being revised to reflect these changes for Pre-Admission Screening and Resident Review (PASRR), formerly known as the Pre-Admission Screening (PAS). The following sections will be included in this update:

- Part 303, Chapter 1, Rule 1.2: Level I Pre-Admission Screening and Resident Review, and
- Part 207, Chapter 1: Long Term Care Pre-Admission Screening , Rule 1.1: Clinical Eligibility Determination

If you have any questions or need additional information, please contact Gay Gipson or Michele Bates at 601-359-9545. Thank you for your continued participation in the Medicaid program and your service to the beneficiaries in the State of Mississippi.

PHARMACY

Preferred Drug List (PDL) Update, April 1, 2016

DOM's Preferred Drug List (PDL) will be updated on April 1, 2016. DOM's Universal PDL is used for all Medicaid beneficiaries including those enrolled in fee for service (FFS), Mississippi Coordinated Access Network (MSCAN) (Magnolia Health and UnitedHealthcare), and Children's Health Insurance Program (CHIP) and must adhere to Medicaid's prior authorization (PA) criteria.

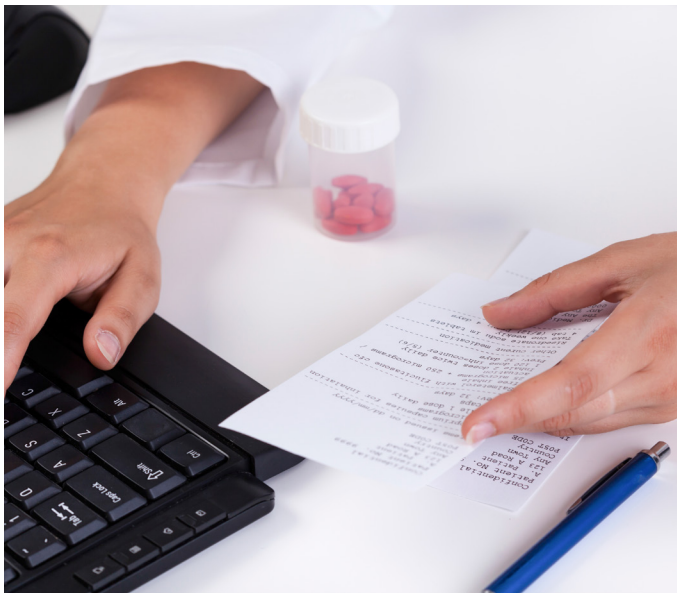
FULs Updated April 1, 2016

Effective April 1, 2016, federal upper limits (FUL) will be updated in accordance with the CMS Final Rule §447.514.

Billing and Contact List for FFS, MSCAN, and CHIP PLANS

Effective January 1, 2015, CHIP members may be enrolled in either Magnolia Health (MH) or UnitedHealthcare (UHC). For your easy reference, below is a chart of Pharmacy plan billing information for traditional or fee for service Medicaid, MSCAN and CHIP.

Plan Name	Claims Processor	Pharmacy POS Claims Helpdesk	PA Helpdesk - Provider	Local (Jackson) Member/Provider Number	PCN (Processor Control #)	Bin #
Medicaid FFS	Xerox	1-800-884-3222	1-877-537-0722	DOM Main 1-800-421-2408	DRMSPROD /SIPPI	610084
Magnolia Health - MSCAN	US Script	1-800-460-8988	1-866-399-0928	1-866-912-6285 ext. 66409	N/A	008019
Magnolia Health - CHIP	US Script	1-800-460-8988	1-866-399-0928	1-866-912-6285 ext. 66409	MSCHIP	008019
UnitedHealthcare - MSCAN	OptumRX	1-877-305-8952	1-800-310-6826	1-877-743-8731	9999	610494
UnitedHealthcare - CHIP	OptumRX	1-877-305-8952	1-800-310-6826	1-877-743-8731	9999	610494



The MS-DUR website (http://pharmacy.olemiss.edu/cpmm/evidence-based-dur-initiative/) has resources for providers, including the "Mississippi Medicaid Pharmacy Update" newsletters and special initiatives developed to assist providers.

Program Integrity: Drug Diversion Toolkit

The CMS Program Integrity Drug Diversion Toolkit reviews various aspects of drug diversion, including the types of drug diversion, targeted medications for drug diversion, drug diversion behaviors, preventive actions, and consequences for providers and patients involved in drug diversion activities. Some topics include, but are not limited to, Buprenorphine-Primer for Prescribers and Pharmacists, Controlled Substance Integrity, Patient Counseling, Prescription Drug Trafficking, Prescription Opioids, Prescription Drug Diversion Resource Guide, Do You Know Where the Drugs are Going?, and What Is a Prescriber's Role in Preventing the Diversion of Drugs?.

The above referenced materials can also be found at: https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html

Pharmacy Reminders:

✓ Billing Incorrect National Drug Code (NDC) number: The NDC is a number identifying a specific drug and manufacturer. This number is located on the drug container, such as a vial, bottle, tube, etc. Be mindful that the NDC submitted on claims must be the NDC number on the package/container from which the medication was administered and/or dispensed. Providers shall not bill for one manufacturer's product and administer and/or dispense another.

It is considered fraudulent billing to bill for a NDC other than the one administered and/or dispensed regardless if it is billed as a medical or pharmacy point of sale claim.

✓ Be advised, the DOM Office of Program Integrity may audit pharmacy providers' invoices and prescriptions to ensure accurate billing.

Attention: Nursing Facility Providers

The Division of Medicaid (DOM) and Mississippi State Department of Health Division of Licensure and Certification are hosting a free, one-day educational seminar for nursing home providers and other individuals or organizations interested in applying for a Civil Money Penalty grant award. The objective of the seminar is to educate participants on Centers for Medicare and Medicaid Services requirements needed for approval of the grant application. The seminar information will include the following:

- Civil Money Penalty grant application process
- DOM attorney will explain the drafting and legalities of the sub-grant agreement
- Mississippi nursing home provider who successfully completed a project funded by a Civil Money Penalty award
- Discussion of acceptable project topics

You may register at the following link: http://healthyms.com/register/cmp/.

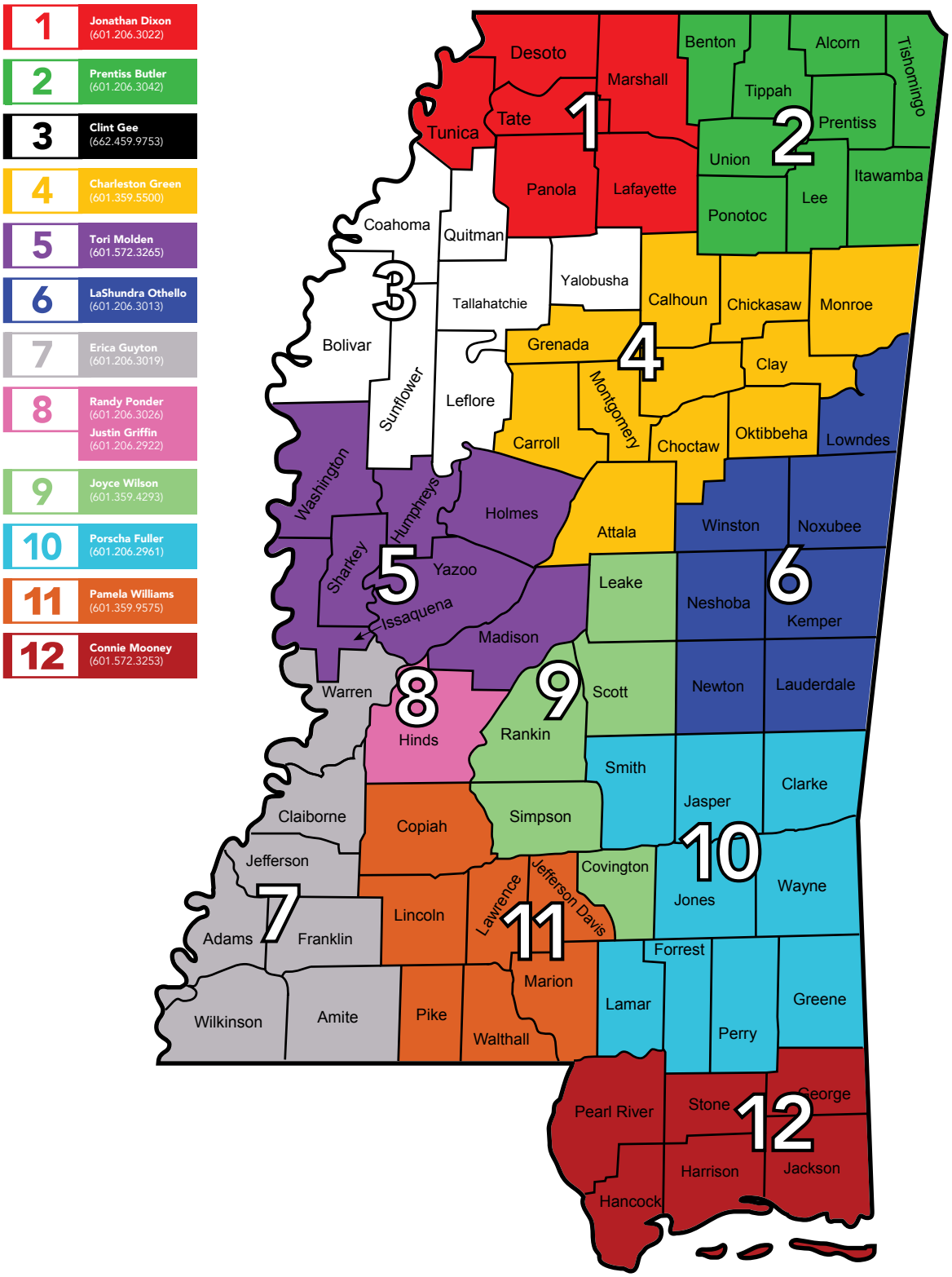
Important Information

- Date of the seminar: April 26, 2016
- Registration deadline: April 12, 2016
- Time: 9:00 A.M. to 3:30 P.M.;
  Registration: 8:30 A.M.—9:00 A.M.
- Cost: Free
- Seating is limited
- Address: University of Mississippi Medical Center Conference Center Jackson Medical Mall, 350 W. Woodrow Wilson Drive, Jackson, MS 39213

PROVIDER FIELD REPRESENTATIVES

PROVIDER FIELD REPRESENTATIVE AREAS BY COUNTY		
AREA 1 **Jonathan Dixon (601.206.3022** jonathan.dixon@xerox.com	**AREA 2** **Prentiss Butler (601.206.3042)** prentiss.butler@xerox.com	**AREA 3** **Clint Gee (662.459.9753)** clinton.gee@medicaid.ms.gov
County	**County**	**County**
Desoto	Alcorn	Bolivar
Lafayette	Benton	Coahoma
Marshall	Itawamba	Leflore
Panola	Lee	Quitman
Tate	Pontotoc	Sunflower
Tunica	Prentiss	Tallahatchie
	Tippah	Yalobusha
	Tishomingo	
***Memphis**	Union	
AREA 4 **Charleston Green (601.359.5500)** charleston.green@medicaid.ms.gov	**AREA 5** **Tori Molden (601.572.3265)** tori.molden@xerox.com	**AREA 6** **LaShundra Othello (601.206.2996)** lashundra.othello@xerox.com
County	**County**	**County**
Attala	Holmes	Kemper
Calhoun	Humphreys	Lauderdale
Carroll	Issaquena	Lowndes
Chickasaw	Madison	Neshoba
Choctaw	Sharkey	Newton
Clay	Washington	Noxubee
Grenada	Yazoo	Winston
Monroe		
Montgomery		
Oktibbeha		
Webster		
AREA 7 **Erica Guyton (601.206.3019)** erica.guyton@xerox.com	**AREA 8** **Justin Griffin (601.206.2922)** Zip Codes (39041-39215) justin.griffin@xerox.com **Randy Ponder (601.206.3026)** Zip Codes (39216-39296) randy.ponder@xerox.com	**AREA 9** **Joyce Wilson (601.359.4293)** joyce.wilson@medicaid.ms.gov
County	**County**	**County**
Adams	Hinds	Covington
Amite		Leake
Claiborne		Rankin
Franklin		Scott
Jefferson		Simpson
Warren		
Wilkinson		
AREA 10 **Porscha Fuller (601.206.2961)** porscha.fuller@xerox.com	**AREA 11** **Pamela Williams (601.359.9575)** pamela.williams@medicaid.ms.gov	**AREA 12** **Connie Mooney (601.572.3253)** connie.mooney@xerox.com
County	**County**	**County**
Clarke	Copiah	George
Forrest	Jefferson-Davis	Hancock
Greene	Lawrence	Harrison
Jasper	Lincoln	Jackson
Jones	Marion	Pearl River
Lamar	Pike	Stone
Perry	Walthall	
Smith		
Wayne		**Mobile, AL**
OUT OF STATE PROVIDERS	**Katrina Magee (601.572.3298)** katrina.magee@xerox.com **Tora Monroe (601.206.2929)** tora.monroe@xerox.com	

FIELD REPRESENTATIVE REGIONAL MAP



XEROX STATE HEALTHCARE, LLC
P.O. BOX 23078
JACKSON, MS 39225

If you have any questions related to the topics in this bulletin, please contact Xerox at 800 -884 -3222

Mississippi Medicaid Administrative Code and Billing Handbook are on the Web
www.medicaid.ms.gov

Medicaid Provider Bulletins are located on the Web Portal
www.ms-medicaid.com

The Division of Medicaid and Xerox State Healthcare, LLC. welcome the spring season

MARCH 2016

THURS, MAR. 3	EDI Cut Off – 5:00 p.m.
MON, MAR. 7	Checkwrite
THURS, MAR. 10	EDI Cut Off - 5:00 p.m
MON, MAR. 14	Checkwrite;
THURS, MAR. 17	EDI Cut Off - 5:00 p.m.
MON, MAR. 21	Checkwrite
THURS, MAR. 24	EDI Cut Off - 5:00 p.m.
MON, MAR. 28	Checkwrite
THURS, MAR. 31	EDI Cut Off - 5:00 p.m.

APRIL 2016

MON, APR. 4	Checkwrite
THURS, APR. 7	EDI Cut Off – 5:00 p.m.
MON, APR. 11	Checkwrite
THURS, APR. 14	EDI Cut Off – 5:00 p.m.
MON, APR. 18	Checkwrite
THURS, APR. 21	EDI Cut Off – 5:00 p.m.
MON, APR. 25	Checkwrite
THURS, APR. 28	EDI Cut Off – 5:00 p.m.

MAY 2016

MON, MAY. 1	Checkwrite
THURS, MAY. 4	EDI Cut Off – 5:00 p.m.
MON, MAY. 8	Checkwrite
THURS, MAY. 11	EDI Cut Off – 5:00 p.m
MON, MAY. 15	Checkwrite
THURS, MAY. 18	EDI Cut Off – 5:00 p.m.
MON, MAY. 22	Checkwrite
THURS, MAY. 25	EDI Cut Off – 5:00 p.m.
MON, MAY. 29	Checkwrite

Checkwrites and Remittance Advices are dated every Monday. Provider Remittance Advice is available for download each Monday morning at www.ms-medicaid.com. Funds are not transferred until the following Thursday.