

MS Medicaid PROVIDER BULLETIN



Provider Bulletin Set For Transformation



DR. DAVID DZIELAK
*Executive Director
MS Division of Medicaid*

Ever since I took on the role of executive director for the Mississippi Division of Medicaid (DOM) in early 2012, I have been writing articles for the quarterly Provider Bulletin. A lot has changed in the world of Medicaid in the past five years, but the Provider Bulletin has largely remained the same.

Soon, however, the Provider Bulletin will get an upgrade. Hopefully by the start of 2018, the publication you have all become familiar with

over the years will be updated and reimagined. Improving communications has been a priority for me both internally (to our employees) and externally (to our stakeholders) since I joined DOM. The planned update of the Provider Bulletin is part of that overall effort on the part of DOM to enhance communications with the provider community.

It is too early to say what the new publication will look like, or even if it will retain the name Provider Bulletin, but the primary objective is to make it as relevant and useful for providers as possible, while also maintaining its original purpose of disseminating important updates and information about all Medicaid developments.

Seamless two-way communication regarding Medicaid's ever-changing policies and regulations has never been easy to achieve. On the one hand, Medicaid is an essential component to the health-care system in this state. I have even heard

lawmakers describe it as the "backbone" of health care in Mississippi. But on the other hand, Medicaid is woefully complicated, governed by state and federal laws and regulations, all of which are subject to constant change.

I am afraid there is no magic formula for how to keep all of our various stakeholders fully informed on developments as they happen, but we strive to use an arsenal of tools to get news out in a timely manner.

For example, the DOM website, <http://medicaid.ms.gov>, was redesigned several years ago to provide a range of easy-to-reference information. Most recently, the Mississippi Medicaid State Plan is now searchable online, complete with bookmarks and attachments for easy review. The Mississippi Administrative Code (or Admin. Code) is also available on our website, with each Code Part bookmarked for convenience. These are two key documents that explain how to administer Medicaid in Mississippi.

The State Plan is a detailed agreement with the Centers for Medicare and Medicaid Services (CMS) on how Mississippi runs its Medicaid program. Sometimes there are federal mandates that must be added to the agreement. Other times, state law requires changes to the State Plan which must be approved by CMS.

Any requested change is referred to as a State Plan Amendment (SPA). SPAs must be approved by the governor prior to submission to CMS. A SPA public notice is required if there is a change to the payment methodology or an increase/decrease in the economic impact, which would include adding or

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removing coverage of a service. DOM also covers services through waivers such as home and community-based services (HCBS), the Healthier Mississippi Waiver and Family Planning Waiver.

The Admin. Code is required by the Miss. Administrative Procedures Act, and is more like a detailed Medicaid policy and procedures manual aimed primarily at health-care providers. Proposed changes must be filed with the Secretary of State (SOS) and are posted on the SOS website for public comments. Changes to the State Plan must also be included in the Admin. Code with the State Plan “trumping” the Admin. Code. The Admin. Code has a companion document called the Provider Reference Guide, which is designed to include information not appropriate for the Admin. Code such as telephone numbers and employee names.

In addition to the website, we continue to provide information via “fax blasts” and “late breaking news” through the Mississippi Envision Web Portal thanks to our fiscal agent, Conduent.

More recently, we have been pushing news and notices out to the many professional organizations and medical associations throughout the state. The information we send to those associations is always available through other DOM sources, such as the Provider Bulletin, our external website, etc., but we

recognize that some providers may more regularly peruse their professional associations’ newsletters and websites.

Perhaps the most important resource we can offer is face-to-face conversation, and that is possible thanks to provider workshops and community outreach events our offices of Provider Beneficiary Relations, Coordinated Care, plus other staff host on a routine basis. Schedules of those activities can be found in the Provider Bulletin, as well as on our website.

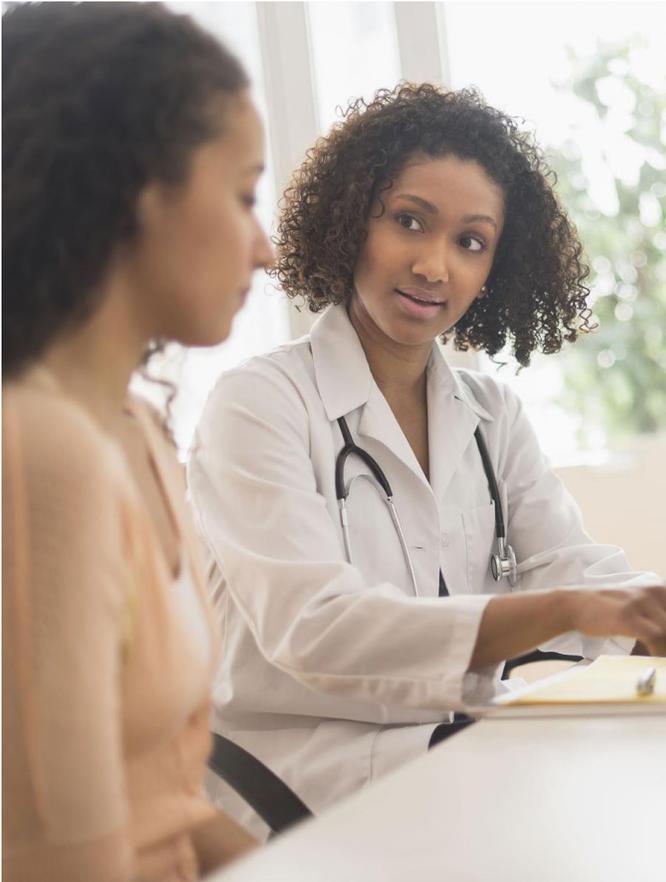
Maximizing the use of these communications tools and finding new ways to further the conversation represents our commitment to the provider community. Without your partnership, Medicaid would not be possible in this state, and hundreds of thousands of Mississippians would not receive much-needed services. While our resources are limited, we aim to do the best with what we have and welcome any ideas you might have to make the red tape of Medicaid a little bit easier to navigate.



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.

PROVIDER COMPLIANCE



Attention EPSDT Providers

The American Academy of Pediatrics (AAP) recently released Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, 4th Edition. A summary of the changes can be found at brightfutures.aap.org/about/Pages/About.aspx. In compliance with Bright Futures recommendations, effective August 1, 2017, the Division of Medicaid (DOM) no longer reimburses a separate fee for adolescent counseling when billed on the same date of service (DOS) as a wellness visit (99381-99385 and 99391-99395). Adolescent counseling is included in anticipatory guidance during the preventive medicine visit. Providers may bill adolescent counseling as a separate reimbursable service with evaluation and management codes 99201-99215. Providers may utilize the adolescent counseling form on the DOM website medicaid.ms.gov, but the form is not required.

Effective January 1, 2017, DOM reimburses a separate fee in addition to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) periodic screenings for maternal depression

screening, in accordance with Bright Futures recommendation, DOM is in the process of updating Mississippi Administrative Code Title 23, Part 223 and the Provider Reference Guide to reflect the changes. If you have any questions, please contact DOM's Office of Medical Services at (601) 359-6150.

Resources:

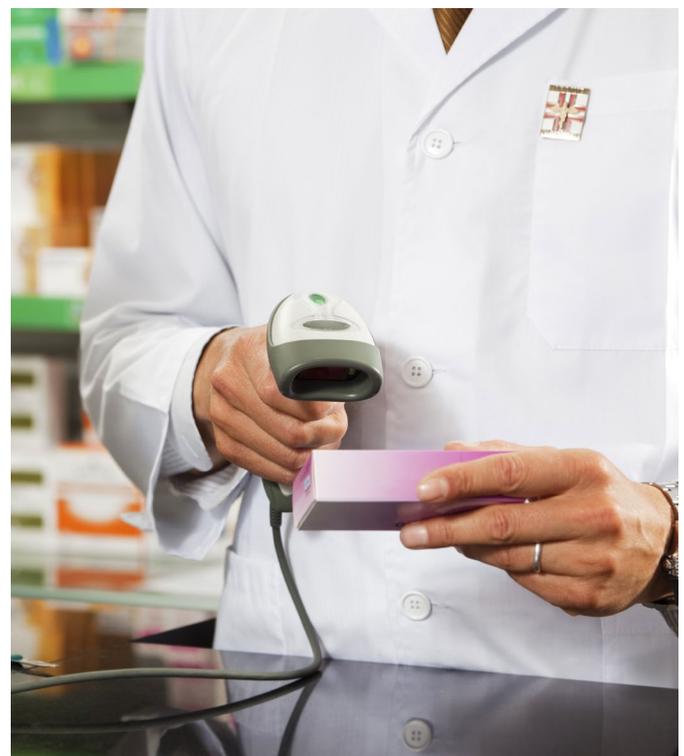
Fee Schedule: medicaid.ms.gov/wp-content/uploads/2014/03/EPSDT.pdf

EPSDT Provider Agreement: medicaid.ms.gov/wp-content/uploads/2017/04/EPSDT-Provider-Agreement.pdf

EPSDT Periodicity Examination Schedule: medicaid.ms.gov/wp-content/uploads/2016/07/EPSDT-Periodicity-Examination-Schedule.pdf

Universal Preferred Drug List (PDL) Update, October 1, 2017

The Division of Medicaid (DOM) PDL will be updated on October 1, 2017. DOM's PDL is used for all Medicaid beneficiaries – fee for service (FFS), Mississippi Coordinated Access Network (MSCAN) (Magnolia and United Healthcare), and Children's Health Insurance Program (CHIP).





Attention Nursing Facilities

Case Mix Reviews and Reimbursement Update Training will be presented by both Myers and Stauffer LC and Division of Medicaid.

The nursing facility training seminar will include:

- Updated Supportive Documentation Requirements
- Case Mix effect on Reimbursement Rates
- Time-Weighted Reimbursement Methodology
- Bed Hold Reporting
- Web Portal
- RUG-IV, 48-Grouper Classification
- Additional topics may be added

Locations and Dates:

Registration 9:30 a.m.; Seminar 10:00 a.m. to 3:00 p.m.

Jackson – 11/07/2017

Jackson Marriott
200 East Amite Street
Jackson, MS 39201

Oxford – 11/08/2017

Oxford Conference Center

102 Ed Perry Blvd.
Oxford, MS 38655

Hattiesburg – 11/09/2017

Lake Terrace Convention Center
One Convention Center Plaza
Hattiesburg, MS 39401

Registration will be available October 1, 2017. To register, or for more information, go to www.mslc.com/mississippi/. Click on Case Mix and Related Services then select Provider Training.

Attention Autism Spectrum Disorder Service Providers

On May 24, 2017, the Centers for Medicare & Medicaid Services (CMS) approved State Plan Amendment (SPA) 16-0020 Autism Spectrum Disorder (ASD) to allow the Mississippi Division of Medicaid (DOM) to cover ASD services for Early, Periodic Screening, Diagnosis and Treatment (EPSDT) eligible beneficiaries with an ASD diagnosis, when medically necessary, prior authorized and provided by certain providers operating within their scope of practice, effective January 1, 2017.

The SPA can be found on DOM's website under approved State Plan Amendments located at medicaid.ms.gov/about/state-plan/approved-state-plan-amendments/.

PROVIDER ENROLLMENT

For more information on how to enroll as a Medicaid provider, contact Conduent at 800-884-3222 or go online to ms-medicaid.com/msenvision/index.do. Under the Provider tab, click on Provider Enrollment and select to either enroll online or download an enrollment packet.

You must be an enrolled Medicaid provider prior to enrollment with a coordinated care organization (CCO). For more information on how to enroll as a MississippiCAN provider, contact each CCO at:

Magnolia Health Plan

Phone: (866) 912-6285

Online: magnoliahealthplan.com/providers/become-a-provider.html

United Healthcare

Phone: (877) 743-8734

Online: uhc.com/provider

BENEFICIARY ELIGIBILITY

Eligibility can be determined through the use of either of the following services:

Automated Voice Response System (AVRS) at 1-866-597-2675
 Provider/Beneficiary Services Call Center at 1-800-884-3222
 Envision Web Portal at ms-medicaid.com

Eligibility and service standards should be verified each time a service is rendered.

PRIOR AUTHORIZATION

- To submit a prior authorization for beneficiaries enrolled in fee for service, contact eQHealth Solutions (eQHS) at (866) 740-2221 or online using the eQHealth Suite at ms.eqhs.org/Home.aspx.
- To obtain more information on how to submit a prior authorization for beneficiaries enrolled with Magnolia Health Plan, contact Cenpatico at (866) 912-6285.
- To obtain more information on how to submit a prior authorization for beneficiaries enrolled with United Healthcare, contact Optum at (877) 743-8734.

CLAIMS SUBMISSION

- To submit a claim for beneficiaries enrolled in fee for service, access the Envision Web Portal at ms-medicaid.com/msenvision/index.do.
- To obtain more information on how to submit a claim for beneficiaries enrolled with Magnolia Health Plan, contact Cenpatico at (866) 912-6285.
- To obtain more information on how to submit a claim for beneficiaries enrolled with United Healthcare, contact Optum at (877) 743-8734.

Billing for these services can begin immediately and is covered for dates of service on or after January 1, 2017. DOM fee schedules are located on the DOM website at medicaid.ms.gov/providers/fee-schedules-and-rates/.

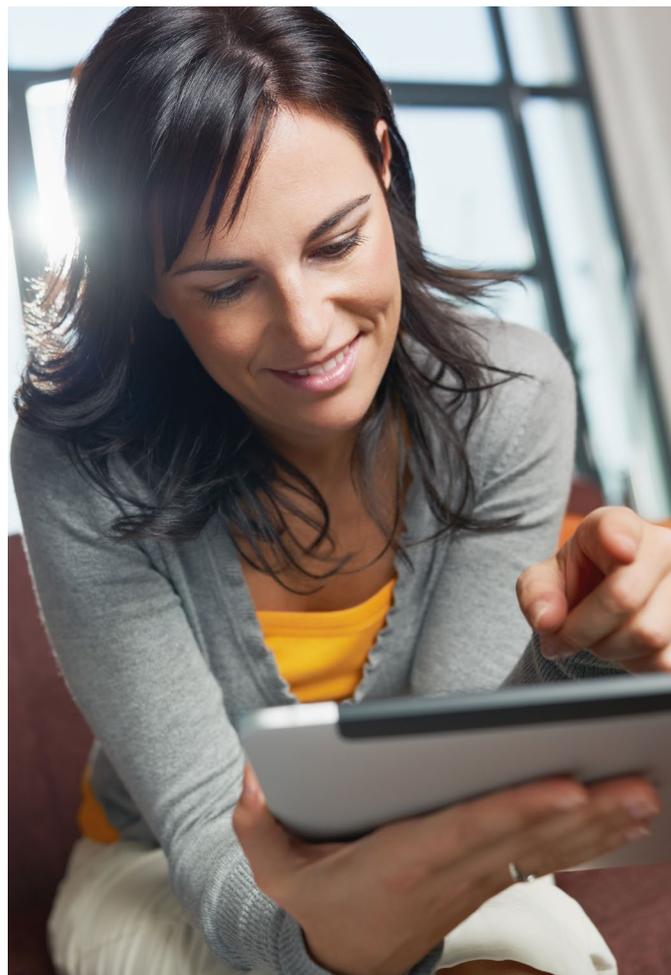
Providers are encouraged to monitor the DOM website for updates and announcements regarding ASD services. Frequently Asked Questions for ASD services are located on DOM's website at medicaid.ms.gov/programs/mental-health/.

For further questions, contact DOM's Office of Mental Health at (601) 359-9545.

Medicaid's Provider Bulletin is Transitioning

Effective January 2018, the Division of Medicaid (DOM) will no longer mail quarterly publications of the provider bulletin. Providers may still download the provider bulletin by visiting the Envision web portal at <https://www.ms-medicaid.com>.

Providers will have the option to subscribe (for FREE) to receive a printed copy of the provider bulletin, e-newsletter or both. Providers must complete the provider bulletin subscription request form and fax (601-359-4185) it to the Office of Provider Beneficiary Relations no later than December 31, 2017. The provider bulletin subscription request form is located on DOM's website <https://medicaid.ms.gov> under forms as well as in this issue of the Provider Bulletin on page 8.



MEDICAID EVOLUTION

F E E - F O R - S E R V I C E

WORKSHOPS 2017

RSVP
TODAY!

*Please
complete
the RSVP
section on
page 7*

Join us on the Journey of Medicaid Evolution!
The Medicaid Evolution Fee-for-Service Workshops
will cover the following topics:



General Information



Third Party Liability



Presumptive Eligibility



Medicare Crossover and HMO



Newborn Enrollment



Medical Review



EDI



Provider Enrollment



Program Integrity

MEDICAID EVOLUTION

F E E - F O R - S E R V I C E

WORKSHOPS 2017

You are cordially invited to the Medicaid Evolution Workshops! The Mississippi Division of Medicaid (DOM) and Conduent will conduct Medicaid Evolution Fee-for-Service Workshops September 2017 - October 2017. These workshops will cover an array of topics as they relate to all provider types enrolled in the Mississippi Medicaid program. The following topics will be covered:

- General Information
- Presumptive Eligibility
- Newborn Enrollment
- EDI
- Program Integrity
- Third Party Liability
- Medicare Crossover and HMO
- Medical Review
- Provider Enrollment

DATE	TIME	LOCATION
September 19th	8:30 a.m. - 3:30 p.m.	Southaven, MS Landers Center 4560 Venture Dr, Southaven, MS 38671
September 20th	8:30 a.m. - 3:30 p.m.	Tupelo, MS Hilton Garden Inn 363 E Main St, Tupelo, MS 38804
September 28th	8:30 a.m. - 3:30 p.m.	Greenwood, MS The Alluvian 318 Howard St, Greenwood, MS 38930
October 3rd	8:30 a.m. - 3:30 p.m.	Meridian, MS MSU Riley Center 2200 5th St, Meridian, MS 39301
October 4th	8:30 a.m. - 3:30 p.m.	Hattiesburg, MS Event Services (Cochran Building) 218/A-B 118 College Drive #5067 Hattiesburg, MS 39406
October 19th	8:30 a.m. - 3:30 p.m.	Gulfport, MS Courtyard by Marriott Gulfport Beachfront 1600 East Beach Boulevard, Gulfport, MS 39501
October 24th	8:30 a.m. - 3:30 p.m.	Pearl, MS Holiday Inn Trustmark Park Hotel 110 Bass Pro Drive, Pearl, MS 39208

PLEASE COMPLETE THE RSVP SECTION AND FAX TO [601-206-3119](tel:601-206-3119)

OR EMAIL TO MSMEDICAIDLATEBREAKINGNEWS@CONDUENT.COM

WE HOPE TO SEE YOU THERE!

Provider Name		Provider Number	
Provider Contact Number	Provider Email Address		Number of Attendees
Session Attending			

Provider Bulletin Subscription Request Form

The Mississippi Division of Medicaid (DOM) wants to ensure all enrolled providers, in addition to medical and health-care associations are receiving the most recent policy changes and agency updates. One of the ways DOM communicates this information is through the Provider Bulletin.

The Provider Bulletin is a publication aimed at informing providers and other health-care professionals of Medicaid news, policy changes, resources for claims processing and reimbursements, a directory of the provider field representatives, as well as a way to connect with our executive director and other valuable Medicaid information. The Provider Bulletin is a quarterly publication, and special editions are published as necessary.

As of December 31, 2017, Provider Bulletins will only be distributed to those who have subscribed to receive this **FREE** publication. You can subscribe to receive a printed and mailed hard copy, e-newsletter or both.

Below are the ways to subscribe to receive DOM’s **FREE** quarterly Provider Bulletin publication:

- ✓ Visit our website at <https://medicaid.ms.gov/providers/provider-resources/provider-bulletins> and click the subscribe button.
- ✓ Mail or fax the completed form below (all fields are required) by December 31, 2017.

Mail the Provider Bulletin Subscription Request form to:

Mississippi Division of Medicaid
 Attn. Office of Provider Beneficiary Relations
 550 High Street, Suite 1000
 Jackson MS, 39201

Fax: 601-359-4185

Provider Bulletin Subscription Request Form

Provider / Association:	
Medicaid Provider Number (if enrolled):	
Contact Person:	
Phone Number:	
Email Address:	
Mailing Address:	
City / State / Zip Code:	

How would you like to receive the Provider Bulletin?

- Printed and mailed copy
 E-Newsletter
 Both



Pharmacy Reimbursement Changes

On February 1, 2016, the Centers for Medicare and Medicaid Services (CMS) published 42 CFR, Part 447: Medicaid Program Covered Outpatient Drugs with final comments (CMS-2345-FC). This rule addresses regulations that pertain to reimbursement for covered outpatient drugs in the Medicaid program (fee for service and MississippiCAN). The document is available online at <http://federalregister.gov/a/2016-01274>.

The Mississippi Division of Medicaid (DOM) hosted a series of six (6) pharmacy stakeholder meetings throughout 2016 for the purpose of engaging providers in discussions to gather feedback on pharmacy reimbursement options. Reimbursement methodology options presented at these meetings can be found at <https://medicaid.ms.gov/agency-holds-pharmacy-stakeholder-meetings-about-reimbursement-options-2/>.

In compliance with the Final Rule, DOM submitted State Plan Amendment (SPA) 17-0002 Pharmacy Reimbursement to CMS on March 15, 2017. On June 1, 2017, DOM received a formal

Request Additional Information (RAI) letter from CMS. DOM submitted an RAI response letter with revised SPA changes to CMS on June 27, 2017.

On July 21, 2017 CMS approved DOM SPA 17-0002 Pharmacy Reimbursement with an effective date of April 1, 2017. The approved SPA can be found at <https://medicaid.ms.gov/about/state-plan/approved-state-plan-amendments/>.

Implementation of the CMS approved point of sale pharmacy reimbursement methodology for fee for service and MississippiCAN will begin on September 1, 2017.

- I. The Division of Medicaid reimburses the following drugs as described below:
 - A. Brand Name drugs – Ingredient cost based on actual acquisition cost (AAC) which is defined as the lesser of:
 1. National Average Drug Acquisition Cost (NADAC) plus a professional dispensing fee of \$11.29, or
 2. Wholesale Acquisition Cost (WAC) plus zero percent (0%) plus a professional dispensing fee of \$11.29 when no NADAC is available, or
 3. A rate set by the Division of Medicaid's rate-setting vendor plus a professional dispensing fee of \$11.29 when no NADAC or WAC are available, or
 4. The provider's usual and customary charge.
 - B. Generic drugs – Ingredient cost based on AAC which is defined as the lesser of:
 1. NADAC plus a professional dispensing fee of \$11.29, or
 2. WAC plus zero percent (0%) plus a professional dispensing fee of \$11.29 when no NADAC is available, or
 3. A rate set by the Division of Medicaid's rate-setting vendor plus a professional dispensing fee of \$11.29 when no NADAC or WAC are available, or
 4. The provider's usual and customary charge.
 - C. Reimbursement for 340B covered entities as described in section 1927(a)(5)(B) of the Act, including an Indian Health Service, tribal and urban Indian pharmacy as follows:
 1. Purchased 340B drugs – Ingredient cost must be no more than the 340B AAC defined as the price at which the covered entity has paid the wholesaler or manufacturer for the covered outpatient drug plus a professional dispensing fee of \$11.29.

2. Drugs purchased outside of the 340B program by covered entities – Ingredient cost based on AAC which is defined as the lesser of:
 - a. NADAC plus a professional dispensing fee of \$11.29, or
 - b. WAC plus zero percent (0%) plus a professional dispensing fee of \$11.29 when no NADAC is available, or
 - c. A rate set by the Division of Medicaid's rate-setting vendor plus a professional dispensing fee of \$11.29 when no WAC is available, or
 - d. The provider's usual and customary charge.
 3. Drugs acquired through the federal 340B drug pricing program and dispensed by 340B contract pharmacies are not covered.
- D. Drugs acquired via the Federal Supply Schedule (FSS) – Ingredient cost based on AAC plus a professional dispensing fee of \$11.29.
- E. Drugs acquired at Nominal Price (outside of 340B or FSS) – Ingredient cost based on AAC plus a professional dispensing fee of \$11.29.
- F. Specialty drugs not dispensed by a retail community pharmacy and dispensed primarily through the mail – Ingredient cost is defined as the lesser of:
1. WAC plus zero percent (0%) plus a professional dispensing fee of \$61.14, or
 2. A rate set by the Division of Medicaid's rate-setting vendor plus a professional dispensing fee of \$61.14 when no WAC is available, or
 3. The provider's usual and customary charge.
- G. Drugs not dispensed by a retail community pharmacy (e.g., institutional or long-term care pharmacy when not included as part of an inpatient stay) – Ingredient cost based on AAC which is defined as the lesser of:
1. NADAC plus a professional dispensing fee of \$11.29, or
 2. WAC plus zero percent (0%) plus a professional dispensing fee of \$11.29 when no NADAC is available, or
 3. A rate set by the Division of Medicaid's rate-setting vendor plus a professional dispensing fee of \$11.29 when no NADAC or WAC are available, or
 4. The provider's usual and customary charge.
- H. Clotting Factor from Specialty Pharmacies, Hemophilia

Treatment Centers (HTCs), or Centers of Excellence – Ingredient cost defined as:

1. For a 340B covered entity:
 - a. Purchased 340B drugs – Ingredient cost must be no more than the 340B AAC defined as the price at which the covered entity has paid the wholesaler or manufacturer for the clotting factor product plus a professional dispensing fee of \$0.02 per Unit.
 - b. Drugs purchased outside of the 340B program by covered entities – Ingredient cost which is defined as the lesser of:
 - 1.) WAC minus ten percent (10%) plus a professional dispensing fee of \$0.02 per Unit, or
 - 2.) A rate set by the Division of Medicaid's rate-setting vendor plus a professional dispensing fee of \$0.02 when no WAC is available, or
 - 3.) The provider's usual and customary charge.
2. For a non-340B covered entity – Ingredient cost is defined as the lesser of:
 - a. WAC minus ten percent (10%) plus a professional dispensing fee of \$0.02 per Unit, or
 - b. A rate set by the Division of Medicaid's rate-setting vendor plus a professional dispensing fee of \$0.02 when no WAC is available, or
 - c. The provider's usual and customary charge.

II. The Division of Medicaid does not reimburse for Investigational Drugs.

III. Usual and Customary Charges

The Division of Medicaid defines usual and customary charge as the lowest price the pharmacy would charge to a particular customer if such customer were paying cash for the identical prescription drug services on the date dispensed. This includes any applicable discounts including, but not limited to, senior discounts, frequent shopper discounts, and other special discounts offered to attract customers such as four dollar (\$4.00) flat rate generic price lists. A pharmacy cannot have a usual and customary charge for prescription drug programs that differs from either cash customers or other third-party programs. The pharmacy must submit the accurate usual and customary charge with respect to all claims for prescription drug services.

IV. Overall, the Division of Medicaid's payment will not exceed the federal upper limit (FUL) based on the NADAC for ingredient reimbursement in the aggregate for multiple source drugs.

Reprocessing of point of sale fee for service and MississippiCAN pharmacy claims for date of service April 1, 2017 through August 31, 2017 will begin in weekly increments on October 1, 2017. The reprocessing will follow the schedule below.

Reprocessing Adjustment Schedule

Adjust claims using new reimbursement methodology for Dates of Service =		Adjustment amount reflected on Remittance Advice dated:
April 1-8	(Saturday – Saturday)	October 2, 2017
April 9-15	(Sunday – Saturday)	October 9, 2017
April 16-22	(Sunday – Saturday)	October 16, 2017
April 23-29	(Sunday – Saturday)	October 23, 2017
April 30- May 6	(Sunday – Saturday)	October 30, 2017
May 7-13	(Sunday – Saturday)	November 6, 2017
May 14-20	(Sunday – Saturday)	November 13, 2017
May 21-27	(Sunday – Saturday)	November 20, 2017
May 28-June 3	(Sunday – Saturday)	November 27, 2017
June 4-10	(Sunday – Saturday)	December 4, 2017
June 11-17	(Sunday – Saturday)	December 11, 2017
June 18-24	(Sunday – Saturday)	December 18, 2017
June 25-July 1	(Sunday – Saturday)	December 25, 2017
July 2-8	(Sunday – Saturday)	January 1, 2018
July 9-15	(Sunday – Saturday)	January 8, 2018
July 16-22	(Sunday – Saturday)	January 15, 2018
July 23-29	(Sunday – Saturday)	January 22, 2018
July 30-August 5	(Sunday – Saturday)	January 29, 2018
August 6-12	(Sunday – Saturday)	February 5, 2018
August 13-19	(Sunday – Saturday)	February 12, 2018
August 20-26	(Sunday – Saturday)	February 19, 2018
August 27-31	(Sunday-Thursday)	February 26, 2018

In an effort to support providers during this adjustment period, DOM has made an estimated financial impact available to pharmacy providers. The estimated impact is based upon reprocessing fee for service and MSCAN pharmacy point of sale claims filed in the month of April 2017.

Providers can contact the Mercer Call Center to obtain their estimated financial impact total for the month of April 2017 at (855) 612-6863. To receive this information via secure email or when inquiring for more than ten (10) pharmacies please email your request to MSMedicaidRx@mercer.com and include your

pharmacy name, address, Medicaid ID number and phone number.

For other questions, please contact DOM's Office of Pharmacy at (601) 359-5253, Option #4 and refer to the Frequently Asked Questions document on the Pharmacy page of the DOM website at <https://medicaid.ms.gov/providers/pharmacy/>.



Medicaid Provider Revalidation

In April 2017, the Division of Medicaid (DOM) implemented Federal Regulation 42 CFR §455.414 which requires state Medicaid agencies to revalidate the enrollment of all providers at least every five years. A rollout process is being used to notify providers enrolled in the Mississippi Medicaid Program five or more years of the revalidation requirement. Revalidation notifications will be issued on a staggered schedule until notices have been issued to all providers due for revalidation.

A revalidation letter will initiate the process with each provider. The letter will provide instructions for completing the revalidation and will indicate the due date. As part of the revalidation, the state must conduct a full screening appropriate to the provider's risk level in compliance with 42 CFR 455 Subparts B & E and the provider must comply with any requests made by the state as part of the revalidation process within the specified time frame. A complete revalidation must be submitted by the due date in the letter to prevent termination.

To prepare for revalidation, all providers should review the bullets below and complete the following steps immediately:

- The revalidation letter will be sent to the current "Mail

Other" address noted on the provider file. If there is no "Mail Other" address noted on the provider file, the notification will be sent to the billing address. To ensure proper notification, please validate your addresses on file with the Division of Medicaid. If changes are needed, please complete the Change of Address form located at: <https://medicaid.ms.gov/wp-content/uploads/2014/06/ProviderChangeofAddressForm.pdf>

The form must be completed and signed by the provider. The Change of Address form can be faxed to CONDUENT Provider Enrollment at (888) 495-8169.

- Providers must access their revalidation electronically through the Envision web portal. This will allow providers to enter their own information and will streamline the revalidation process. If the revalidating provider is not a registered user, the provider will need to register by going to www.ms-medicaid.com then clicking the "web registration" link to find the registration instructions for becoming a web portal user.

DOM has also added a Six Month Revalidation Due List on the secure and non-secure sides of the Envision web portal located at <https://www.ms-medicaid.com>. The list is housed under the Provider tab and will be updated weekly noting those providers who are due to be revalidated within the next six (6) months. The list will identify information unique to the provider including the Revalidation Notification Date which indicates the date that the provider can begin the revalidation process. The list will also indicate the address used for the mailing of the Revalidation Due Notice. Providers whose addresses are incorrect are encouraged to submit the Change of Address form.

Enrollment will be terminated for any provider who does not comply with revalidation requirements. A new application will then be required for the provider to re-enroll in the Mississippi Medicaid program.

In addition, if a provider's revalidation is not completed in the allotted time and the provider is also enrolled with one or both MississippiCAN coordinated care organizations (CCO), Magnolia Health and United Healthcare Community Plan, enrollment with the CCO(s) will be terminated.

Watch for upcoming communications on the DOM website and the Mississippi Envision Web Portal. Providers with questions or needing additional information about revalidation should contact Provider Enrollment at (800) 884-3222.



Notice to Pharmacy and Pharmacy DME Providers ONLY! (Pharmacy Disease Management Providers ARE NOT included)

Pharmacies enrolled in the MS Medicaid program must be in good standing with their regulatory authority to be a Medicaid provider. Pharmacies who have not submitted their annual pharmacy permit renewal to Conduent by 12/28/2017 by 2:00 p.m. CST will be terminated from the MS Medicaid program, and claims submitted after 12/31/2017 will be denied.

Pharmacy permit renewals are done based upon the provider number and must be included on all license update requests. If a provider has both a Pharmacy and a DME provider number that utilizes the same pharmacy permit, it is imperative that both provider numbers are listed on the license/permit update request.

To ensure your MS Medicaid provider file is updated, please fax a copy of the pharmacy permit to Conduent at 1-888-495-8169. A copy of the permit must be provided; letters from the Board of Pharmacy do not suffice as documentation of permit

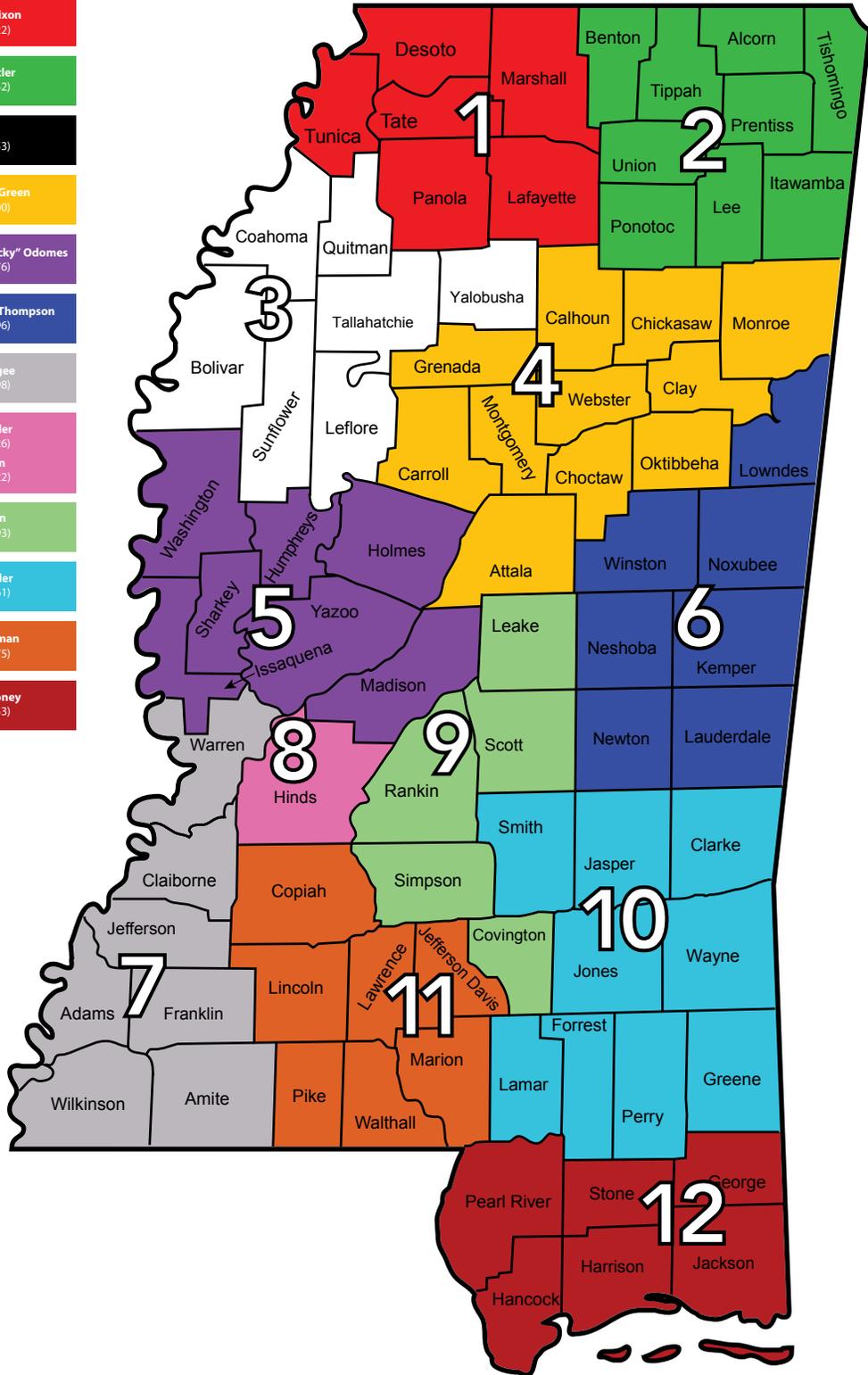
renewal. For questions or additional information, please contact Conduent at 1-800-884-3222.

PROVIDER FIELD REPRESENTATIVES

PROVIDER FIELD REPRESENTATIVE AREAS BY COUNTY		
AREA 1 Jonathan Dixon (601.206.3022) jonathan.dixon@conduent.com	AREA 2 Prentiss Butler (601.206.3042) prentiss.butler@conduent.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	
	Union	
*Memphis		
AREA 4 Charleston Green (601.359.5500) charleston.green@medicaid.ms.gov	AREA 5 Claudia Odomes "Nicky" (601.572.3276) claudia.odomes@conduent.com	AREA 6 LaShundra Thompson (601.206.2996) lashundra.othello@conduent.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 Katrina Magee (601.572.3298) katrina.magee@conduent.com	AREA 8 Justin Griffin (601.206.2922) Zip Codes (39041-39215) justin.griffin@conduent.com Randy Ponder (601.206.3026) Zip Codes (39216-39296) randy.ponder@conduent.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@conduent.com	AREA 11 Pamela Tillman (601.359.9575) pamela.tillman@medicaid.ms.gov	AREA 12 Connie Mooney (601.572.3253) connie.mooney@conduent.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		
OUT OF STATE PROVIDERS	Tora Monroe (601.206.2929) tora.monroe@conduent.com	

FIELD REPRESENTATIVE REGIONAL MAP

- 1** Jonathan Dixon
(601.206.3022)
- 2** Prentiss Butler
(601.206.3042)
- 3** Clint Gee
(662.459.9753)
- 4** Charleston Green
(601.359.5500)
- 5** Claudia "Nicky" Odomes
(601.572.3276)
- 6** LaShundra Thompson
(601.206.2996)
- 7** Katrina Magee
(601.572.3298)
- 8** Randy Ponder
(601.206.3026)
Justin Griffin
(601.206.2922)
- 9** Joyce Wilson
(601.359.4293)
- 10** Porscha Fuller
(601.206.2961)
- 11** Pamela Tillman
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- 12** Connie Mooney
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If you have any questions related to the topics in this bulletin, please contact Conduent 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

SEPTEMBER 2017

MON, SEP. 4 Checkwrite; Labor Day; DOM Closed

WED, SEP. 6 MSCAN Workshop; Raymond, MS

THURS, SEP. 7 EDI Cut Off - 5:00 p.m.

MON, SEP. 11 Checkwrite

THURS, SEP. 14 EDI Cut Off - 5:00 p.m.

MON, SEP. 18 Checkwrite

TUES, SEP. 19 Medicaid Evolution Fee-for-Service Workshop Southaven, MS

WED, SEP. 20 Medicaid Evolution Fee-for-Service Workshop Tupelo, MS

THURS, SEP. 21 EDI Cut Off - 5:00 p.m.

MON, SEP. 25 Checkwrite

THURS, SEP. 28 EDI Cut Off - 5:00 p.m. Medicaid Evolution Fee-for-Service Workshop Greenwood, MS

OCTOBER 2017

MON, OCT. 2 Checkwrite

TUES, OCT. 3 Medicaid Evolution Fee-for-Service Workshop Meridian, MS

WED, OCT. 4 Medicaid Evolution Fee-for-Service Workshop Hattiesburg, MS

THURS, OCT. 5 EDI Cut Off - 5:00 p.m.

MON, OCT. 9 Checkwrite

THURS, OCT. 12 EDI Cut Off - 5:00 p.m.

MON, OCT. 16 Checkwrite

THURS, OCT. 19 EDI Cut Off - 5:00 p.m. Medicaid Evolution Fee-for-Service Workshop Biloxi, MS

MON, OCT. 23 Checkwrite

TUES, OCT. 24 Medicaid Evolution Fee-for-Service Workshop Jackson, MS

THURS, OCT. 26 EDI Cut Off - 5:00 p.m.

MON, OCT. 30 Checkwrite

NOVEMBER 2017

THURS, NOV. 2 EDI Cut Off - 5:00 p.m.

MON, NOV. 6 Checkwrite

TUES, NOV. 7 Nursing Facility Training; Oxford, MS

WED, NOV. 8 Nursing Facility Training; Hattiesburg, MS

THURS, NOV. 9 EDI Cut Off - 5:00 p.m. Nursing Facility Training; Jackson, MS

SAT, NOV. 11 Veterans Day

MON, NOV. 13 Checkwrite; Veterans Day (observed)

THURS, NOV. 16 EDI Cut Off - 5:00 p.m.;

MON, NOV. 20 Checkwrite

THURS, NOV. 23 EDI Cut Off - 5:00 p.m.; Thanksgiving Holiday; DOM Closed

FRI, NOV. 24 Thanksgiving Holiday; DOM Closed

MON, NOV. 27 Checkwrite

THURS, NOV. 30 EDI Cut Off - 5:00 p.m.

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.