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March 2018

MS Medicaid PROVIDER BULLETIN





DREW L. SNYDER Interim Executive Director MS Division of Medicaid

We are now well into 2018, and the agency has been undergoing a number of changes in recent months. With this first Provider Bulletin issue of the year, I would like to take the opportunity to introduce myself, and offer some insight into my priorities as the

new head of the Mississippi Division of Medicaid in the Office of the Governor (DOM).

To begin with, my name is Drew L. Snyder, and I was named interim executive director of DOM in December by Governor Phil Bryant. Before joining DOM, I served in several public sector leadership roles, including most recently as Deputy Chief of Staff, Policy Director, and Legal Counsel for Governor Bryant. Prior to that, I was as an Assistant Secretary of State for Delbert Hosemann, and I also practiced law at Hollingsworth LLP in Washington D.C., specializing in complex and multi-district litigation, with a focus on pharmaceutical and medical device matters.

I come to DOM during a time of extraordinary change. In Washington, D.C., Congress continues to contemplate significant reforms to the American health-care system. This year, the section of state law dealing with the types of care and services Medicaid covers is set to expire. The 2018 Mississippi Legislature convened in early January, and legislative action throughout the session could either preserve the course DOM is presently on or dramatically transform how the agency operates. However, I believe extraordinary change brings extraordinary opportunities.

Two key priorities I intend to focus on while leading DOM is to help improve the health outcomes of Mississippians while being fiscally responsible, and strengthening partnerships with our various stakeholder groups. Arguably our most important stakeholder group is the provider community. The Medicaid program simply would not work without the care Mississippi's health-care professionals provide to the people of this state. You play a vital role in the health and wellbeing of more than 748,000 beneficiaries.

I believe the best thing we can do as an agency is to provide outstanding customer service to the public, which includes the beneficiaries we serve, the approximately 30,300 providers who care for them, the roughly three million residents of the state and our partners in government. And I pledge to do so with high integrity. DOM must have integrity in our business processes, compliance obligations, and contracting practices. We must have integrity in our data. And we must have integrity in the way we treat people. In order to be successful, integrity must be at the center of everything we do.

IN THIS ISSUE

Provider Compliance 2-4	4
Medical Transportation Management	
New MississippiCan Contract	6
Newborn Frequently Asked Questions	
Provider Bulletin Subscription	
I I	

Coming Soon! New Provider Enrollment Applica	tion 10
Pharmacy News	10
Provider Field Representatives	
Calendar of Events	12

Snyder Charts New Course for Medicaid Program

The Division of Medicaid's mission is to responsibly provide access to quality health coverage for vulnerable Mississippians. With our partners in the provider community, Medicaid can achieve much more than that. For many lowincome Mississippi children, Medicaid helps lay the foundation for a healthy and successful life. In fact, Medicaid covers about 65 percent of all births in Mississippi, and the services we provide to pregnant mothers are resulting in healthier deliveries. For the elderly and disabled, we provide critical services that ensure quality of life for a vulnerable population, strengthening families and the community. These are just a few examples of the kind of difference the Medicaid program and health-care providers make together in the lives of Mississippians.

Thank you for the work you do every day to serve the State of Mississippi. I look forward to strengthening our communication and collaboration in the months to come.

Attention All Providers

In compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), effective October 1, 2017, the Division of Medicaid will no longer require a secondary mental illness diagnosis when reimbursing for medically necessary services to treat a substance use disorder (SUD). This change does not affect prior authorization requirements.

The final rules under the MHPAEA can be found at: https://www.gpo.gov/fdsys/pkg/FR-2016-03-30/pdf/2016-06876.pdf

For questions related to this change, contact the Division of Medicaid, Office of Mental Health at 601-359-9545.



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 <u>www.ms-medicaid.com</u>.

PROVIDER COMPLIANCE

Attention: Autism Spectrum Disorder Service Providers

On May 24, 2017, the Centers for Medicare and Medicaid Services (CMS) approved Mississippi State Plan Amendment (SPA) 16-0020 Autism Spectrum Disorder (ASD) Services 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 at <u>https://www.medicaid.ms.gov/</u> <u>about/state-plan/approved-state-plan-amendments/</u>.

ENROLLMENT

For more information on how to enroll as a Mississippi Medicaid provider, contact Conduent at 800-884-3222 or go online to <u>ms-medicaid.com/msenvision/index.do</u>. 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: <u>https://www.magnoliahealthplan.com/providers/</u> <u>become-a-provider.html</u>

Molina Healthcare of Mississippi, Inc.

Phone: (877) 902-1207 Online: <u>MHINewMarketsNetDev@Molinahealthcare.com</u>

United Healthcare Phone: (877) 743-8734 Online: uhc.com/provider

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 <u>https://ms-medicaid.com</u>

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 Medicaid, contact eQHealth Solutions (eQHS) at (866) 740-2221 or online using the eQHealth Suite at https://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-forservice, access the Envision Web Portal at <u>https://ms-medicaid.com/msenvision/index.do</u>.
- For more information on how to submit a claim for beneficiaries enrolled with Magnolia Health Plan, contact Cenpatico at (866) 912-6285.
- For 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 are covered for dates of service on or after January 1, 2017. DOM fee schedules are located on the DOM website at <u>https://medicaid.ms.gov/</u> providers/fee-schedules-and-rates/.

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

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



Family Planning Waiver Demonstration Extension Request Approved

The Family Planning Waiver (FPW) demonstration extension request has been approved by the Centers for Medicare and Medicaid (CMS) effective January 1, 2018 through December 31, 2027. The Mississippi FPW is the first ten (10) year demonstration extension in CMS history.

The Mississippi Family Planning demonstration was initially approved on January 31, 2003 and implemented October 1, 2003. The demonstration has been consistently extended since that date. With the January 1, 2015 extension of the demonstration, the state received CMS approval to cover women and men capable of reproducing, ages 13 through 44, with income of no more than 194 percent of the FPL (post Modified Adjust Gross Income conversion) and also to provide family planning related services.

For additional information please review the Division of Medicaid's public website at <u>https://medicaid.ms.gov/medicaid-coverage/who-qualifies-for-coverage/family-planning/</u>.

Attention: Nursing Facilities Save The Date

The Division of Medicaid 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 (CMP) Grant. Several speakers experienced in the nursing home industry will share their expertise and perspectives on developing successful CMP grants. Attendees will be able to speak with industry representatives on products and services devoted to improving care and quality of life for nursing home residents. The seminar will be May 1, 2018, from 8:30 a.m. - 4:30 p.m. at the University of Mississippi Medical Center Conference Center, Jackson Medical Mall, 350 West Woodrow Wilson Drive, Jackson, MS. If your organization is seeking funding from the Centers for Medicare and Medicaid Services for a project benefiting nursing home residents, you are urged to attend this educational seminar. A training flyer with the registration link will be forthcoming from the Mississippi State Department of Health, so save the date. For more information, please call 601-359-6141.

Mississippi Medicaid Provider Billing Handbook

The Mississippi Medicaid Provider Billing Handbook is designed to provide guidance and assistance to providers in submitting beneficiary claims to the Mississippi Division of Medicaid (DOM). The handbook provides step-by-step instructions on completing claim forms to ensure providers are reimbursed in a timely manner for services rendered.

Providers may obtain a hard copy of the handbook at a minimal cost, by contacting the fiscal agent's Provider and Beneficiary Services Unit toll-free at 1-800-884-3222, or an electronic version of the handbook may be downloaded at www.medicaid.ms.gov.

This handbook must be used in conjunction with the Mississippi Administrative Code, Title 23. Key Medicaid reimbursement issues are addressed in the Administrative Code, and fee schedules are also located at <u>www.medicaid.</u> <u>ms.gov</u>.



Medical Transportation Management (MTM) is the state of Mississippi's non-emergency transportation (NET) manager. MTM partners with medical facilities throughout the state of Mississippi to ensure seamless, successful transportation delivery. MTM provides rides free of charge for eligible Medicaid fee-for-service (FFS), end-stage renal disease (ESRD) and Mississippi Coordinated Access Network (MSCAN) beneficiaries throughout the state.

MTM Important Information	MTM Contact Information
MTM Website	https://www.mtm-inc.net/mississippi/
MTM Web Portal for Services	https://smp.mtm-inc.net/
Schedule transportation (FFS/MSCAN)	1-866-331-6004
File a complaint	1-866-436-0457
If your ride is late	1-866-334-3794

CASE MANAGEMENT

MTM has developed a Care Management department for the sole purpose of working with medical facilities that serve beneficiaries. For example, the Care Management team helps facilities by:

- Providing a dedicated point of contact
- Assisting with Level of Need (LON) Assessments
- Providing training and assistance with the Service Management Portal (SMP) and other tools
- Handling difficult or out-of-the-ordinary NET requests
- Managing meals and lodging services, as needed

WHO IS ELIGIBLE FOR NET SERVICES PROVIDED BY MTM?

MTM provides transportation for Medicaid, ESRD and MSCAN beneficiaries throughout the state of Mississippi. Beneficiaries must be attending a covered medical service and have no other way to get there.

MTM's customer service center is open from **7 a.m. to 6 p.m.**, **Monday through Friday** for scheduling routine appointments. Additionally, urgent requests and hospital discharges are taken 24 hours a day, seven days a week. Please call toll-free at 1-866-331-6004 to phone in transportation requests. You may also schedule trips through the SMP tool at any time.

HOW FAR IN ADVANCE DO I NEED TO SCHEDULE NET FOR BENEFICIARIES?

With the exception of hospital discharges and urgent trips, all NET requests must be received **at least three business days prior to the appointment.** This includes the day of the call but not the day of the appointment. For example, you should call on Monday or before to arrange a trip for Thursday. Requests for transport for hospital discharges and urgent trips can be made outside of this timeframe.

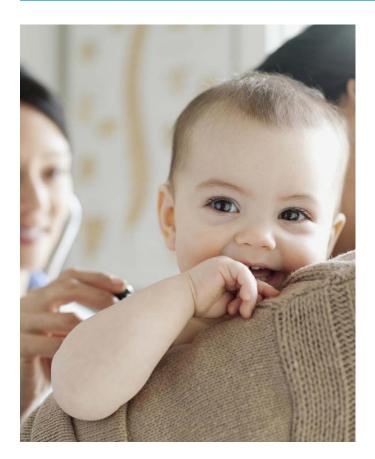
WHAT IS THE SERVICE MANAGEMENT PORTAL (SMP)?

SMP allows medical facilities and health-care providers to arrange transportation for the beneficiaries they serve at their own convenience. Trips are scheduled online <u>www.mtm-inc.</u> <u>net/mississippi</u> in lieu of calling MTM's customer service center. Return rides can be scheduled in advance to pick-up beneficiary within 15 minutes after visit is complete.

If a beneficiary's visit is over and the beneficiary did not schedule a return ride, call MTM's "Where's my Ride" line at 1-866-334-3794. If a driver was called after the appointment and the beneficiary has waited more than one hour to be picked up, call "Where's My Ride".

HOW DO I FILE A COMPLAINT ON THE BEHALF OF A BENEFICIARY?

If you or a beneficiary experiences an issue with NET, call MTM's toll-free WeCare line at 1-866-436-0457 or fill out a Complaint Form online <u>www.mtm-inc.net/mississippi</u>. MTM will follow up on all complaints and contact all parties involved in the scheduling and transport to resolve the issue.



New MississippiCAN Contract

The following Offerors have been awarded the contract for MississippiCAN RFP #20170203:

1. Magnolia Health

Contracting and Network Development Telephone 866.912.6285 <u>Richard.B.Enis@centene.com</u> <u>www.MagnoliaHealthPlan.com</u> <u>magnoliacredentialing@centene.com</u> <u>https://www.magnoliahealthplan.com/providers/becomea-provider.html</u>

2. Molina Healthcare of Mississippi, Inc. Contracting and Network Development Telephone 877-902-1207 <u>MHINewMarketsNetDev@Molinahealthcare.com</u>

3. UnitedHealthcare of Mississippi, Inc.

Contracting and Network Development Telephone 866-574-6088 J Parnell@uhc.com unitedhealthgroup.com www.CAQH.org <u>www.uhccommunityplan.com</u> >Provider Forms <u>www.CAQH.org</u> >CAQH ProView (888-599-1771)

Coordinated Care Organizations (CCOs) Magnolia, Molina, and UnitedHealthcare will be contacting Mississippi Medicaid providers for enrollment into their networks. This new MississippiCAN contract will not be operational until October 1, 2018, which is:

- the effective date of Member enrollment with new CCO,
- the effective date that providers may begin filing claims with new CCO, and
- the date that service authorizations begin with new CCO.

Newborns Frequently Asked Questions (FAQs)

1. What is the timeframe for receiving a Medicaid Beneficiary ID number for Newborns?

Infants born to Medicaid–eligible mothers are eligible for the first (1st) year of the infant's life provided the mother was eligible during her pregnancy and the child lives with her. These are considered Deemed Newborns.

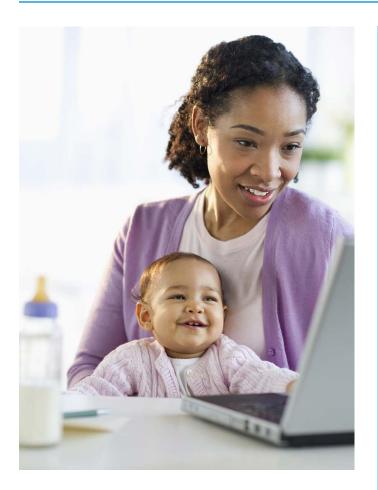
- The hospital must notify the Mississippi Division of Medicaid within five (5) calendar days of a newborn's birth using the Newborn Enrollment Form located on the Mississippi Division of Medicaid's website.
- The Mississippi Division of Medicaid will notify the provider within five (5) business days of receipt of form of the newborn's permanent Medicaid identification (ID) number.

Infants born to non-Medicaid-eligible mothers at the time of birth must obtain a Medicaid identification (ID) number by submitting an application to the appropriate Medicaid Regional office. If eligibility criteria are met and there are unpaid bills, eligibility may be established for as much as three (3) months prior to the date of application.

2. Please consider creating a tracking number for Newborn Enrollment Forms submitted in the Envision web portal.

At this time, no tracking system is available for these forms.

3. Why are Newborn and Mother not linked to the same CCO?



Newborns born to a Medicaid mom who is currently enrolled in MississippiCAN will automatically be placed in the same plan as the mother usually, but not always.

Occasionally, a child is not placed in the same CCO as the mom. Since this is an automated process, there are various reasons for a child not to be placed in the same plan:

- Newborn forms not submitted timely or appropriately
- Non-Medicaid eligible mother
- Retroactive Medicaid eligible mothers and Hospital
 Presumptive Eligibility (HPE)
- Newborn name changes
- SSI newborns eligibility

4. What is the timeframe for retrospective review authorization for Newborns?

A Retrospective Review is a review for medical necessity after services are initiated or a member retroactively switches to another payer after services are initiated/rendered.

Requests for retrospective reviews will be considered in extenuating circumstances (i.e. retroactive eligibility of

newborns, out of state non-Mississippi Medicaid provider, or other)

Services requiring prior authorization provided during the period of retroactive eligibility cannot be denied due to failure to secure prior authorization. Authorization for such services must be obtained before reimbursement is made.

Please note that in instances in which the member is assigned to a different payer than the payer assigning authorization, then the provider must contact the assigned payer and provide documentation of previous authorization.

The Contractor shall have the capability and established procedures to receive Retrospective Review requests and conduct prepayment reviews. The Contractor shall ensure determinations for Retrospective Reviews are completed ninety-eight percent (98%) of the time within twenty (20) business days of receipt.

5. When a baby is in the NICU and authorization is required, what Medicaid number is used when the baby does not have its own number?

DOM no longer processes authorizations or claims based on the Newborn Mother's Medicaid number. The Medicaid number for the Newborn must be used for medical payments.

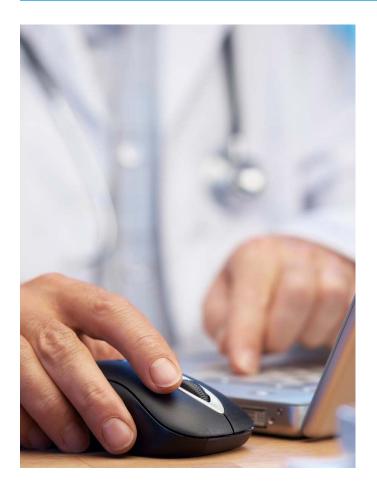
However, when there is an immediate need for medication for the Newborn, please contact DOM Pharmacy or CCO Pharmacy departments. <u>https://medicaid.ms.gov/wp-content/</u> <u>uploads/2015/12/Mississippi-Medicaid-pharmacy-contact-andbilling-information.pdf</u>

6. Why are there so many medical record requests for NICUs?

Some reasons for Record Requests:

- Use of the TH modifier
- Incongruence between hospital and professional charges
- Abnormal Evaluation & Management (E&M) CPT code distribution
- Billing of CPT codes with uncommonly linked ICD codes
- 7. How are the CCOs linking the Newborn Medicaid ID number to the Authorization number for the claim to adjudicate timely?

Claims cannot be processed without the Newborn Medicaid ID number.



Claims can be processed without an authorization number when deliveries do not exceed federally mandated timeframe. Claims cannot be processed without an authorization number when:

- Deliveries exceed federally mandated timeframe; however, notification is required within one (1) business day of mother's admission for delivery;
- Newborn is not a well baby;
- Continued or concurrent stay; or
- Retrospective reviews are required.

How should an authorization be submitted to **CCO-UHC**? Authorizations can be submitted one of three ways:

- Submitted via Link at <u>UnitedHealthcareOnline.com</u>, select Notifications/Prior Authorizations, follow the prompts and complete the inquiry form, click submit.
- Submitted by calling 866-604-3267
 - Monday-Friday 8 a.m. 5 p.m. CST
 - o 24 hours a day for emergencies
- Faxed to 888-310-6858

WHAT'S NEW?



What Is Late Breaking News and Where Can I Find It?

Late Breaking News (LBN) is a valuable resource for providers to receive the most up to date information related to Medicaid claims

processing. Providers are encouraged to visit the web site on a daily basis for an up-to-date list of processing changes and recommended resolutions.

LBN postings also contain information on mass adjustments of claims reprocessing as a result of associated systems enhancements, changes and policy updates.

The Late Breaking News link can be found at: http://msmedicaid. acs-inc.com/- located on the homepage of the Mississippi Envision Web Portal under the Late Breaking News section.

Assistance for Providers

Provider and Beneficiary support staff is available to assist providers in various ways and can be reached at 1-800-884-3222. Questions regarding claims status, explanations of denials, provider enrollment inquiries, and assistance from EDI can be addressed immediately Monday through Friday 8 a.m. to 5 p.m. Inquiries can also be sent 24 hours a day, 7 days a week, and 365 days a year via the Envision Web portal at http:// msmedicaid.acs-inc.com by logging on and selecting "Ask Provider Relations."

Provider Field Representatives are available to assist providers with large complex issues and are also available to conduct policy, program, and software training. Should you experience complex issues or need training, please call or email the appropriate representative. Provider Representatives work in the field two to three days each week and are not always available immediately, but they return calls and email within 24 to 48 hours.

In an effort to safeguard Protected Health Information (PHI), claims should not be mailed to provider representatives. All claims should be mailed to

Xerox State Healthcare, LLC P.O. Box 23076 Jackson, MS 39255

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, enewsletter or both.

Below are the ways to subscribe to receive DOM's **<u>FREE</u>** quarterly Provider Bulletin publication:

- ✓ Visit our website at <u>https://medicaid.ms.gov/providers/provider-resources/provider-bulletins</u> 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

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Provider / Association:	
Medicaid Provider Number (if enrolled	d):
Contact Person:	
Phone Number:	
Email Address:	
Mailing Address:	
City / State / Zip Code:	
	1
How would you li	ike to receive the Provider Bulletin?
\Box Printed and mail	ed copy 🛛 E-Newsletter 🔲 Both

COMING SOON!!!!!! UPDATED PROVIDER ENROLLMENT APPLICATION

On May 07, 2018, the Division of Medicaid (DOM) will roll out its Updated Mississippi Medicaid Provider Enrollment Application that has been revised to collect additional information required for enrollments. It is also anticipated that the updated enrollment application will be more efficient by:

- Employing a user-friendly format to streamline information entry and
- Eliminating entry of duplicate information

Any online applications that were started and saved via the web portal must be completed and submitted before May 7, 2018. Saved web applications which are not submitted by May 7, 2018, will be cancelled and a new application must be submitted.

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



PHARMACY NEWS



Pharmacy Reimbursement Reminder to Pharmacy Providers

Providers with questions concerning pharmacy reimbursement are encouraged to call the Office of Pharmacy at 601-359-5253, Option 4, or visit the Pharmacy Reimbursement webpage at <u>https://medicaid.ms.gov/providers/pharmacy/pharmacy-reimbursement/</u>.

Please contact the National Average Drug Acquisition Cost (NADAC) Help Desk for assistance with the NADAC survey or to provide notification of recent drug price changes that are not reflected in the posted Centers for Medicare and Medicaid Services (CMS) NADAC rate files.

NADAC Help Desk Toll free: (855) 457-5264 E-mail: <u>info@mslcrps.com</u> Fax: (844) 860-0236

Please note that the NADAC Help Desk will not address pharmacy inquiries related to specific state claim reimbursement questions or concerns.

PROVIDER FIELD REPRESENTATIVES

AREA 1	AREA 2	AREA 3
Jonathan Dixon (601.206.3022)	Prentiss Butler (601.206.3042)	Clint Gee (662.459.9753)
jonathan.dixon@conduent.com	prentiss.butler@conduent.com	<u>clinton.gee@medicaid.ms.gov</u>
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	AREA 5	AREA 6
Charleston Green (601.359.5500)	Claudia "Nicky" Odomes (601.572.3276)	LaShundra Thompson (601.206.2996
charleston.green@medicaid.ms.gov	<u>claudia.odomes@conduent.com</u>	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)	AREA 9 Patricia Collier (601-359-3345) patricia.collier@medicaid.ms.gov
<u>Ratina inagece conductiticom</u>	Zip Codes (39216-39296)	·
	<u>randy.ponder@conduent.com</u>	
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
	Walthall	STOLE
	vvalulali	
Perry Smith		
Smith Wayne		Mobile, AL

CONDUENT P.O. BOX 23078 **JACKSON, MS 39225**

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

PRSRT STD U.S. Postage Paid Jackson, MS Permit No. 53

MARCH 2018

THURS, MARCH 1	EDI Cut Off - 5:00 p.m
MON, MARCH 5	Checkwrite
THURS, MARCH 8	EDI Cut Off - 5:00 p.m.
MON, MARCH 12	Checkwrite
THURS, MARCH 15	EDI Cut Off - 5:00 p.m.
MON, MARCH 19	Checkwrite
THURS, MARCH 22	EDI Cut Off - 5:00 p.m.
MON, MARCH 26	Checkwrite
THURS, MARCH 29	EDI Cut Off - 5:00 p.m.

APRIL 2018

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MON, APRIL 2	Checkwrite
THURS, APRIL 5	EDI Cut Off – 5:00 p.m.
MON, APRIL 9	Checkwrite
THURS, APRIL 12	EDI Cut Off – 5:00 p.m.
MON, APRIL 16	Checkwrite
THURS, APRIL 19	EDI Cut Off – 5:00 p.m.
MON, APRIL 23	Checkwrite
THURS, APRIL 26	EDI Cut Off – 5:00 p.m.
MON, APRIL 30	Confederate Memorial Day; DOM Closed; Checkwrite

MAY 2018

TUES, MAY 1	Department of Health Licensure & Certification; Nursing Home Provider Training Seminar
THURS, MAY 3	EDI Cut Off – 5:00 p.m.
MON, MAY 7	Checkwrite
	Updated Medicaid Provider Enrollment; Application – Go Live date!
THURS, MAY 10	EDI Cut Off – 5:00 p.m.
MON, MAY 14	Checkwrite
THURS, MAY 17	EDI Cut Off – 5:00 p.m.
MON, MAY 21	Checkwrite
THURS, MAY 24	EDI Cut Off – 5:00 p.m.
MON, MAY 28	Memorial Day; DOM Closed; Checkwrite
THURS, MAY 31	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 <u>www.ms-medicaid.com</u>. Funds are not transferred until the following Thursday.