Volume 26, Issue 2 September 2020

# MS Medicaid PROVIDER BULLETIN

MISSISSIPPI DIVISION OF MEDICAID

**DREW L. SNYDER**
*Executive Director*
*MS Division of Medicaid*

## Boosting Rates for Emergency Ground Ambulance Transportation

Throughout much of the year, many of the Medicaid policy and delivery changes we have implemented at the Mississippi Division of Medicaid (DOM) have been directly related to the COVID-19 pandemic, such as the extension of telehealth services. However, that has not stopped us from pursuing common-sense improvements that enhance the Medicaid experience for our stakeholders.

Most recently, we have worked in cooperation with the Mississippi State Department of Health (MSDH) to increase the Medicaid reimbursement rate for emergency ground ambulance transportation.

Previously these rates were calculated at 70% of the Medicare rate. A collaborative agreement with MSDH will make it possible for those reimbursements to be calculated at 100% of the Medicare rate, resulting in an estimated increase of $7.8 million per year at no additional cost to the state.

One of my priorities at DOM has been to develop strong partnerships with the roughly 30,300 providers around the state. Wherever possible, I want to reduce unnecessary administrative burdens while enhancing value to taxpayers and consumers. In this case, we are maximizing the use of federal funds to support a critical service.

While we are still weathering the COVID-19 pandemic, we are continuing to move forward as an agency.

### Budget Outlook for SFY 2020

As state fiscal year (SFY) 2020 wrapped up at the end of June, lawmakers hammered out the details of the Mississippi Division of Medicaid's (DOM) budget appropriation for SFY 2021, which began July 1. Those details include a state support appropriation of $899 million, which is 3.4% less than what we were budgeted for SFY 2020. By comparison, our initial budget request for SFY 2021 was $979 million.

Lawmakers have had to adjust to the fact that state tax revenues plunged in April during the statewide shutdown, meaning many agencies will have to make do with tighter budgets in the current fiscal year.

*continued on page 2*

## IN THIS ISSUE

However, DOM is in a good position, thanks to our enhanced federal match rate. In an effort to help states respond to the public health emergency, the Families First Coronavirus Response Act increased the Federal Medical Assistance Percentage (FMAP) rate for Medicaid programs for the duration of the outbreak. The impact in Mississippi is an increase from 76.98% to 83.18%. That should help us weather the storm despite an uptick in enrollment.

Meanwhile, we are continually adapting to the unfolding COVID-19 outbreak, and our workforce is doing its best to slow the spread of coronavirus. Many of our emergency policies will remain in place until the end of the public health emergency. For information and updates, please visit https://medicaid.ms.gov/corona-virus-updates/.


## 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

## Emergency Telehealth Policy

As the state continues to combat the COVID-19 outbreak, the Mississippi Division of Medicaid (DOM) extended its coverage of enhanced telehealth services through the end of the public health emergency. The policy improves access for beneficiaries by allowing them to receive telehealth services in their homes without a telepresenter present, cutting back on unnecessary travel, clinic visits and possible exposure. Beneficiaries can use their cell phones, computers or other devices to receive care from a DOM-approved distant-site provider. For more information, view the Emergency Telehealth Policy and FAQs at: https://medicaid.ms.gov/coronavirus-updates/.

## Attention: Hospital Providers Inpatient Authorization Process

Effective September 1, 2020, hospital providers will be required to adhere to the outlined timeframe for requesting authorizations from the Division of Medicaid (DOM) Utilization Management and Quality Improvement Organization (UM/QIO), Alliant Health Solutions. Nothing in this notification will supersede DOM authorization process for Maternity related services or Newborns.

**Elective or Non-Emergency Inpatient Admission**

- The provider shall request authorization for Elective or Non-Emergency Inpatient Admission from Alliant. Prior authorization must be obtained at least one (1) to three (3) business days before admission.

**Emergency Inpatient Admission**

- The provider must request authorization for an Emergency Inpatient Admission within one (1) business day of admission.

**Continued Stay Review**

- Provider must request a continued stay review within 2 business days prior to the expiration of the authorization but no later than 1 business day after the expiration of the authorization.

**Retrospective Review**

- Requests for post service reviews will be considered when prior authorization was not obtained due to extenuating circumstances. (i.e., beneficiary was unconscious upon arrival, acts of nature impairing the provider's ability to verify the beneficiary coverage/eligibility status, services authorized by another payer who subsequently determined member was not eligible at the time of service, etc.)

More information regarding DOM policy can be found at https://medicaid.ms.gov/.

For assistance with authorization requests, please visit Alliant Health Solutions website at https://ms.allianthealth.org/.

## HOSPITAL INPATIENT APR-DRG ALERT – July 1, 2020 Updates

The Mississippi Division of Medicaid (DOM) is proposing the following changes to the hospital inpatient APR-DRG payment methodology effective for the payment of hospital inpatient claims for discharges on and after July 1, 2020:

The following APR-DRG parameters will be updated:

a. Base Payment – will change from $6,574 to $6,590
b. Pediatric mental health policy adjustor – will change from 2.00 to 1.95
c. Adult mental health policy adjustor – will change from 1.60 to 1.50
d. DRG Cost Outlier Threshold – will change from $47,000 to $53,500

# PROVIDER COMPLIANCE

DOM estimates the overall impact of the above changes will be a savings of $2,846,599 in state and federal funds, which DOM intends to invest in community based mental health services. This savings represents less than 0.5% of the DOM hospital inpatient budget.

Due to significant changes in the clinical logic and relative weights from version 35 to version 37 of the 3M APR-DRG grouper, DOM will not update to version 37 on July 1, 2020. The changes to the logic and weights in version 37 would have a substantial impact on hospital reimbursement; as a result DOM has decided to remain on version 35 of the APR-DRG grouper and weights for an additional year in order to maintain stability in DRG payments. DOM will assess the impact of version 38 of the APR-DRG grouper and weights when they are released in October 2020 and will consider whether to update to that version or move to Mississippi specific weights until the 3M weights better reflect relative costs in the Mississippi Medicaid population.

Please keep in mind that hospitals are not required to purchase 3M software for payment of claims; however, all hospitals that have purchased the 3M software should ensure their internal systems are updated to reflect all changes that occur for hospital discharges beginning on and after July 1, 2020.

The APR-DRG Provider Update Presentation and other APR-DRG materials for July 1, 2020 is available on the DOM website https://medicaid.ms.gov/providers/reimbursement/.

## Important Updates for Private Duty Nursing Providers

The Division of Medicaid (DOM) final filed the Administrative Code for Private Duty Nursing (PDN) and Personal Care Service (PCS) providers that will be effective July 1, 2020 and can be viewed on DOM's Final Administrative Code Filings page. PDN and PCS are for early and periodic screening, diagnosis and treatment (EPSDT) eligible beneficiaries, when medically necessary and prior authorized by the Utilization Management and Quality Improvement Organization (UM/QIO). Failure to obtain prior authorization will result in denial of payment. DOM is contracted with Alliant Health Solutions as the UM/QIO vendor, responsible for determining medical necessity for fee-for-service (FFS) beneficiaries. Please refer to Alliant Health Solutions' provider portal https://ms.allianthealth.org/ or call Alliant directly at 1-888-224-3067.

| Procedure Code | Description of Service | Reimbursement Rate per Unit | Required Modifier |
|---|---|---|---|
| S9122 | Certified Nurse Assistant (CNA), Providing Care in the Home | $17.26 | N/A |
| S9123 | Nursing Care, in the Home; by a Registered Nurse (RN), Per Hour | $32.41 | EP |
| S9123 | Nursing Care, in the Home; by a Registered Nurse (RN), Per Hour | $51.00 | TG- Home Ventilator Dependent |
| S9124 | Nursing Care, in the Home; by a Licensed Practical Nurse (LPN), Per Hour | $26.00 | EP |

Please refer to DOM's public website to view current fee schedules. The Envision Interactive Fee Schedule is a helpful resource to look up individual procedure codes based on date of service. https://medicaid.ms.gov/providers/fee-schedules-and-rates/. If you have any questions, please contact Conduent Provider and Beneficiary Services at 1-800-884-3222.

# Important Notice to Community Mental Health Service Providers

On August 28, 2020, the Division of Medicaid submitted the proposed State Plan Amendment (SPA) 20-0022 Mental Health Coverage and Reimbursement. Contingent upon approval from the Centers for Medicare and Medicaid Services, this SPA will be effective September 1, 2020.

This SPA includes several enhancements, including, but not limited to, the following: a) Allowing a more innovative approach to providing Intensive Outpatient Psychiatric services, b) Allowing providers of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) community mental health services to provide services to non-EPSDT beneficiaries, c) Adding coverage and reimbursement of Acute Partial Hospitalization in the outpatient hospital setting or free standing psychiatric unit, a private psychiatric clinic or other provider certified by the DMH or other appropriate entity as determined by the Division of Medicaid, d) Adding language to ensure that community mental health services are covered for beneficiaries with a substance use disorder, e) Removing annual service limits for Crisis Response Services and Medication Administration, and f) Increasing the rate for Mental Health Assessments by a non-physician to 90% of the Medicaid physician rate for Psychiatric Diagnostic Evaluations.

Providers are encouraged to review these enhancements or changes at the following link: https://medicaid.ms.gov/wp-content/uploads/2020/08/MS-SPA-20-0022-Mental-Health-Services-and-Reimbursement-Public-Notice.pdf.

If you have any program questions, please contact the Office of Mental Health at 601-359-9545.

# Attention All Elderly and Disabled (E&D) Waiver Case Management Providers

## *RATE CHANGE!*

For dates of service on or after July 1, 2020, the rate for Case Management (T2022) has been changed to $195.14 per month. As a reminder, Elderly and Disabled Waiver services must always be billed with a U1 modifier.

# Durable Medical Equipment Providers – Clarification for Wheelchair Code E1220

Durable Medical Equipment (DME) providers are reminded that Healthcare Common Procedure Coding System (HCPCS) code E1220 can only be billed when there is no HCPCS code or combination of HCPCS codes which adequately describes the components and/or accessories of a specially sized or constructed (Custom) wheelchair. Code E1220 is a bundled code which only includes those components and/or accessories with no HCPCS code or combination of HCPCS codes assigned that adequately describe(s) these items for a specially sized or constructed wheelchair. Components and/or accessories used to construct the wheelchair that have an assigned HCPCS code with a fee on file, must be billed separately by the HCPCS code.

E1220 is specific to one chair type and should not be used in combination with other wheelchair codes. Wheelchairs other than E1220 that require additional items which have no codes or combination of codes that adequately describe the items required for that chair would utilize code E1399 - Durable Medical Equipment Miscellaneous.

# Patient Driven Payment Model Update: Attention Nursing Facility Providers

On May 15, 2020, CMS updated the minimum data set (MDS) 3.0 item sets (version 1.17.2) to support the calculation of Patient Driven Payment Model (PDPM) case mix groups on all Omnibus Budget Reconciliation Act (OBRA) assessments. Through this update, CMS has provided states the option to begin requiring and collecting the necessary MDS fields to categorize OBRA MDS assessments submissions within the PDPM resident classification system.

The Division of Medicaid (DOM) has made the determination that beginning October 1, 2020, Mississippi will begin requiring the completion and

submission of the 28 MDS item set fields associated with PDPM on all OBRA nursing home comprehensive (NC) and quarterly (NQ) MDS assessment submissions. These additional fields are located in Sections GG, I and J. DOM believes this is a necessary step toward the PDPM classification system as an alternative for the Resource Utilization Group-IV (RUG-IV) classification system that is utilized today as the basis for the case mix reimbursement system.

It should be noted that the MDS fields necessary for PDPM and RUG resident classification are available on both the standard NC and NQ MDS item sets, and as such providers will **NOT** need to file an Optional State Assessment (OSA) at this time.

## Cost Report Filing Extension

The Division of Medicaid (DOM) will extend the due date for filing cost reports for following year ends:

| Fiscal Year End | Cost Report Due Date |
|---|---|
| December 31, 2019 | August 31, 2020 |
| January 31, 2020 | August 31, 2020 |
| February 29, 2020 | September 30, 2020 |

Long Term Care cost reports should use the latest cost report instructions and integrated cost report forms located on the Division of Medicaid's website at https://medicaid.ms.gov/resources/forms/. Hospital cost reports must be prepared in accordance with the methods of reimbursement and cost finding in accordance with Title XVIII (Medicare) Principles of Reimbursement, as described in the Medicare Provider Reimbursement Manual, 15-1, or as modified by Chapter 2, Cost Reporting and Cost Finding, of the Mississippi Title XIX Inpatient Hospital Reimbursement Plan.

These cost reports should be submitted electronically through the Cost Report Database Portal at https://mississippicostreports.mslc.com/. Registration documents, user guide and trainings on the web portal (recording & slides) can be found at https://www.mslc.com/mississippi/CRReviewResources.aspx. If you have additional questions beyond any of the materials mentioned, please email Myers and Stauffer at MS_Web_Portal@mslc.com.

# PHARMACY NEWS

## NCPDP Field Required on CII prescriptions, effective September 21, 2020

On January 24, 2020, the CMS-0055-F final rule regarding a modification to the use of the Telecommunication D.0 Standard was published in the Federal Register. This final rule is not a modification of the standard itself. The modification to the NCPDP D.0 Standard involves treating Quantity Prescribed (460-ET) as required when the transmission is for a Schedule II controlled substance as defined in 21 CFR 1308.12. This modification enables covered entities to clearly distinguish in a HIPAA retail pharmacy transaction if a prescription is a "partial fill" where less than the full amount prescribed is dispensed under the CARA provision. This is a modification to ensure information is available to help prevent impermissible refills of Schedule II drugs and to yield better data for researchers to enhance understanding of prescribing trends. CMS believes this modification will assist with addressing the public health concerns associated with prescription drug abuse in the United States.

**CMS-0055-F, EFFECTIVE DATE:** March 24, 2020
This is the date covered entities can begin using the Quantity Prescribed field for Schedule II prescriptions.

**CMS-0055-F, COMPLIANCE DATE:** September 21, 2020
This is the date that all covered entities must require this field for all Schedule II prescriptions.

On September 21, 2020, pharmacy providers must enter a value in the 'Quantity Prescribed' field (460-ET) on all Schedule II prescription claims. Requiring the Quantity Prescribed field will allow for calculations in pharmacy systems so that the total quantity dispensed of a Schedule II controlled substance does not exceed the quantity prescribed.

# PHARMACY NEWS

## OTC List Revision

DOM maintains two Covered OTC Lists. In July 2020, these lists underwent a few minor edits. These changes were made to make these lists more user-friendly for Medicaid providers.

There are two OTC lists: (1) the master list, which lists all covered OTC drugs found at https://medicaid.ms.gov/providers/pharmacy/pharmacy-resources/ and (2) the NDC-specific list found at https://www.ms-medicaid.com/msenvision/

Covered OTC drugs which fall in therapeutic classes found on the Preferred Drug List (PDL) are no longer listed on the NDC-specific list although they remain covered. Providers should consult the PDL to ascertain which covered OTC drugs are preferred and nonpreferred.

## FDA- Updated Insulin Pen Dispensing Requirements

The purpose of this notice is to update the insulin pen article that appeared in the pharmacy section of the September 2019 Mississippi Medicaid Provider Bulletin, Volume 25, Issue 3.

On November 15, 2019, the FDA published updated labeling of insulin pen boxes due to a Tracked Safety Issue (TSI) related to insulin pen products and medication errors (packaging/dispensing confusion). The FDA's key reason for the change was for safety purposes. Open boxes may prevent beneficiaries from receiving all of the appropriate labeling or product pamphlets and could lead to adverse events.

The new wording required on the package insert of boxes of insulin pens is found in Section 16.2, and states, "Dispense in the original sealed carton with the enclosed Instructions for Use". Your supply chain and inventory management will dictate when you start seeing the revised product labeling, if you haven't already.

This provider notice is intended to assist pharmacists with appropriate submission of claims for unopened boxes of insulin pens dispensed to fee for service, MSCAN and MSCHIP beneficiaries.

The Division of Medicaid (DOM) requires that all drugs be prescribed in a full month's supply which may not exceed a thirty-one (31) day supply. However, Medicaid allows for the following exceptions:
Drug products where the only available package size of the product is one that exceeds the thirty-one (31) days' supply limit. . .

- Insulin pen cartridge boxes are considered to fall under the exceptions as stated in DOM Administrative Code Title 23, Part 214, Rule 1.6: Prescription Requirements: https://www.medicaid.ms.gov/wp-content/uploads/2014/01/Admin-Code-Part-214.pdf

Pharmacy providers should bill an accurate days' supply (on original claims and subsequent refills) based on the prescribed quantity - according to the prescriber's directions found on the prescription. If a larger quantity is required to satisfy the prescribed directions, a new prescription may need to be obtained from the prescriber. It is important that the actual days' supply be submitted on prescription claims for insulin pens.
The Insulin Pen Quantity Limit List can be found on DOM's website at: https://medicaid.ms.gov/wp-content/uploads/2019/02/INSULIN-Products-w-QTY-Limits.pdf

OFFICE OF THE GOVERNOR
Walter Sillers Building | 550 High Street, Suite 1000 | Jackson, Mississippi 39201

MISSISSIPPI DIVISION OF MEDICAID

# MississippiCAN and CHIP Provider Survey

**Name:** _____ **Facility:** _____ **Phone:**_____

We need your help to tell us how well the MississippiCAN and CHIP programs are performing. Please take a few minutes to complete this survey by placing a checkmark beside your response. If you have any questions, please contact the Office of Coordinated Care (601) 359-3789. Please forward Provider Satisfaction surveys to: MississippiCAN.Quality@medicaid.ms.gov

1. Describe your overall experience with the MississippiCAN/CHIP program?
   ☐ Good ☐ Fair ☐ Poor
2. Which MississippiCAN network are you enrolled?
   ☐ Magnolia ☐ United ☐ Molina ☐ All
3. Which CHIP network are you enrolled?
   ☐ United ☐ Molina ☐ All
4. How often do you receive notification of changes from the Health Plans?
   ☐ Monthly ☐ Quarterly ☐ Annually
5. How often do you check eligibility for your patients?
   ☐ Daily ☐ Weekly ☐ Monthly ☐ At time of visit
6. Do you utilize the Health Plans' web portal?
   ☐ Yes ☐ No
7. Do you receive a member roster panel from the Health Plans?
   ☐ Yes ☐ No
8. Do you know your provider representative with the Health Plans and does your provider representative visit your facility?
   ☐ Yes ☐ No
9. Have you seen improvement in the quality of care with the Mississippi beneficiaries?
   ☐ Improved ☐ Somewhat Improved ☐ Not Improved
10. Claims are processed in a timely manner. ☐ Agree ☐ Disagree
11. Claims' inquiries are answered promptly by the Health Plan. ☐ Agree ☐ Disagree
12. The Health Plan's Prior Authorization process works efficiently. ☐ Agree ☐ Disagree
13. Denial notifications provide clearly defined denial reasons. ☐ Agree ☐ Disagree
14. Claims are paid at the correct rates (no less than Medicaid's). ☐ Agree ☐ Disagree
15. The Provider Grievance and Appeals process is effective. ☐ Agree ☐ Disagree
16. My facility is familiar with and refers patients to the CCO's Disease and Care Management programs. ☐ Agree ☐ Disagree
17. The provider workshops are beneficial for my type of practice. ☐ Agree ☐ Disagree

**If you disagreed with any of the questions above, please provide your comments for improvement.**

Comments: _____

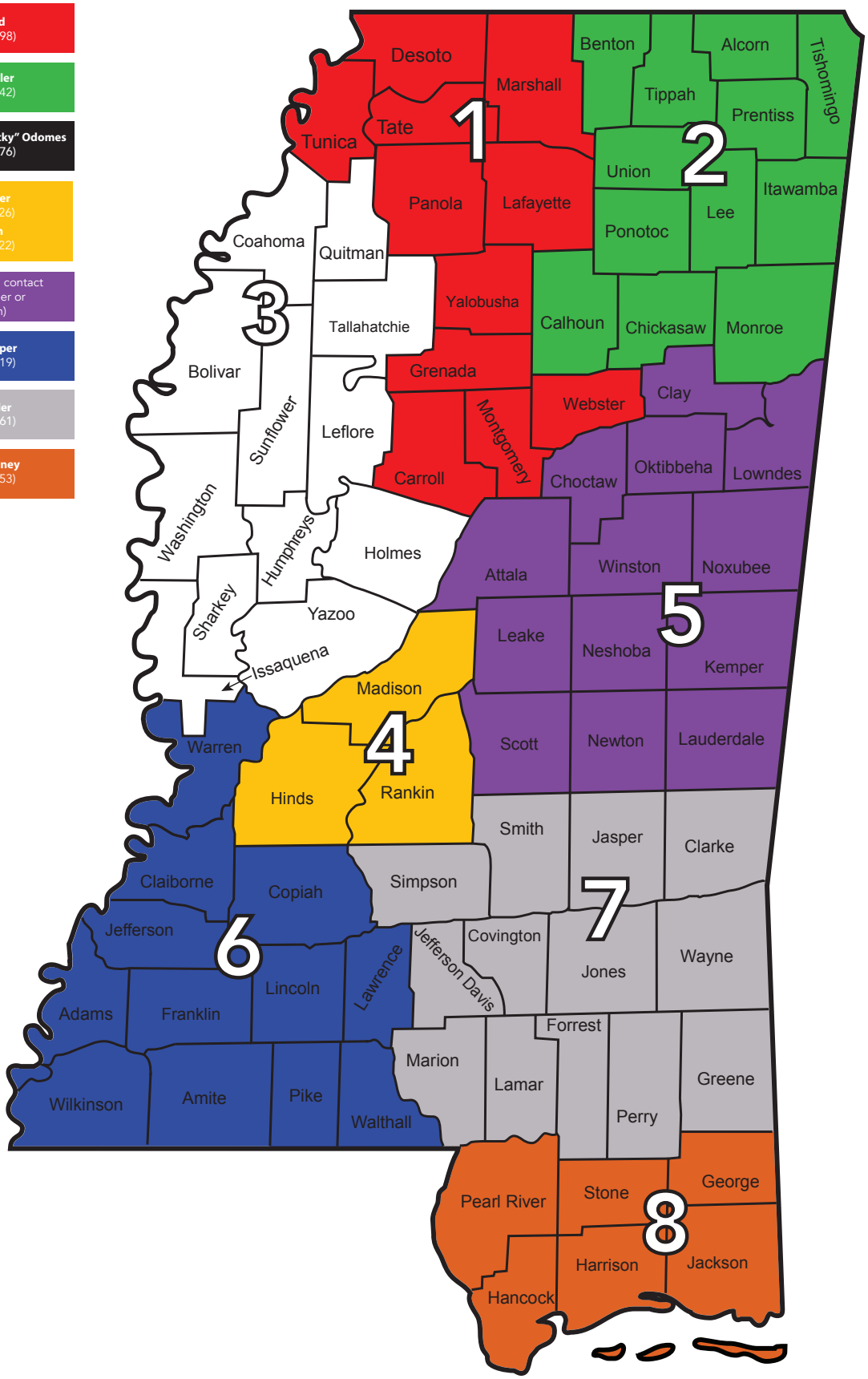
_____

_____

_____

# FIELD REPRESENTATIVE REGIONAL MAP

| | |
|---|---|
| 1 | **Latasha Ford** (601.572.3298) |
| 2 | **Prentiss Butler** (601.206.3042) |
| 3 | **Claudia "Nicky" Odomes** (601.572.3276) |
| 4 | **Randy Ponder** (601.206.3026)<br>**Justin Griffin** (601.206.2922) |
| 5 | **TBA** (interim contact Randy Ponder or Justin Griffin) |
| 6 | **Erica G. Cooper** (601.206.3019) |
| 7 | **Porscha Fuller** (601.206.2961) |
| 8 | **Connie Mooney** (601.572.3253) |



# PROVIDER FIELD REPRESENTATIVES

| PROVIDER FIELD REPRESENTATIVE AREAS BY COUNTY | | |
|---|---|---|
| **AREA 1**<br>**Latasha Ford (601.572.3298)**<br>Latasha.Ford@conduent.com | **AREA 2**<br>**Prentiss Butler (601.206.3042)**<br>prentiss.butler@conduent.com | **AREA 3**<br>**Claudia "Nicky" Odomes (601.572.3276)**<br>claudia.odomes@conduent.com |
| **County** | **County** | **County** |
| Desoto | Benton | Coahoma |
| Tunica | Tippah | Quitman |
| Tate | Alcorn | Bolivar |
| Panola | Tishomingo | Sunflower |
| Marshall | Prentiss | Leflore |
| Lafayette | Union | Tallahatchie |
| Yalobusha | Lee | Washington |
| Grenada | Pontotoc | Sharkey |
| Carroll | Itawamba | Humphreys |
| Montgomery | Calhoun | Yazoo |
| Webster | Chickasaw | Holmes |
| | Monroe | Issaquena |
| ***Memphis** | | |
| **AREA 4**<br>**Justin Griffin (601.206.2922)**<br>justin.griffin@conduent.com<br>**Randy Ponder (601.206.3026)**<br>randy.ponder@conduent.com | **AREA 5**<br>**TBA (interim contact**<br>**Randy Ponder or Justin Griffin)** | **AREA 6**<br>**Erica G. Cooper (601.206.3019)**<br>ERICA.Cooper@conduent.com |
| **County** | **County** | **County** |
| Hinds | Clay | Warren |
| Rankin | Oktibbeha | Claiborne |
| Madison | Choctaw | Jefferson |
| | Attala | Adams |
| | Leake | Franklin |
| | Scott | Wilkinson |
| | Lowndes | Amite |
| | Winston | Copiah |
| | Noxubee | Lincoln |
| | Neshoba | Pike |
| | Kemper | Lawrence |
| | Newton | Walthall |
| | Lauderdale | |
| **AREA 7**<br>**Porscha Fuller (601.206.2961)**<br>porscha.fuller@conduent.com | | **AREA 8**<br>**Connie Mooney (601.572.3253)**<br>connie.mooney@conduent.com |
| **County** | | **County** |
| Simpson | | Pearl River |
| Jefferson Davis | | Stone |
| Marion | | George |
| Lamar | | Hancock |
| Covington | | Harrison |
| Smith | | Jackson |
| Jasper | | |
| Jones | | **Slidell, LA** |
| Forrest | | **Mobile, AL** |
| Perry | | |
| Greene | | |
| Wayne | | |
| Clarke | | |
| **OUT OF STATE PROVIDERS** | **TBA Interim Contacts: Justin Griffin (601.206.2922)** justin.griffin@conduent.com<br>**Randy Ponder (601.206.3026)** randy.ponder@conduent.com | |

**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**

## SEPTEMBER 2020

| | |
|---|---|
| THURS, SEPT 3 | EDI Cut Off - 5:00 p.m. |
| MON, SEPT 7 | Labor Day<br>DOM Closed |
| THURS, SEPT 10 | EDI Cut Off - 5:00 p.m. |
| MON, SEPT 14 | Checkwrite |
| THURS, SEPT 17 | EDI Cut Off - 5:00 p.m. |
| MON, SEPT 21 | Checkwrite |
| THURS, SEPT 24 | EDI Cut Off - 5:00 p.m. |

## OCTOBER 2020

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

## NOVEMBER 2020

| | |
|---|---|
| MON, NOV 2 | Checkwrite |
| THURS, NOV 5 | EDI Cut Off – 5:00 p.m. |
| MON, NOV 9 | Checkwrite |
| WED, NOV 11 | Veteran's Day<br>DOM Closed |
| THURS, NOV 12 | EDI Cut Off – 5:00 p.m. |
| MON, NOV 16 | Checkwrite |
| THURS, NOV 19 | EDI Cut Off – 5:00 p.m. |
| MON, NOV 23 | Checkwrite |
| THURS, NOV 26 | Thanksgiving Day<br>DOM Closed |
| MON, NOV 30 | 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.**