Volume 27, Issue 1 March 2021

MS Medicaid PROVIDER BULLETIN

MISSISSIPPI DIVISION OF MEDICAID

DREW L. SNYDER
Executive Director
MS Division of Medicaid

DOM's Vision Moving Forward

Last year marked 50 years of administering the Medicaid program in Mississippi. Obviously, the healthcare landscape has changed dramatically during that time period, with major innovations in research and patient care and significant public policy changes with regard to how both Medicaid and Medicare operate. One constant is the critical role of providers in a successful public healthcare program.

It's not enough to have a robust provider network from a quantitative standpoint, though; the Medicaid program must also enable providers to provide high-quality, efficient care to program beneficiaries by reducing bureaucratic barriers that can impede delivery of services and burden the provider-patient relationship.

Our Division has prioritized clear, open communication and seeks a more collaborative relationship with providers. We want to better understand the challenges providers feel hamper delivery of care so we can work together to create meaningful change in support of our shared goal of better outcomes for beneficiaries. With provider insight, we are better positioned to administer a program that works for all stakeholders.

To that end, I fully expect to see significant progress in streamlining provider credentialing in the near future. This is one example of what I hope will be many that illustrate good policy changes resulting from sensitivity to provider needs and a joint desire to improve the Medicaid program in our state.

The Mississippi Division of Medicaid has worked, and will continue to work, to become a high-functioning government agency that aims to improve the health and the life outcomes of people it serves, and in turn the state on whole, while optimally managing public funding and public trust to ensure the Medicaid program remains stable and sustainable. Well-supported providers are critical to program success, and the Mississippi Division of Medicaid is grateful to the provider community for the services members provide and for their willingness to work toward a better Mississippi.

COVID-19 Public Health Emergency

Most of DOM's emergency services in response to the COVID-19 pandemic – including our enhanced FMAP – are authorized by the federal Public Health Emergency (PHE), which was extended several times throughout the 2020 calendar year. Most recently, the PHE had been set to expire on Jan. 21, 2021. Recently, the Secretary of

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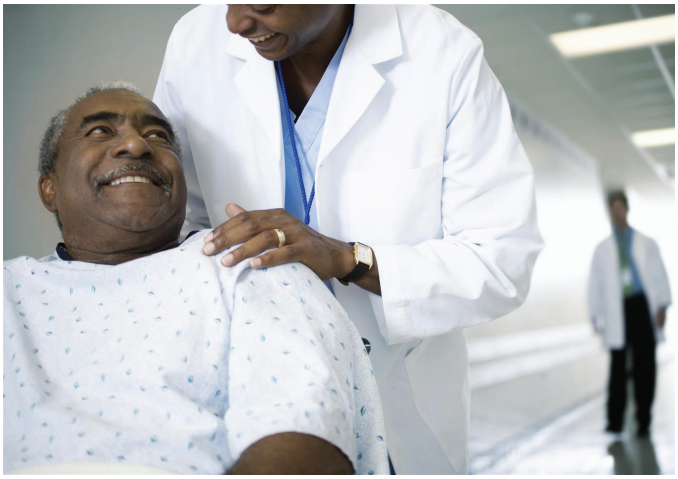
Health and Human Services (HHS) announced that the PHE would remain in effect for at least an additional 90 days. Furthermore, HHS advised that the PHE would likely remain in place for the entire 2021 calendar year. To mitigate against uncertainty and to promote stability for Medicaid programs, HHS will provide states with 60 days' notice prior to the termination of the PHE whenever that decision is ultimately made.



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

Medicaid Non-Emergency Medical Transportation

Medical Transportation Management (MTM) is the state of Mississippi's non-emergency transportation (NET) manager. They arrange rides free of charge for eligible Fee for Service (FFS) Medicaid beneficiaries throughout the state. Please contact MTM to set up a ride to your health care provider for a covered medical service if you have no other means of transportation.

If you are a beneficiary, medical facility, or transportation provider seeking more information about NET services please visit MTM's website at www.mtm-inc.net/mississippi/ or call 1-866-331-6004.

Highlights:

- All rides must be to a health care provider for a covered Medicaid medical service.
- You can schedule a ride Monday through Friday from 7 a.m. to 8 p.m.
- You must call at least three business days before your appointment.
- Have your trip information ready when you call.
- Be ready at least 15 minutes before your ride is scheduled to arrive.

Important Toll-Free Phone Numbers

- **To schedule a ride**, call 1-866-331-6004
- **To file a complaint**, call 1-866-436-0457
- **If your ride is late**, call 1-866-334-3794

Multiple Deliveries

The Division of Medicaid (DOM) reimburses multiple deliveries for vaginal, cesarean section or a combination of vaginal and cesarean section delivery for fee-for-service (FFS) beneficiaries as follows:

Vaginal Deliveries

- First vaginal birth must be billed with either a delivery and post-partum care code or delivery only code; and
- Second and subsequent vaginal births must be billed with the delivery only codes appended with the appropriate modifier to indicate they were separate vaginal deliveries.

Vaginal Delivery with Remaining Births by Cesarean

- First vaginal birth must be billed with either a delivery and post-partum care code or a delivery only code; and
- Second and subsequent cesarean births must be billed with a delivery only codes appended with the appropriate modifier to indicate they were separate cesarean deliveries.

Cesarean Births

- All cesarean births must be billed with either delivery and post-partum code or a delivery only code; and
- No additional reimbursement for second and subsequent cesarean births delivered via the same incision as they are considered part of the initial delivery.

Cesarean Delivery Following Attempted Vaginal Delivery, After Previous Cesarean Delivery Births

- First cesarean birth, following attempted vaginal delivery, after previous cesarean delivery must be billed with a either delivery and post-partum code or a delivery only code; and
- No additional reimbursement for second and subsequent cesarean births delivered via the same incision as they are considered part of the initial delivery.

Modifier TH must be billed with all maternity claims. Modifier 59 must be added to the second and subsequent delivery only codes when it is necessary to distinguish separate and distinct deliveries, as in the case of multiple deliveries, e.g., twins, triplets.

Please contact the Coordinated Care Organizations (CCOs) for multiple delivery clinical and reimbursement policies for beneficiaries enrolled in the Mississippi Coordinated Access Network (MSCAN).

Private Duty Nursing Providers

In accordance with Administrative Code Part 223, Chapter 4, all Private Duty Nursing (PDN) providers must submit a PDN Supplemental Enrollment Packet to the Division of Medicaid (DOM) for review and approval. DOM's Office of Medical Services is in the process of reviewing all packets and supporting documents. Once reviews

PROVIDER COMPLIANCE

have been completed, each PDN provider will receive a letter regarding the review outcome of their PDN Supplemental Enrollment Packet. PDN providers are advised to continue following PDN requirements outlined in the Administrative Code until you receive your review outcome letter.

PDN Resources:

- Please refer to Chapter 4: Private Duty Nursing and Chapter 5: Personal Care Services for additional information Administrative Code (ms.gov)
- The PDN Supplemental Enrollment Packet is located on DOM's public website PDN-provider-enrollment-packet_FINAL-v4.pdf (ms.gov)
- Background Check Instructions for PDN providers can be found on DOM's public website Expanded Mississippi Early and Periodic Screening, Diagnosis, and Treatment | Mississippi Division of Medicaid (ms.gov)

If you have any questions, please contact the Office of Medical Services at OMS@medicaid.ms.gov.

Allowable Board of Directors Fees for Long-Term Care Facilities 2020 Cost Reports

The Allowable Board of Directors fees that will be used in the desk reviews and audits of 2020 cost reports filed by nursing facilities (NFs), intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), and psychiatric residential treatment facilities (PRTFs) have been computed. The computations were made in accordance with the Medicaid State Plan by indexing the amounts in the plan using the Consumer Price Index for all Urban Consumers - All Items. The amounts listed below are the per-meeting maximum with a limit of four (4) meetings per year.

The maximum allowable, per meeting Board of Directors fees for 2020 are as follows:

Category	Maximum Allowable Cost for 2020
0 – 99 Beds	$ 4,337
100 – 199 Beds	$ 6,506
200 – 299 Beds	$ 8,674
300 – 499 Beds	$10,843
500 Beds or More	$13,011

News from eQHealth Solutions

eQHealth Solutions was awarded the contract for utilization review of Advanced Imaging services beginning December 1, 2020. Review and authorization of advanced imaging services for fee-for-service MS Medicaid beneficiaries will continue under this contract with very few changes. The staff at eQHealth Solutions, the Web Portal for review entry, review results and reports, the phone and fax numbers have NOT changed. There are minor changes which will affect providers, and include:

1) the business hours for the review phone and help line have changed to 8 am to 5 pm Monday through Friday,

2) the window of opportunity to submit a retrospective request for retrospective eligibility has changed to ninety (90) days after eligibility is added in the fiscal agent's eligibility information,

3) temporary practitioner numbers for ordering practitioners are no longer used, and

4) reviews which are pended for additional information will be suspended if no information is received after either 2 days for admission requests or 5 days for retrospective requests. Forty-five days after the review is suspended because the required information was not received, the suspended review will be technically denied.

eQHealth Solutions has planned a series of webinars to present those changes. The calendar and sign in link for those webinars is on our website, https://ms.eqhs.com. In addition, the Education Department is available to schedule additional webinars for provider staff. Submit an emailed request to MSEducation@eqhs.com to schedule a webinar.

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ICD-10-CM Coding for Social Determinants of Health

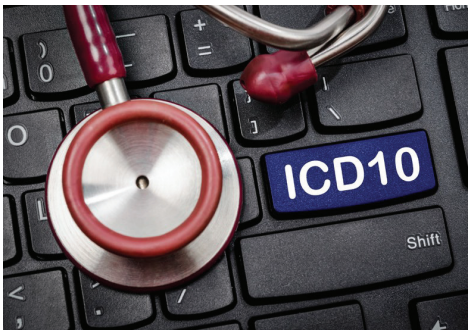
Introduction

Hospitals and health systems are working to address their patients' social needs and the broader social determinants of health in the communities they serve. This includes societal and environmental conditions such as food, housing, transportation, education, violence, social support, health behaviors and employment.

Robust data related to patients' social needs is critical to hospitals' efforts to improve the health of their patients and communities. And, employing a standardized approach to screening for, documenting and coding social needs will enable hospitals to:

- Track the social needs that impact their patients, allowing for personalized care that addresses patients medical and social needs;
- Aggregate data across patients to determine how to focus a social determinants strategy; and
- Identify population health trends and guide community partnerships.

One tool available to hospitals to capture data on the social needs of their patient population is the ICD-10-CM codes included in categories Z55-Z65 ("Z codes"), which identify non-medical factors that may influence a patient's health status. Existing Z codes identify issues related to a patient's socioeconomic situation, including education and literacy, employment, housing, lack of adequate food or water or occupational exposure to risk factors like dust, radiation, or toxic agents.



Despite the availability and utility of these ICD-10-CM codes, hospitals have not widely adopted the use of Z codes. Adoption has been limited due to a lack of clarity on who can document a patient's social needs, absence of operational processes for documenting and coding social needs, and unfamiliarity with Z codes. In addition, coders may need encouragement and support from hospital leaders to collect these codes that were once perceived as a lower priority.

Updated Guidance

The AHA is working to increase utilization of Z codes. The AHA Coding Clinic has provided further clarification on the appropriate documentation and use of Z codes to enable hospitals to adopt their use into their processes.

Any clinician can document a patient's social needs. The initial ICD-10-CM Official Guidelines for Coding and Reporting indicated that coding professionals could only report codes that were supported by physician documentation. As a result, many hospitals were unable to report social needs because they are routinely documented by non-physician providers, such as case managers, discharge planners, social workers and nurses. In early 2018, the AHA Coding Clinic published advice clarifying that codes from categories Z55-Z65 can be assigned based on information documented by all clinicians involved in the care of the patient. That advice was approved by the ICD-10-CM Cooperating Parties and effective Feb. 18, 2018.

While this change promoted more widespread use of these Z codes, the ICD-10-CM Official Guidelines for Coding and Reporting did not include a definition for "clinician." As a result, effective Oct 1, 2019, the AHA Coding Clinic published additional advice providing this definition for the purpose of documenting social (vs. medical) information. Here, "clinicians" can include anyone deemed to meet the requirements, set by regulation or internal hospital policy, to document in the patient's official medical record. This means that in many cases coding professionals can utilize documentation of social needs from clinicians including, but not limited to, social workers, community health workers, case managers, nurses or other providers.

For example, *Sharp Grossmont Hospital's Care Transitions Intervention Program* deploys a multidisciplinary care team to conduct comprehensive risk assessments that screen patients for clinical and social risks. That care team includes nurses, case managers and social workers. And *Baylor Scott & White Health's Community Advocate Program* trains volunteers from the local colleges to conduct social needs screenings and connect patients with appropriate services and resources. In both of these examples, provided these individuals were deemed appropriate to document this information in the patient's medical record, that documentation would support the use of a Z code.

Patient self-reported social needs. Hospitals often utilize patient self-report tools to identify social needs. If the patient self-reported information is signed-off and incorporated into the medical record by a clinician, that information can support the use of a Z code by coding professionals. For example, *IHA/Trinity Health* developed a self-report screening tool in English, Spanish and Arabic that is integrated with the electronic health record, enabling the health system to track responses, refer patients to community resources and follow up after their visit. Because that information is incorporated into the electronic health record, that information can support the use of a Z code. This change also is effective Oct. 1, 2019.

Additional Information on Coding

For more information on coding guidelines, contact Nelly Leon-Chisen, RHIA, AHA director of coding and classification, at *nleon@aha.org*.

What You Can Do

1. Hospitals should educate key stakeholders, including physicians, non-physician health care providers, and coding professionals of the important need to screen, document and code data on patients' social needs. Utilizing Z codes will allow hospitals and health systems to better track patient needs and identify solutions to improve the health of their communities.

2. As coding professionals review a patient's medical record to identify the appropriate ICD-10-CM codes to include, they should be aware of and begin utilizing the ICD-10-CM codes included in categories Z55-Z65, listed in Table 1.

3. Hospital leaders can prioritize the importance of documenting and coding patients' social needs and allow coders extra time to integrate coding for social determinants into their processes.

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Table 1
ICD-10-CM Code Categories

ICD-10-CM Code Category	Problems/Risk Factors Included in Category
Z55 – Problems related to education and literacy	Illiteracy, schooling unavailable, underachievement in a school, educational maladjustment and discord with teachers and classmates.
Z56 – Problems related to employment and unemployment	Unemployment, change of job, threat of job loss, stressful work schedule, discord with boss and workmates, uncongenial work environment, sexual harassment on the job, and military deployment status.
Z57 – Occupational exposure to risk factors	Occupational exposure to noise, radiation, dust, environmental tobacco smoke, toxic agents in agriculture, toxic agents in other industries, extreme temperature, and vibration.
Z59 – Problems related to housing and economic circumstances	Homelessness, inadequate housing, discord with neighbors, lodgers and landlord, problems related to living in residential institutions, lack of adequate food and safe drinking water, extreme poverty, low income, insufficient social insurance and welfare support.
Z60 – Problems related to social environment	Adjustment to life-cycle transitions, living alone, acculturation difficulty, social exclusion and rejection, target of adverse discrimination and persecution.
Z62 – Problems related to upbringing	Inadequate parental supervision and control, parental overprotection, upbringing away from parents, child in welfare custody, institutional upbringing, hostility towards and scapegoating of child, inappropriate excessive parental pressure, personal history of abuse in childhood, personal history of neglect in childhood, Z62.819 Personal history of unspecified abuse in childhood, Parent-child conflict, and sibling rivalry.
Z63 – Other problems related to primary support group, including family circumstances	Absence of family member, disappearance and death of family member, disruption of family by separation and divorce, dependent relative needing care at home, stressful life events affecting family and household, stress on family due to return of family member from military deployment, alcoholism and drug addiction in family.
Z64 – Problems related to certain psychosocial circumstances	Unwanted pregnancy, multiparity, and discord with counselors.
Z65 – Problems related to other psychosocial circumstances	Conviction in civil and criminal proceedings without imprisonment, imprisonment and other incarceration, release from prison, other legal circumstances, victim of crime and terrorism, and exposure to disaster, war and other hostilities.

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AHA Resources on Social Determinants of Health

The AHA offers a range of tools and resources for hospitals, health systems and clinicians that address the social determinants of health and social needs.

Using Z Codes to Address Patient Needs. This podcast features a discussion between Priya Bathija, vice president of The Value Initiative, and Nelly Leon-Chisen, AHA director of coding and classification, about the benefits of using Z codes.

Improving Value by Addressing the Social Determinants of Health. This podcast features highlights from a presentation at the Association for Community Health Improvement's 2019 national conference about how hospitals are driving value by screening for social needs.

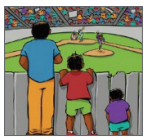
Screening for Social Needs: Guiding Care Teams to Engage Patients. This tool helps hospitals and health systems facilitate sensitive conversations with patients about their nonmedical needs that may be a barrier to good health. It includes strategic considerations for implementing a screening program, tips for tailoring screenings to hospitals' unique communities, case examples and a list of national organizations that can help connect patients with local resources.

Addressing Social Determinants of Health Presentation. This adaptable presentation deck gives you the tools and talking points to start the social determinants of health discussion in your hospital and community.

Social Determinants of Health Guides. AHA is producing a series of guides on how hospitals can address various social determinants of health. Below are the topics covered to date:

- *Food Insecurity and the Role of Hospitals*
- *Housing and the Role of Hospitals*
- *Transportation and the Role of Hospitals*

Social Determinants of Health Curriculum for Clinicians. To help clinicians address social determinants, the AHA's Physician Alliance created a web-based virtual expedition to train and equip staff with how-to actions and companion resources. Modules include an overview of social determinants, introduction to upstream quality improvement, and a focus on addressing food and housing insecurity as well as transportation.



The Value Initiative Issue Brief 3: Connecting the Dots: Value and Health Equity. This issue brief frames the connection between equity and value and affordability, highlighting how hospitals are improving value by addressing social determinants of health and equity.

PROVIDER COMPLIANCE

MESA
MEDICAID ENTERPRISE SYSTEM ASSISTANCE

New Medicaid MMIS to Replace Envision in 2022

The Mississippi Division of Medicaid is building a new Medicaid Management Information System (MMIS), which will replace the aging Envision system in early 2022. The new claims-processing system is called MESA: Medicaid Enterprise System Assistance. This updated technology will allow for better interactions and more transparency with Medicaid providers and members. MESA will replace out-dated technology with a more efficient version that is easier to maintain.

- MESA will be more efficient, with workflow automation and easy access to a broad range of information. Providers will have a new self-service portal where they can verify member eligibility and submit claims.

- MESA will be secure, protecting the confidentiality and integrity of Medicaid data. And it will allow us to analyze data to work toward better health care outcomes for Mississippians.

The successful implementation of the new MMIS will support DOM's overarching objectives of improving health outcomes, elevating quality, lowering spending trends in Medicaid, reducing unnecessary burdens on members and providers, and increasing transparency to the public.

Before it goes live, we will ensure it has been thoroughly tested, and employees, providers, and members have what they need to use it. More details will be shared soon to help providers prepare for the new system.

2020 Owner Salary Limits for Long-Term Care Facilities

The maximum amounts that will be allowed on cost reports filed by nursing facilities, intermediate care facilities for individuals with intellectual disabilities and psychiatric residential treatment facilities as owner's salaries for 2020 are based on 150% of the average salaries paid to non-owner/administrators that receive payment for services related to patient care. The limits apply to all salaries paid directly by the facility or by a related management company or home office. Adjustments should be made to the cost report to limit any excess salaries paid to owners. In addition, Form 15 should be filed as part of the Medicaid cost report for each owner.

The maximum allowable salaries for 2020 are as follows:

Small Nursing Facilities (1 - 60 Beds)	$147,264
Large Nursing Facilities (61+ Beds)	$167,813
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	$134,117
Psychiatric Residential Treatment Facilities (PRTF)	$91,070

Attention Nursing Facility Providers

Effective June 1, 2021, Types of Bill (TOB) 021X, 022X and 023X will be available and should be used by nursing facility providers. While TOB 089X will still be available after June 1, to allow a transition period for providers; this TOB will be decommissioned for nursing facility providers on August 31, 2021. If you have any questions, please contact the Office of Long Term Care by emailing LaShunda.Woods@medicaid.ms.gov or calling 601-359-5251.

PHARMACY NEWS

New Vaccine Policy and Billing Changes for Pharmacy Providers

On December 23, 2020, CMS approved DOM State Plan Amendment (SPA) 20-0013, with an effective date of September 1, 2020. Prior to this change, only a few vaccines were open for coverage and billing via the pharmacy venue. This SPA allows licensed pharmacists,

PHARMACY NEWS

employed by MS Medicaid pharmacy providers, working within the scope of their pharmacy license, to administer all vaccines listed on the Centers for Disease Control and Prevention (CDC) Immunization Schedules to beneficiaries age 10 and above. Instead of professional dispensing fees, providers will receive vaccine administration fees calculated at 100% of the Medicare rates. The allowable ingredient cost per vaccine will equal the Wholesale Acquisition Cost (WAC) plus 0% per NDC#. Vaccines billed via pharmacy claims will not count toward the monthly prescription limit and no copayments will be required. Pharmacy providers must be enrolled in the Vaccines for Children (VFC) program to administer vaccines to children age 10 through 18. Detailed vaccine billing guidelines can be found on the pharmacy page of DOM's website.

At the December 3, 2020 Mississippi Medicaid Drug Utilization Review Board meeting, MS-DUR presented data on adult vaccination rates among beneficiaries. This report showed opportunity for improvement of these rates and revealed limited vaccine administration in the pharmacy venue. With the expansion of the number of adult vaccinations available for pharmacy reimbursement and updated reimbursement methodology, pharmacists will have the opportunity to play a vital role in increasing beneficiary access to vaccines and helping to improve vaccination rates.

Pharmacists have proven to be accessible and effective members of the healthcare team by providing a wide range of vaccinations to members of their communities. The goal of these new policies is to promote access of beneficiaries to CDC-recommended vaccines by increasing access to vaccine providers.

Omnipod DASH Pharmacy Billing Allowed

Omnipod® wearable insulin pump pods, available to DOM beneficiaries only through DME billing, are being phased out by the manufacturer, Insulet. The replacement product, Omnipod DASH®, cannot be distributed through the DME channel and packaging is labeled 'Rx Only'. To ensure that beneficiaries with Type 1 or Type 2 diabetes continue to have seamless access to this product, DOM will open Omnipod DASH® to pharmacy billing effective April 1, 2021. Claims for this product will not count toward the monthly prescription limit. Coverage will be limited to 2 boxes (10 pods) per month and prior authorization will be required. The Omnipod DASH® controller device (Personal Diabetes Manager) will be shipped directly to the beneficiary from the manufacturer at no cost to either DOM or the beneficiary and will not be open to reimbursement by DOM.

Product Description	Package Size	NDC
Omnipod DASH®	Box of 5 3-day disposable pods	08508-2000-05

Proton Pump Inhibitors – Best Practice Prescribing – Pharmacy Claims Changes Coming Soon

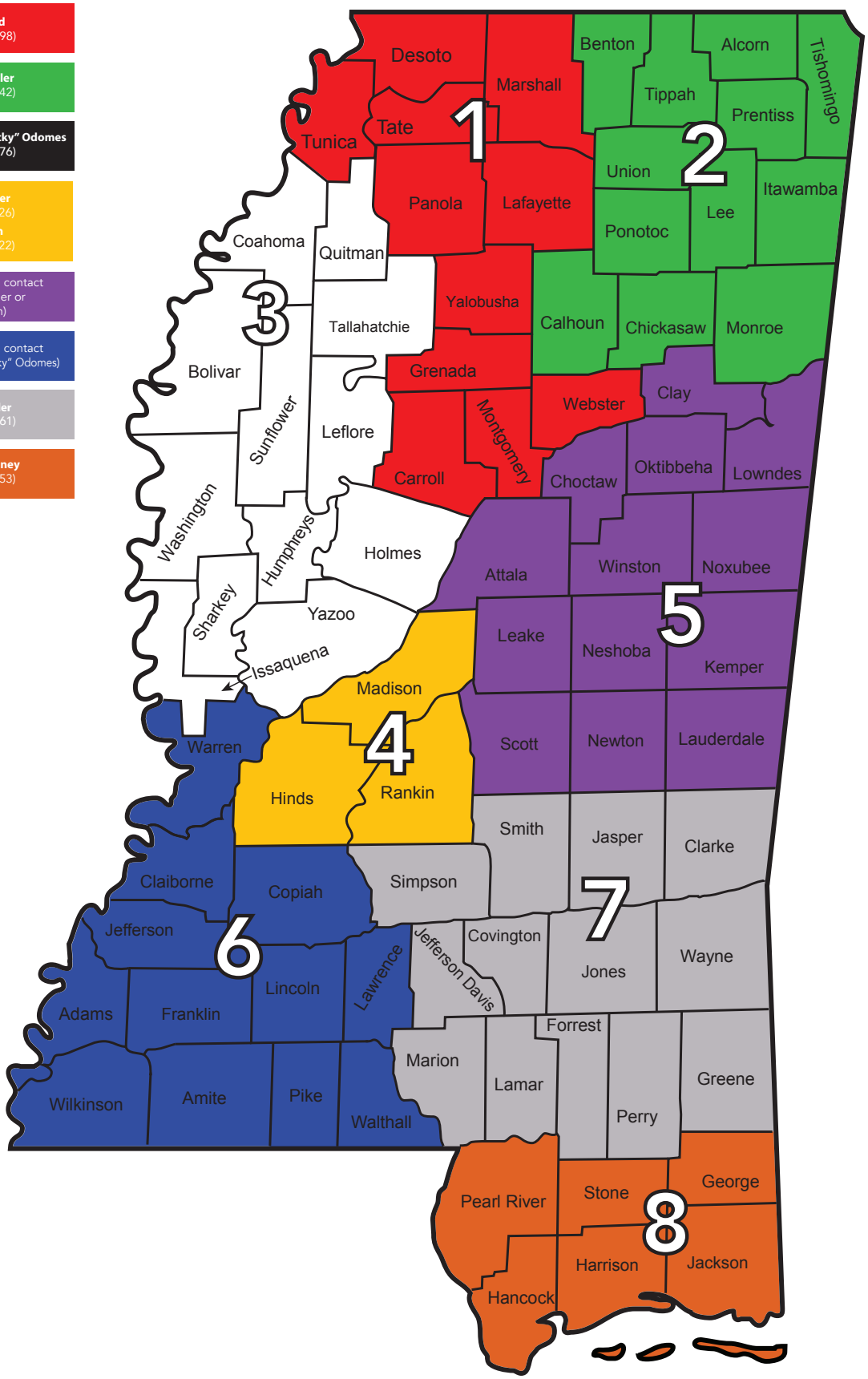
Growing evidence in recent years has associated long-term proton pump inhibitor (PPI) therapy with several negative health-related consequences, including increased fracture risk, Clostridium difficile infection (CDI), community-acquired pneumonia, vitamin B-12 deficiency, low magnesium levels and others.

The DOM Drug Utilization Review Board has recommended a maximum day supply limit for PPIs. Under this new limitation PPI therapy exceeding 90 days in a 12-month period will require prior authorization (PA). An electronic PA will be in place to allow beneficiaries with certain FDA and compendium-supported diagnoses (Zollinger-Ellison syndrome, Barrett's esophagus, etc.) to continue therapy beyond 90 days without a manual prior authorization.

While many beneficiaries who have been treated long-term with a PPI can be transitioned to H2 receptor antagonists (famotidine, cimetidine, nizatidine), several market factors over the past 18 months have limited the availability of these medications. In an effort to limit disruption for providers and beneficiaries, DOM is delaying this claims system change and will inform providers prior to implementation.

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) **Justin Griffin** (601.206.2922)
5	**TBA** (interim contact Randy Ponder or Justin Griffin)
6	**TBA** (interim contact Claudia "Nicky" Odomes)
7	**Porscha Fuller** (601.206.2961)
8	**Connie Mooney** (601.572.3253)



PROVIDER FIELD REPRESENTATIVES

PROVIDER FIELD REPRESENTATIVE AREAS BY COUNTY		
AREA 1 **Latasha Ford (601.572.3298)** Latasha.Ford@conduent.com	**AREA 2** **Prentiss Butler (601.206.3042)** prentiss.butler@conduent.com	**AREA 3** **Claudia "Nicky" Odomes (601.572.3276)** 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 **Justin Griffin (601.206.2922)** justin.griffin@conduent.com **Randy Ponder (601.206.3026)** randy.ponder@conduent.com	**AREA 5** **TBA (interim contact** **Randy Ponder or Justin Griffin)**	**AREA 6** **TBA (interim contact** **Claudia "Nicky" Odomes)**
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 **Porscha Fuller (601.206.2961)** porscha.fuller@conduent.com		**AREA 8** **Connie Mooney (601.572.3253)** 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 **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

MARCH 2021

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

APRIL 2021

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

MAY 2021

MON, MAY 3	Checkwrite
THURS, MAY 6	EDI Cut Off – 5:00 p.m.
MON, MAY 10	Checkwrite
THURS, MAY 13	EDI Cut Off – 5:00 p.m.
MON, MAY 17	Checkwrite
THURS, MAY 20	EDI Cut Off – 5:00 p.m.
MON, MAY 24	Checkwrite
THURS, MAY 27	EDI Cut Off – 5:00 p.m.
MON, MAY 31	Memorial Day DOM Closed

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.