

Mississippi Medicaid

Volume 11, Issue 8

August 2005

Bulletin

Inside this Issue

| | |
|------------------------------------------------------|-----------|
| <i>Co-Payments</i> | <i>1</i> |
| <i>Sanctioned/Excluded Providers</i> | <i>1</i> |
| <i>Ambulatory Surgical Center Update</i> | <i>2</i> |
| <i>Claims Evaluation Software</i> | <i>3</i> |
| <i>ClaimCheck Reconsideration Form</i> | <i>4</i> |
| <i>Help Slow Rising Prescription Costs</i> | <i>5</i> |
| <i>New Coverage Criteria for Xolair (Omalizumab)</i> | <i>5</i> |
| <i>Policy Manual Additions/Revisions</i> | <i>7</i> |
| <i>Assistance from Provider Representatives</i> | <i>8</i> |
| <i>2005 Anesthesia Rate Update</i> | <i>10</i> |
| <i>Additions to Maintenance Drug List</i> | <i>11</i> |

Co-Payments

DOM and ACS have experienced a high volume of calls regarding increased co-payments. The current co-payment amounts are listed below:

| | |
|-------------------------------------------------------|-------------------------|
| Ambulance | \$3.00 per trip |
| Dental | \$3.00 per visit |
| Federally Qualified Health Center | \$3.00 per trip |
| Home Health | \$3.00 per visit |
| Hospital Inpatient | \$10.00 per day |
| Physician | \$3.00 per visit |
| Prescription | \$3.00 per prescription |
| Rural Health Clinic | \$3.00 per visit |
| Eyeglasses | \$3.00 per pair |
| Durable Medical Equipment (Orthotics and Prosthetics) | up to \$3.00 |

Sanctioned/Excluded Providers

In order to meet Federal requirements regarding public notification of sanctioned Medicare/Medicaid providers as provided in 42 CFR Section 1002.212, the Mississippi Division of Medicaid has posted on its website at www.dom.state.ms.us a list of providers that have been excluded from participation in the Medicaid programs.



Ambulatory Surgical Center Update

The Division of Medicaid has updated the list of procedures paid to Ambulatory Surgical Centers according to the Centers for Medicare & Medicaid Services list for dates of service beginning July 1, 2005.

The procedures being deleted from the schedule are:

21440
 23600
 23620
 53850
 69725

The procedures being added and their group designations are:

| Code | Group | Code | Group | Code | Group | Code | Group |
|-------|-------|-------|-------|-------|-------|-------|-------|
| 15001 | 1 | 33213 | 3 | 45391 | 2 | 62264 | 1 |
| 15836 | 3 | 33233 | 2 | 45392 | 2 | 64517 | 2 |
| 15839 | 3 | 36475 | 3 | 46230 | 1 | 64561 | 3 |
| 19296 | 9 | 36476 | 3 | 46706 | 1 | 64581 | 3 |
| 19298 | 1 | 36478 | 3 | 46947 | 3 | 64681 | 2 |
| 21120 | 7 | 36479 | 3 | 49419 | 1 | 65780 | 5 |
| 21125 | 7 | 36834 | 3 | 51992 | 5 | 65781 | 5 |
| 28108 | 2 | 37500 | 3 | 52301 | 3 | 65782 | 5 |
| 29873 | 3 | 42665 | 7 | 52402 | 3 | 65820 | 1 |
| 30220 | 3 | 43237 | 2 | 55873 | 9 | 66711 | 2 |
| 31545 | 4 | 43238 | 2 | 57155 | 2 | 67343 | 7 |
| 31546 | 4 | 44397 | 1 | 57288 | 5 | 67445 | 5 |
| 31603 | 1 | 45327 | 1 | 58346 | 2 | 67570 | 4 |
| 31636 | 2 | 45341 | 1 | 58565 | 4 | 67912 | 3 |
| 31637 | 1 | 45342 | 1 | 58970 | 1 | 68371 | 2 |
| 31638 | 2 | 45345 | 1 | 58974 | 1 | | |
| 33212 | 3 | 45387 | 1 | 58976 | 1 | | |

The rates currently effective are:

| | |
|---------|---------|
| Group 1 | 251.70 |
| Group 2 | 337.12 |
| Group 3 | 385.50 |
| Group 4 | 476.20 |
| Group 5 | 541.96 |
| Group 6 | 630.98 |
| Group 7 | 752.10 |
| Group 8 | 742.09 |
| Group 9 | 1012.12 |

The updated Ambulatory Surgical Center Group Designation and Rate Schedule are now available on the Division of Medicaid website www.dom.state.ms.us under the heading of Medicaid Fee Schedules.

CLAIMS EVALUATION SOFTWARE

Since 1996, the Division of Medicaid (DOM) has utilized the McKesson ClaimCheck software to evaluate coding on claims. The edits for the software are maintained through periodic updates. There were some updates which were not moved into production during the period of time that the DOM and the Fiscal Agent, ACS, were developing the Envision system for HIPAA compliance. DOM and ACS have now completed review of updates for the software. The updated versions were moved into production on July 18, 2005 and are reflected on the July 25, 2005 remittance advices.

The following are specific ClaimCheck edits and will continue to be applicable to claims from all physicians, clinical psychologists, nurse practitioners, physician assistants, FQHC's, RHC's, MSDH Clinic, physical therapists, occupational therapists, speech therapists, and ambulatory surgical centers who bill on a CMS 1500 Claim Form.

| Edit | Description |
|------|---------------------------------------------------------------------|
| 3432 | ClaimCheck: No Professional/Technical Component For This Code |
| 3434 | ClaimCheck: Code Replaced To Most Comprehensive Code |
| 3435 | ClaimCheck: Procedure Incidental/Integral To Another Procedure Code |
| 3436 | ClaimCheck: Medical Visit VS Procedure – Same Date of Service |
| 3437 | ClaimCheck: Code Rebundled To Most Comprehensive Code |
| 3442 | ClaimCheck: Code Is Mutally Exclusive To Another Code |
| 3444 | ClaimCheck: Assistant Surgeon Is Not Allowed |

If a provider has questions or wishes to submit a claim for reconsideration, the provider must complete the attached ClaimCheck Reconsideration Form, attach a paper copy of the claim in question, a copy of the remittance advice, and any other substantiating information to be considered. The form with the relevant attachments must be mailed to the following address:

ACS
Attn: Medical Review
P.O. Box 23080
Jackson, MS 39225

Claims processed prior to July 18, 2005 may be submitted for review; however, decisions will not be reversed solely based on a change with the updated version. Policies applicable prior to the July 18, 2005 update will be applied. Providers must not resubmit previously denied claims for reprocessing by new ClaimCheck edits.

Policy Manual Reminder

This bulletin is a document for the Mississippi Medicaid Provider Policy Manual and must be placed in Section 88 of the manual. All providers are held accountable for all policies in the monthly Mississippi Medicaid Bulletins.

CLAIMCHECK RECONSIDERATION FORM

Beneficiary Name: _____

MS Medicaid ID #: _____

TCN #: _____ Paid Date: _____

Date of Service: _____

Claim Check Edit: (Circle Edit Number On Remittance Advice): 3432 3434 3435 3436 3437 3444

Procedure Code (s): _____

Questions/Comments:

Provider Name: _____ Provider #: _____

Provider Address: _____

Provider Contact: _____ Telephone #: _____

- Please Check: Have you completed all of the ClaimCheck Reconsideration Form?
 Have you attached paper copy of claim?
 Have you attached copy of remittance advice?
 Have you attached any additional substantiating information which you wish to have considered upon review?

MAIL TO: ACS
Attn: Medical Review
P. O. Box 23080
Jackson, MS 39225

Help Slow Rising Prescription Costs

“Therapeutic alternative” is a term used to describe two or more chemically different medications that generally produce the same clinical effects. These are drug products of different chemical structure within the same pharmacologic or therapeutic class and that are expected to have similar therapeutic effects and safety profiles when administered in therapeutically equivalent doses. Some therapeutic alternatives may be available in over the counter formulations.

Here are some examples of commonly used drugs and therapeutic alternatives:

| Drug class | Commonly Used Drug & Monthly Costs* | Optional Therapeutic Alternative & Monthly Costs or Per Unit Costs* | Price Differential Per Claim |
|-----------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Combination drug: Cholesterol lowering agent & antihypertensive | Lipitor 10 mg \$2.36 x 30 = \$70.80 (atorvastatin) | Caduet 10/10 \$3.14 x 30 = \$94.20 | Drug Costs Difference of \$38.70 + \$3.91 disp. fee = \$42.61 (for same drugs in same strengths) |
| | Norvasc 10 mg \$2.07 x 30 = \$62.10 (amlodipine) | Caduet 10/10 = (atorvastatin 10 mg + amlodipine 10 mg) | |
| Combination drug: Two Cholesterol lowering agents | Zocor 10 mg \$2.47 x 30 = \$74.10 (simvastatin) | Vytorin 10/10 \$2.68 x 30 = \$80.40 | Drug Costs Difference of \$67.80 + \$3.91 disp. fee = \$71.71 (for same drugs in same strengths) |
| | Zetia 10 mg \$2.47 x 30 = \$74.10 (ezetimibe) | Vytorin 10/10 = (simvastatin 10 mg + ezetimibe 10 mg) | |
| Anti-anxiety agents | Xanax XR 1mg \$2.45 x 30 = \$73.50 | Alprazolam 1 mg \$.092 x 30 = \$2.76 (compares to Xanax) | Difference of \$70.74 Difference of \$30.33 |
| | Klonopin wafer 0.5 mg \$1.26 x 30 = \$37.70 | Clonazepam 0.5 mg \$.2455 x 30 = \$7.37 (compares to Klonopin) | |

* based on DOM's maximum allowable costs

Being knowledgeable about drug costs can help prescribers determine the most cost effective therapy for their patients.

New Coverage Criteria for Xolair (Omalizumab)

Effective July 1, 2005, Section 56.01 of the DOM Provider Policy Manual details new coverage criteria for Xolair (Omalizumab), HCPCS J2357. Xolair will be covered when all of the conditions outlined in the policy are met and proper documentation has been submitted. The policy is applicable when Xolair is administered in a physician's office, Federally Qualified Health Center, Rural Health Clinic, or Mississippi Department of Health Clinic. Xolair is only covered when administered by a physician; it is not covered as a Pharmacy benefit. Providers can access the policy on the DOM website, www.dom.state.ms.us, by clicking the Provider Manual link in the left window.

Drug Coverage under Hospice:

Medicaid beneficiaries enrolled in Hospice Services are covered under a per diem rate which covers all services for that beneficiary. For those beneficiaries receiving Medicaid Hospice Services, all palliative therapy, or drugs used to treat beneficiary's terminal illness, is to be billed to the Hospice provider. Medicaid will only pay for drugs used for an indication not directly related to the beneficiary's terminal illness and are within the applicable Medicaid prescription service limits. Since plans of care are specific for beneficiaries, it is the responsibility of the dispensing pharmacy to bill the Hospice Provider or Medicaid appropriately. The dispensing pharmacy must retain documentation regarding Hospice Services drug coverage for beneficiaries which is easily retrievable for auditing purposes. The following list of drugs classes will generally be the responsibility of Hospice Provider:

- Antibiotics
- Analgesics
- Antiemetics
- Antifungals
- Antineoplastics/hormonal neoplastics
- Antispasmodics/motility
- Antivirals
- Anxiolytics
- Digestants
- Expectorants and cough products
- Glucocorticoids
- Laxatives/cathartics
- Lactulose
- Palliative medications (mucositis/stomatitis)
- Sedatives/hypnotics

Remember, Medicaid is always the payer of last resort.

Over-the-Counter Drugs:

Over-the-counter drugs count toward the total monthly prescription limits but not toward the monthly two-brand limit. Some insulin products are categorized as OTC rather than legend drugs. Refer to www.dom.state.ms.us, select pharmacy services and insulin reference sheet for listing of insulin products categorized as OTC or legend, preferred or non-preferred status, and corresponding NDC numbers.

Reminder: Pharmacy Point of Sale - Cost Avoidance

When beneficiaries are covered by both Medicaid and other third party insurance, pharmacy providers are required to bill prescription drug claims to private third party insurance carriers before billing Medicaid. All Medicaid policies and procedures such as prior authorization requirements and limits are still applicable. Pharmacy providers must maintain the explanation of benefits (EOB) from other insurance companies. These records must be available to Medicaid upon request. For detailed instructions regarding pharmacy responses, refer DOM web site at www.dom.state.ms.us, Pharmacy Services, select Third Party Billing Help Sheet, or directly reference the September 2004 Medicaid Provider Bulletin at:

<http://msmedicaid.acs-inc.com/general/ProviderBulletinNewFile.do?fileName=200409.pdf>.

When Other Pharmacy Third Party Coverage Is No Longer In Effect:

Medicaid policy states, “The provider should obtain a signed statement from the beneficiary which includes the name of the insurance company, the policy number, and the ending date of coverage.” The signed statement should be forwarded to the Division of Medicaid, Bureau of Third Party Recovery at Fax 601-359-6632 (Please note facsimile is preferred). The Bureau of Third Party Recovery may also be reached via telephone at 601-359-6095.

Remember, Medicaid is always the payer of last resort.

Drug Reimbursement Rates:

Effective July 1, 2005, the reimbursement rates for prescribed drugs changed.

(1) Reimbursement for **brand name drugs and single source generic drugs** is the lesser of:

- The usual and customary charge; or
- The Federal Upper Limit (FUL), if applicable, and a dispensing fee of \$3.91; or
- Average Wholesale Price (AWP) less 12% and a dispensing fee of \$3.91; or
- Wholesale Net Unit Price/Wholesale Acquisition Cost (WAC) plus 9% and a dispensing fee of \$3.91.

(2) Reimbursement for **multiple source generic drugs** is the lesser of:

- The usual and customary charge; or
- The Federal Upper Limit (FUL), for certain multiple source drugs, and a dispensing fee of \$4.91; or
- Average Wholesale Price (AWP) less 25% and a dispensing fee of no less than \$4.91.

(3) The dispensing fee for residents in a long-term care facility for multiple source drugs is \$3.91.

Please note that this is a change from previously published rates as the utilization of WAC plus 9% was removed from the methodology for multiple source generics.

Policy Manual Additions/ Revisions

The following policies and policy sections have been added to and/or revised in the DOM Provider Policy Manual. Providers of these services may view these changes by accessing the DOM website at www.dom.state.ms.us and clicking on “Provider Manuals” in the left window.

| Manual Section | Policy Section | New | Revised | Effective Date |
|-----------------------------|-------------------------------------|------------|----------------|-----------------------|
| 31.0 Pharmacy | 31.20 Identification of Prescribers | | X | 08/01/05 |
| 73.0 EPSDT | All | | X | 08/01/05 |
| 1.0 Introduction | 1.07 Medicaid Regional Offices | | X | 09/01/05 |
| 3.0 Beneficiary Information | 3.01 Eligibility of Persons | | X | 09/01/05 |
| | 3.02 Newborn Child Eligibility | | X | |
| 25.0 Hospital Inpatient | 25.08 Newborn Child Eligibility | | X | 09/01/05 |

Assistance from Provider Representatives

Provider representatives are available to assist providers with billing and claims issues. You may also contact your provider representative with other inquiries. The representatives are assisting providers by telephone with as many issues as possible. Due to the high volume of calls, our representatives are currently on the phone a large portion of the day. Please leave a voice mail message and allow the representative an opportunity to return your call. If the issues cannot be resolved by telephone, a provider visit may be scheduled at a time that is convenient for you. Prior to all provider visits, providers must submit a list of issues to be covered at the visit. This will allow the provider representative an opportunity to research the issues and be prepared to provide the needed assistance.

These representatives may be reached by contacting them at the phone numbers listed on the chart below.

| County | Provider Representative | Telephone # |
|-----------|---------------------------------|------------------------------|
| Adams | Charleston Green | 601.359.9804 |
| Alcorn | Machelle Dorman | 601.206.3025 |
| Amite | Charleston Green | 601.359.9804 |
| Attala | Kwanza Price | 601.206.2928 |
| Benton | Machelle Dorman | 601.206.3025 |
| Bolivar | Clint Gee | 662.459.9753 |
| Calhoun | Rhonda Evans | 601.359.1370 |
| Carroll | Clint Gee | 662.459.9753 |
| Chickasaw | Rhonda Evans | 601.359.1370 |
| Choctaw | Rhonda Evans | 601.359.1370 |
| Claiborne | Charleston Green | 601.359.9804 |
| Clarke | Pamela Williams | 601.359.9575 |
| Clay | Rhonda Evans | 601.359.1370 |
| Coahoma | Clint Gee | 662.459.9753 |
| Copiah | Charleston Green | 601.359.9804 |
| Covington | Pamela Williams | 601.359.9575 |
| Desoto | Machelle Dorman | 601.206.3025 |
| Forrest | Pamela Williams | 601.359.9575 |
| Franklin | Charleston Green | 601.359.9804 |
| George | Pamela Williams | 601.359.9575 |
| Greene | Pamela Williams | 601.359.9575 |
| Grenada | Rhonda Evans | 601.359.1370 |
| Hancock | Robin Smothers Ashlyn Booker | 601.359.6089 601.359.6045 |
| Harrison | Robin Smothers Ashlyn Booker | 601.359.6089 601.359.6045 |

(Continued on page 9)

| County | Provider Representative | Telephone # |
|-----------------|---------------------------------|------------------------------|
| Hinds | Randy Ponder | 601.206.3026 |
| Holmes | Loretta Green | 601.359.6129 |
| Humphreys | Loretta Green | 601.359.6129 |
| Issaquena | Loretta Green | 601.359.6129 |
| Itawamba | Rhonda Evans | 601.359.1370 |
| Jackson | Robin Smothers Ashlyn Booker | 601.359.6089 601.359.6045 |
| Jasper | Kwanza Price | 601.206.2928 |
| Jefferson | Charleston Green | 601.359.9804 |
| Jefferson Davis | Charleston Green | 601.359.9804 |
| Jones | Kwanza Price | 601.206.2928 |
| Kemper | Kwanza Price | 601.206.2928 |
| Lafayette | Machelle Dorman | 601.206.3025 |
| Lamar | Pamela Williams | 601.359.9575 |
| Lauderdale | Charleston Green | 601.359.9804 |
| Lawrence | Charleston Green | 601.359.9804 |
| Leake | Kwanza Price | 601.206.2928 |
| Lee | Randy Ponder | 601.206.3026 |
| Leflore | Clint Gee | 662.459.9753 |
| Lincoln | Charleston Green | 601.359.9804 |
| Lowndes | Rhonda Evans | 601.359.1370 |
| Madison | Loretta Green | 601.359.6129 |
| Marion | Pamela Williams | 601.359.9575 |
| Marshall | Machelle Dorman | 601.206.3025 |
| Monroe | Rhonda Evans | 601.359.1370 |
| Montgomery | Rhonda Evans | 601.359.1370 |
| Neshoba | Kwanza Price | 601.206.2928 |
| Newton | Kwanza Price | 601.206.2928 |
| Noxubee | Rhonda Evans | 601.359.1370 |
| Oktibbeha | Rhonda Evans | 601.359.1370 |
| Panola | Clint Gee | 662.459.9753 |
| Pearl River | Pamela Williams | 601.359.9575 |
| Perry | Pamela Williams | 601.359.9575 |
| Pike | Charleston Green | 601.359.9804 |
| Pontotoc | Rhonda Evans | 601.359.1370 |
| Prentiss | Machelle Dorman | 601.206.3025 |
| Quitman | Clint Gee | 662.459.9753 |
| Rankin | Loretta Green | 601.359.6129 |
| Scott | Kwanza Price | 601.206.2928 |
| Sharkey | Loretta Green | 601.359.6129 |
| Simpson | Charleston Green | 601.359.9804 |

| County | Provider Representative | Telephone # |
|--------------|-------------------------|--------------|
| Smith | Kwanza Price | 601.206.2928 |
| Stone | Pamela Williams | 601.359.9575 |
| Sunflower | Clint Gee | 662.459.9753 |
| Tallahatchie | Clint Gee | 662.459.9753 |
| Tate | Clint Gee | 662.459.9753 |
| Tippah | Machelle Dorman | 601.206.3025 |
| Tishomingo | Machelle Dorman | 601.206.3025 |
| Tunica | Clint Gee | 662.459.9753 |
| Union | Randy Ponder | 601.206.3026 |
| Walthall | Charleston Green | 601.359.9804 |
| Warren | Loretta Green | 601.359.6129 |
| Washington | Clint Gee | 662.459.9753 |
| Wayne | Pamela Williams | 601.359.9575 |
| Webster | Rhonda Evans | 601.359.1370 |
| Wilkinson | Charleston Green | 601.359.9804 |
| Winston | Kwanza Price | 601.206.2928 |
| Yalobusha | Rhonda Evans | 601.359.1370 |
| Yazoo | Loretta Green | 601.359.6129 |

| Out of State Assignments | | |
|--------------------------|-----------------|--------------|
| Alabama | Randy Ponder | 601.206.3026 |
| Louisiana | Cindy Brown | 601.206.2981 |
| Louisiana | Kwanza Price | 601.206.2928 |
| Tennessee | Machelle Dorman | 601.206.3025 |

****Please note that Cindy Brown will be assisting all providers in Louisiana that are to the east of I-55. Kwanza Price will be assisting all providers to the west of I-55.

2005 Anesthesia Rate Update

The Division of Medicaid has updated the rates for anesthesia services according to the Mississippi State Plan based on the Centers for Medicare & Medicaid Services revised rates and wage indices. The new rates that are effective for dates of service on and after July 1, 2005 are:

Base Rate \$15.25
Time Unit \$1.01

Maternity Anesthesia Codes

| | |
|-------|----------|
| 01961 | \$399.03 |
| 01967 | \$432.18 |
| 01968 | \$133.55 |
| 01969 | \$222.58 |

The current Anesthesia Base Units/Fee Schedule is now available on the Division of Medicaid website www.dom.state.ms.us under the heading of Medicaid Fee Schedules.

Additions to Maintenance Drug List

The Division of Medicaid has identified certain drugs that are used to maintain certain conditions. These drugs may be dispensed in 90-day supply increments. Refer to our website at www.dom.state.ms.us under Pharmacy Services for the entire listing of drugs that may be dispensed in a 90-day supply as maintenance drugs.

Effective August 1, 2005, the following drugs and strengths are added to the maintenance list due to the overall effectiveness of the drug, the overall safety of the drug, the pharmacoeconomics of therapy, and considered standards of care.

90-Day Maintenance Drug List Additions*

| <i>DRUG /STRENGTH</i> | <i>COMPARES TO/BRAND NAME</i> |
|------------------------------|-------------------------------|
| CARBAMAZEPINE SA | CARBATROL 200 MG CAPSLE SA |
| CARBAMAZEPINE SA | CARBATROL 300 MG CAPSLE SA |
| CARBAMAZEPINE SA | TEGRETOL XR 200 MG TABLET |
| CARBAMAZEPINE SA | TEGRETOL XR 400 MG TABLET |
| DIVALPROEX SODIUM | DEPAKOTE 250 MG TABLET |
| DIVALPROEX SODIUM | DEPAKOTE 500 MG TABLET |
| LAMICTAL 150 MG TABLET | LAMOTRIGINE |
| LAMICTAL 200 MG TABLET | LAMOTRIGINE |
| LITHIUM CARB. 300 MG CAPSULE | ESKALITH 300 MG CAPSULE |
| PHENYTOIN SODIUM EXTENDED | DILANTIN 100 MG KAPSEAL |
| PHENYTOIN SODIUM EXTENDED | PHENYTEK 200 MG CAPSULE |
| PHENYTOIN SODIUM EXTENDED | PHENYTEK 300 MG CAPSULE |
| RISPERIDONE | RISPERDAL 1 MG TABLET |
| RISPERIDONE | RISPERDAL 2 MG TABLET |
| RISPERIDONE | RISPERDAL 3 MG TABLET |
| RISPERIDONE | RISPERDAL 4 MG TABLET |
| SERTRALINE TABLET | ZOLOFT 100 MG TABLET |
| ZIPRASIDONE | GEODON 60 MG CAPSULE |
| ZIPRASIDONE | GEODON 80 MG CAPSULE |

*Only these drugs and strengths have been approved by Medicaid for reimbursement in 90-day supply increments. Agents were selected for overall therapeutic/cost effectiveness.

Verifying Beneficiary Eligibility

Providers have a variety of resources for verifying the eligibility of a Medicaid beneficiary. Eligibility can be checked by contacting the Provider and Beneficiary Services Call Center at 1-800-884-3222, by calling the AVRS at 1-866-597-2675, by utilizing the Mississippi Envision Web Portal at <http://msmedicaid.acs-inc.com>, and by using a swipe card verification device.

When verifying eligibility through the call center, please obtain the call record number (CRN) from the Call Center Associate prior to ending the call. When verifying eligibility through the web portal, please print a copy of the documentation which contains the eligibility information. If verifying eligibility through the use of a swipe card verification device, please keep a copy of the receipt. If verifying eligibility through the use of the AVRS, please document the audit reference number.

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

ACS
 P.O. Box 23078
 Jackson, MS 39225

If you have any questions related to the topics in this bulletin, please contact ACS at 1-800-884-3222 or 601-206-3000

Mississippi Medicaid Manuals are on the Web www.dom.state.ms.us And Medicaid Bulletins are on the Web Portal <http://msmedicaid.acs-inc.com>

August

August 2005

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|------------|-----------|----------|--------------------------------|----------|
| | 1 | CHECKWRITE | 2 | 3 | 4 EDI Cut Off 5:00 p.m. | 5 |
| 7 | 8 | CHECKWRITE | 9 | 10 | 11 EDI Cut Off 5:00 p.m. | 12 |
| 14 | 15 | CHECKWRITE | 16 | 17 | 18 EDI Cut Off 5:00 p.m. | 19 |
| 21 | 22 | CHECKWRITE | 23 | 24 | 25 EDI Cut Off 5:00 p.m. | 26 |
| 28 | 29 | CHECKWRITE | 30 | 31 | | |

Checkwrites and Remittance Advices are dated every Monday. However, funds are not transferred until the following Thursday, and Remittance Advices usually arrive the following Friday.