

Mississippi Medicaid

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Bulletin

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Importance of Updating Your Provider File

ATTN: Please update your Mississippi Medicaid Provider File to ensure payment to the appropriate provider number.

ACS and DOM request that you contact the ACS Provider Enrollment Unit to update your provider file. The following are the areas that you must update promptly:

1. Address of Billing Provider.
2. Linkage of Medicaid individual numbers to the appropriate Medicaid group number.
(Note: This is to ensure that the payments reflected on Form 1099 are on the group number and not on the individual Medicaid number or individual Social Security number.)
3. Linkage of your group Medicare provider number to your group Medicaid provider number.
4. Linkage of your individual Medicaid provider number to the appropriate Medicare provider number.
5. Banking Information of Billing Provider.
(Note: Individual Providers must verify that banking information directs deposits to the individual's bank account and not that of a group and/or facility employer. This will ensure for claims billed as an individual practitioner, reimbursement will only be deposited in the individual's bank account.)

Providers may verify the information in their files by contacting ACS Provider/Beneficiary Support at 1-800-884-3222. Updates may be faxed to Provider Enrollment at 601-206-3015.

Attention Home Health Providers!

ACS and DOM are currently experiencing system-related issues with regard to the co-pay deductibles specific to the Elderly and Disabled Waiver recipients. The issue is being researched, and we hope to have it resolved by mid-April. More information will be provided promptly. We apologize for the inconvenience that this issue is causing.



Ambulance Rate Update

Effective May 1, 2006, reimbursement rates for covered ground ambulance services will be updated as follows:

ALS Emergency Services		Rate
A0427	ALS1 Emergency	\$216.58
A0390	ALS Mileage (Per Mile)	\$4.13
BLS Emergency Services		
A0429	BLS Emergency	\$182.38
A0380	BLS Mileage (Per Mile)	\$4.13
Non-Emergency Ambulance Transport		
A0428	BLS Non-Emergency	\$113.99
A0380	BLS Mileage (Per Mile)	\$4.13
Neonatal Transport		
A0225	Neonatal Transport	\$216.58
A0390	ALS Mileage (Per Mile)	\$4.13

Medicaid ID Numbers for Newborns

When a baby is born to a mother who is receiving Medicaid at the time of birth, the baby is eligible for Medicaid. In order to expedite assignment of Medicaid ID numbers for these babies, the birthing hospital should complete the Request for Newborn Health Information form and forward it to the Medicaid Regional Office for the county of residence for the newborn. The form should be faxed to the Medicaid Regional Office as soon as possible, but no later than the date of discharge of mother from the hospital. The policy and form regarding this are found in the inpatient hospital section of the Provider Policy Manual, Section 25.08, pages 1 and 2.



The hospital should not delay completion of the form to ensure payment to the hospital, physicians, and other providers. The newborn needs to obtain a Medicaid ID number as quickly as possible to expedite the claims payment process. The claims pend for three payment weeks to give the Medicaid Regional Office time to transmit the Medicaid ID number for the newborn. If after three payment weeks the Medicaid ID has not been received, the claim will be processed using a temporary 200 number for the baby. The exception is pharmacy claims that will process with a temporary 200 number due to the pharmacy point of sale process. Newborns will not receive Medicaid ID cards with 200 numbers unless the 200# is assigned as the permanent ID. They will receive Medicaid ID cards only after the number is assigned by the Medicaid Regional Office. This is to prevent multiple Medicaid ID cards and numbers for newborns, which creates problems in processing claims. It will also reduce the possibility of misuse of Medicaid services due to one beneficiary having multiple Medicaid ID numbers.

The exception to this procedure will arise when the baby is released for adoption. The parent(s) must wait three days before terminating parental rights. The baby is not entitled to the automatic one year of Medicaid coverage, and the hospital should NOT fax the Newborn Health Information form to the Regional Office.

If you have questions about the process for getting a Medicaid ID card for a newborn, contact ACS Customer Service at 1-800-884-3222.



REQUEST FOR NEWBORN HEALTH BENEFITS IDENTIFICATION NUMBER

Regional Medicaid Office _____ Hospital _____

Fax _____

I. RELEASE OF INFORMATION – TO BE COMPLETED BY PARENT

I, _____, hereby authorize _____
(Name of Parent) (Name of Hospital)

to release to the Mississippi Division of Medicaid information regarding my newborn child,
_____ for purposes of enrolling my child in Medicaid or the
(Name of Child As it Appears on Birth Certificate)
Children's Health Insurance Program (CHIP).

Signature of Parent _____ Date _____

II. IDENTIFYING INFORMATION – TO BE COMPLETED BY HOSPITAL

Newborn's Date of Birth _____ Sex _____ Race _____
 Single Birth
 Multiple Births How many? _____

Name and Address of Mother _____

Mother's Medicaid ID# _____ Mother's SSN _____

Were parental rights terminated? No Yes

Hospital Representative Furnishing Information _____

Telephone # _____ Date _____

III. HEALTH BENEFITS INFORMATION – TO BE COMPLETED BY MEDICAID REGIONAL OFFICE

Newborn is eligible for Medicaid Children's Health Insurance

Health Benefits ID# _____ Effective Date _____

DOM Worker _____ Date _____

Division of Medicaid State of Mississippi 239 N. Lamar St. Suite 801 Jackson, MS 39201-1311 1-800-421-2408

Beneficiary Cost Sharing

Section 1902(a) (14) of the Social Security Act permits states to require certain beneficiaries to share some of the costs of receiving Medicaid services, such as enrollment fee payments, premiums, deductibles, coinsurance, co-payments, or similar cost sharing charges.

According to Section 3.08 of the Mississippi Division of Medicaid Provider Policy Manual, Beneficiary Information, Beneficiary Cost Sharing, there are beneficiaries who qualify for co-payment exclusion. Those persons include children, pregnant women, nursing facility residents, persons seeking family planning services and emergency room services.

The Home and Community-Based Services (HCBS) waiver recipients also have co-payments for their 25 state plan service home health visits. These HCBS Waiver beneficiaries qualify for co-payment exclusions once their 25 state plan home health visits have been exhausted.

The following co-pay indicator should be indicated for the aforementioned eligible beneficiaries:

Co-payment Exception Codes

- C Children
- P Pregnant Women
- N Nursing Facility Residents
- F Family Planning Services
- E Emergency Room Admission**

***Certified by the physician as a true emergency and so recorded in the medical record.*

The co-payment exclusion code is required when billing claims for eligible adults and children who meet the exclusion criteria. The Mississippi Division of Medicaid will pay billing providers the cost sharing amount on behalf of the beneficiary.

When billing electronically, the indicator is generally billed immediately behind the 9-digit Medicaid ID number. If billing with a software package aside from WINASAP, please contact your software vendor in order to receive instructions as to how to bill the exclusion code. On hard copy claims, the indicator is billed as the 10th character behind the 9-digit Medicaid ID number, i.e., 123456789C.

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 Support 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 that 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.



Code D9110 - Palliative (Emergency) Treatment of Dental Pain, Minor Procedure

The Division of Medicaid has detected improper billing of code D9110. Some providers are using code D9110 to be compensated for the dispensing of fluoride rinse, e.g. Gelkam. The Mississippi Division of Medicaid has never authorized the use of code D9110 for the dispensing of fluoride rinse. Code D9110 should be used only when there is documented pain, a documented oral condition causing pain that requires an immediate treatment to ameliorate the symptoms until a more definitive treatment can be given, and a documented procedure performed that provides a measure of pain relief.

Additionally, if a more definitive treatment is provided at the time of presentation, that code and not code D9110 should be billed. Please reference Section 11.02 of the Mississippi Division of Medicaid Dental Manual for additional information on the appropriate use of this code.

This matter will be monitored closely, and the Division of Medicaid will address any fraud/abuse identified.

Sanctioned/Excluded Providers

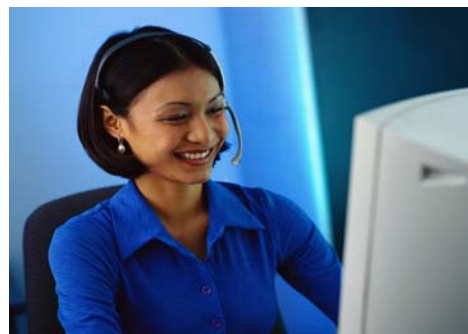
In order to meet Federal requirements regarding public notification of sanctioned Medicare/Medicaid providers, as provided in 42 CFR Section 1002.212, the Mississippi Division of Medicaid has posted on its website at www.dom.state.ms.us a list of providers that have been excluded from participation in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

ACS Customer Service

For quicker, more efficient service, please have all pertinent information ready when contacting Provider and Beneficiary Services at 1-800-884-3222.

You will need your:

- Provider ID Number
- Beneficiary ID Number
- Dates of Services
- Billed Amount



*****Fun Fact:** Did you know the ACS Provider Services call center takes an average of 3,000 calls per day?

Acquiring Additional Bulletins

One copy of the monthly Medicaid Bulletin is sent to every provider with an active provider number. If additional copies are needed, the bulletins may be downloaded from the publications page of the web portal at the following address: <http://msmedicaid.acs-inc.com> or, providers may call the ACS Provider and Beneficiary Services call center at 1-800-884-3222 to request additional copies.

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.

Pharmacy Reminders: Drug Coverage Under Hospice, Excerpt from August 2005 MS Provider Bulletin

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. Medicaid's policies, prior authorizations, and limits are still applicable. The dispensing pharmacy must retain documentation regarding Hospice services drug coverage for beneficiaries which is easily retrievable for auditing purposes. A listing of medications generally considered the responsibility of Hospice may be referenced on DOM's website at www.dom.state.ms.us, Pharmacy Services, and Pharmacy Billing for Hospice Patients. For complete article and details, please refer to August 2005 Bulletin, page 6: <http://msmedicaid.acs-inc.com/general/ProviderBulletinNewFile.do?fileName=200508.pdf>

How to Bill a Non-covered Hospice Drug

Pharmacy may override electronically by entering a '3' in the "Other Coverage Code" field. It is the responsibility of the pharmacy to have documentation and proof that Hospice was billed first and that they received a denial of 'drug not covered' in case of an audit.

When Hospice Is No Longer In Effect

Hospice providers must submit a disenrollment form (DOM-1166) to Medicaid's fiscal agent (ACS) for Medicaid beneficiaries who are no longer receiving care by that Hospice provider. Disenrollment forms may be found at www.dom.state.ms.us, Provider Manuals, Hospice, Section 14.06, pages 6 and 7 are mailed to the fiscal agent at address noted on top of form. Forms may be faxed to ACS's Provider Beneficiary Relations at 601-206-3015.

(For additional information regarding Hospice, refer to the Hospice Provider Manual at www.dom.state.ms.us, Provider Manuals, and select Section 14- Hospice.)

Frequent Questions Received in the Pharmacy Bureau

Question: Do long-term care Medicaid beneficiaries have co-payments and monthly pharmacy service limits?

Response: No. Medicaid-only beneficiaries residing in LTC facilities do not have co-payments nor service limits. If a LTC Medicaid-only beneficiary is being assessed co-pays or monthly pharmacy service limits, please report this to the Division of Medicaid's Provider and Beneficiary Relations at 601-359-4292 or Bureau of Long-Term Care 601-359-6141 or DOM's toll free number, 1-800-421-2408

Question: Are insulin supplies, such as syringes, lancets or glucometers, Medicaid reimbursable?

Response: For beneficiaries with Medicaid only, Medicaid covers insulin syringes, lancets, glucometers, glucose test strips, and other diabetic-related supplies. These must be billed through the DME program on a CMS-1500 claim form using the appropriate HCPCS codes. Prior authorization is not required for most of these supplies. Refer to the Medicaid Provider Manual, Section 10 for specific coverage information. Insulin is reimbursed through the pharmacy system and is subject to monthly limits.

For beneficiaries who have Medicare, insulin and insulin-related supplies are covered under Medicare Part D and must be billed to Medicare. Other diabetic-related supplies are covered through Medicare Part B and must be billed to Medicare as the primary payer.

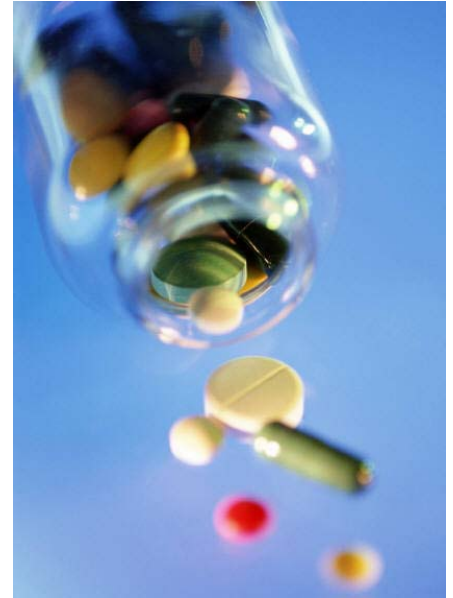
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(Pharmacy information continued from page 6)

Question: Does a dually eligible beneficiary have any pharmacy benefits with Medicaid?

Response: For beneficiaries who have Medicare, all pharmacy claims are to be billed to the beneficiary's Part D plan with the exception of the following:

- Benzodiazepines. Generic formulations are the only benzodiazepines covered by Mississippi Medicaid for all beneficiaries effective January 1, 2006.
- Barbituates:
 - Phenobarbital and mephobarbital (Mebaral) are the only barbiturates covered for all MS Medicaid beneficiaries effective January 1, 2006.
 - Butabarbital combination analgesia products, such as Fioricet, are to be billed to Medicaid.
 - Butabarbital combination analgesia products with codeine, such as Fioricet with codeine, are to be billed to beneficiary's Part D Plan.
- DOM's Over-the-counter formulary
- These prescription vitamins only:
 - Folic acid 1 mg;
 - Vitamin B12 injection (limited to long-term-care beneficiaries only);
 - Niacin;
 - Vitamin K (phytonadione);
 - Vitamin D, i.e. ergocalciferol and cholecalciferol, are to be billed to Medicaid;
 - Vitamin D analogs such as Calcitrol, etc. are to be billed to Part D Plans.



Question: What pharmacy services are covered for beneficiaries who are in the Family Planning Waiver and have a 'yellow Medicaid card'?

Response: Beneficiaries enrolled in the Family Planning Waiver are eligible for Medicaid coverage of family planning services only and are not eligible for any other Medicaid services. The Family Planning Waiver program is a collaborative venture of the Mississippi Department of Health and the Division of Medicaid. Oral contraceptives are supplied by the Department of Health. The only pharmacy services reimbursed for this beneficiary population are contraceptive injections and patches.

Question: Do pharmacies qualify to receive oral contraceptives from the Health Department?

Response: No. These oral contraceptives are to be viewed similar to 'physician samples' which the prescriber physically hands to the beneficiary. The Mississippi Department of Health shoulders costs for oral contraceptives.

Important Notices

Over the Counter (OTC) formulary change

Effective April 1, 2006, Prilosec OTC will be removed from the OTC formulary. No prior authorizations or overrides will be granted.

Maintenance List Revision

Effective April 1, 2006, Zoloft 100 mg will be removed from the 90 Day Maintenance List.

MISSISSIPPI DIVISION OF MEDICAID PREFERRED DRUG LIST

The agents listed below are preferred products on the Mississippi Medicaid Preferred Drug List (PDL). The preferred drug list is a medication list recommended to the Division of Medicaid by the Pharmacy and Therapeutics Committee and approved by the Executive Director of the Division of Medicaid. These drugs have been selected for their efficaciousness, clinical significance, cost effectiveness and safety for Medicaid beneficiaries.

Most generic agents are preferred, do not require prior authorization, and are not individually listed below. Unless otherwise specified, the listing of a particular brand or generic name includes all dosage forms of that drug.

For more information concerning the PDL including non-preferred agents, the OTC formulary and other specifics please visit our website at www.dom.state.ms.us.

List Effective 4-1-2006

ALLERGY

Antihistamines & Antihistamine Decongestant Combos.

First Generation

Pediatex™, Pediatex™ D
Pediatex™ 12 & 12 D
Vazol™, Vazol™ D

Second Generation

Astelin Nasal Spray®
Clarinet®
Loratadine
Zyrtec®

ANALGESICS

Cox-2

None

NSAIDS

Generics only

Narcotics

Avinza®
Kadian®

ANTIBIOTICS (Oral)

Cephalosporins

Omnicef®
Suprax® Suspension
Macrolides

Biaxin XL®

Zithromax® Suspension

Miscellaneous

Cleocin Ped.Soln®

Penicillins

Generics only

Penicillin Combinations

Augmentin (versions not available generically)

Quinolones

Avelox®

Sulfonamides

Gantrisin® Susp

Tetracyclines

None

ANTIFUNGALS (Oral)

Grifulvin V®

Gris-PEG®

Lamisil®*

ANTIPROTOZOAL

Alinia®

ANTIVIRAL

Copegus® Tabs

Hepsera®

Rebetol® Syrup

Valcyte®

Valtrex®

BPH AGENTS

Avodart®

Flomax®

Uroxatral®

CARDIOVASCULAR

ACE Inhibitors

Altace®

ACE Inhibitor/Diuretics

Generics Only

ACEI/CCB Combinations

Lexxel®

Lotrel®

Tarka®

ARBs&Combinations

Avapro®, Avalide®

Diovan®, Diovan HCT

Beta-Blockers

Coreg®

Toprol XL®

Beta-Blocker/Diuretics

Generics Only

Calcium Channel Blockers

Norvasc®

CCB/Antihyperlipidemic

Caduet®

Diuretics& Aldosterone Receptor

Antagonists

Generics Only

Platelet Aggregation Inhibitors

Aggrenox™

clopidogrel

CENTRAL NERVOUS

SYSTEM AGENTS

Alzheimer's Agents

Aricept®

Exelon®

Namenda®

Anti-anxiety

None

Antidepressants

Effexor XR®

Wellbutrin XL®

Sedative/Hypnotics

Ambien® CR

Lunesta™

Rozerem™

Skeletal Muscle Relaxants

None

5-HT3 Receptor Antagonists

Zofran®

DIABETES

Incretin Mimetics

Byetta™

INSULIN

ALL Novo Nordisk products

Lantus® (Vial)

Oral Agents

Actos®

ACTOplus met™

Avandamet®

Avandaryl™

Avandia®

Prandin®

Starlix®

ELECTROLYTE DEPLETERS

Magnebind® Rx

Renagel®

ESTROGENS-PROGESTINS

Premarin®

Premphase®

Prempro®

GASTRO-INTEST. AGENTS

H-2 Blockers

Axid® Solution

Zantac® Syrup

PPIs

Prevacid®

Zegerid®

Misc.

Zelnorm®

G-U RELAXANTS

Enablex®

HEMATOPOIETIC

Aranesp®

Procrit®

LAXATIVES (Rx)

Generics Only

LIPIDS

Advicor®

Crestor®

Lipitor®

Niaspan®

Tricor®

Vytorin®

Zetia®

MIGRAINE

Imitrex®

Maxalt®

OSTEOPOROSIS

Actonel®

Boniva®

Evista®

Fosamax®

Miacalcin®

RESPIRATORY AGENTS

Advair®

Asmanex®

Azmacort®

Combivent®

Intal® Aerosol Inhaler

Pulmicort Respules®

Serevent Diskus®

Singulair®

Spiriva®

Tilade®

QVAR®

Xopenex HFA™

Xopenex® Inhalation Sol.

Smooth Muscle

Relaxants&Combinations

Generics Only

Nasal Corticosteroids

Flonase®

Nasonex®

THYROID/ANTI-THYROID

AGENTS

All Brands & Generics

TOPICAL AGENTS

Anti-inflammatory Agents

Locoid®

Antibacterial Agents

MetroGel® Vaginal

Antifungals

Naftin®

Antipruritic

None

Antiviral

None

Miscellaneous-Skin and Mucous

Membrane Agents

Aldara®

Elidel®

Anti-Influenza Class was removed due to global events & agents in this class do not require PA.

Changes in bisphos. class postponed until 7-1-2006. Preferred agents Fosamax and Actonel remain Preferred till 6-30-06.

Policy Manual Additions/ Revisions

The following policies and policy sections have been added 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
8.0 Ambulance	8.05 Non-Emergency Ground Ambulance		X	04/01/06
	8.12 Billing Claims on CMS-1500		X	
	8.14 Transport of Dual Eligibles		X	
53.0 General Medical Policy	53.11 Physician Office Visits- Extended Hours		X	04/01/06
10.0 Durable Medical Equipment	10.02 Reimbursement		X	05/01/06
	10.10 Apnea Monitor		X	
	10.14 Bi-level Positive Airway Pressure Device (BIPAP) With or Without an In-Line Heated Humidifier		X	
	10.27 Continuous Positive Airway Pressure Device (BIPAP) With or Without an In-Line Heated Humidifier		X	
	10.42 Humidifier		X	
	10.73 Suction Pump (Respiratory/ Gastric)		X	
	10.91 DME-Related Supplies		X	
	10.96 Combination Positive Expiratory Pressure Device, Airway Oscillation Device, and Intermittent Flow Acceleration Device	X		
	10.101 Hip Abductor Pillow/ Wedge	X		
	10.103 Cranial Molding Helmet	X		
10.104 Urinary Tract Infection Kits	X			

(Continued on next page)

(Policy Manual continued)

Manual Section	Policy Section	New	Revised	Effective Date
10.0 Durable Medical Equipment (cont.)	10.105 Height Adjustable Crawler	X		05/01/06
	10.106 Combination Head Float with Mini Stabilizer Bar	X		
	10.107 Weighted Blanket	X		
	10.108 Custom Wedge Seat Insert	X		
18.0 Psychiatric Residential Treatment Facility (PRTF)	18.12 Discharge/ Aftercare		X	05/01/06
32.0 Beneficiary Health Management	All (32.01-32.05)	X		05/01/06
36.0 Nursing Facility	36.12 Case Mix Guidelines		X	05/01/06
37.0 Laboratory	37.04 Qualitative Drug Screens	X		05/01/06
55.0 Physician	55.07 Removal of Impacted Cerumen	X		05/01/06
34.0 Immunization	* All policies in Section 34.0 are being moved to Section 77.0. There is no change in policy.			02/01/06
39.0 Family Planning Waiver	* All policies in Section 39.0 are being moved to Section 72.0. There is no change in policy.			02/01/06
53.0 General Medical Policy	53.08 Abortion * The Abortion Necessity Form has been revised. There is no change in policy.			03/01/06

Available Websites Listed

In an effort to better serve the provider community, several websites are available with current and pertinent information. Please take a moment and visit the following websites:

www.dom.state.ms.us

Provider manuals may be accessed or printed from this site.

<http://mississippimedicaid.acs-inc.com>

Remittance advices may be accessed and downloaded from this site.

<http://msmedicaid.acs-inc.com>

This site is often referred to as the "Web Portal". You may check eligibility, claim status, and view the latest updates on Late Breaking News.

www.hidmsmedicaid.com

Drug Prior Authorization forms are available at this site.

www.hsom.org

Plan of Care forms can be downloaded from this site.

Call Record Tracking Numbers

When calling the ACS Call Center, ask for the call record number (CRN) from the Call Center Associate prior to ending your call. Make a record of this number, as it will be useful if there is a need for you to follow up on an inquiry.

Medicaid Regional Offices

Applications for Medicaid for individuals who are aged or disabled may be filed at the Medicaid Regional Office that serves the county where the individual lives or the county where the individual resides in a nursing facility.

Brandon Regional Office 3035 Greenfield Road Pearl, MS 39208	(601)825-0477 FAX: (601)825-2184 Counties Served: Rankin, Simpson, Smith
Brookhaven Regional Office 128 S. First Street Brookhaven, MS 39601-3317	(601)835-2020 FAX: (601)833-5429 Counties Served: Copiah, Lawrence, Lincoln
Canton Regional Office 616 East Peace Street Canton, MS 39046	601-859-3230 601-859-9513 FAX Counties Served: Madison, North Hinds
Clarksdale Regional Office 528 South Choctaw Street Clarksdale, MS 38614-1912	(662)627-1493 FAX: (662)627-5460 Counties Served: Coahoma, Quitman, Tunica
Cleveland Regional Office 201 E. Sunflower, Suite 5 Cleveland, MS 38732-7753	(662)843-7753 FAX: (662)843-4609 Bolivar, Sunflower
Columbia Regional Office 1111 Hwy. 98 ByPass, Suite B Columbia, MS 39429-3701	(601)731-2271 FAX: (601)731-7924 Counties Served: Covington, Jeff Davis, Marion
Columbus Regional Office 2207 5th Street North Columbus, MS 39705	(662)329-2190 FAX: (662)329-8581 Counties Served: Lowndes, Monroe
Corinth Regional Office 2619 South Harper Road Corinth, MS 38834-9399	(662)286-8091 FAX: (662)287-9763 Counties Served: Alcorn, Prentiss, Tishomingo
Greenville Regional Office 585 Tennessee Gas Road Greenville, MS 38701-8160	(662)332-9370 FAX: (662)334-4577 Counties Served: Washington
Greenwood Regional Office 805 W. Park Avenue, Suite 6 Greenwood, MS 38930-2832	(662)455-1053 FAX: (662)459-9754 Counties Served: Carroll, Leflore, Tallahatchie

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Grenada Regional Office 1109 Sunwood Drive Grenada, MS 38901-4005	(662)226-4406 FAX: (662)226-8821 Counties Served: Grenada, Calhoun, Montgomery, Yalobusha
Gulfport Regional Medicaid Office 101 Hardy Court Shopping Center Gulfport, MS 39507-2528	(228)863-3328 FAX: 228-868-0121 County Served: Harrison
Hattiesburg Regional Office 132 Mayfair Blvd. Hattiesburg, MS 39402-1463	(601)264-5386 FAX: (601)261-1244 Counties Served: Forrest, Lamar, Perry
Holly Springs Regional Office 695 Salem Ave. Holly Springs, MS 38635-2109	(662)252-3439 FAX: (662)252-5543 Counties Served: Benton, Lafayette, Marshall
Jackson Regional Office 1695 High Street, Suite A Jackson, MS 39206-4398	(601)961-4361 FAX: (601)961-4412 County Served: South Hinds
Kosciusko Regional Office 405 W. Adams Street Kosciusko, MS 39090	(662)289-4477 FAX: (662)289-9420 Counties Served: Attala, Choctaw, Leake
Laurel Regional Office 1100 Hillcrest Drive Laurel, MS 39440-4357	(601)425-3175 FAX: (601)425-9441 Counties Served: Greene, Jones, Wayne
McComb Regional Office 301 Apache Drive McComb, MS 39648-6309	(601)249-2071 FAX: (601)249-4629 Counties Served: Amite, Pike, Walthall
Meridian Regional Office 3848 Old Hwy. 45 North Meridian, MS 39301	(601)483-9944 FAX: (601)486-2988 Counties Served: Clarke, Lauderdale
Natchez Regional Office 103 State Street Natchez, MS 39120	(601)445-4971 FAX: (601)442-0571 Counties Served: Adams, Franklin, Jefferson, Wilkinson
New Albany Regional Office 1410 Munsford Drive New Albany, MS 38652	662-534-0441 FAX: 662-840-9941 Counties Served: Pontotoc, Tippah, Union
Newton Regional Office 105 School Street Ext. Newton, MS 39345-2622	(601)683-2581 FAX: (601)683-7237 Counties Served: Jasper, Newton, Scott

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Pascagoula Regional Office 4119 Amonett Street Pascagoula, MS 39567-4413	(228)762-9591 Fax – 228-762-7309 Counties Served: George, Jackson
Philadelphia Regional Office 1122 E. Main Street, Suite 15 Philadelphia, MS 39350-2300	(601)656-3131 FAX: (601)656-7950 Counties Served: Kemper, Neshoba, Noxubee, Winston
Picayune Regional Office 1845 Cooper Road Picayune, MS 39466	(601)798-0831 Fax – 601-798-6753 Counties Served: Hancock, Pearl River, Stone
Senatobia Regional Office 2776 Highway 51 South Senatobia, MS 38668	(662)562-0147 FAX: (662)562-7897 and (662)562-7901 Counties Served: DeSoto, Panola, Tate
Starkville Regional Office 313 Industrial Park Road Starkville, MS 39759-5405	(662)323-3688 FAX: (662)324-1872 Counties Served: Chickasaw, Clay, Oktibbeha, Webster
Tupelo Regional Office 1830 N. Gloster Street Tupelo, MS 38804-1218	(662)844-5304 FAX: (662)840-9941 Counties Served: Itawamba, Lee
Vicksburg Regional Office 2734 Washington Street Vicksburg, MS 39180-4656	(601)638-6137 FAX: (601)638-7186 Counties Served: Claiborne, Issaquena, Sharkey, Warren
Yazoo City Regional Office 110 Jerry Clower Blvd., Suite A Yazoo City, MS 39194	(662)746-2309 FAX: (662)746-2633 Counties Served: Holmes, Humphreys, Yazoo

Submission of Adjustment/Void Request

When submitting an Adjustment/Void request, complete boxes 1 through 6 on the Adjustment/Void request form for proper processing. If filing for an adjustment with or without a returned check to Medicaid, attach a corrected claim and any other appropriate documentation that will aid in properly processing your request.

Please mail Adjustment/Void request and appropriate documentation to:

Mississippi Medicaid Program
P.O. Box 23077
Jackson, Mississippi 39225



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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>

April

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<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
						1
2	3 CHECKWRITE	4	5	6 EDI Cut Off 5:00 p.m.	7	8
9	10 CHECKWRITE	11	12	13 EDI Cut Off 5:00 p.m.	14	15
16	17 CHECKWRITE	18	19	20 EDI Cut Off 5:00 p.m.	21	22
23/ 30	24 DOM and ACS CLOSED CHECKWRITE	25	26	27 EDI Cut Off 5:00 p.m.	28	29

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.