

Mississippi Medicaid

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January 2007

Bulletin

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Updated Medicaid Claim Edit Descriptions on the Web

ACS has updated the list of claim exception edit EOB (Explanation of Benefits) code descriptions that appear on the paper and electronic Remittance Advices (RAs). Due to space and file size restrictions, only the edit's short description currently prints on the RA.

The list of claim edits and their full descriptions can now be found on the Envision Web Portal <https://msmedicaid.acs-inc.com> on the **Billing Tips** page under the **RA EOB Exception Code Description** heading. The list of edits and their long descriptions can also be accessed by directly typing in the URL link <https://msmedicaid.acs-inc.com/PDFs/clmexpenvision.pdf>.

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.



NPI Deadline – 4 Months and Counting!

NPI: Get it. Share it. Use it.

The National Provider Identifier (NPI) compliance date is May 23, 2007. This means that providers must use their NPI as of May 23, 2007. If you have not obtained your NPI, it is imperative that you do so immediately. If you have already obtained your NPI, please report it to MS Medicaid immediately.

This month's NPI article will serve as a reminder to providers to obtain and report their NPI to MS Medicaid. Please review your September 2006 and October 2006 MS Medicaid provider bulletins for more detailed information on NPI.

NPI Facts

- The NPI is the 10-digit standard unique numeric identifier for health-care providers.
- The NPI must be used by HIPAA covered entities which include health plans (examples: Medicare, Medicaid, and private health insurance issuers), health-care clearinghouses, and health-care providers (individuals and organizations) that conduct electronic transactions.
- Providers are required to use their NPI as of May 23, 2007.
- Providers should continue to use their Mississippi Medicaid provider number until April 27, 2007. Additional information regarding when, where, and how to use NPIs will be provided in subsequent provider bulletins.

How do I obtain an NPI?

Providers can obtain an NPI by

- Completing an online application at the National Plan and Provider Enumeration System (NPPES) website at (<https://NPPES.cms.hhs.gov/NPPES/Welcome.do>). When the homepage is accessed, the provider should click on "National Provider Identifier (NPI)," which is highlighted in blue. This will take the provider to the page where an online application can be completed. Or,
- Contacting 1-800-465-3203 to request a paper NPI Application/Update Form and mailing the completed, signed application to the NPI Enumerator, P.O. Box 6059, Fargo, ND 58108-6059. Providers may also request a paper NPI Application/Update Form by emailing the NPI Enumerator at customerservice@npienumerator.com.

How do I report my NPI to Mississippi Medicaid?

If you have obtained your NPI with the certification form from the NPI Enumerator, then you are ready to report your NPI to MS Medicaid.

Please prepare a facsimile cover page and include the following information in transmitting your NPI information to the ACS Provider Enrollment fax number, 601-206-3015:

1. Provider Name
2. The name of a representative in your organization to be contacted
3. A direct telephone number
4. A fax number

5. An email address
6. NPI – Please indicate if the NPI is for an individual, group, or facility
7. Eight-digit MS Medicaid Provider Number that corresponds to the NPI listed
8. A servicing address which corresponds to the NPI and eight-digit Medicaid Provider Number
9. A **copy** of the NPI certification form from the NPI Enumerator

IMPORTANT NOTE: The NPI certification form must be **one** of four Division of Medicaid approved formats. The four approved formats are described as follows:

1. Email from customerservice@npienumerator.com which includes the NPI for an individual health-care provider
2. Email from customerservice@npienumerator.com which includes the NPI for an organizational health-care provider
3. Official notice from CMS (Centers for Medicare and Medicaid Services) and Fox Systems, Inc. (the NPI Enumerator) which includes the NPI assigned to the health-care provider. The CMS logo will be in the top left-hand corner and the Fox Systems, Inc. logo will be in the top right-hand corner of the notice.
4. Official notice from NCPDP (National Council for Prescription Drug Programs) which includes the NPI assigned to a pharmacy provider. The NCPDP logo will be in the top left-hand corner of the notice.

You may also email the information requested above to msnpi.provider@acs-inc.com. A copy of the NPI certification form from the NPI Enumerator must be attached in the portable document format (pdf) to your email.

If facsimile transmission and email are not viable options for you, the information requested above may be mailed to *ACS Provider Enrollment, P.O. Box 23078, Jackson, MS 39225*.

In the event one of the nine required elements stated above is omitted from the facsimile or email received, ACS will notify the contact representative by phone, email, or facsimile to obtain the necessary information to complete the NPI Medicaid enrollment process.

Where can I obtain more information?

Additional information will be published in future MS Medicaid Provider Bulletins, remittance advice banner messages, the Division of Medicaid website at www.dom.state.ms.us, and on the MS Envision Web Portal at <http://msmedicaid.acs-inc.com>. You may also contact ACS Provider/Beneficiary Support at 800-884-3222 if you have questions, or visit <http://www.cms.hhs.gov/NationalProvIdentStand/> for additional information.

In the near future, ACS will also broadcast bulletins and provider alerts through a mass fax communication.

WINASAP 5.10

WINASAP 5.10 has been released in preparation for the implementation of the National Provider ID (NPI). The only changes in Version 5.10 are on the provider data base and how the provider numbers appear on the claim forms. The provider data base must be recreated after downloading the new version of WINASAP. Choose the Provider Data tab under the Reference File using the scroll down menu on the tool bar.

On the Provider Data Tab enter

1. Provider ID Type

Use the HCFA National Provider ID **ONLY AFTER** the implementation of NPI
 Select Employer's ID Number if creating an entry for a group
 Select Social Security Number if creating an entry for an individual

2. Provider ID Number

Enter the number that corresponds with the choice in Provider ID Type

3. Entity Type

Individual numbers are entered as Person
 Group numbers are entered as Non Person

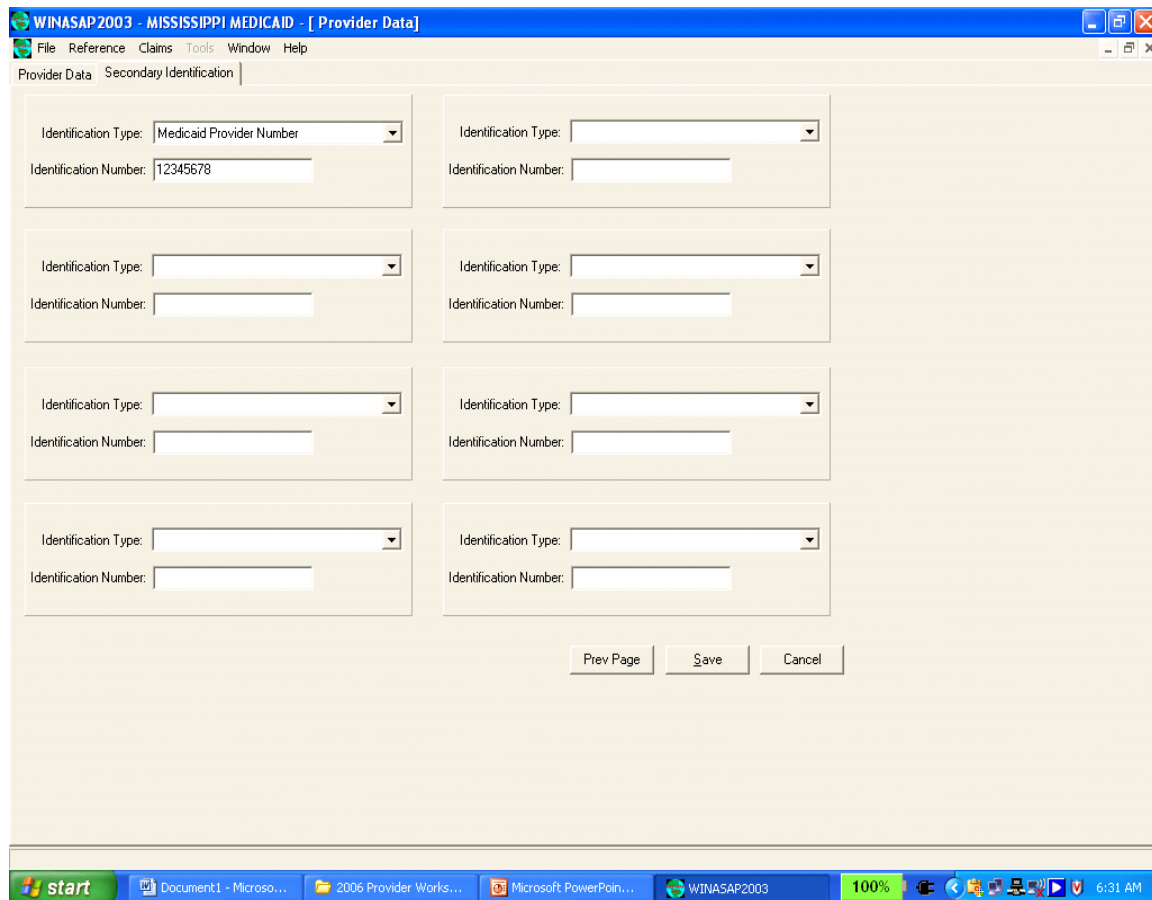
4. Persons enter

Last Name

(WINASAP continued from page 4)

- First Name
- Middle Name (If applicable)
- Suffix (If applicable)
- 5. Non Persons enter
 - Organization Name
- 6 Provider Address enter
 - Address
 - City
 - State
 - Zip Code
- 7. Contact Information enter
 - Contact Name
 - Telephone Number
- 8. Additional Contact Information
 - Contact Name
 - Telephone Number

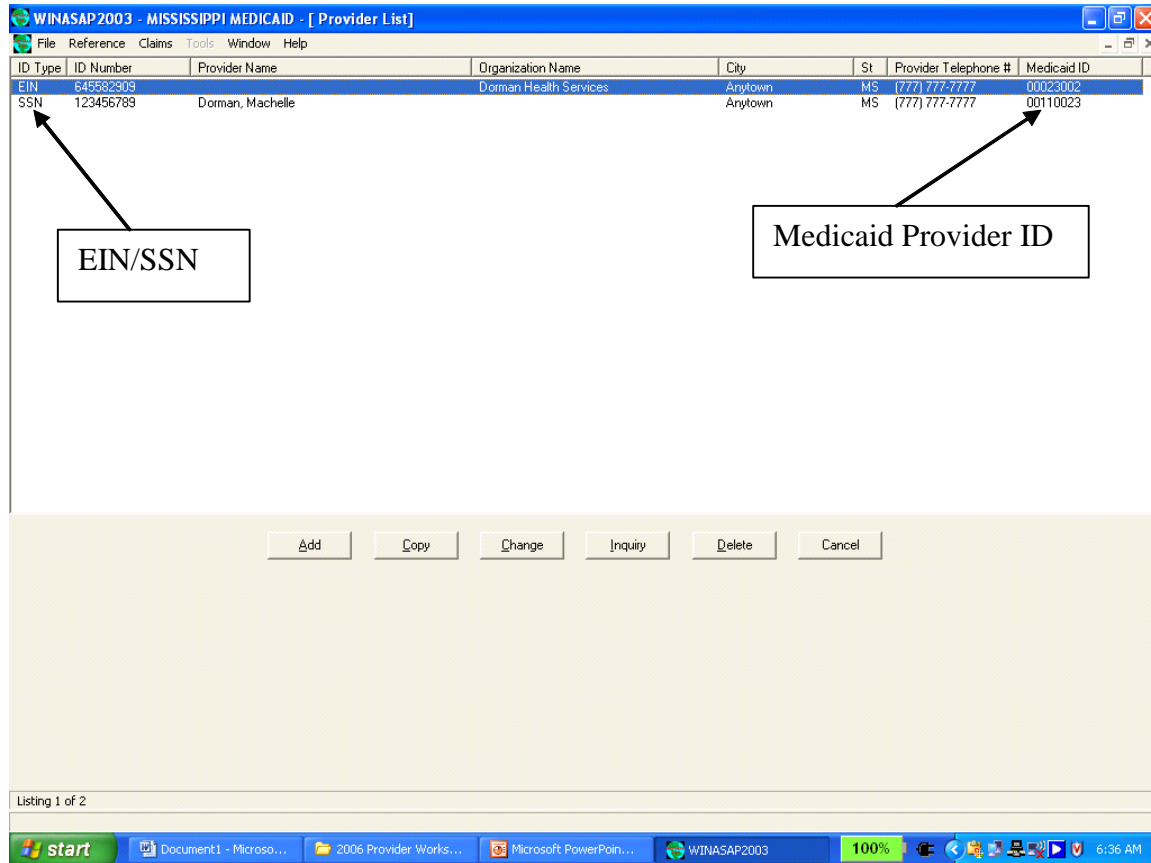
Once this information is complete, click on Next Page



Secondary Identification

1. Identification Type – Select Medicaid Provider Number
2. Identification Number – Enter the eight-digit MS Medicaid Provider Number
3. Select Save

All group, individual, and referring physicians should be entered in the Provider Data Base as with earlier versions of WINASAP.

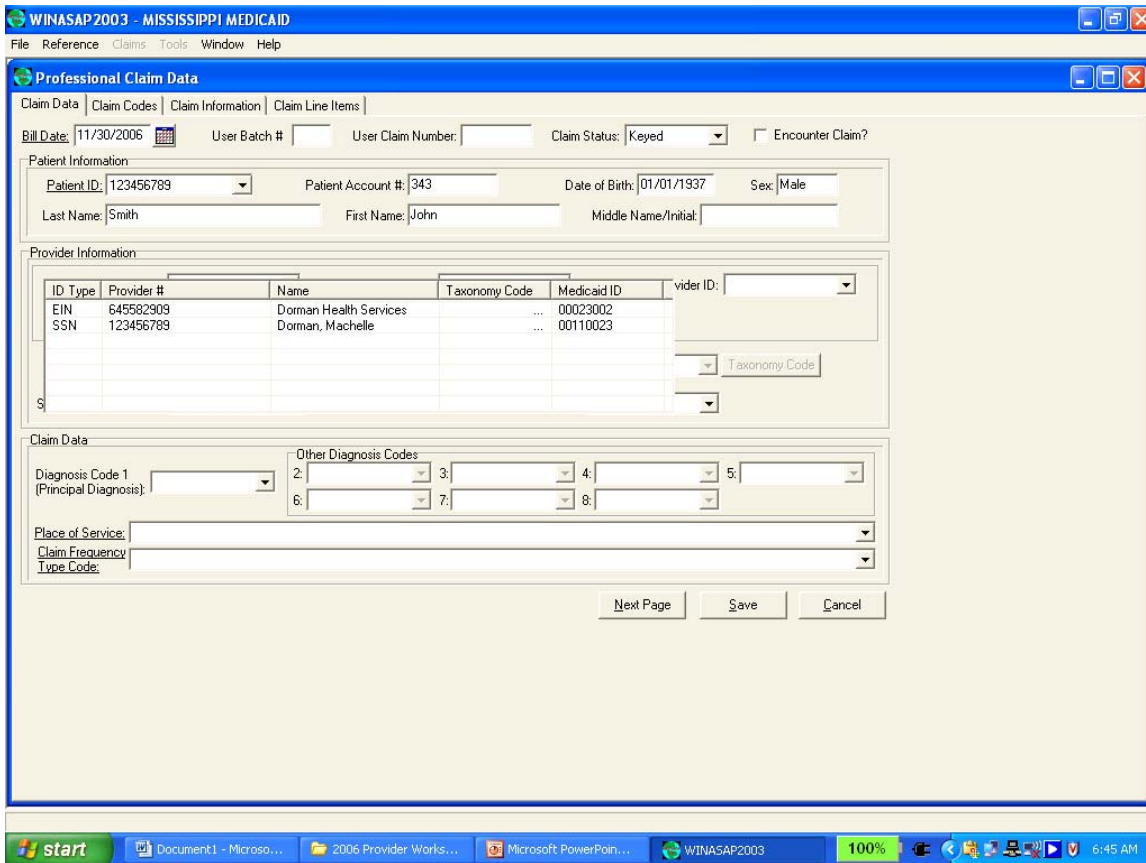


In Version 5.10 of the WINASAP, the Provider list will begin with EIN or SSN with the Medicaid Provider Number on the right side of the screen.

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The provider numbers on the claim appear as they do in the Provider List.

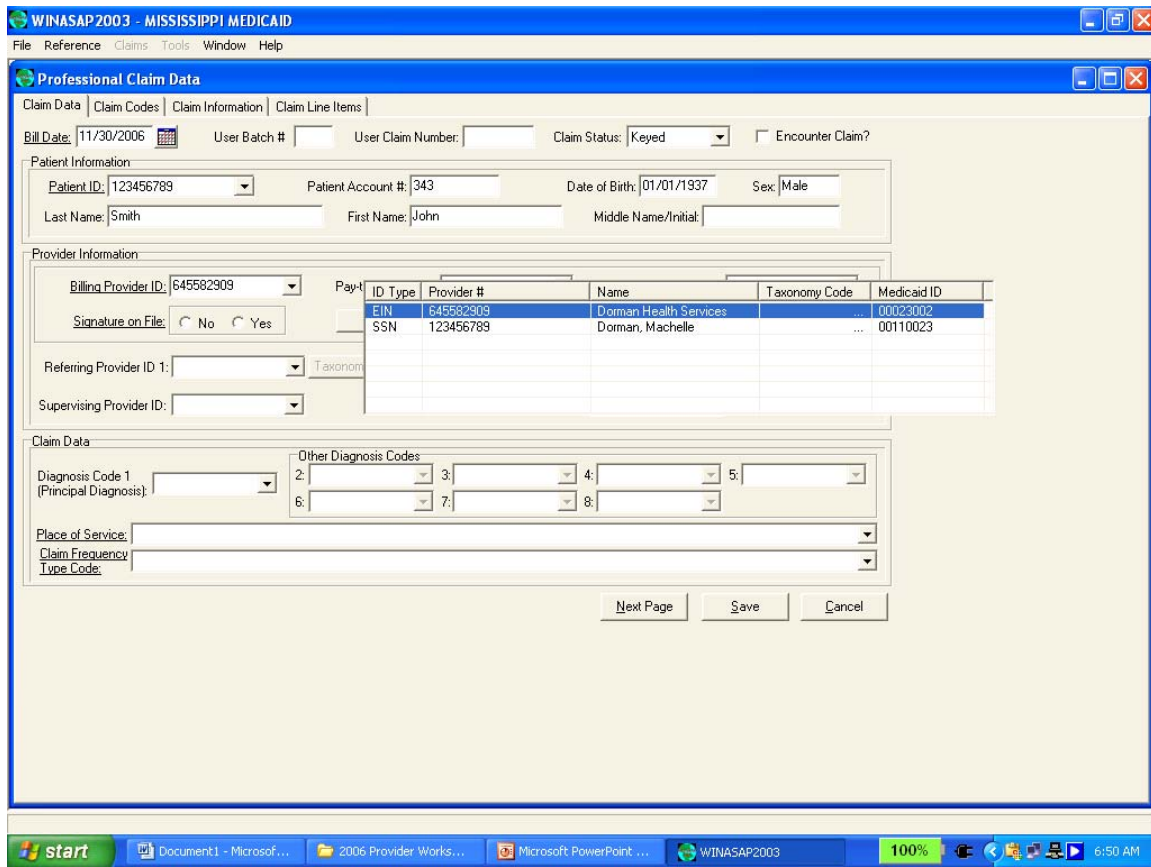


1. Billing Provider ID – Choose the provider ID using the scroll down bar.

- Providers billing under an individual number will select the option that begins with the SSN.
- Providers billing under a group number will select the option that begins with the EIN.

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Rendering Provider – This must be the individual provider number and is the option that begins with SSN.

A complete user manual can be found on the ACS EDI Gateway Services website <http://www.acs-gcro.com/WINASAP2003/winasap2003.htm/>. Providers can call Provider and Beneficiary Support Services, 1-800-884-3222, with additional questions.

Hospice Billing Changes

Billing covered days is now mandatory for all hospice claims. The total covered days should equal the "Statement Covers Period" less the discharge date. Additionally, the covered days should equal the total units billed. Failure to add covered days to hospice claims will result in claim denials.

Postponement of Medicaid APR-DRG

The implementation date of January 1, 2007, for the new hospital inpatient payment method has been postponed. It is the intent of the Division of Medicaid to implement the new payment methodology by July 1, 2007.

How to Complete the ADA Dental Claim Form

Effective May 1, 2007, the Division of Medicaid will accept the 2006 American Dental Association (ADA) Claim Form **only**. No other forms will be accepted after this date.

This article addresses billing procedures and must be used in conjunction with the Mississippi Medicaid Provider Policy Manual. Providers with issues concerning policy and the specific procedures for which Medicaid reimburses should refer to the policy manual and fee schedules. For quick access on policy, billing, and fee schedule information, utilize the DOM web site at www.dom.state.ms.us. If you have questions, please contact ACS Provider and Beneficiary Services Unit toll-free number at 1-800-884-3222.

This article is intended to inform providers of the fields required by Medicaid to properly complete the ADA Dental Claim form. This form is to be used when filing paper claims only.

The following information explains the procedures for obtaining reimbursement for services submitted to Medicaid on this claim form. Dentists may bill for any Medicaid-covered dental services for a beneficiary using the ADA Dental Form.

HEADER INFORMATION

1. Type of Transaction – Not Required
2. Predetermination/Preauthorization Number – ***Required if applicable***; enter the eight-digit pre-printed prior authorization (PA) number for services that require PA and approval by DOM.

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name – Not Required

OTHER COVERAGE

4. Other Dental or Medical Coverage? – ***Required***; enter “X” in the appropriate box to indicate whether or not the beneficiary has other insurance. If “yes” is checked, complete fields 5-11.
5. Name of Policy Holder/Subscriber in # 4 – ***Required if applicable***.
6. Date of Birth – ***Required if applicable***.
7. Gender – ***Required if applicable***.
8. Policyholder/Subscriber ID – ***Required if applicable***.
9. Plan/Group Number – ***Required if applicable***.
10. Patient’s Relationship to Person Named in # 5 – ***Required if applicable***.
11. Other Insurance Company/Dental Benefit Plan Name, Address, etc. – ***Required if applicable***.

POLICY HOLDER/SUBSCRIBER INFORMATION

12. Policy/Subscriber Name, Address, etc. – Not Required.
13. Date of Birth – Not Required.
14. Gender – Not Required.
15. Policyholder/Subscriber ID – Not Required.
16. Plan/Group Number – Not Required.
17. Employer Name – Not Required.

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above – **Required**.
19. Student Status – Not Required.
20. Name, Address, etc. – **Required**.
21. Date of Birth – **Required**.
22. Gender – **Required**.
23. Patient ID/Account # - **Required**; type or clearly print the full 9-digit Medicaid ID number as indicated on the beneficiary's current Medicaid ID card.

RECORD OF SERVICES PROVIDED

24. Procedure Date – **Required**; enter the date of service on which services were performed.
25. Area of Oral Cavity – Not Required.
26. Tooth System – Not Required.
27. Tooth Number(s) or Letter(s) – **Required if applicable**; enter the tooth number, 1 through 32 for permanent teeth or letter A through T for deciduous teeth.
28. Tooth Surface – **Required if applicable**; leave this field blank if the surface code is not applicable for the service.
29. Procedure Code – **Required**; enter the dental procedure code.
30. Description – **Required**; enter a description of the services performed.
31. Fee – **Required**; enter your usual and customary charge. Do not deduct co-payment from your usual and customary charge. List only a single date and a single procedure per line.
32. Other Fee(s) – Not Required.
33. Total Fee – **Required**; enter the total of the line item charges. Each claim form must be totaled in this item. Do not submit forms that are continued on a second page.
34. (Place an 'X' on each missing tooth) – **Required**; chart the tooth or teeth requiring services on this particular claim form. Extractions are to be charted by placing 'X' over the tooth. Restorations are to be charted by shading the restored surface(s).

35. Remarks – **Required if applicable**; if submitting claim that was originally submitted within twelve (12) months from the date of service, but is now over twelve (12) months old, enter the 17-digit transaction control number (TCN).

AUTHORIZATIONS

36. Patient/Guardian Signature/Date – **Required**; the beneficiary must sign his/her name. If the patient cannot write his/her name, he/she should sign by a mark and have a witness sign his/her name and indicate by whom the name was entered. If the patient is a minor or otherwise unable to sign, any responsible person such as a parent or guardian must enter the patient's name and write "By," sign his/her own name in the space, show his/her relationship to the patient, and explain briefly why the patient cannot sign. In lieu of having the beneficiary sign a claim form on each visit, the provider may retain a copy of a statement of release signed by the beneficiary or his/her guardian. Medicaid will allow a patient signature for a lifetime when the provider has a signature authorization on file. On the claim form, the provider would enter "Signature on File" to satisfy the signature guidelines. If the patient is unable to sign, the billing clerk may sign the beneficiary's name and indicate "By: (name of office person signing)." In addition, the reason the beneficiary is not available must be specified.
37. Subscriber signature – Not Required.

ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment – **Required**; check the appropriate box, if treatment took place in the
- a. Office – check the provider's office box.
 - b. Hospital in-patient – check the hospital box.
 - c. Nursing home – check the ECF box.
 - d. Hospital out-patient or another facility – check the other box.
39. Number of Enclosures – Not Required.
40. Is Treatment for Orthodontics? – Not Required.
41. Date Appliance Placed – Not Required.
42. Months of Treatment Remaining – Not Required.
43. Replacement of Prosthesis? – Not Required.
44. Date of Prior Placement – Not Required.
45. Treatment Resulting from – Not Required.
46. Date of Accident – Not Required.
47. Auto Accident State – Not Required.

BILLING DENTIST OR DENTAL ENTITY

48. Name, Address, City, etc. – **Required**; type or clearly print the provider's full name (last name first, first name last) and address.

- 49. NPI – **Required**; clearly indicate the provider ten-digit National Provider Identifier. (NPI)
- 50. License Number – Not Required.
- 51. SSN or TIN – Not Required.
- 52. Phone Number – Not Required.
- 52A. Additional Provider ID – **Required**; clearly indicate the seven-digit Medicaid group provider number.

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

- 53. Signature/Date (Treating Dentist) – **Required**; the provider must sign and date the claim form. A rubber stamp signature is not acceptable. If anyone other than the provider is designated to sign the provider's name, a power of attorney must be on file and available on request. The provider is also stating that it is understood that payment and satisfaction of this claim will be from Federal or State funds, and that any false claims, statements, or documents or concealment of a material fact may be prosecuted under applicable Federal or State laws.
- 54. NPI – **Required**; clearly indicate the ten-digit National Provider Identifier. (NPI)
- 55. License Number – Not Required.
- 56. Address, City, State, Zip Code – Not Required.
- 56A. Provider Specialty Code – Not Required.
- 57. Phone Number – Not Required.
- 58. Additional Provider ID – **Required**; clearly indicate the seven-digit Medicaid individual provider number.

The charts on the next page provide a summary of the required fields for the ADA claim form. Once the form is complete, the health care provider should keep a copy and mail the original to

**Mississippi Medicaid Program
Post Office Box 23076
Jackson, MS 39201**

An example of the ADA claim form is available at this web address:
http://www.ada.org/prof/resources/topics/topics_claimform.pdf.

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.

How To Complete the ADA Form Checklist

ADA Claim Form Check List for Required Fields	Required	Required if applicable	Not Required	ADA Claim Form Check List for Required Fields	Required	Required if applicable	Not Required
1. Type of Transaction	X			31. Fee	X		
2. Predetermination/Preauthorization #		X		32. Other Fee(s)			X
3. Company/Plan Name			X	33. Total Fee	X		
4. Other Dental or Medical Coverage	X			34. Identify Missing Teeth	X		
5. Name of Policy Holder		X		35. Remarks		X	
6. Date of Birth		X		36. Patient/Guardian Signature/Date	X		
7. Gender		X		37. Subscriber Signature			X
8. Policyholder/Subscriber ID		X		38. Place of Treatment	X		
9. Plan/Group Number		X		39. Number of Enclosures			X
10. Patient's Relationship		X		40. Is Treatment for Orthodontics?			X
11. Other Insurance Company		X		41. Date Appliance Placed			X
12. Policy/Subscriber Name			X	42. Months of Treatment Remaining			X
13. Date of Birth			X	43. Replacement of Prosthesis			X
14. Gender			X	44. Date of Prior Placement			X
15. Policyholder/Subscriber ID			X	45. Treatment Resulting From			X
16. Plan/Group #			X	46. Date of Accident			X
17. Employer Name			X	47. Auto Accident State			X
18. Relationship to Policyholder	X			48. Name/Address	X		
19. Student Status			X	49. NPI	X		
20. Name/Address	X			50. License #			X
21. Date of Birth	X			51. SSN/TIN			X
22. Gender	X			52. Phone #			X
23. Patient ID(Medicaid ID #)	X			52A.Additional Provider ID	X		
24. Procedure Date	X			53. Signature/Date	X		
25. Area of Oral Cavity			X	54. NPI	X		
26. Tooth System			X	55. License Number			X
27. Tooth Number(s)/Tooth Letter(s)		X		56. Address			X
28. Tooth Surface		X		56A.Privider Specialty Code			X
29. Procedure Code	X			57. Phone Number			X
30. Description	X			58. Additional Provider ID	X		



ASC Approved Procedures List Changes Effective January 1, 2007

Code Removals

15000	19180	27315	55859
15001	19182	27320	56720
15831	21300	28030	57820
19140	25611	31700	67350
19160	25620	49085	
19162	26504	54820	

Code and Payment Group Additions

13102	1	19297	9	25608	5	55875	9
13122	1	19300	4	25609	5	56442	1
13133	1	19301	3	27325	2	57267	7
13153	3	19302	7	27326	2	57558	3
15002	2	19303	4	28055	4	61795	1
15003	1	19304	4	31620	1	67346	1
15004	2	21356	3	36818	3	0176T	9
15005	1	22520	9	43257	3	0177T	9
15731	3	22521	9	43761	1	G0392	9
15830	3	22522	9	46946	1	G0393	9
15847	3	25606	3	49402	2		
19295	1	25607	5	54865	1		

The current ASC Rate Schedule and Group Designations List may be found at www.dom.state.ms.us under the Fee Schedules link.

DME Suppliers 2007 HCPCS Code Update

The Division of Medicaid has updated Envision with the 2007 HCPCS Codes according to HIPAA requirements. The following list of codes will be deleted effective January 1, 2007. Any TANS with these codes which are valid for dates of service January 1, 2007 forward will need to be replaced using a valid 2007 HCPCS code. All claims for dates of service January 1, 2007 forward will be denied for payment due to invalid code.

A4348	K0096	L6755	L6855
A4359	K0097	L6765	L6860
A4462	K0098	L6770	L6865
A9549	L0100	L6775	L6867
E0164	L0110	L6780	L6868
E0166	L3902	L6790	L6870
E0180	L3914	L6795	L6872
E0701	L6700	L6800	L6873
E0977	L6705	L6806	L6875
E0997	L6710	L6807	L6880
E0998	L6715	L6808	L7010
E2320	L6720	L6809	L7015
K0090	L6725	L6825	L7020
K0091	L6730	L6830	L7025
K0092	L6735	L6835	L7030
K0093	L6740	L6840	L7035
K0094	L6745	L6845	
K0095	L6750	L6850	

Nursing Facilities: Electronic Reports for Case Mix

Case Mix Reports will now be available through the Division of Medicaid's internet website: www.dom.state.ms.us. The interim and closed quarter Case Mix Nursing Facility (NF) Reports can be retrieved by following the steps once the authorized representative for the nursing facility has logged on to the website. Instructions to access the electronic reports were mailed to each nursing facility administrator with the December 15, 2006, rosters. If the NF did not receive these instructions, please call the telephone numbers noted below. The electronic copies will be in a PDF format with the ability to print out by the facility. Passwords to access the website and your reports will be unique to your facility only. You will only be able to access your nursing facility's reports.

Interim rosters and bedhold reports will continue to be mailed for the fourth quarter, which are due on December 15, 2006, and January 15, 2007. Paper copies will no longer be mailed to the facility after January 15, 2007. If you have any questions or problems accessing the website, please contact the Case Mix Hotline at 601-359-5191 or Evelyn H. Silas at 601-359-6750.

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
68.0 HCBS/ Assisted Living Waiver	68.02 Eligibility		X	01/01/07
	68.06 Covered Services		X	
1.0 Introduction	1.04 Administration of the Medicaid		X	02/01/07
	1.07 Medicaid Regional Offices		X	02/01/07
10.0 Durable Medical Equipment	10.14 Bi-Level Positive Airway Pressure Device		X	02/01/07
	10.103 Cranial Molding Helmet		X	02/01/07
27.0 Nursing Services	27.04 Nurse Practitioners	X		02/01/07
42.0 Foot Care	42.11 Casting, Splinting, or Stripping in Office Setting	X		02/01/07
52.0 Surgery	52.15 Casting, Splinting, or Stripping in Office Setting	X		02/01/07
53.0 General Medical	53.10 Physician Assistants		X	02/01/07
	53.18 Physical Examination		X	02/01/07
	53.29 Casting, Splinting, or Stripping in Office Setting	X		02/01/07
55.0 Physician	55.06 Hospital Inpatient Visits/ Consultations	X		02/01/07

Assistance from ACS Provider Field Representatives January 2007

ACS Provider Field Representatives will provide services to providers in all counties of Mississippi and out of state providers beginning on January 1, 2007. They are available to assist you by phone, email or in person with complex billing questions, claims issues and provider education. A provider visit may be scheduled at a time that is convenient for you. Please leave a voice mail message for your Provider Field Representative if they are in the field or not available and allow them an opportunity to return your call. You should receive a response within two business days.

Prior to scheduled provider visits, you should submit a list of issues to your Provider Field Representative to be covered during the visit. This will allow the representative an opportunity to research the issues and be prepared to provide needed assistance to you.

ACS Provider Field Representatives may be reached by contacting them at the phone numbers listed on the chart below. Representatives are assigned by billing location and not service location. Please refer to the February 2007 Mississippi Medicaid Bulletin for information on new ACS Provider Field Representatives to be assigned to counties beginning in February 2007.

County	Provider Representative	Telephone #
Adams	Chris Yount	601.206.2904
Alcorn	Machelle Dorman	601.206.3025
Amite	Chris Yount	601.206.2904
Attala	Ekida Wheeler	601.572.3265
Benton	Machelle Dorman	601.206.3025
Bolivar	Tamara Cry	601.206.3028
Calhoun	Machelle Dorman	601.206.3025
Carroll	Tamara Cry	601.206.3028
Chickasaw	Machelle Dorman	601.206.3025
Choctaw	Ekida Wheeler	601.572.3265
Claiborne	Chris Yount	601.206.2904
Clarke	Tamara Cry	601.206.3028
Clay	Machelle Dorman	601.206.3025
Coahoma	Tamara Cry	601.206.3028
Copiah	Chris Yount	601.206.2904
Covington	Randy Ponder	601.206.3026
Desoto	Machelle Dorman	601.206.3025
Forrest	Randy Ponder	601.206.3026
Franklin	Chris Yount	601.206.2904
George	Randy Ponder	601.206.3026
Greene	Randy Ponder	601.206.3026
Grenada	Tamara Cry	601.206.3028
Hancock	Randy Ponder	601.206.3026

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County	Provider Representative	Telephone #
Harrison	Randy Ponder	601.206.3026
Hinds	Alice Smith	601.206.2948
Holmes	Tamara Cry	601.206.3028
Humphreys	Ekida Wheeler	601.572.3265
Issaquena	Ekida Wheeler	601.572.3265
Itawamba	Machelle Dorman	601.206.3025
Jackson	Randy Ponder	601.206.3026
Jasper	Tamara Cry	601.206.3028
Jefferson	Chris Yount	601.206.2904
Jefferson Davis	Chris Yount	601.206.2904
Jones	Tamara Cry	601.206.3028
Kemper	Tamara Cry	601.206.3028
Lafayette	Machelle Dorman	601.206.3025
Lamar	Randy Ponder	601.206.3026
Lauderdale	Tamara Cry	601.206.3028
Lawrence	Chris Yount	601.206.2904
Leake	Ekida Wheeler	601.572.3265
Lee	Machelle Dorman	601.206.3025
Leflore	Tamara Cry	601.206.3028
Lincoln	Chris Yount	601.206.2904
Lowndes	Machelle Dorman	601.206.3025
Madison	Ekida Wheeler	601.572.3265
Marion	Chris Yount	601.206.2904
Marshall	Machelle Dorman	601.206.3025
Monroe	Machelle Dorman	601.206.3025
Montgomery	Tamara Cry	601.206.3028
Neshoba	Ekida Wheeler	601.572.3265
Newton	Ekida Wheeler	601.572.3265
Noxubee	Tamara Cry	601.206.3028
Oktibbeha	Ekida Wheeler	601.572.3265
Panola	Tamara Cry	601.206.3028
Pearl River	Randy Ponder	601.206.3026
Perry	Randy Ponder	601.206.3026
Pike	Chris Yount	601.206.2904
Pontotoc	Machelle Dorman	601.206.3025
Prentiss	Machelle Dorman	601.206.3025
Quitman	Tamara Cry	601.206.3028
Rankin	Randy Ponder	601.206.3026
Scott	Ekida Wheeler	601.572.3265
Sharkey	Ekida Wheeler	601.572.3265
Simpson	Randy Ponder	601.206.3026
Smith	Tamara Cry	601.206.3028

County	Provider Representative	Telephone #
Stone	Randy Ponder	601.206.3026
Sunflower	Tamara Cry	601.206.3028
Tallahatchie	Tamara Cry	601.206.3028
Tate	Machelle Dorman	601.206.3025
Tippah	Machelle Dorman	601.206.3025
Tishomingo	Machelle Dorman	601.206.3025
Tunica	Machelle Dorman	601.206.3025
Union	Machelle Dorman	601.206.3025
Walthall	Chris Yount	601.206.2904
Warren	Chris Yount	601.206.2904
Washington	Ekida Wheeler	601.572.3265
Wayne	Tamara Cry	601.206.3028
Webster	Machelle Dorman	601.206.3025
Wilkinson	Chris Yount	601.206.2904
Winston	Tamara Cry	601.206.3028
Yalobusha	Tamara Cry	601.206.3028
Yazoo	Ekida Wheeler	601.572.3265

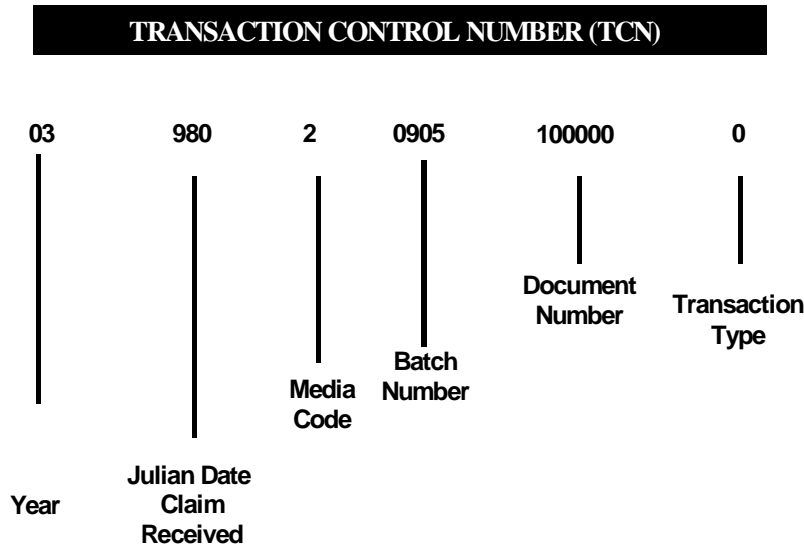
Out of State Assignments		
Alabama	Randy Trammell	601.206.2987
Louisiana	Randy Trammell	601.206.2987
Tennessee	Randy Trammell	601.206.2987
Shelby Co, TN	Machelle Dorman	601.206.3025
Other States	Randy Trammell	601.206.2987

The Importance of the TCN in Filing Medicaid Claims

The transaction control number is often referred to as the TCN, a 17-digit number that appears on the weekly remittance advice. When paper or electronic claims are received by ACS for processing, they are assigned a unique TCN. It is the date stamp of how and when the claim was received and processed by ACS.

The 17-digit transaction control number has meaning as follows:

EXAMPLE 17-Digit TCN – 03980209051000000



- Year** The last two digits of the year for which the claim was received
- Julian Date** The month and day in Julian date format when the claim was received
- Media Code** The format of the claim.

Media Codes

- 2=Electronic Crossover claim
- 3=Electronic Claims claim
- 4=System Generated claim
- 6=Special Batch claim
- 8=Paper claim
- 9=Paper claim with Attachment

Transaction Type Tells the transaction type.

Transaction Type

- 7=Original
- 8=Void/Credit
- 9=Debit

Mississippi Medicaid Bulletin

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

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>

January

January 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 DOM and ACS CLOSED	2	3	4 EDI Cut Off 5:00 p.m.	5	6
7	8	9	10	11 EDI Cut Off 5:00 p.m.	12	13
14	15 DOM and ACS CLOSED	16	17	18 EDI Cut Off 5:00 p.m.	19	20
21	22	23	24	25 EDI Cut Off 5:00 p.m.	26	27
28	29	30	31			

Checkwrites and Remittance Advices are dated every Monday. The Remittance Advice is available for download each Monday morning at <http://msmedicaid.acs-inc.com> while funds are not transferred until the following Thursday.