

# Mississippi Medicaid

Volume 13, Issue 2

February 2007

## Bulletin

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### Suspended Claims – What Do They Mean?

When claims process they either pay, deny, or suspend and are reflected on the Remittance Advice (RA) as such. Claims that deny should be researched, corrected, and resubmitted immediately. Claims that suspend should **NOT** be resubmitted.

Claims suspend for various reasons and will eventually pay or deny. If a second claim is submitted while the initial claim is in a suspended status, both claims will suspend. Providers should allow the suspended claim to be fully processed and reported on the RA as paid or denied before additional action is taken.

Claims commonly suspend when:

- beneficiary eligibility updates are required
- manual pricing from an invoice is required
- a prior authorization is required and the authorization is not in the Medicaid system
- a consent form is required
- generic codes are billed

### Billing Tip

Please note that we have a new list of Mississippi Division of Medicaid Claim Exception Edits to assist when correcting denied claims for resubmission. This is a comprehensive list of the EOB codes that appear on the last page of your weekly remittance advice compiled in one document with the entire denial reason provided.

You can access the document via the Envision Website, go to billing tips, find RA EOB Exception Code Description, click display the document. It can be printed for easier use as a reference tool.

<http://msmedicaid.acs-inc.com/PDFs/clmexpenvision.pdf>



## ***NPI Update: Taxonomy Required for Providers with One NPI for Multiple Medicaid Numbers***

Effective May 23, 2007, Medicaid providers who have the same NPI for multiple Medicaid provider numbers **MUST** report a **taxonomy code** on all claims submitted to ACS Government Healthcare Solutions.

The taxonomy code will assist the Division of Medicaid and ACS Government Healthcare Solutions in cross-walking or matching the NPI to the appropriate Medicaid provider number in the event the provider chooses not to apply for one NPI for each Medicaid provider number. Cross-walking the NPI to the appropriate Medicaid provider number helps to ensure claims process to the correct Mississippi Medicaid provider number and minimizes a disruption in claims payments.

The taxonomy code is defined as a unique 10-digit alphanumeric code that allows a single provider (individual, group, or non-individual) to identify a specialty category.

An example of a scenario in which one NPI may have been obtained for more than one Medicaid provider number is an institutional provider who submits claims for the primary facility and its subparts (such as psychiatric unit, rehabilitation unit, etc.).

### **For Additional Information**

For additional information from Medicare on reporting taxonomy on your claims, you may review communications published by the Centers for Medicare and Medicaid Services at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5243.pdf>.

For more information on taxonomy codes, you may visit the Washington Publishing Company website at <http://www.wpc-edi.com/>. Once the website is accessed, click on "HIPAA Code Lists," then click on "Health Care Provider Taxonomy Code." Lastly, you should click on "Click Here to Expand List" to review the list of taxonomy codes.



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 more NPI-related information.

Information detailing where the taxonomy code should be placed on electronic claim and paper claim submissions will be forthcoming in a future Medicaid provider bulletin.

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## **A New and Improved Web Portal**

ACS and DOM are pleased to announce that effective April 30, 2007, the Envision web portal will be further enhanced with several new features as well as a new appearance. Some of the improved features are beneficiary accessibility, messaging capability, check claim status, verification of beneficiary eligibility, direct data entry and adjudication of claims, and workshop information. The new features will provide an effective and proficient tool for providers to locate answers to many of your DOM questions.

Access to the Mississippi *Envision* Web Portal is available 24 hours a day, 7 days a week, 365 days a year via the Internet at <http://msmedicaid.acs-inc.com>. Don't forget to bookmark the DOM Web Portal in your browser *Favorites* the first time you visit the site so you can quickly return again and again. More information on the new web portal will be published in future Provider Bulletins.

## Professional and Technical Component Billing

The technical component of a procedure includes the equipment, supplies, and technical personnel required to perform the procedure. This part of the procedure should be billed with the TC modifier.

The professional component of a procedure includes the physician's interpretation and reporting of the procedure. This part of the procedure should be billed with the 26 modifier.

The full or global procedure should be billed on one line with no modifier.

### Correct Billing:

Provider A performs technical component: 72100-TC  
 Provider B performs professional component: 72100-26

or

Provider A performs global procedure: 72100 (no modifier)

### Incorrect Billing Example:

Provider A performs global procedure: 72100-TC  
 72100-26

## Intrauterine Contraceptive Devices

The Division of Medicaid currently covers the following intrauterine contraceptive devices:

- J7300 Intrauterine copper contraceptive
- J7302 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg
- S4989 Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies



Effective for dates of service on and after August 1, 2004, providers must submit a paper claim with an invoice which documents the cost of the item. The Division of Medicaid authorized the fiscal agent to allow cost plus 10% for each of the codes. Physicians will be reimbursed at 100% of the allowable amount less the 5% reduction authorized in Miss. Code Ann. Section 43-13-117 (1972, as amended), and nurse practitioners will be reimbursed at 90% of the allowable amount less the 5% reduction. For Rural Health Clinics, Federally Qualified Health Centers, and Mississippi State Department of Health clinics, the cost of the IUD and the insertion is covered in the encounter rates.

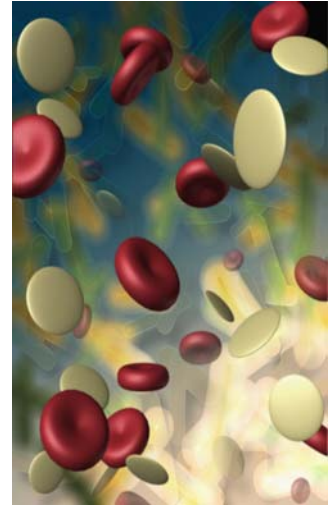
An invoice must be submitted with each claim. ACS Medical Services tracks each invoice. If submitted more than once, the second claim will deny. If the invoice has multiple units purchased, ACS Medical Services will track and deduct the units from the invoice. Once all units have been used, that invoice is no longer valid. Any further claims billed with that invoice will deny. Additionally, the invoice date cannot be after the date of service.

Please contact Provider and Beneficiary Services at 1-800-884-3222 should you have questions.

## Coming Soon - NDC Codes for Drugs Administered in a Provider Facility

In the next few months, the Division of Medicaid will begin requiring a National Drug Code (NDC) for every drug administered in an outpatient or ambulatory provider facility (excluding vaccines). All outpatient or ambulatory providers – physicians, outpatient hospitals, dentists, clinics, nurse practitioners, dialysis facilities, physician assistants, ambulances, and all other providers that administer drugs in an outpatient or ambulatory setting – will be required to include the NDC in addition to the HCPCS code on every claim for drugs.

The Centers for Medicare and Medicaid (CMS) published proposed regulations in the Federal Register dated December 22, 2006, as required by the Deficit Reduction Act, that state must collect the NDC codes for each physician-administered drug beginning January 1, 2007. This requirement means Medicaid will have the necessary information to collect rebates on physician-administered drugs as required by federal regulation. Mississippi is requesting additional time from CMS to complete our preparations for complying with this new requirement.



**IT IS IMPORTANT FOR PROVIDERS TO START DEVELOPING PLANS NOW FOR SUBMITTING THE NDC CODE FOR ALL DRUGS.** In some cases, this may mean changes to your internal procedures or billing software to allow entering the NDC on the claim (UB92 or CMS-1500, paper and electronic). Medicaid has not set an implementation date yet, but we must comply with the regulation before July 2007. Any drug claims billed without an NDC after the implementation deadline will be denied. Stay tuned for further instructions, including specific billing instructions, by monitoring these Provider Bulletins and Late-Breaking News.

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## Rural Health Clinic Designation

Any clinic operating as a Rural Health Clinic (RHC) for Medicare must be enrolled as an RHC for Medicaid. Also, in order to be paid at the RHC rate, a clinic must be enrolled in the Mississippi Medicaid Program as a Rural Health Clinic provider. A clinic that has been approved by Medicare as an RHC is not automatically enrolled in the Mississippi Medicaid Program. The clinic must submit a Medicaid RHC application to the Mississippi Division of Medicaid for approval. If your clinic is designated as an RHC for Medicare and you are unsure of your Medicaid enrollment type, please contact your Medicaid provider representative.

All RHCs enrolled in the MS Medicaid Program are required to send annual Medicare Cost Reports to the Division of Medicaid by the Medicare deadline. If you have questions about your RHC rate or cost report filing, please contact Addie Taylor with the Bureau of Reimbursement at (601) 359-6512.

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## 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.

## Nursing Facilities: Electronic Reports for Case Mix

Case Mix Reports will be available through the Division of Medicaid's internet website: [www.dom.state.ms.us](http://www.dom.state.ms.us), as soon as the requested log-in information for each facility has been entered and tested in the Division's system. Your password will be mailed to the facility's administrator, and at that time you will be able to access the website. A link for the MDS Roster will be located on the DOM home page. The Case Mix Division would like to extend its thanks for your cooperation and patience.

The interim and closed quarter Case Mix Nursing Facility (NF) Reports will be available for retrieval by following the steps once the authorized representative for the nursing facility has logged on to the website with facility and the authorized representative's personal identification information. The nursing facility will only have the capability to have one single access password and user to be in compliance with HIPAA regulations. 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. Nursing Facility administrators were mailed a request for information on the authorized user on or after January 9, 2007. You may call the contacts below if you did not receive this information.

The second interim rosters and bedhold reports were mailed for the fourth quarters due on January 15, 2007, to each nursing facility. During our test phase, these rosters will be placed on the web for you to access upon notification with your password. Paper copies will only be mailed to the facility after January 15, 2007, if deemed necessary. 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.

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### 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](http://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](http://www.hidmsmedicaid.com)

Drug Prior Authorization forms are available at this site.

[www.hsom.org](http://www.hsom.org)

Plan of Care forms can be downloaded from this site.

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### 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.

## 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](http://www.dom.state.ms.us) and clicking on "Provider Manuals" in the left window.

| Manual Section                               | Policy Section   | New | Revised | Effective Date |
|--|--|-----|---------|----------------|
| 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       |
| 21.0 Community-Based Mental Health Services  | 21.01 Introduction                                       |     | X       | 03/01/07       |
|  | 21.02 Provider Categories                                |     | X       |                |
|  | 21.03 Definitions  |     | X       |                |
|  | 21.04 General Requirements                               |     | X       |                |
|  | 21.05 Exclusions   |     | X       |                |
|  | 21.06 Therapeutic Services                               |     | X       |                |
|  | 21.07 Evaluative Services                                |     | X       |                |
|  | 21.08 Documentation Requirements                         |     | X       |                |
|  | 21.15 Limitations to Service Provision                   |     | X       |                |
|  | 21.16 Prior Authorization                                |     | X       |                |
|  | 21.18 Clinical Record Review Process                     |     | X       |                |
| 21.19 Therapeutic Services Record Review     |  | X   |         |                |
| 21.20 Psychological Evaluation Record Review |  | X   |         |                |
| 42.0 Foot Care                               | All (42.01-42.26) except 42.11                           | X   |         | 03/01/07       |

### 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.

## Assistance from ACS Provider Field Representatives February 2007

ACS Provider Field Representatives will provide services to providers in all counties of Mississippi and out of state providers. 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. If your Provider Field Representative is in the field or not available, please leave a voice mail message so your call can be returned. 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.

| <b>County</b> | <b>Provider Representative</b> | <b>Telephone #</b> |
|---------------|--------------------------------|--------------------|
| Adams         | Chris Yount                    | 601.206.2904       |
| Alcorn        | Michelle Keel                  | 601.572.3271       |
| Amite         | Chris Yount                    | 601.206.2904       |
| Attala        | Ekida Wheeler                  | 601.572.3265       |
| Benton        | Michelle Keel                  | 601.572.3271       |
| Bolivar       | Cynthia Morris                 | 601.572.3237       |
| Calhoun       | Machelle Dorman                | 601.206.3025       |
| Carroll       | Cynthia Morris                 | 601.572.3237       |
| Chickasaw     | Machelle Dorman                | 601.206.3025       |
| Choctaw       | Ekida Wheeler                  | 601.572.3265       |
| Claiborne     | Chris Yount                    | 601.206.2904       |
| Clarke        | Parren Clark                   | 601.572.3275       |
| Clay          | Machelle Dorman                | 601.206.3025       |
| Coahoma       | Cynthia Morris                 | 601.572.3237       |
| Copiah        | Chris Yount                    | 601.206.2904       |
| Covington     | Randy Ponder                   | 601.206.3026       |
| Desoto        | Michelle Keel                  | 601.572.3271       |
| 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       | Cynthia Morris                 | 601.572.3237       |
| Hancock       | Randy Ponder                   | 601.206.3026       |
| Harrison      | Randy Ponder                   | 601.206.3026       |
| Hinds         | Alice Smith                    | 601.206.2948       |

| <b>County</b>   | <b>Provider Representative</b> | <b>Telephone #</b> |
|-----------------|--------------------------------|--------------------|
| Holmes          | Cynthia Morris                 | 601.572.3237       |
| Humphreys       | Ekida Wheeler                  | 601.572.3265       |
| Issaquena       | Ekida Wheeler                  | 601.572.3265       |
| Itawamba        | Michelle Keel                  | 601.572.3271       |
| Jackson         | Randy Ponder                   | 601.206.3026       |
| Jasper          | Parren Clark                   | 601.572.3275       |
| Jefferson       | Chris Yount                    | 601.206.2904       |
| Jefferson Davis | Chris Yount                    | 601.206.2904       |
| Jones           | Parren Clark                   | 601.572.3275       |
| Kemper          | Parren Clark                   | 601.572.3275       |
| Lafayette       | Machelle Dorman                | 601.206.3025       |
| Lamar           | Randy Ponder                   | 601.206.3026       |
| Lauderdale      | Parren Clark                   | 601.572.3275       |
| Lawrence        | Chris Yount                    | 601.206.2904       |
| Leake           | Ekida Wheeler                  | 601.572.3265       |
| Lee             | Machelle Dorman                | 601.206.3025       |
| Leflore         | Cynthia Morris                 | 601.572-3237       |
| 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        | Michelle Keel                  | 601.572.3271       |
| Monroe          | Machelle Dorman                | 601.206.3025       |
| Montgomery      | Cynthia Morris                 | 601.572.3237       |
| Neshoba         | Ekida Wheeler                  | 601.572.3265       |
| Newton          | Ekida Wheeler                  | 601.572.3265       |
| Noxubee         | Parren Clark                   | 601.572.3275       |
| Oktibbeha       | Ekida Wheeler                  | 601.572.3265       |
| Panola          | Cynthia Morris                 | 601.572.3237       |
| Pearl River     | Randy Ponder                   | 601.206.3026       |
| Perry           | Randy Ponder                   | 601.206.3026       |
| Pike            | Chris Yount                    | 601.206.2904       |
| Pontotoc        | Michelle Keel                  | 601.572.3271       |
| Prentiss        | Michelle Keel                  | 601.572.3271       |
| Quitman         | Cynthia Morris                 | 601.572.3237       |
| 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           | Parren Clark                   | 601.572.3275       |
| Stone           | Randy Ponder                   | 601.206.3026       |
| Sunflower       | Cynthia Morris                 | 601.572.3237       |
| Tallahatchie    | Cynthia Morris                 | 601.206.3237       |



| <b>County</b> | <b>Provider Representative</b> | <b>Telephone #</b> |
|---------------|--------------------------------|--------------------|
| Tate          | Michelle Keel                  | 601.572.3271       |
| Tippah        | Michelle Keel                  | 601.572.3271       |
| Tishomingo    | Michelle Keel                  | 601.572.3271       |
| Tunica        | Michelle Keel                  | 601.572.3271       |
| 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         | Parren Clark                   | 601.572.3275       |
| Webster       | Machelle Dorman                | 601.206.3025       |
| Wilkinson     | Chris Yount                    | 601.206.2904       |
| Winston       | Parren Clark                   | 601.572.3275       |
| Yalobusha     | Cynthia Morris                 | 601.572.3237       |
| Yazoo         | Ekida Wheeler                  | 601.572.3265       |

| <b>Out of State Assignments</b> |                |              |
|---------------------------------|----------------|--------------|
| Alabama                         | Randy Trammell | 601.206.2987 |
| Louisiana                       | Randy Trammell | 601.206.2987 |
| Tennessee                       | Randy Trammell | 601.206.2987 |
| Shelby Co, TN                   | Michelle Keel  | 601.572.3271 |
| Other States                    | Randy Trammell | 601.206.2987 |

## **Focusing On the Mississippi Medicaid Provider Community**

As the New Year begins, DOM and ACS would like to introduce individuals monthly that provide exemplary service and commitment to the Mississippi Medicaid Provider Community. The individual selected for this month's issue is Ms. Cassandra Neal-Ayozie. Ms. Neal-Ayozie is a Business Analyst with the Division of Medicaid's Bureau of Systems Management. She received a Bachelor of Science degree in Business Administration from the University of Mississippi and has completed some graduate work in Public Finance at Jackson State University. As a dedicated Division of Medicaid employee, Ms. Neal-Ayozie has contributed 25 years of service and the last eight have been spent with BSM. She wears a number of hats and has a tremendous knowledge of the workings of DOM. Among her areas of expertise are crossover claims, COBA (Coordination of Benefits Agreement), and TPL (Third Party Liability). Ms. Neal-Ayozie served as the Project Lead for the drafting of the current RFP and she states that many of her recommendations were based upon current inefficiencies that when corrected could provide better service to the provider community which ultimately will positively impact the Medicaid beneficiaries of Mississippi. As Ms. Neal-Ayozie analyzes problems and recommends solutions for claims processing and payment issues, she believes that if the system is proficient and pricing is equitable for the provider community Medicaid beneficiaries will ultimately reap the rewards of better healthcare services.

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

**February**

**February 2007**

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

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.