Mississippi Medicaid Bulletin

Volume 14, Issue 4

April 2008

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Change in Medicaid Reimbursement for Medicare Part A Crossover Claims for Dual Eligibles

Under provisions of the Balanced Budget Act of 1997, a state is not required to pay for any expenses related to payment for deductibles, coinsurance, or co-payments for Medicare cost sharing for dually eligibles (those persons who are eligible to receive both Medicaid and Medicare benefits) that exceed what the state's Medicaid Program would have paid for such service for a beneficiary who is not a dually eligible. When a state's payment for Medicare cost-sharing for a dually eligible is reduced or eliminated, the Medicare payment plus the state's Medicaid payment is considered payment in full, and the dually eligible cannot be billed the difference between the provider's charge and the Medicare and Medicaid payment.

Effective for claims paid on and after April 1, 2008, the Mississippi Medicaid reimbursement for Medicare Part A Crossover claims for dually eligible beneficiaries has been restructured as follows:

1) The Medicaid reimbursement combined with the Medicare reimbursement will not exceed what the Mississippi Medicaid program would have paid for such services for a beneficiary who is not dually eligible.
2) All service limits will be applied to beneficiaries who are dually eligible when reimbursement is made toward covered services with service limits. Once the service limits are reached each state fiscal year, no additional payments will be made for these services.
3) All providers must accept the Medicare and Medicaid payment as payment in full. The provider is prohibited from billing the beneficiary the balance between the provider's charge and Medicare and Medicaid payments.

Benefits for inpatient hospital services under the Mississippi Medicaid program are limited to 30 inpatient days per fiscal year. Each day of inpatient service will count toward the service limit. This limitation is applicable to inpatient crossover claims. The Medicare deductible period is not exempt from the limit of 30 inpatient days per fiscal year.

New Edits and Billing Information Related to NPI

EDIT #	Edit Description	Reason
0426	**Billing provider NPI is missing/invalid**	Billing Provider Medicaid ID on claim; No Billing NPI billed on claim, **Billing NPI** will default to 9999999999.
0427	**Servicing provider NPI is missing/invalid**	Servicing Provider Medicaid ID on claim; No Servicing NPI billed, **Servicing NPI** will default to 9999999999.
0429	**NPI/Provider Number Mismatch**	Medicaid ID (Billing and/or Servicing) on claim; NPI billed on the claim does not match the Medicaid ID on claim.
0120	**Billing Provider Number is Missing**	No Medicaid ID submitted on claim; NPI submitted not found on Provider file, **Medicaid ID** will be defaulted to 99999998.
0300	**Billing Provider Not On File**	Medicaid ID submitted on claim is not on provider file; No NPI on claim; **Medicaid ID** defaulted to all 99999998.

Other NPI Tidbits

For Electronic Crossover Claims:

Edit 0426 will post and 7777777777 will be populated in the NPI field when the following conditions are met.

- Billing provider - No Medicaid ID, NPI submitted on the claim has multiple matches on the provider primary file and the system is not able to find a unique NPI to legacy Medicaid – ID match using the NPI, Taxonomy, and Zip Code combination

Edit 0426 will post and 8888888888 will be populated in the NPI field when the following conditions are met.

- Billing provider - No Medicaid ID, NPI submitted on the claim has multiple matches on the provider primary file and the system is not able to find a unique NPI to legacy Medicaid – ID match using the NPI and Taxonomy combination.

NPI Web Portal:

1. If the provider has only one NPI on file, the NPI will auto-populate once the Medicaid ID is entered. This will happen for both the billing and servicing provider fields.

2. If the provider has more than one NPI on file, once they enter the Medicaid ID and press tab, the system will provide a drop-down on the NPI field for the provider to choose the appropriate NPI. This will happen for both the billing and servicing provider fields.

3. The following disclaimer has been added to the web (Dental, CMS 1500 and UB forms): "If the appropriate NPI is not listed, please contact Provider Enrollment."

4. For Dental claims, a NPI field has been added at the line for the Servicing (Rendering) Provider.

Paper UB Claim Forms:

Providers must use the UB-04 form as required to include the NPI. The UB-92 form will no longer be accepted.

Assistance from ACS Provider Field Representatives April 2008

ACS Provider Field Representatives will provide services to providers in all counties within the state, and some areas outside of the state. They are available to assist you by telephone, email, or in person with complex billing questions, claims issues, and provider education. However, if your respective Provider Field Representative is out of the office on a field visit or not available, feel free to leave a detailed voice mail message. A response should be provided to you within two business days of your call.

Provider visits will be scheduled at the convenience of you the provider. So that any issue(s)/problem(s) can be researched and addressed in an expeditious manner, it is requested that your issue(s) or problem(s) be submitted in writing to your Provider Field Representative prior to any scheduled visit.

ACS Provider Field Representatives may be reached by contacting them directly, using the telephone numbers listed in the chart below. Please be aware that representatives are assigned by billing location, and not by service location.

County	Provider Representative	Telephone #
Adams	Rebecca Boren	601.206.3030
Alcorn	Prentiss Kitchens	601.206.3042
Amite	Rebecca Boren	601.206.3030
Attala	Ekida Wheeler	601.572.3265
Benton	Prentiss Kitchens	601.206.3042
Bolivar	Cynthia Morris	601.572.3237
Calhoun	Prentiss Kitchens	601.206.3042
Carroll	Ekida Wheeler	601.572.3265
Chickasaw	Prentiss Kitchens	601.206.3042
Choctaw	Cherry Woods	601.206.3013
Claiborne	Rebecca Boren	601.206.3030
Clarke	Parren Clark	601.572.3275
Clay	Prentiss Kitchens	601.206.3042
Coahoma	Cynthia Morris	601.572.3237
Copiah	Rebecca Boren	601.206.3030
Covington	Randy Ponder	601.206.3026
Desoto	Cynthia Morris	601.572.3237
Forrest	Randy Ponder	601.206.3026
Franklin	Rebecca Boren	601.206.3030
George	Connie Mooney	601.572.3253
Greene	Randy Ponder	601.206.3026
Grenada	Cynthia Morris	601.572.3237
Hancock	Connie Mooney	601.572.3253

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County	Provider Representative	Telephone #
Harrison	Connie Mooney	601.572.3253
Hinds	Tamara Cry Kimberly Guyton	601.206.3028 601.206.2961
Holmes	Ekida Wheeler	601.572.3265
Humphreys	Ekida Wheeler	601.572.3265
Issaquena	Ekida Wheeler	601.572.3265
Itawamba	Prentiss Kitchens	601.206.3042
Jackson	Cooney Mooney	601.572.3253
Jasper	Parren Clark	601.572.3275
Jefferson	Rebecca Boren	601.206.3030
Jefferson Davis	Randy Ponder	601.206.3026
Jones	Parren Clark	601.572.3275
Kemper	Cherry Woods	601.206.3013
Lafayette	Prentiss Kitchens	601.206.3042
Lamar	Randy Ponder	601.206.3026
Lauderdale	Cherry Woods	601.206.3013
Lawrence	Rebecca Boren	601.206.3030
Leake	Ekida Wheeler	601.572.3265
Lee	Prentiss Kitchens	601.206.3042
Leflore	Cynthia Morris	601.572-3237
Lincoln	Rebecca Boren	601.206.3030
Lowndes	Cherry Woods	601.206.3013
Madison	Ekida Wheeler	601.572.3265
Marion	Randy Ponder	601.206.3026
Marshall	Prentiss Kitchens	601.206.3042
Monroe	Prentiss Kitchens	601.206.3042
Montgomery	Ekida Wheeler	601.572.3265
Neshoba	Cherry Woods	601.206.3013
Newton	Cherry Woods	601.206.3013
Noxubee	Cherry Woods	601.206.3013
Oktibbeha	Cherry Woods	601.206.3013
Panola	Cynthia Morris	601.572.3237
Pearl River	Connie Mooney	601.572.3253
Perry	Randy Ponder	601.206.3026
Pike	Rebecca Boren	601.206.3030
Pontotoc	Prentiss Kitchens	601.206.3042
Prentiss	Prentiss Kitchens	601.206.3042
Quitman	Cynthia Morris	601.572.3237
Rankin	Ekida Wheeler	601.572.3265
Scott	Cherry Woods	601.206.3013
Sharkey	Ekida Wheeler	601.572.3265
Simpson	Randy Ponder	601.206.3026
Smith	Parren Clark	601.572.3275

Continued on next page

County	Provider Representative	Telephone #
Stone	Connie Mooney	601.572.3253
Sunflower	Cynthia Morris	601.572.3237
Tallahatchie	Cynthia Morris	601.206.3237
Tate	Cynthia Morris	601.206.3237
Tippah	Prentiss Kitchens	601.206.3042
Tishomingo	Prentiss Kitchens	601.206.3042
Tunica	Cynthia Morris	601.206.3237
Union	Prentiss Kitchens	601.206.3042
Walthall	Rebecca Boren	601.206.3030
Warren	Rebecca Boren	601.206.3030
Washington	Ekida Wheeler	601.572.3265
Wayne	Parren Clark	601.572.3275
Webster	Prentiss Kitchens	601.206.3042
Wilkinson	Rebecca Boren	601.206.3030
Winston	Cherry Woods	601.206.3013
Yalobusha	Cynthia Morris	601.572.3237
Yazoo	Ekida Wheeler	601.572.3265

Out of State Assignments		
Alabama	Tamara Cry Kimberly Guyton	601.206.3028 601.206.2961
Mobile, Alabama	Connie Mooney	601.572.3253
Arkansas	Tamara Cry Kimberly Guyton	601.206.3028 601.206.2961
Louisiana	Tamara Cry Kimberly Guyton	601.206.3028 601.206.2961
Tennessee	Tamara Cry Kimberly Guyton	601.206.3028 601.206.2961
Memphis, Tennessee	Cynthia Morris	601.572.3237

Web Portal Reminder

For easy access to up-to-date information, Providers are encouraged to use the **Mississippi *Envision* Web Portal**. The Web Portal is the electronic approach to rapid, efficient information exchange with providers including eligibility verification, claim submission, electronic report retrieval, and the latest updates to provider information. The **Mississippi *Envision* Web Portal** is available 24 hours a day, 7 days a week, 365 days a year via the Internet at **http://msmedicaid.acs-inc.com**.

Mississippi Medicaid/Head Start Interagency Agreement

The Mississippi Division of Medicaid has an interagency agreement with the Mississippi Head Start Association. The purpose of the agreement is to facilitate delivery of health services to Medicaid eligible children enrolled in Head Start programs. Although this agreement has been in place for many years, some providers are unaware of the collaboration between the two agencies.

All children enrolled in Head Start programs **must** receive an annual health assessment equivalent to the one offered by MS Medicaid Cool Kids (EPSDT) providers **within** 45 days of their Head Start enrollment. Cool Kids providers who currently screen Head Start children are encouraged to continue to do so, and to provide the screening results to the appropriate Head Start center where the child is enrolled. Cool Kids providers who screen children without prior knowledge of their Head Start status are encouraged to release Cool Kids screening results to the Head Start center in a timely manner so that they can meet the mandatory 45-day deadline.

Questions relating to this article should be directed to the Bureau of Maternal and Child Health at 601-359-6150.

Vaccines for Children (VFC) Program Update

The following vaccines, Human Papillomavirus (CPT code 90649) and Haemophilus Influenzae type b (CPT code 90648), are now covered for Medicaid beneficiaries 18 years of age and under through the Vaccines for Children Program. The Division of Medicaid reimburses for the administration of vaccines **ONLY**, when it is obtained through the Mississippi State Department of Health's Vaccines for Children Program. Detailed billing instructions can be found on the Envision website at http://msmedicaid.acs-inc.com under the Provider heading by referring to the Provider Bulletin, September 2003 issue, page 33.

Reimbursement for Administration of Immunizations and Vaccines for Adults

According to the Medicaid Provider Policy Manual, Section 77.05, Vaccines for Adults section, the administration of vaccines or immunizations will only be reimbursed for adults (ages 19 and over) when billed with the influenza or pneumonia vaccine codes.

To receive reimbursement for the administration codes, providers must bill as follows:

90471 - Immunization administration; one vaccine - must be billed with one of the following codes: 90656, 90658, or 90732.

90472 - Immunization administration; each additional vaccine - must be billed with 90471 and a combination of 90656 or 90658 with 90732.

REMINDER: Please bill all services provided to a beneficiary on the same date on one claim. Multiple claims for the same date of service can give the appearance of fraudulent billing.

Tamper Resistant Prescription Pad/Paper Mandate

Effective April 1, 2008, all written, non-electronic prescriptions must be executed on tamper-resistant pads/paper in order to be eligible for reimbursement by Medicaid. The tamper resistant prescription pads/paper requirement applies to all outpatient drugs, including over-the-counter drugs. It also applies whether DOM is the primary or secondary payer of the prescription being filled. This new provision impacts all DOM prescribers: physicians, dentists, optometrists, nurse practitioners and other providers who prescribe outpatient drugs.

The Centers for Medicare & Medicaid Services (CMS) has issued guidance to the States in implementing the new federal requirement. This guidance allows for compliance with the tamper-resistant prescription pad/paper requirement to occur in two phases. For the first phase, a prescription must contain at least one of the three features outlined below by April 1, 2008, in order to be considered "tamper-resistant." All three features are required on the prescription pads by October 1, 2008.

DOM encourages providers to implement all security features by April 1, 2008, to be in compliance with all program requirements. Note that computer generated prescriptions are not exempt from the CMS mandate.

The features listed below are recommended as best practice tamper resistant features by a national taskforce including representatives from CMS, State Medicaid agencies, and national medical and pharmacy organizations. Features listed in bold tend to be less costly and easier for prescribers to implement.

Category 1 – One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form.	
Feature	**Description**
"Void" or "Illegal" Pantograph	**The word "Void" appears when the prescription is photocopied. Due to the word "Void" on faxed prescriptions, this feature requires the pharmacy to document if the prescription was faxed.**
Reverse "RX" or White Area on prescription	"Rx" symbol or white area disappears when photocopied at light setting. This feature is normally paired with the "Void" pantograph to prohibit copying on a light setting.
Coin-reactive ink	Ink that changes color when rubbed by a coin – Can be expensive and is not recommended.
Security Back print	Printed on the back of prescription form. The most popular wording for the security back print is "Security Prescription" or the security back print can include the states name.
Watermarking (forderiner)	Special paper containing "watermarking".
Diagonal lines (patented "Void")	Diagonal lines with the word "void" or "copy". Can be distracting or expensive.
Micro printing	Very small font writing, perhaps acting as a signature line. This is difficult to photocopy and difficult to implement if using computer printer. It is also difficult for a pharmacist to see.

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Category 2 - One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber.	
Feature	**Description**
Uniform non-white background color	**Background that consists of a solid color or consistent pattern that has been printed onto the paper. This will inhibit a forger from physically erasing written or printed information on a prescription form. If someone tries to erase or copy, the consistent background color will look altered and show the color of the underlying paper.**
Quantity check off boxes	**In addition to the written quantity on the prescription, Quantities are indicated in ranges. It is recommended that ranges be 25's with the highest being "151 and over". The range box corresponding to the quantity prescribed MUST be checked for the prescription to be valid.**
Refill Indicator (circle or check number of refills or "NR")	**Indicates the number of refills on the prescription. Refill number must be used to be a valid prescription.**
Pre-print "Rx is void if more than___ Rx's on paper" on prescription paper	**Reduces the ability to add medications to the prescription. - Line must be completed for this feature to be valid. Computer printer paper can accommodate this feature by printing "This space intentionally left blank" in an empty space or quadrant.**
Quantity Border and Fill (for computer generated prescriptions on paper only)	**Quantities are surrounded by special characters such as an asterisk to prevent alteration, e.g. QTY **50** Value may also be expressed as text, e.g. (FIFTY), (optional)**
Refill Border and Fill (for computer generated prescriptions on paper only)	**Refill quantities are surrounded by special characters such as an asterisk to prevent alteration, e.g. QTY **5** Value may also be expressed as text, e.g. (FIVE), (optional)**
Chemically reactive paper	**If exposed to chemical solvents, oxidants, acids, or alkalis to alter, the prescription paper will react and leave a mark visible to the pharmacist.**
Paper toner fuser	Special printer toner that establishes strong bond to prescription paper and is difficult to tamper.
Safety or security paper with colored pattern	White (or some other color) mark appears when erased. This is expensive paper.

Category 3 – One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.	
Feature	**Description**
Security features and descriptions listed on prescriptions	**Complete list of the security features on the prescription paper for compliance purposes. This is strongly recommended to aid pharmacists in identification of features implemented on prescription.**
Encoding techniques (bar codes)	Bar codes on prescription. Serial number or Batch number is encoded in a bar code.
Logos	Sometimes used as part of the background color or pantograph.
Metal stripe security	Metal stripe on paper, difficult to counterfeit.
Heat sensing imprint	By touching the imprint or design, the imprint will disappear.
Invisible fluorescent fibers/ink	*Visible only under black light.*
Thermo chromic ink	*Ink changes color with temperature change. This is expensive paper and problematic for storage in areas not climate controlled.*
Holograms that interfere with photocopying	*May interfere with photocopying or scanning.*

Per CMS guidance, pharmacies that are presented with a prescription on a non-tamper-resistant prescription pad/paper may satisfy the federal requirement by calling the provider's office and verbally confirming the prescription with the physician or prescriber. The pharmacy shall document through placement on the original non-compliant prescription form that such communication and confirmation has taken place.

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Prescriptions that the federal requirement does not apply to:

- E-prescriptions transmitted to the pharmacy;
- Prescriptions faxed to the pharmacy;
- Prescriptions communicated to the pharmacy by telephone by a prescriber;
- Transfer of a prescription between two pharmacies, provided that the receiving pharmacy is able to confirm by facsimile or phone call the authenticity of the tamper-resistant prescription with the original pharmacy;
- Written orders prepared in an institutional setting (which include Intermediate Care Facilities and Nursing Facilities), provided that the beneficiary never has the opportunity to handle the written order and the order is given by licensed staff directly to the dispensing pharmacy;
- Drugs dispensed or administered directly to the beneficiary in the physician's office or clinic;
- Written prescriptions dispensed to MS Medicaid beneficiaries who become retroactively eligible after April 1, 2008, provided the prescription was filled on or after April 1, 2008, and before the beneficiary became retroactively eligible for MS Medicaid;
- Emergency fills, provided that the prescriber provides a verbal, faxed, electronic or compliant written prescription within 72 hours;
- Refills of written prescriptions presented at a pharmacy before April 1, 2008;
- Written prescriptions paid for by Medicare, a Medicare Part D plan or Medicare Advantage Plan, unless MS Medicaid fee-for-service is a secondary payer. Part D excluded drugs paid for by Medicaid must be executed on tamper-resistant pad/paper.

Co-payments for Outpatient Hospital Settings

Effective April 1, 2008, the Division of Medicaid will require the $3.00 copayment for all beneficiaries receiving services in an outpatient hospital setting UNLESS the beneficiary or service is exempt from the co-payment. When the beneficiary is exempt from the co-payment an exception code must be placed on the claim. **It is the provider's responsibility to bill the claim with the appropriate co-payment exception code, and to collect the co-payment from the beneficiary.** If an exception code is not billed on the claim, Medicaid will subtract the $3.00 co-payment from the claim's payment amount. However, the provider may not deny services to any eligible Medicaid beneficiary due to the individual's inability to pay the co-payment. The individual's inability to pay the co-payment amount does not alter the Medicaid reimbursement amount for the claim, unless the beneficiary or service is excluded from the co-payment policy.

The Mississippi Medicaid Provider Policy Manual Section 3.08 contains the policies regarding beneficiary cost sharing. Providers are strongly encouraged to review this policy in its entirety by accessing the DOM website at www.dom.state.ms.us, and clicking on "Provider Manuals" in the left window.

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New co-payment exclusion codes specifically for outpatient hospital settings are as follows:

- Exception code O – Chemotherapy (Drug Therapy for Cancer); applicable only to facility charges for chemotherapy services performed in the outpatient department of the hospital; this exception code does not apply to the physician charges.
- Exception code T – Radiation Therapy; applicable only to facility charges for radiation therapy performed in the outpatient department of the hospital; this exception code does not apply to physician charges.
- Exception code L – Laboratory/Laboratory Pathology; applicable only to facility charges when the beneficiary is only receiving laboratory services in the outpatient department of the hospital; this exception code does not apply to physician charges.

Co-payment exception code E (Emergency Services) must be placed on the claim for services performed in a hospital, clinic, office, or other facility that is equipped to furnish the required care. The emergency service must be provided after the onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in (1) placing the patient's health in serious jeopardy, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part. The documentation in the medical records must justify the service as a true emergency. If the co-payment exception code E is not on the claim, Medicaid will subtract a $3.00 copayment.

Providers should utilize the information contained in this article **and** the Provider Policy Manual in determining beneficiary cost sharing requirements.

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.

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
1.0 Introduction	1.02 Reserved for Future Use 1.05 DOM Addresses and Telephone Numbers		X X	04/01/08
2.0 Benefits	2.05 Medicaid Cost Sharing for Medicare/ Medicaid Dually Eligible	X		04/01/08
3.0 Beneficiary Information	3.08 Beneficiary Cost Sharing		X	04/01/08

8.0 Ambulance	8.06 Co-Payment*		X	04/01/08
9.0 Chiropractic Services	9.03 Co-Payment*		X	04/01/08
10.0 Durable Medical Equipment	10.01 Introduction 10.02 Reimbursement 10.03 Co-Payment* 10.11 Augmentative Communication Device 10.47 Insulin Pump		X X X X X	04/01/08
14.0 Hospice	14.07 Dual Eligibles**		X	04/01/08
25.0 Hospital Inpatient	25.14 Co-Payment* 25.22 Dual Eligibles **		X X	04/01/08
26.0 Hospital Outpatient	26.09 Co-Payment*		X	04/01/08
31.0 Pharmacy	31.03 Co-Payment* 31.04 Reimbursement 31.09 Prescription Requirements* 31.27 Tamper Resistant Prescription Pad/Paper	 X	X X X	04/01/08
36.0 Nursing Facility	36.05 Dual Eligibles **		X	04/01/08
40.0 Home Health	40.07 Co-Payment* 40.13 Dual Eligibles **		X X	04/01/08
53.0 General Medical Policy	53.41 Tamper Resistant Prescription Pad/Paper ***	X		04/01/08
73.0 Mississippi Cool Kids (EPSDT) Program	All (73.01- 73.09)		X	04/01/08
11.0 Dental	11.20 Authorization (Prior Authorization/Authorization Prior to Billing)		X	05/01/08
29.0 Vision Services	29.03 Beneficiary Cost Sharing* 29.11 Eyeglasses/ Hearing Aid Authorization Form		X X	05/01/08
30.0 Hearing Services	30.02 Hearing Aids		X	05/01/08
31.0 Pharmacy	31.13 Over the Counter (OTC) Drugs		X	05/01/08
36.0 Nursing Facility	36.14 Nurse Aide Training		X	05/01/08
71.0 PHRM/ISS	71.07 Covered Services for High Risk Infants		X	05/01/08

Correction- The March 2008 Bulletin reflected a revision to Section 7.04 Fraud and Abuse. This policy has been delayed. Providers will be notified of any changes to this section in the future.

* This section is a cross reference to Section 3.08 Beneficiary Cost Sharing.
** This section is a cross reference to Section 2.05 Medicaid Cost Sharing for Medicare/ Medicaid Dually Eligible.
*** This section is a cross reference to Section 31.27 Tamper Resistant Prescription Pad/Paper.

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

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

April

April 2008

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

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.