

# Mississippi Medicaid

Volume 14, Issue 9

September 2008

## Bulletin

### Inside this Issue

Billing Medicaid Beneficiaries	1
Web Portal Reminder	1
Billing Influenza and Pneumonia Immunizations for Adults – Beneficiaries Age 19 and Over	2
Change in Crossover Claim Submission for Paper/Hard Copy	3
Billing Alert- CPT Code 69436 for Bilateral Tympanostomy with Tubes	3
Tamper Resistant Prescription Pad/Paper (TRPP) Federal Mandate Final Phase Effective October 1, 2008	4
Policy Manual Reminder	5
Pharmacy Program Reminders	7
Copayments for Ambulatory Surgical Center Services	7
Policy Manual Additions/Revisions	7
Billers for Hearing Vision Providers Workshop Invitation	8
Billers for Maternity Providers Workshop Invitation	9
Billers for Surgery Providers Workshop Invitation	10

### Billing Medicaid Beneficiaries

All Mississippi Medicaid providers are reminded of the following conditions for participation in the Mississippi Medicaid program, as stated in the Medicaid Provider Policy Manual, Section 4.01, items 5 and 6:

5. The provider must agree to accept payment for Medicaid covered services in accordance with the rules and regulations for reimbursement, as declared by the Secretary of Health and Human Services and by the state of Mississippi, and established under the Mississippi Medicaid program.
6. The provider must agree to accept as payment in full the amount paid by the Medicaid program for all services covered under the Medicaid program within the beneficiary's service limits with the exception of authorized deductibles, co-insurance, and co-payments. All services covered under the Medicaid program will be made available to the beneficiary. Beneficiaries will not be required to make deposits or payments on charges for services covered by Medicaid. A provider cannot pick and choose procedures for which the provider will accept Medicaid. At no time shall the provider be authorized to split services and require the beneficiary to pay for one type of service and Medicaid to pay for another. All services provided to Medicaid beneficiaries will be billed to Medicaid only where Medicaid covers said services, unless some other resources, other than the beneficiary, or the beneficiary's family will pay for the service.

Providers who bill Medicaid beneficiaries for covered services or charges outside of the required copayments are not in compliance with this policy and are subject to penalty.

### 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>



## Billing Influenza and Pneumonia Immunizations for Adults - Beneficiaries Age 19 and Over

The Division of Medicaid (DOM) is continuing efforts to educate Medicaid providers and beneficiaries on the benefits of receiving influenza and pneumonia immunizations prior to the influenza season. DOM encourages providers to assist in the effort to increase influenza and pneumonia protection in the State.

Physicians, nurse practitioners and physician assistants will be reimbursed for flu and pneumonia vaccines administered to beneficiaries age 19 and over as indicated below:

- For beneficiaries receiving immunizations only, the physician, nurse practitioner, or physician assistant may be reimbursed for CPT code 99211, the vaccine code(s), and the appropriate CPT vaccine administration code (CPT 90471 or 90472). CPT code 99211 does not count toward the limit of 12 physician office visits per fiscal year.
- For beneficiaries who are seen by the physician, nurse practitioner, or physician assistant for evaluation or treatment, in addition to receiving these immunizations, the provider may be reimbursed for the appropriate CPT Evaluation and Management (E/M) procedure code, the vaccine code(s), and the CPT vaccine administration code (CPT 90471 or 90472). The CPT Evaluation and Management (E/M) procedure code billed in this instance will count toward the limit of 12 physician office visits per fiscal year.
- HCPCS Codes G0008 and G0009 are no longer valid for billing administration fees for flu and pneumonia vaccines to beneficiaries age 19 and over. Providers must bill 90471 if one vaccine is administered, and 90472 for each additional vaccine administered.
- Rural Health Clinic (RHC) and Federally Qualified Health Centers (FQHC) providers will be reimbursed according to their encounter payment method. If an encounter visit is provided, one encounter payment is made regardless of other procedures included on the claim. If no encounter visit is provided, the CPT vaccine administration code (CPT 90471 or 90472) and the vaccine code(s) will be zero paid.

Reimbursement rates effective July 1, 2007 for vaccines and administration for beneficiaries age 19 and older are as follows:

Influenza Vaccines		Pneumonia Vaccine		Administration Fee	
CPT Code	Fee	CPT Code	Fee	CPT Code	Fee
90656	\$16.57	90732	\$27.03	90471	\$14.91
90658	\$13.22			90472	\$9.08
90660	\$21.18				

All immunizations for children age 18 and younger must be handled through the Vaccines for Children Program (VFC), and are subject to Medicaid policies in the Provider Manual, Section 77.

- Mississippi Medicaid will reimburse physicians, nurse practitioners, and physician assistants for the FluMist influenza vaccine when given to beneficiaries age 19 through 49. There will be no separate administration fee paid for the FluMist vaccine. Rural Health Clinics and Federally Qualified Health Centers will be reimbursed in accordance with the methodology applicable to their provider type.

## CHANGE IN CROSSOVER CLAIM SUBMISSIONS FOR PAPER/HARD COPY

**Effective October 1, 2008, the Division of Medicaid (DOM) will no longer accept paper/hard copy crossover claims on the DOM specific crossover form. Paper Claims may be submitted on the UB-04 or CMS-1500 Claim form.**

Prior to the accessibility and availability of the Envision Web Portal, providers were unable to submit certain types of adjustments/voids or corrections for crossover claims to Medicaid except by means of the DOM paper forms for Part A and Part B claims. Although we will accept the UB-04 and CMS-1500 paper forms, we encourage providers to expedite claims processing by utilizing the Web Portal. The Web Portal allows the submission of:

- Claims Entry
- Claims Correction
- Adjustment Entry
- Inquiry Options
- Prior Authorization
- Claims with attachments can be entered (crossovers, TPL, etc)

**EXCEPTION –Providers submitting crossover claims for Medicare Advantage Plans (Part C) must submit paper claims on the DOM Part A and Part B Crossover forms. These claims are not authorized to be paid electronically at this time. Providers should continue to note on each claim the following: “Medicare Part C” or “Medicare Advantage Plan”.**

For more information, contact your Provider Representative at 1-800-884-3222.

### BILLING ALERT – CPT CODE 69436 FOR BILATERAL TYMPANOSTOMY WITH TUBES

The Division of Medicaid is reviewing claims billed with CPT Code 69436, especially when the procedure is performed bilaterally. Many providers are billing inappropriately, and are therefore receiving incorrect payments. Mississippi Medicaid policy for billing bilateral procedures is detailed in the Provider Policy Manual, Sections 13.09, 13.10, 52.03 & 52.04 which are available on the Division of Medicaid’s website at [www.dom.state.ms.us](http://www.dom.state.ms.us).

Providers are responsible for correct billing according to Medicaid policy. Any provider who has been reimbursed incorrectly should void the incorrect claims and re-bill according to the Bilateral and Multiple Surgery Policies, in order to receive correct payment. Providers that continue to bill incorrectly for this and other procedures may be subject to more intensive audit of records and recovery of overpayments.

The following are examples of correct billing for this and other bilateral codes and the current reimbursement policy percentages:

When 69436 is performed on **one** side and is the only or primary procedure – the code should be billed on the first line with no modifier and one unit. Reimbursement will be at 100% of the appropriate fee.

When 69436 is performed on **both** sides and is the only or primary procedure – the code should be billed on the first line with modifier 50 and one unit. Reimbursement will be at 150% of the appropriate fee.

When 69436 is performed on **one** side and is **NOT** the primary procedure – the code should be billed on the second or subsequent line with modifier 51 and one unit. Reimbursement will be at 50% of the appropriate fee.

When 69436 is performed on **both** sides and is **NOT** the primary procedure – the code should be billed on the second or subsequent line with modifier 51 and two units. Reimbursement will be at 50% of the appropriate fee.

If you have any questions about Medicaid Policy or billing instructions, please call the Bureau of Medical Services at the Division of Medicaid, telephone 1-800-421-2408 or 601-359-5683.

***Tamper Resistant Prescription Pad/Paper (TRPP) Federal Mandate  
Final Phase Effective October 1, 2008***

Effective October 1, 2008, all non-electronic prescriptions must be written on tamper-resistant pads/paper in order to be eligible for reimbursement by Medicaid. Prescriptions must contain at least one feature in **all three categories** in order to be considered “tamper-resistant.” The TRPP requirement applies to all outpatient drugs, including over-the-counter drugs. This requirement 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.

**CMS’ prior guidance for computer generated/printed prescriptions stated that special copy resistant paper would likely be required for printed prescriptions to be in compliance as of October 1, 2008. CMS has clarified this statement, and is now stating that while special paper may be used to achieve copy resistance – it is not necessary. Computer generated prescriptions may be printed on plain paper, and be fully compliant with all three categories of tamper resistance – provided they contain at least one feature from each of the three categories detailed below. In order for computer generated prescriptions to be compliant with all three categories, prescriber must purchase special software to be used in the printing of the documents OR must use security paper.**

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. Please review this chart because minor revisions have been made.

<b>Category 1 – Copy Resistance: <i>One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form.</i></b>	
<b>Feature</b>	<b>Description</b>
<b>Void” or “Illegal” Pantograph with or without Reverse “RX”</b>	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. Pantograph should be configured so as not to obscure the security feature description contained on the prescription, the beneficiary and the prescriber demographics, or the medication and directions. The Reverse Rx disappears when photocopied at light setting-thus making the pantograph more effective in copy resistance. The pantograph may be used with a reverse RX, but the Reverse RX is not effective as a feature by itself.
Thermochromic ink	Ink changes color with temperature change.
Coin-reactive ink	Ink changes color when rubbed by a coin.
Watermarking : Security back print (artificial watermark)	Printed on the back of prescription form. The most popular wording for the security back print is “Security Prescription.”
Digital watermarks	Weak digital watermarks cannot be read if copied and strong digital watermarks provide digital rights management/ ‘proof’ or origin when copied.
Special paper watermarking	Uses special paper containing a watermark that can be seen when backlit.
Diagonal lines (patented “Void”)	Diagonal lines with the work ‘void’ or ‘copy.’
Micro printing-- <i>to be effective, font must be printed in 0.5 font or less making it illegible to the pharmacist when copied</i>	Very small font writing which is readable when viewed at 5x magnification or greater and illegible when copied. Micro printing may be used as signature line.

*Continued on the next page*

<b>Category 2 – Erasure/modification resistance: <i>One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber.</i></b>	
<b>Feature</b>	<b>Description</b>
<b>To Prevent Erasure</b>	
Erasure revealing background	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.
Toner Receptor coating/Toner Lock or color loc paper (erasure resistance for computer generated prescriptions (printed with a laser printer) <b>OR</b> Chemically reactive paper	Special printer paper that establishes a strong bond between laser-printed text and paper making erasure obvious. Note: this is not necessary for inkjet printers, as the ink from inkjet printers is absorbed into normal ‘bond’ 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.
<b>To Prevent Modifications</b>	
Quantity check off boxes and refill Indicator (circle or check number of refills or “NR”)	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.  Indicates the number of refills on the prescription. Refill number must be used to be a valid prescription.
Pre-print language on prescription paper. Example: “Rx is void if more than <u>xx</u> Rx’s on 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 and Refill Border and Fill (for computer generated prescriptions on paper only)	Quantities and refill # are surrounded by special characters such as an asterisks to prevent alteration, e.g. QTY **50** Value may also be expressed as text, e.g. (FIFTY), (optional)

Please note that while *ONLY* one feature from Category 2 is required, it is strongly recommended that one feature of erasure resistance and one feature of modification resistance be used. Inkjet printed prescriptions are de-facto erasure resistant based on the characteristics of inkjet ink.

<b>Category 3 – Counterfeit Resistance: <i>One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.</i></b>	
<b>Feature</b>	<b>Description</b>
Security features and descriptions listed on prescriptions—this feature is <b>strongly recommended</b> for all 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.
Security Thread	<b>Metal or plastic threads embedded in paper as used in currency. .</b>
Heat sensing imprint	<b>By touching the imprint or design, the imprint will disappear.</b>
Thermo chromic ink	<b>Ink changes color with temperature change.</b>

Per CMS guidance, pharmacies 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 or electronically that such communication and confirmation has taken place.

**Exclusions to the federal requirement are:**

- 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;
- Part D excluded drugs paid for by Medicaid must be executed on tamper-resistant pad/paper.

It is the responsibility of providers to ensure that their prescription pads and/or printed prescriptions contain at least one industry-recognized feature for each of the three categories listed above. Prescribers should also contact their prescription pad vendor to secure an appropriate supply of TRPP supplies, in order to meet the requirements by October 1, 2008.

DOM's webpage has been updated to reflect new CMS guidance, including but not limited to, revised FAQs; examples of prescription pads and/or computer generated prescriptions meeting all three categories for Medicaid agencies; and the Pharmacy Check List. These items may be found on the Agency's website at [www.dom.state.ms.us](http://www.dom.state.ms.us); go to Pharmacy Service's webpage and select TRPP.

### **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 Program Reminders*

**LTC Dispensing:** Maintenance medication dispensed for LTC residents from patient chart instructions *should generally be in one-month quantities, except as required for titration or short-term treatment.* For additional information regarding DOM's policy on Long-Term Care Facilities, refer to the Pharmacy Manual, Section 31.17.

**Generic Flat Rate Pricing:** Usual and customary charge for prescription drugs is the price charged to the general public. DOM defines the general public as the patient group accounting for the largest number of non-Medicaid prescriptions from the individual pharmacy, but does not include patients who purchase or receive their prescriptions through a third party payer. The rate charged to the general public is to be the same as that charged to Medicaid. All Medicaid policies and procedures such as prior authorization requirements and limits are still applicable. Records must be available to Medicaid upon request.

### **Copayments for Ambulatory Surgical Center Services**

Effective for dates of service beginning October 1, 2008, the Division of Medicaid will implement copayments for services in an Ambulatory Surgical Center (ASC). The copayment will be \$3.00 per beneficiary per visit to an ASC. Beneficiaries are exempt from copayment if they qualify for a copayment exclusion as detailed in the Mississippi Medicaid Provider Policy Manual, Section 3.08 ([www.dom.state.ms.us](http://www.dom.state.ms.us), click on Provider Manuals, Section 3.08). As a reminder, collecting the copayment amount from the beneficiary is the responsibility of the provider. The copayment requirement is not applicable to beneficiaries with Medicare.

### **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
10.0 Durable Medical Equipment	10.11 Augmentative Communication Device		X	09/01/08
76.0 School Based EPSDT	76.02 Provider Enrollment		X	09/01/08
7.0 General Policy	7.14 False Claims Act	X		10/01/08
13.0 Ambulatory Surgical Center	13.17 Insertion of Retisert*	X		10/01/08
26.0 Hospital Outpatient	26.30 Insertion of Retisert *	X		10/01/08
30.0 Hearing Services	30.05 Bone Anchored Hearing Aid**	X		10/01/08
52.0 Surgery	52.20 Bone Anchored Hearing Aid	X		10/01/08
	52.21 Otoplasty	X		10/01/08
	52.22 Uvulopalatopharyngoplasty	X		10/01/08
53.0 General Medical Policy	53.33 Otoplasty***	X		10/01/08
	53.36 Insertion of Retisert (Fluocinolone acetonide intravitreal implant)	X		10/01/08
55.0 Physician	55.14 Insertion of Retisert*	X		10/01/08

\*This section cross references section 53.36 Insertion of Retisert (Fluocinolone Acetonide Intravitreal Implant).

\*\*This section cross references section 52.20 Bone Anchored Hearing Aid.

\*\*\*This section cross references section 52.21 Otoplasty.

**Attention: Billers for Hearing and Vision Providers!!!!**

## Provider Workshops – October 2008

ACS Government Healthcare Solutions, in conjunction with the Mississippi Division of Medicaid, will conduct provider workshops for the billing staff of the above mentioned provider type during the month October. The specific dates and locations of the workshops are as follows:

<b>Date/Time</b>	<b>Location</b>	<b>Date/Time</b>	<b>Location</b>
October 3, 2008 8:30 am – 10:30 am	Hattiesburg Lake Terrace Convention Center One Convention Center Plaza Hattiesburg, MS 39401	October 15, 2008 8:30 am – 10:30 am	MS TelCom Center 105 Pascagoula Street Jackson, MS 39205
October 8, 2008 8:30 am – 10:30 am	MSU Riley Center 2200 Fifth Street Meridian, MS 39301	October 17, 2008 8:30 am – 10:30 am	BancorpSouth Conference Center 387 East Main Street Tupelo, MS 38804
October 10, 2008 8:30 am – 10:30 am	Holmes Community College Audio-Visual Room – Main Bldg. 1060 J K Avert Dr Grenada, MS 38901	October 29, 2008 8:30 am – 10:30 am	Courtyard Marriott – Gulfport 1600 East Beach Blvd. Gulfport, MS 39501

The same information will be presented at each workshop.

Additionally, there will also be **One-on-One claims assistance** available after each general session. During this session, Provider Representatives will be available to assist you with your individual claims issues. Please bring the following claim information to this session for the provider representatives to research:

- Specific claim examples with beneficiary numbers and dates of service; or
- Specific TCN examples

Workshop registration will be conducted in thirty minute increments before the session. The workshops are free of charge. Seating is limited. It is imperative that you RSVP and indicate which workshop and specific session you will be attending. Please RSVP by September 19, 2008. Mail the RSVP to: ACS Government Healthcare Solutions, ATTN: Provider/Beneficiary Services, P.O. Box 23078, Jackson, MS 39225, or, fax it to ACS, Attn: Provider/Beneficiary Services at 601-572-3200. If you are unable to complete and send the RSVP to ACS, you may contact Tamara Cry at 601-206-3028 or email at [tamara.cry@acs-inc.com](mailto:tamara.cry@acs-inc.com) to RSVP.

We look forward to meeting with you in October and working with you in the coming years.

**Please complete the RSVP Section and mail or fax by September 19, 2008 to:**

**ACS Government Healthcare Solutions  
ATTN: Provider/Beneficiary Services  
P.O. Box 23078  
Jackson, MS 39225**

<b>Provider Name</b>	<b>Provider Number</b>
<b>Provider Telephone Number</b>	<b>Contact Name</b>
<b>Name (s) of Attendees</b>	
<b>Date of Workshop Location Attending</b>	
<input type="checkbox"/> Hearing and Vision billing	_____ Number of Attendees



**Attention: Billers for Maternity Providers!!!!**

## Provider Workshops – October 2008

ACS Government Healthcare Solutions, in conjunction with the Mississippi Division of Medicaid, will conduct provider workshops for the billing staff of the above mentioned provider type during the month of October. The specific dates and locations of the workshops are as follows:

Date/Time	Location	Date/Time	Location
October 3, 2008 12:30 pm – 2:30 pm	Hattiesburg Lake Terrace Convention Center One Convention Center Plaza Hattiesburg, MS 39401	October 15, 2008 12:30 pm – 2:30 pm	MS TelCom Center 105 Pascagoula Street Jackson, MS 39205
October 8, 2008 12:30 pm – 2:30 pm	MSU Riley Center 2200 Fifth Street Meridian, MS 39301	October 17, 2008 12:30 pm – 2:30 pm	BancorpSouth Conference Center 387 East Main Street Tupelo, MS 38804
October 10, 2008 12:30 pm – 2:30 pm	Holmes Community College Audio-Visual Room – Main Bldg. 1060 J K Avent Dr Grenada, MS 38901	October 29, 2008 12:30 pm – 2:30 pm	Courtyard Marriott – Gulfport 1600 East Beach Blvd. Gulfport, MS 39501

The same information will be presented at each workshop.

Additionally, there will also be **One-on-One claims assistance** available after each general session. During this session, Provider Representatives will be available to assist you with your individual claims issues. Please bring the following claim information to this session for the provider representatives to research:

- Specific claim examples with beneficiary numbers and dates of service; or
- Specific TCN examples

Workshop registration will be conducted in thirty minute increments before the session. The workshops are free of charge. Seating is limited. It is imperative that you RSVP and indicate which workshop and specific session you will be attending. Please RSVP by September 19, 2008. Mail the RSVP to: ACS Government Healthcare Solutions, ATTN: Provider/Beneficiary Services, P.O. Box 23078, Jackson, MS 39225, or, fax it to ACS, Attn: Provider/Beneficiary Services at 601-572-3200. If you are unable to complete and send the RSVP to ACS, you may contact Tamara Cry at 601-206-3028 or email at [tamara.cry@acs-inc.com](mailto:tamara.cry@acs-inc.com) to RSVP.

We look forward to meeting with you in October and working with you in the coming years.

**Please complete the RSVP Section and mail or fax by September 19, 2008 to:**

**ACS Government Healthcare Solutions  
ATTN: Provider/Beneficiary Services  
P.O. Box 23078  
Jackson, MS 39225**

<b>Provider Name</b>	<b>Provider Number</b>
<b>Provider Telephone Number</b>	<b>Contact Name</b>
<b>Name (s) of Attendees</b>	
<b>Date of Workshop Location Attending</b>	
<input type="checkbox"/> Maternity billing	_____ Number of Attendees

**ATTENTION: Billers for Surgery Providers!!!!**

Provider Workshops – October 2008

ACS Government Healthcare Solutions, in conjunction with the Mississippi Division of Medicaid, will conduct provider workshops for the billing staff of the above mentioned provider type during the month of October 2008. The specific dates and locations of the workshops are as follows:

<b>Date/Time</b>	<b>Location</b>	<b>Date/Time</b>	<b>Location</b>
October 3, 2008 10:30 am – 12:30 pm	Hattiesburg Lake Terrace Convention Center One Convention Center Plaza Hattiesburg, MS 39401	October 15, 2008 10:30 am – 12:30 pm	MS TelCom Center 105 Pascagoula Street Jackson, MS 39205
October 8, 2008 10:30 am – 12:30 pm	MSU Riley Center 2200 Fifth Street Meridian, MS 39301	October 17, 2008 10:30 am – 12:30 pm	BancorpSouth Conference Center 387 East Main Street Tupelo, MS 38804
October 10, 2008 10:30 am – 12:30 pm	Holmes Community College Audio-Visual Room – Main Bldg. 1060 J K Avert Dr Grenada, MS 38901	October 29, 2008 10:30 am – 12:30 pm	Courtyard Marriott – Gulfport 1600 East Beach Blvd. Gulfport, MS 39501

The same information will be presented at each workshop.

Additionally, there will also be **One-on-One claims assistance** available after each general session. During this session, Provider Representatives will be available to assist you with your individual claims issues. Please bring the following claim information to this session for the provider representatives to research:

- o Specific claim examples with beneficiary numbers and dates of service; or
- o Specific TCN examples

Workshop registration will be conducted in thirty minute increments before the session. The workshops are free of charge. Seating is limited. It is imperative that you RSVP and indicate which workshop and specific session you will be attending. Please RSVP by September 19, 2008. Mail the RSVP to: ACS Government Healthcare Solutions, ATTN: Provider/Beneficiary Services, P.O. Box 23078, Jackson, MS 39225, or, fax it to ACS, Attn: Provider/Beneficiary Services at 601-572-3200. If you are unable to complete and send the RSVP to ACS, you may contact Tamara Cry at 601-206-3028 or email at [tamara.cry@acs-inc.com](mailto:tamara.cry@acs-inc.com) to RSVP.

We look forward to meeting with you in October and working with you in the coming years.

**Please complete the RSVP Section and mail or fax by September 19, 2008 to:**

**ACS Government Healthcare Solutions  
ATTN: Provider/Beneficiary Services  
P.O. Box 23078  
Jackson, MS 39225**

<b>Provider Name</b>	<b>Provider Number</b>
<b>Provider Telephone Number</b>	<b>Contact Name</b>
<b>Name (s) of Attendees</b>	
<b>Date of Workshop Location Attending</b>	
<input type="checkbox"/> Surgery billing	_____ Number of Attendees

**THIS PAGE INTENTIONALLY LEFT BLANK**

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

ACS  
 P.O. Box 23078  
 Jackson, MS 39225

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

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>

# September

## September 2008

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

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.