

# Mississippi Medicaid

Volume 15, Issue 7

July 2009

## Bulletin

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### Wellness Benefits

The Division of Medicaid, in its continuing effort to support good health for Mississippians, encourages health-care providers to utilize current evidence-based guidelines and recommendations from the American Cancer Society, American Diabetes Association, and the American Heart Association in providing services to their patients.

The Division of Medicaid reimburses for certain wellness services for eligible beneficiaries.

*For billing suggestions, refer to the “Wellness Benefits” link on the Mississippi Medicaid website, [www.medicaid.ms.gov](http://www.medicaid.ms.gov) under the provider tab.*

### 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>.



## Physical, Occupational, and Speech Therapy Provided and Billed By MS Cool Kids (EPSDT) School Health Providers

Effective for dates of services on and after July 1, 2009, the Division of Medicaid (DOM) will require pre-certification and/or certification for physical, occupational, and speech therapy services provided by MS Cool Kids (EPSDT) School Health providers. This change is applicable to all MS Cool Kids (EPSDT) School Health providers who are providing physical, occupational, and speech therapy services to Mississippi Medicaid beneficiaries in the school setting and billing for the services under the school's provider number.

Utilization Management and Quality Improvement Organization (UM/QIO), HealthSystems of Mississippi (HSM), is contracted by DOM to handle the pre-certification processes and conduct statewide workshops and webinars with school providers. Also, in conjunction with the HSM training sessions, the Fiscal Agent, ACS, will be conducting training on electronic access to the Mississippi Envision Web Portal, which allows for claims submission, provider enrollment, prior authorization inquiries, updates, and other aspects of provider help.

The following chart provides information on training sessions that will be held during the months of July and August for school therapy providers. For further details, please see HSM's website at [www.hsom.org](http://www.hsom.org). HSM will also be faxing information to school providers directly to assist with registering for both the HSM and ACS presentations.

Type Training Session	Date	City	Location	HSM Presentation	ACS Presentation
Webinar	July 8, 2009	NA	NA	9:00 AM – 12 Noon	1:00 PM – 4:00 PM
Webinar	July 15, 2009	NA	NA	9:00 AM – 12 Noon	1:00 PM – 4:00 PM
Webinar	July 22, 2009	NA	NA	9:00 AM – 12 Noon	1:00 PM – 4:00 PM
Webinar	July 29, 2009	NA	NA	9:00 AM – 12 Noon	1:00 PM – 4:00 PM
On Site Workshop	August 11, 2009	Jackson	HSM Office	9:00 AM – 12 Noon	1:00 PM – 4:00 PM
On Site Workshop	August 12, 2009	Hattiesburg	To Be Announced	9:00 AM – 12 Noon	1:00 PM – 4:00 PM
Webinar	August 14, 2009	NA	NA	9:00 AM – 12 Noon	1:00 PM – 4:00 PM
On Site Workshop	August 18, 2009	Cleveland	To Be Announced	9:00 AM – 12 Noon	1:00 PM – 4:00 PM
On Site Workshop	August 19, 2009	Tupelo	To Be Announced	9:00 AM – 12 Noon	1:00 PM – 4:00 PM
Webinar	August 21, 2009	NA	NA	9:00 AM – 12 Noon	1:00 PM – 4:00 PM
On Site Workshop	August 25, 2009	McComb	To Be Announced	9:00 AM – 12 Noon	1:00 PM – 4:00 PM
Webinar	August 26, 2009	NA	NA	9:00 AM – 12 Noon	1:00 PM – 4:00 PM

Providers may also contact HSM at 601-360-4949 or [education@hsom.org](mailto:education@hsom.org) to inquire or register for the workshops and webinars. DOM, ACS, and HSM strongly encourage providers to participate in the workshops for the purpose of obtaining information and instructions.

## **Billing Reminder Procedure Codes 10000-69999**

All medical procedures performed for one date of service should be submitted on the same claim, especially procedure codes 10000-69999. Billing in this manner is correct billing policy for Mississippi Medicaid and future claims may be denied if this process is not followed.

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### **Attention Vaccines for Children Providers!!!**

Effective immediately, the Mississippi Envision claims processing system will now allow payment of the Rotavirus (Rotarix) vaccine procedure code 90681 when billed with the oral administration procedure code 90473, with an EP modifier, and one single unit for both procedure codes. Mississippi Medicaid allows \$10.00 for the vaccine administration only.

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### **Changes To PHRM/ISS Risk Screening Forms**

The maternal and infant risk screens have been streamlined to reflect some of the medical and external factors that can be potential risks to pregnant women and infants.

The maternity screening tool was designed to help identify problems of pregnant women that could result in pre-term labor and/or a poor outcome and the infant screening tool will identify infants who have factors that would increase their morbidity and mortality.

The medical risk screens must be completed by a physician, a physician assistant, a nurse practitioner, or a certified nurse midwife provider type. DOM encourages the above listed provider types to perform medical risk screens on this targeted population and refer Medicaid beneficiaries with positive risk factors to an appropriate PHRM/ISS case management agency provider.

A positive and negative finding may be submitted for reimbursement using T1023-TH billing code for the maternal risk screen and T1023-EP for the infant screen. The ICD-9 codes on the new forms allow the care giver to add the fourth and/or fifth digits based on assessment findings.

DOM's goal is for **all** Medicaid-eligible pregnant women and infants to be screened and referred appropriately.

The risk screens and the PHRM/ISS Active Provider List are located on the DOM website at [www.medicaid.ms.gov](http://www.medicaid.ms.gov), select Services, follow to Maternal and Child Health and click the Perinatal High Risk Management/Infant Services System link. For additional information, contact the Bureau of Maternal and Child Health at 601-359-6150.

### **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.

## Claims Evaluation Software

Since 1996, DOM has utilized the McKesson ClaimCheck software to evaluate coding on claims. The edits for the software are maintained through periodic updates. DOM and ACS have completed review of another update. The updates were moved into production on May 17, 2009 and are reflected on the May 25, 2009 remittance advices.

The following are ClaimCheck edits which will continue to be applied to CMS 1500 claims billed by physicians, osteopaths, optometrists, audiologists, podiatrists, chiropractors, clinical psychologists, nurse practitioners, physician assistants, physical therapists, occupational therapists, speech therapists, ambulatory surgical centers, independent labs and radiologists.

Edit #	Description
3400	ClaimCheck: Global System Errors
3431	ClaimCheck: Exceeds Lifetime Limitation
3432	ClaimCheck: No professional / technical component for this code
3434	ClaimCheck: Code replaced to most comprehensive code, see next RA
3435	ClaimCheck: Procedure incidental / integral to another procedure code
3436	ClaimCheck: Medical visit versus procedure; same date of service
3437	ClaimCheck: Code rebundled to most comprehensive code
3442	ClaimCheck: Code is mutually exclusive to another code
3443	ClaimCheck: Visit is within pre/post operative period
3444	ClaimCheck: Assistant surgeon is not allowed
3445	ClaimCheck: Unilateral codes replaced with most comprehensive bilateral code, see next RA
3449	ClaimCheck: Current code rebundled to previously paid or replaced code.

If a provider has questions or wishes to submit a claim for reconsideration, the provider must complete the attached ClaimCheck Reconsideration Form, attach a paper copy of the claim in question, a copy of the remittance advice, and any other substantiating information to be considered. The form with the relevant attachments must be mailed to the following address:

ACS  
Attention: Medical Review  
P.O. Box 23080  
Jackson, MS 39225

Reconsiderations for claims denied on a ClaimCheck edit prior to May 17, 2009 may be submitted for review; however, decisions will not be reversed solely on the basis of a change in the update version. All policies applicable prior to the May 17, 2009 update will be applied. Providers must not resubmit previously denied claims which have been denied through a ClaimCheck edit for reprocessing.

# CLAIMCHECK RECONSIDERATION FORM

Beneficiary Name: \_\_\_\_\_

MS Medicaid ID#: \_\_\_\_\_

TCN: \_\_\_\_\_ Paid Date: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Claim Check Edit: (Circle Edit Number Reflected on Remittance Advice):

3400	3431	3432	3434	3435	3436
3437	3442	3443	3444	3445	3449

Procedure Code(s): \_\_\_\_\_

Questions/Comments: \_\_\_\_\_  
\_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider #: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

- Please Check:  Have you completed all of the ClaimCheck Reconsideration Form?  
 Have you attached paper copy of claim?  
 Have you attached copy of remittance advice?  
 Have you attached any additional substantiating information which you wish to have considered?

MAIL TO: ACS  
 Attn: Medical Review  
 P.O. Box 23080  
 Jackson, MS 39225

### Attention: Private Duty Nursing (PDN) Providers

According to Policy Section 27.03 in the MS Medicaid Provider Manual, when a private duty nurse is caring for two patients simultaneously in the same home, Mississippi Medicaid reimburses 100% of the maximum allowable rate for the first patient and 50% of the maximum allowable rate for the second patient. Providers must file separate claims indicating the number of hours of care for each patient. Services for each recipient must be billed under his or her own Medicaid ID number. Providers must now use the 'UN' modifier when billing their claims for reimbursement. The 'UN' modifier indicates there are multiple patients in the home receiving PDN services.

### Dental Services Are Not Covered For Pregnancy-Only Eligibles

Beneficiaries who are eligible for Medicaid only because of pregnancy, as specified in the Mississippi Medicaid State Plan, are covered only for those services that are related to:

- ❖ Pregnancy (including prenatal, delivery, postpartum, and family planning services); and
- ❖ Other conditions which may complicate pregnancy.

Dental is **NOT** a covered service for beneficiaries who are eligible for Medicaid only because of pregnancy. When verifying eligibility using the Automated Verification Response System (866-597-2675 or 800-884-3222), providers will be alerted if the beneficiary is not eligible to receive dental services. It is the responsibility of the provider to verify a beneficiary's eligibility each time the beneficiary appears for a service. Dental providers are reminded to review Medicaid policies on coverage of dental services as detailed in the Provider Policy Manual Section 11.

### Preferred Drug List: July 1, 2009 Update

The Division of Medicaid's Preferred Drug List (PDL) is updated two times annually on January 1<sup>st</sup> and July 1<sup>st</sup>. Changes to DOM's PDL were effective on July 1, 2009. For a comprehensive list, go to DOM's website at [www.medicaid.ms.gov](http://www.medicaid.ms.gov), select Pharmacy Services, refer to the menu on the right hand side of the page, and select PDL.

### Pharmacy Reminders

**Billing Inaccuracies:** The Pharmacy Bureau reviews pharmacy claims for billing inaccuracies and/or inconsistencies. The following inaccuracies were identified in a recent review:

DRUG NAME	CORRECT BILLING UNITS	COMMON INCORRECT BILLING UNITS
Advair HFA	12	120
Chantix Starter Pack	53	
Chantix Continuing Pack	56	53
C-Phen drops	30	900
Oral Contraceptives	21 or 28	1, 24, 30
PREMPRO	28	30
PEGASYS 180 mcg/0.5 ml	1 (per kit)	Per syringe
Terconazole cream	45	
Veramyst inhaler	10	27.5
Verapred 20mg/5 mls sol.	237	240

*Continued on the next page*

***Drug Devices = Non-Pharmacy (non-POS) Coverage:***

The determination of covered outpatient drugs under the Medicaid Drug Rebate Program generally depends on whether the drug has been approved as a prescription drug by the FDA under Section 505 or 507 of the Federal Food, Drug, and Cosmetic Act. Products issued device approvals do not meet the definition of a covered outpatient drug as defined in Section 1927(k) of the Social Security Act and are not eligible for Medicaid coverage in the Pharmacy Program. Some of the more common devices presumed to be drugs include, but are not limited to, Mimyx® cream, Hylira™ products, Atopiclair™ cream, Biafine® emulsion, Bionect® products and sodium hyaluronate lotion. These products, as well as all devices with an American Society of Health-Systems (AFHS) code of 940000, are not covered through pharmacy services. If a claim is processed for a medical device, Edit 4114-Drug/Product Not Covered, will post with a denial.

For additional information concerning coverage and/or billing of medical devices, contact the Bureau of Medical Services at 1-800-421-2408.

***New Monthly Quantity Limits of anxiolytic, sedative-hypnotic medications:*** In accordance with the Drug Utilization Review (DUR) Board's recommendations, anxiolytic (benzodiazepine) medications, and sedative-hypnotic medication accumulation limits were implemented beginning on May 15, 2009. For additional information, refer to the Provider Bulletin, April 09 issue or go to <http://www.medicaid.ms.gov/Documents/Pharmacy/NewEdits5152009.pdf>. Beneficiaries who require in excess of the recommended monthly limits need prior authorization. For prior authorization issues, contact Health Information Designs (HID) at 1-800-355-0486.

***FREQUENTLY ASKED QUESTIONS IN THE PHARMACY BUREAU***

**Question:** I need a current copy of the PDL. Does MS Medicaid mail out copies of the PDL to providers?

**Response:** MS Medicaid does not mail out copies of the PDL. For a comprehensive list, go to [www.medicaid.ms.gov](http://www.medicaid.ms.gov), select Pharmacy Services, refer to the menu on the right hand side of the page, and select PDL. The Division of Medicaid's Preferred Drug List (PDL) is updated two times annually on January 1<sup>st</sup> and July 1<sup>st</sup>.

**Question:** What does it mean when a drug has a 'FUL'?

**Response:** In 1987, federal regulations limited the amount which Medicaid could reimburse for drugs with available generic drugs under the Federal Upper Limit (FUL) Program. These limits are intended to assure that the Federal government acts as a prudent buyer of drugs. The concept of the upper limits program is to achieve savings by taking advantage of the current market prices.

**Question:** Are FULs assigned to generic drugs only? Who is responsible for the FUL program?

**Response:** Yes, FULs are assigned to generic drugs only. CMS is responsible for assigning FUL values and monitors the FUL program.

**Question:** Where can I find more information on CMS' FUL Program?

**Response:** For additional information on CMS' FUL program, go to [http://www.cms.hhs.gov/Reimbursement/05\\_FederalUpperLimits.asp](http://www.cms.hhs.gov/Reimbursement/05_FederalUpperLimits.asp).

**Question:** Will Medicaid reimburse for a brand name drug if a generic drug is available?

**Response:** Yes. Prior authorization (PA) is required for any brand name multiple source drug that has a generic equivalent except for NTI drugs. If a beneficiary requires a brand name multi-source drug, the prescriber must request a prior authorization *before the drug is dispensed* by seeking approval from DOM's PA contractor, or Health Information Designs (HID). DOM defines the following as NTI drugs: Coumadin®; Dilantin®; Lanoxin®; Synthroid®; and Tegretol®. To view prior authorization forms, go to [www.hidmsmedicaid.com](http://www.hidmsmedicaid.com). If there are questions regarding prior authorizations, contact HID at 1-800-355-0486.

**Question:** Many of the NTI drugs' generic counterparts have FULs values. How is a NTI brand name drug reimbursed?

**Response:** In order to override the FUL assigned to NTI drugs, DOM pharmacy claims' system accepts DAW 7 to override the FUL assigned to these drugs. *Be advised that DAW 7 is viable for NTI drugs only and will not work for drugs other than Coumadin®, Dilantin®, Lanoxin®, Synthroid® or Tegretol® and prescriber must indicate DAW in his/her handwriting.* For additional information regarding NTI drugs and DOM, refer to the Pharmacy Manual, Generic Mandates for Prescription Drugs, Section 31.11.

**Question:** What about non-NTI drugs? If a beneficiary has a PA for a brand name drug and the generic counterpart is assigned a FUL, can the pharmacy be reimbursed for the branded product?

**Response:** Yes. A prior authorization must be requested by the prescriber prior to dispensing and granted by DOM's PA Contractor, or Health Information Designs (HID).





## ATTENTION: Billers for Dental and DME Providers

### Provider Workshops – July 2009

ACS Government Healthcare Solutions, in conjunction with the Mississippi Division of Medicaid, will conduct provider workshops for Dental and DME **billers** during July of 2009. Registration will occur thirty minutes prior to each session. The agenda for the separate sessions is as follows:

#### Agenda for Dental Workshop

8:30am – 9:00am Registration  
 9:00am – 10:00am Dental Policy  
 10:00am – 10:15am AM Break  
 10:15am – 12:00pm Billing and Web Portal

#### Agenda for DME Workshop

1:00pm – 1:30pm Registration  
 1:30pm – 2:30pm DME Policy  
 2:30pm – 2:45pm PM Break  
 2:45pm – 4:00pm Billing and Web Portal

The specific dates and locations of the workshops are as follows:

Date/Time	Location	Date/Time	Location
July 1, 2009	Hilton Garden Inn & BancorpSouth Conference Center 387 East Main Street Tupelo, MS 38804	July 22, 2009	Courtyard by Marriott 1600 East Beach Blvd. Gulfport, MS 39501
July 8, 2009	Greenwood Civic Center 200 Hwy 7 North Greenwood, MS 38930	July 29, 2009	Nursing Allied Health Center Auditorium Hinds Community College 1750 Chadwick Drive Jackson, MS 39204
July 15, 2009	Holiday Inn and Suites 10 Gateway Drive Hattiesburg, MS 39402		

#### Topics to be discussed in the Dental Workshop

Web Portal – Non-Secure Features (Envision Homepage, Registration, Late Breaking News, Current Month's Bulletin, Downloadable Fee Schedule, Interactive Fee Schedule, Bulletin Search, Provider Type Specific Information) and **Secure Features** (Inquiry functions, Reporting TPL, ADA Dental Claim Entry, Communications Options, Adjusting and Voiding Claims, PA inquiry and entry, and User Administration Options)

Dental Policy and Billing – Acronyms, Dental Programs (section 11.02), Dental Policy (sections 11.03-11.25), Prior Authorization, Orthodontics, Dental Limits, Highlights of the ADA Dental Claim Form (CSR 7250), Billing

#### Topics to be discussed in the DME Workshop

Web Portal – Non-Secure Features (Envision Homepage, Registration, Late Breaking News, Current Month's Bulletin, Downloadable Fee Schedule, Interactive Fee Schedule, Bulletin Search, Provider Type Specific Information) and **Secure Features** (Inquiry functions, Reporting TPL, CMS 1500 Claim Entry, Communications Options, Adjusting and Voiding Claims, PA inquiry and entry, and User Administration Options)

DME Policy and Billing – Acronyms, DME Policy (sections 10.02-10.07), Non-covered Items, CMS 1500 Claim Form (this is the Medicaid Billing Manual section 2.0), Proper billing methods for DME (amounts to bill, correct dates to bill, how to bill manual priced claims, medical supplies that do not require HSM PA, common edits)

The workshops are free of charge. Seating is limited Provider Relations representatives will be available to assist providers with individual claims issues. Providers attending this session should bring actual claims with beneficiary numbers and dates of service or specific TCNs. Fax the RSVP to: ACS Government Healthcare Solutions, ATTN: Provider/Beneficiary Services at **601-572-3200** or, you may contact the ACS call center at **1-800-884-3222** with the date and the workshop session you would like to attend.

Please complete the RSVP Section and mail or fax 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 and Session of Workshop Location Attending</b>	
<b>***Please note: If you have specific questions that you would like answered during the workshop, please feel free to submit them with your RSVP form.</b>	

## 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.medicaid.ms.gov](http://www.medicaid.ms.gov) and clicking on “Provider Policy Manuals” under “Publications.”

Manual Section	Policy Section	New	Revised	Effective Date
1.0 Introduction	1.02 Intentionally Left Blank 1.04 Administration of the Medicaid Program 1.05 DOM Addresses and Telephone Numbers 1.07 Medicaid Regional Offices 1.08 Intentionally Left Blank		X X X X X	07/01/09
4.0 Provider Enrollment	4.12 Audiologist/Hearing Aid Dealer		X	07/01/09
7.0 General Policy	7.10 Limited English Proficiency Plan (LEP)		X	07/01/09
8.0 Ambulance	8.03 Emergency Ground Ambulance 8.13 Transport of Nursing Facility Residents 8.20 Transport of Hospice Beneficiaries		X X X	07/01/09
10.0 Durable Medical Equipment	10.02 Reimbursement 10.44 Incontinent Pads (Blue Pads/Underpads) 10.102 Reserved for Future Use	X	X X	07/01/09
14.0 Hospice	14.06 Election, Revocation, and Change of Hospice		X	07/01/09
17.0 Mississippi Youth Programs Around the Clock (MYPAC)	All (Sections 17.01-17.36)	X		07/01/09
25.0 Hospital Inpatient	25.09 Maternity Epidurals		X	07/01/09
29.0 Vision Services	29.10 Ocular Prosthesis (Artificial Eye)		X	07/01/09
31.0 Pharmacy	31.07 Non-Covered Pharmacy Services 31.20 Identification of Prescribers 31.24 Preferred Drug List		X X X	07/01/09
36.0 Nursing Facility	36.10 Temporary Leave Payment 36.11 Resident Assessments Minimum Data Set (MDS)		X	07/01/09
38.0 Maternity	38.02 Multiple Birth Deliveries 38.04 Maternity Epidurals		X X	07/01/09
41.0 Dialysis	41.03 Professional Services		X	07/01/09
47.0 Outpatient Physical Therapy	47.09 Prior Authorization/Pre-certification		X	07/01/09
48.0 Outpatient Occupational Therapy	48.09 Prior Authorization/Pre-certification		X	07/01/09
49.0 Outpatient Speech-Language Pathology(Speech Therapy)	49.03 Exclusions 49.04 General Coverage Criteria 49.05 Definitions 49.07 Group Therapy 49.09 Prior Authorization/Pre-certification		X X X X X	07/01/09

Manual Section	Policy Section	New	Revised	Effective Date
53.0 General Medical Policy	53.30 Wellness Policy		X	07/01/09
56.0 Injectables/Physician Office	56.05 17 Alpha-Hydroxyprogesterone(17-P)		X	07/01/09
64.0 Long Term Care/Pre-Admission Screening (PAS)	64.01 PAS Introduction 64.02 Guidelines for Submission of PA for LTC Programs 64.03 PAS Exclusions 64.08 PAS Instrument Components 64.09 PAS Completion and Submission 64.12 PAS Secondary Clinical Reviews 64.13 PAS Notice of Long Term Care Determination 64.16 PAS Appeals		X X X X X X X	07/01/09
65.0 HCBS-Elderly & Disabled Waiver	65.02 Eligibility 65.03 Provider Enrollment 65.06 Prior Approval/Physician Certification 65.07 Covered Services		X X X X	07/01/09
66.0 HCBS/Independent Living Waiver	66.02 Eligibility 66.05 Prior Approval/ Physician Certification		X X	07/01/09
68.0 HCBS/Assisted Living Waiver	68.02 Eligibility 68.03 Provider Enrollment 68.05 Prior Approval/Physician Certification 68.06 Covered Services 68.07 Quality Management 68.11 Hearing and Appeals for Denied/Terminated Services	X	X X X X X	07/01/09
69.0 HCBS/Traumatic Brain Injury/Spinal Cord Injury	69.02 Eligibility 69.05 Prior Approval/Physician Certification		X X	07/01/09
76.0 EPSDT School Health-Related Services	All (Sections 76.01-76.11) except 76.08 and 76.09		X	07/01/09

<b>DOM/ACS FIELD REPRESENTATIVE AREAS NUMBER OF ACTIVE PROVIDERS BY COUNTY</b>		
<b>AREA 1 Cynthia Morris (601.572.3237)</b>	<b>AREA 2 Prentiss Kitchens (601.206.3042)</b>	<b>AREA 3 Clint Gee (662.459.9753)</b>
<b>County</b>	<b>County</b>	<b>County</b>
Bolivar	Alcorn	Bolivar
Desoto	Benton	Coahoma
Lafayette	Itawamba	Leflore
Marshall	Lee	Quitman
Panola	Prentiss	Sunflower
Tate	Pontotoc	Tallahatchie
Tunica	Tippah	Yalobusha
	Tishomingo	
<b>*Memphis</b>	Union	
<b>AREA 4 Rhonda Evans (601.359.1370)</b>	<b>AREA 5 Ekida Wheeler (601.572.3265)</b>	<b>AREA 6 / Out of State Cherry Woods (601.206.3013)</b>
<b>County</b>	<b>County</b>	<b>County</b>
Attala	Holmes	Kemper
Carroll	Humphreys	Lauderdale
Calhoun	Issaquena	Lowndes
Clay	Madison	Newton
Chickasaw	Sharkey	Neshoba
Choctaw	Washington	Noxubee
Grenada	Yazoo	Winston
Monroe		
Montgomery		
Oktibbeha		
Webster		
<b>AREA 7 Becky Boren (601.206.3030)</b>	<b>AREA 8 Randy Ponder (601.206.3026) Parren Clark (601.572.3275)</b>	<b>AREA 9 Joyce Wilson (601.359.4293)</b>
<b>County</b>	<b>County</b>	<b>County</b>
Adams	Hinds	Copiah
Amite		Leake
Claiborne		Rankin
Franklin		Scott
Jefferson		Simpson
Lincoln		
Warren		
Wilkinson		
<b>AREA 10 Chris Gibson (601.206.2948)</b>	<b>AREA 11 Pamela Williams (601.359.9575)</b>	<b>AREA 12 Connie Mooney (601.572.3253)</b>
<b>County</b>	<b>County</b>	<b>County</b>
Clarke	Covington	Hancock
Forrest	Jefferson-Davis	Harrison
Greene	Lamar	Jackson
Jasper	Lawrence	George
Jones	Marion	Pearl
Perry	Pike	Stone
Smith	Walthall	
Wayne		<b>Mobile, AL</b>
<b>OUT OF STATE PROVIDERS</b>	Tamara Cry (601.206.3028) or Kimberly Rice (601.206.2961)	

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

*July*

*July 2009*

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