

MS Medicaid Provider Bulletin



Dr. David Dzielak, DOM’s New Executive Director, Says His Door is Always Open to Providers



DR. DAVID DZIELAK
Executive Director
MS Division of Medicaid

David Dzielak, Ph.D., the new executive director of the Mississippi Division of Medicaid, says state policymakers and Medicaid providers must work collectively to ensure the long-term sustainability of the Medicaid program in Mississippi.

He is calling on Mississippi leaders, including Medicaid providers and lawmakers, to serve as change agents in the statewide battle

to address systemic problems such as teenage pregnancy, obesity, hypertension and diabetes, to employ new and innovative approaches to disease management.

“I have a scientific background, so I don’t want to do something just because we think it might work or because it sounds good. Policies must be driven by solid evidence,” says Dr. Dzielak.

As legislators consider reauthorization of the Mississippi Division of Medicaid and establish a new budget for the agency, Dr. Dzielak is also asking for greater flexibility. Moving away from stringent spending directives toward “block grant” budgeting will allow the Division of Medicaid greater ability to keep costs in check as Medicaid enrollment grows, he says.

Dr. Dzielak says legislative flexibility will allow the agency to enhance cost-effective programs such as the Mississippi

Coordinated Access Network (MSCAN), initiated January 1, 2011. MississippiCAN is the type of fiscally responsible program that results in better health outcomes for high-risk Medicaid beneficiaries.

Dr. Dzielak also says the flexibility will help the agency employ strategies to rein in runaway service costs, enhance access to long-term support services in the community, and reimburse providers in a manner that is equitable and encourages participation in the Medicaid program.

“We have to balance our checkbook. You can’t put it on a credit card,” he says. “The less burdened we are by statutes, the more flexible we can be.”

Governor Phil Bryant named Dr. Dzielak the agency’s executive director on January 17, 2012. He replaced Robert Robinson, Ph.D., who served as the agency’s executive director from October 1, 2005 to January 13, 2012.

An integrative cardiovascular physiologist by training, Dr. Dzielak last served as University of Mississippi Medical Center’s (UMMC) Director of Strategic Research Alliances. In that role, Dr. Dzielak bolstered UMMC’s research infrastructure and garnered funding for the newest research building on campus, the Arthur C. Guyton Laboratory Research Center. He successfully pitched the exponential value of UMMC researchers’ ongoing work and discoveries during frequent trips to Capitol Hill to secure appropriations from Washington, D.C.

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Dr. Dzielak holds an Associate of Applied Science degree from the State University of New York at Delhi and a Bachelor of Science degree from Cornell University. He received his doctorate degree from UMMC in 1982 and did a post-doctoral fellowship with Dr. Arthur Guyton in the Department of Physiology and Biophysics. In 1984, he became a faculty member in that department.

Dr. Dzielak says the Medicaid program should stay true to its mission. It was not created to serve as an economic development tool. "It's a program to serve the most vulnerable citizens in Mississippi. In an ideal world we would not need Medicaid, but the world is not always ideal and many people count on Medicaid for vital health care services."

Dr. Dzielak notes that one in four people in Mississippi are Medicaid eligible, and 56 percent of beneficiaries are children. "Some conditions are tragic and unfortunate. We serve those who are most vulnerable, including children."

It must be a joint venture between the DOM and its providers to motivate people who can achieve greater economic independence to move off Medicaid. State leaders must come together and brainstorm ways to encourage personal responsibility in diet and exercise. And there must be collective efforts to stymie growth rates in teen pregnancies, and to encourage young women who may become pregnant

to take prenatal care seriously. "If you are a teenager and become pregnant you can't ignore your pregnancy," he says.

Dr. Dzielak is a native of Syracuse, N.Y., but has lived in Mississippi for more than three decades. He is married to the former Marilyn McLaurin of Brandon and has three stepsons, Luther "Lyndsey" W. Wade III, Todd M. Wade and Justin D. Wade, and one grandson, Luther W. Wade IV.

Dr. Dzielak moved to the Magnolia State in 1976 to pursue his doctorate degree. He left for Columbus, Ohio in 1986 to work for Adria Laboratories as a senior scientist in charge of cardiovascular pharmacology, but the Magnolia State quickly drew him back. He returned to UMMC a year later to continue his career in academic medicine.

Throughout his career, Dr. Dzielak has focused on promoting technology transfer and biotechnology development with academic and business partners.

Dr. Dzielak says his door is always open to providers who have questions, concerns, or suggestions.

"Effective communication is key," he says. "If people have issues, they should feel like they can call or come in and see me."



FROM THE DESK OF



**STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID**

**DAVID J. DZIELAK, Ph.D.
EXECUTIVE DIRECTOR**

Dear Providers,

It is a pleasure to be joining the Division of Medicaid as Executive Director.

Certainly, I am both humbled and honored to embrace our mission of providing access to quality health care for our beneficiaries, and first-class customer-centric support for our valued Medicaid providers.

Since 1969, Medicaid has been a vital public health and welfare foundation in our state. I am anxious to build on this with your help. We must continue to be more transparent, more accountable, and even more efficient. We must continue to strive to improve the quality of life for those we serve as these individuals are the most vulnerable people in the state.

As you are aware, vital social and economic factors are undergoing changes worldwide, nationally, and statewide. Experience has taught me that change can be perceived as intimidating, but change also can open new opportunities.

I will keep providers engaged and informed as changes are made at DOM as we ready ourselves to respond to today's new realities.

IN BRIEF



DOM Matches Hospice Claims, NH Rate Adjustments in Same Period

DOM can now match nursing home rate adjustments with associated hospice claims within the same period, allowing claims to be processed more accurately.

The associated hospice claims for Revenue Code 659 will be automatically reprocessed when retro-rate reprocessing nursing home claims due to a rate adjustment. This will appropriately adjust the previous hospice payments for room and board.

For additional information, please contact Charissa Wilson at 601-359-1377 or T. J. Walker at 601-359-6827.

DOM Helps Kick the Habit

Tobacco use can lead to nicotine dependence and serious health problems.

According to the CDC, nicotine dependence is the most common form of chemical dependence in the United States.

To help beneficiaries break free from nicotine dependence, the following smoking cessation drugs are covered:

- Over the counter nicotine products
- Legend or prescription nicotine replacement products
- Bupropion hydrochloride
- Varenicline tartrate



REMINDERS

Only Bill for Eligible Beneficiaries

Only medications prescribed to eligible beneficiaries can be billed using the beneficiary's Medicaid ID number. The DOM may request repayment and/or impose sanctions against providers who engage in conduct that defrauds or abuses the Medicaid program. An example of such activity includes but is not limited to, billing a parent's medication to a child's Medicaid ID number or vice-versa.

It is the responsibility of the Medicaid provider to verify a Medicaid beneficiary's eligibility each time the beneficiary presents for service.

Medicaid Does Not Pay Claims for Incarcerated Beneficiaries

The Mississippi DOM is prohibited by federal regulations, 42 CFR §435.1009 and 42 CFR §425.1010, from paying for services for Medicaid beneficiaries who, on the date of service are incarcerated in a correctional or holding facility. This includes individuals who are prisoners (adults and juveniles) who are in a correctional facility, detained pending disposition of charges and/or held under court order as material witnesses.

If medications are requested for an incarcerated Medicaid beneficiary, the medications cannot be billed to Medicaid. Pharmacists should contact the correctional facility

regarding the facility's reimbursement procedures for all requested medications. All claims submitted and paid for an incarcerated beneficiary are subject to recoupment by the Mississippi DOM.

Providers Must Verify Medicaid Eligibility and Beneficiary Identification

It is the responsibility of the Medicaid Provider to verify a Medicaid beneficiary's eligibility each time the beneficiary appears for a service. The provider is also responsible for confirming that the person presenting the card is the person to whom the card is issued. This can be done by requesting a picture ID, such as driver's license, school ID card or verifying the social security number and/or birth date. It is preferred that the providers verify the identity of the person presenting for service with a picture ID when possible.

If it is found that the person presenting for service is not the Medicaid beneficiary to whom the card was issued, the provider is responsible for refunding any monies paid by Medicaid to the provider for all services provided.

Additional information on the Division of Medicaid's policy regarding the Medicaid identification card is in section 3.05 of the Provider Policy Manual. Providers are reminded that they should review this policy periodically with their office staff.

NEWS

DOM Files Medicaid Administrative Code

The Division of Medicaid has filed the new Medicaid Administrative Code, Title 23, which consists of policies that govern the administration of the Medicaid program in Mississippi.

The Division of Medicaid's reformatted rules and regulations were filed with the Secretary of State's Office in compliance with the Mississippi Administrative Procedures Law.

Medicaid's Administrative Code follows a designated numbering system consisting of parts, chapters, and rules. This reformatting did not change the intent of the rules and regulations. However, standard operating procedures were redacted in the new filing, thereby allowing providers to more easily discern rules and regulations from standard operating procedures.

In the future, a provider manual will be posted on DOM's website that includes operating procedures such as billing instructions, office contacts, and deadlines. This will allow DOM to quickly update operational changes where rules and regulations are not impacted.

The Mississippi Administrative Procedures Law designates the Mississippi Secretary of State's Office as the official registrar for the rules of all state agencies and as the publisher of the *Mississippi Administrative Bulletin*. Currently, more than 120 state agencies file their agency rules with the Secretary of State's Office.

Each state agency proposes its own rules and regulations, seeks public comment on the proposed changes, and ultimately adopts the final rules or regulations. This process usually takes several months. The new Medicaid Administrative Code filing does not include a public comment period because no substantive changes were made to the Division of Medicaid's rules and regulations.

\$37 Million Paid in Provider Incentives for EHR

The Division of Medicaid (DOM) has paid out \$37 million in Provider Incentives payments to more than 442 providers who have embraced electronic health record technology over paper and those numbers are growing daily.

From May 2011 to January 2012, the Division of Medicaid has paid \$28 million to eligible hospitals and more than \$8.6 million to eligible professionals.

The Medicaid Electronic Health Records (EHR) Incentive Program is a federally legislated program that provides financial incentives to eligible Medicaid health care providers who adopt, implement, or upgrade to a certified electronic health records system.

Professional providers can receive up to \$63,750 over the six years that they may choose to participate in the program. Eligible hospitals are paid based on a formula that is calculated with a base rate of \$2 million using cost report data over a three year period. These incentives are intended to help support the conversion from paper-based medical records to EHRs.

The Division of Medicaid will host regional workshops on electronic health records beginning this spring. To file for an incentive payment, visit MS State Level Registration and Attestation System located at DOM's website: www.medicaid.ms.gov.

For more information, call 601-359-3696 and ask to speak with an EHR representative.

MississippiCAN Moves to New Coordinated Care Bureau

The Division of Medicaid has established a new Bureau of Coordinated Care, which will oversee the Mississippi Coordinated Access Network (MSCAN). This is a coordinated care program known as MississippiCAN for targeted high-risk Medicaid populations. This program connects beneficiaries to a medical home and encourages them to be responsible for their health care. In addition to managing MississippiCAN, the Coordinated Care Bureau will explore the creation of other fiscally-sound patient-driven care management programs.

The Bureau of Maternal and Child Health and Care Management has been disbanded and its duties merged with the Bureau of Medical Services and the Bureau of Coordinated Care. The Medical Services Bureau now oversees medical services for adults and children.

Former Bureau of Maternal and Child Health, Director Sheila Meadows is now the Bureau Director of Coordinated Care. For assistance in locating staff, contact Michelle Robinson in the Bureau of Coordinated Care at 601-359-3789 or Selundria Wilson in the Bureau of Medical Services at 601-359-6150.

PHARMACY



Pharmacy Schedules Program Changes

Several changes to the Mississippi Division of Medicaid Pharmacy program are scheduled for the fourth quarter of Fiscal Year 2012 (April 1-June 30).

Changes include, but are not limited to:

- (1) Effective April 1, 2012, prenatal vitamins for females to age 45 can be filled in three month (90 units) supplies.
- (2) Effective April 1, 2012, oral contraceptives for females can be filled in three month supplies.
- (3) Effective April 1, 2012, the 90 Day Maintenance List is revised.
- (4) Effective May 1, 2012, Suboxone/Subutex prior authorization process is revised.



Preferred Drug List Updated

The Division of Medicaid's Preferred Drug List (PDL) is updated two times annually on January 1st and July 1st. For a comprehensive list of the PDL including the January 2012 changes, go to DOM's website at <http://www.medicaid.ms.gov/>, select Pharmacy Services, go to the menu on the left-hand side of the page and select Preferred Drug List highlighted in yellow.

In an ongoing effort to make DOM's PDL more user friendly, the format of the PDL has changed. Please take a few moments to become acquainted with the new format. Some of the changes you will find include:

- Organization and alphabetization of drug classes
- SmartPA designation, if applicable, for classes with electronic PA criteria
- PA criteria posted to the right of the drug/drug class
- Changes to the PDL continue to be highlighted in yellow



Notice about Pharmacy PA Forms

Since January 1, 2011, pharmacy prior authorizations have been processed internally by the Division of Medicaid's Pharmacy Bureau. The only acceptable prior authorization forms can be found on our website by going to <http://www.medicaid.ms.gov/Pharmacy.aspx>, click on Prior Authorization from the horizontal menu, and then select the appropriate PA form(s).

The former vendor's PA forms are obsolete. Often these obsolete forms have been copied and/or faxed multiple times and are difficult to read, which delays the prior authorization process. Furthermore, the fax number printed on the old forms is not functional. Therefore, the Division of Medicaid will no longer accept these obsolete forms for prior authorization purposes.

TIP: Bookmark the listed website below for easy access to the correct form.

LONG-TERM CARE

2012 Bed Values set for Nursing Facilities, ICF/MR's and PRTF's

The 2012 bed values listed below for nursing facilities, intermediate care facilities for the mentally retarded (ICF/MR's) and psychiatric residential treatment facilities (PRTF's) were determined by the R. S. Means Historical Cost Index. This Cost Index reference is the basis for rental payments under the fair rental system of property cost reimbursement for long-term care facilities.

| Facility Class | 2012 New Bed Values |
|------------------|---------------------|
| Nursing Facility | \$52,954 |
| ICF/MR | \$63,545 |
| PRTF | \$63,545 |

2011 Cost Report BOD Fees Set for Facilities

The Board of Director's (BOD) fees allowed to be reported for 2011 cost reports filed by nursing facilities (NF's), intermediate care facilities for the mentally retarded (ICF/MR's), and psychiatric residential treatment facilities (PRTF's) have been computed. The computations were made in accordance with the Medicaid State Plan by indexing the amounts in the plan using the Consumer Price Index for all Urban Consumers – All Items. These amounts will be monitored during the desk review and audit processes conducted on 2011 cost reports. The amounts listed below are per meeting maximums with a limit of four (4) meetings per year.

The maximum allowable, per meeting Board of Director's fees for 2011 are as follows:

| Facility Category | Maximum Allowable Cost for 2011 |
|-------------------|---------------------------------|
| 0 – 99 Beds | \$ 3,797 |
| 100 – 199 Beds | \$ 5,696 |
| 200 – 299 Beds | \$ 7,595 |
| 300 – 499 Beds | \$ 9,494 |
| 500 Beds or More | \$11,392 |



2011 Owner Salary Limits for Long-Term Care Facilities

The maximum owner salary limit amounts allowed on 2011 cost reports filed by nursing facilities (NF's), intermediate care facilities for the mentally retarded (ICF/MR's) and psychiatric residential treatment facilities (PRTF's) are:

| Facility Class | Owner Salary Limits |
|----------------------------------------|---------------------|
| Small Nursing Facilities (1 – 60 Beds) | \$115,226 |
| Large Nursing Facilities (61+ Beds) | \$142,034 |
| ICF/MR's | \$160,958 |
| PRTF's | \$224,618 |

The owner's salary for 2011 is based on 150% of the average salaries paid to non-owners/administrators for services related to patient care. The limits apply to all salaries paid directly by the facility, a related management company or home office. Adjustments must be made to the cost report to limit any excess salaries paid to owners. Form 15 must also be filed as part of the Medicaid cost report for each owner.

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>.



MEDICAL SERVICES



EPSDT Preventative Screenings for Adolescents Can Save Lives

The DOM is requesting provider assistance in encouraging adolescent beneficiaries to receive an annual Early and Periodic Screening, Diagnostic and Treatment (EPSDT) comprehensive health physical examination.

The EPSDT benefit allows early detection of health problems and assurance that diagnostic and treatment services are available to treat conditions identified during the screen. Such treatment services are considered medically necessary and must be covered by Medicaid to the extent that federal Medicaid law allows.

Although adolescents are generally healthy, the annual EPSDT comprehensive examination is of vital importance because many chronic conditions are discernible in the pre-teen and teenage years. During the adolescents years there is great exposure to drug use/experimentation, unprotected sex, unhealthy eating habits and other physically dangerous encounters, that may lead to significant health risks.

The DOM is committed to increasing its screening rate of adolescents receiving an annual EPSDT physical examination. The Mississippi FY2010 CMS416, Annual EPSDT Participation Report revealed that Mississippi's 25% screening ratio of adolescents' ages 12 to 20 years is far below the CMS universal compliance screening ratio standard of 80%. Overall, the Mississippi's screening ratio was 64%. The DOM is asking providers to take a "lead role" in encouraging ALL qualified adolescent beneficiaries to schedule an annual EPSDT screening appointment.

With recent outreach efforts that include statewide workshops and the addition of the Cool Bumblebee mascot

campaign, which led to the naming of the EPSDT screening as "Mississippi Cool Kids," the DOM has made successful strides in increasing the participation ratio for children under the age of 9. This effort has landed DOM close to the 80% universal screening ratios compliance standard. With the help of providers, the DOM's goal is for all eligible children to receive the EPSDT annual screening.

Providers are reminded that annual screenings do not count against office visit limits for Medicaid beneficiaries ages 21 years and younger. Examinations included in the annual EPSDT screenings are:

- A comprehensive health and developmental history/assessment
- An unclothed physical examination
- Age appropriate immunizations
- Age appropriate laboratory tests
- Adolescent counseling
- Health education, including anticipatory guidance
- Vision, hearing and dental screen

The Mississippi Childhood Lead Poisoning Prevention Program (CLPPP) Revises the Blood Lead Screening Summary

The Mississippi State Department of Health's Childhood Lead Poisoning Prevention Program (CLPPP) has revised the Blood Lead Screening Summary and it is now referred to as the Blood Lead Screening and Healthy Homes Summary. The revised summary, will not only identify children ages 6 to 72 months that may be at high risk for lead poisoning, but additionally, serves as a risk screening tool for identifying hazards within the child's home that may affect his/her health.

Medicaid providers should utilize the revised summary focusing on questions 1–7 for blood lead risk screening and testing. Questions 8–11 pertain to Healthy Housing issues only and will determine if there are hazards in the child's home that may affect the child's health. The particular responses to questions 8–11 should guide the provider regarding health education and anticipatory guidance.

The Blood Lead Screening and Healthy Homes Summary can be obtained by calling the Mississippi State Department of Health Lead Program at 601-576-7447. It is also available on the Division of Medicaid's website at www.medicaid.ms.gov. Once on the homepage click on providers then click on forms. Scroll down to Blood Lead Screening and Healthy Homes Summary.

MS Ranked Number One in Vaccine Rates for State Fiscal Year 2010

Mississippi received the award for the highest estimated vaccine coverage for children aged 19-35 months based on a recent National Immunization Survey (NIS) sponsored by the Centers for Disease Control and Prevention (CDC). The NIS is a telephone survey that began data collection in April 1994 to monitor childhood immunization coverage. In the fiscal year 2010 survey, Mississippi had an estimated vaccine coverage rate of 81.1%, compared to the national average of 71.5%. The Haemophilus influenzae type b (Hib) vaccine (the 4:3:1:0:3:3:4 series) is excluded from this estimate due to a

recent shortage. The 4:3:1:0:3:1:4 series includes: four or more doses of DTaP vaccine, three or more doses of poliovirus vaccine, one or more doses of MMR, three or more doses of hepatitis B vaccine, one or more doses of varicella vaccine, and four or more doses of pneumococcal vaccine. Mississippi was also recognized as being the state with the most improved vaccine rates. In the NIS for the same time period in 2008-2009, Mississippi ranked 18th with an estimated rate of 72.5% (compared to the national average of 70.9%). The full 2009-2010 survey is available on the NIS website month at: <http://www.cdc.gov/vaccines/stats-surv/nis/default.htm#nis>. Previous surveys dating back to 1994 are also available at the same website.

This article was written courtesy of Dr. Byers, State Epidemiologist, Mississippi Department of Health.

PROVIDER FIELD REPRESENTATIVES

Assistance from DOM and ACS Provider Field Representatives

Provider Field Representatives 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. If your respective Provider Field Representative is out of the office or not available to answer your call, feel free to leave a detailed voice mail message. A response will be provided to you within two business days of your call.

We understand that some billing issues cannot be resolved by telephone or email. In these instances, an on-site visit may be arranged at the convenience of the provider. So that issue(s) can be researched and addressed in an expeditious manner, it is requested that your issue(s) be submitted in writing to your Provider Field Representative prior to any scheduled visit.

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

| County | Provider Field Representative | Telephone # | Email Address |
|-----------|-------------------------------|--------------|----------------------------------------------------------------------------------|
| Adams | Justin Griffin | 601-206-2922 | justin.griffin@acs-inc.com |
| Alcorn | Prentiss Butler | 601-206-3042 | prentiss.kitchens@acs-inc.com |
| Amite | Justin Griffin | 601-206-2922 | justin.griffin@acs-inc.com |
| Attala | Clint Gee | 662-459-9753 | clinton.gee@medicaid.ms.gov |
| Benton | Prentiss Butler | 601-206-3042 | prentiss.kitchens@acs-inc.com |
| Bolivar | Clint Gee | 662-459-9753 | clinton.gee@medicaid.ms.gov |
| Calhoun | Joyce Wilson | 601-359-4293 | joyce.wilson@medicaid.ms.gov |
| Carroll | Clint Gee | 662-459-9753 | clinton.gee@medicaid.ms.gov |
| Chickasaw | Joyce Wilson | 601-359-4293 | joyce.wilson@medicaid.ms.gov |
| Choctaw | Clint Gee | 662-459-9753 | clinton.gee@medicaid.ms.gov |
| Claiborne | Justin Griffin | 601-206-2922 | justin.griffin@acs-inc.com |
| Clarke | Nadia Shelby | 601-206-2961 | nadia.shelby@acs-inc.com |
| Clay | Joyce Wilson | 601-359-4293 | joyce.wilson@medicaid.ms.gov |
| Coahoma | Clint Gee | 662-459-9753 | clinton.gee@medicaid.ms.gov |
| Copiah | Joyce Wilson | 601-359-4293 | joyce.wilson@medicaid.ms.gov |

| County | Provider Field Representative | Telephone # | Email Address |
|---------------------------------------------------------|-------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Covington | Clint Gee | 662-459-9753 | clinton.gee@medicaid.ms.gov |
| Desoto | Cynthia Morris | 601-572-3237 | cynthia.morris@acs-inc.com |
| Forrest | Nadia Shelby | 601-206-2961 | nadia.shelby@acs-inc.com |
| Franklin | Justin Griffin | 601-206-2922 | justin.griffin@acs-inc.com |
| George | Connie Mooney | 601-572-3253 | connie.mooney@acs-inc.com |
| Greene | Nadia Shelby | 601-206-2961 | nadia.shelby@acs-inc.com |
| Grenada | Joyce Wilson | 601-359-4293 | joyce.wilson@medicaid.ms.gov |
| Hancock | Connie Mooney | 601-572-3253 | connie.mooney@acs-inc.com |
| Harrison | Connie Mooney | 601-572-3253 | connie.mooney@acs-inc.com |
| Hinds Zip codes 39041-39215 Zip codes 39216-39629 | Randy Ponder Parren Clark | 601-206-3026 601-572-3275 | randy.ponder@acs-inc.com parren.clark@acs-inc.com |
| Holmes | Ekida Wheeler | 601-572-3265 | ekida.wheeler@acs-inc.com |
| Humphreys | Ekida Wheeler | 601-572-3265 | ekida.wheeler@acs-inc.com |
| Issaquena | Ekida Wheeler | 601-572-3265 | ekida.wheeler@acs-inc.com |
| Itawamba | Prentiss Butler | 601-206-3042 | prentiss.kitchens@acs-inc.com |
| Jackson | Connie Mooney | 601-572-3253 | connie.mooney@acs-inc.com |
| Jasper | Nadia Shelby | 601-206-2961 | nadia.shelby@acs-inc.com |
| Jefferson | Justin Griffin | 601-206-2922 | justin.griffin@acs-inc.com |
| Jefferson Davis | Joyce Wilson | 601-359-4293 | joyce.wilson@medicaid.ms.gov |
| Jones | Nadia Shelby | 601-206-2961 | nadia.shelby@acs-inc.com |
| Kemper | Cherry Woods | 601-206-3013 | cherry.woods@acs-inc.com |
| Lafayette | Cynthia Morris | 601-572-3237 | cynthia.morris@acs-inc.com |
| Lamar | Clint Gee | 662-459-9753 | clinton.gee@medicaid.ms.gov |
| Lauderdale | Cherry Woods | 601-206-3013 | cherry.woods@acs-inc.com |
| Lawrence | Joyce Wilson | 601-359-4293 | joyce.wilson@medicaid.ms.gov |
| Leake | Joyce Wilson | 601-359-4293 | joyce.wilson@medicaid.ms.gov |
| Lee | Prentiss Butler | 601-206-3042 | prentiss.kitchens@acs-inc.com |
| Leflore | Clint Gee | 662-459-9753 | clinton.gee@medicaid.ms.gov |
| Lincoln | Justin Griffin | 601-206-2922 | justin.griffin@acs-inc.com |
| Lowndes | Cherry Woods | 601-206-3013 | cherry.woods@acs-inc.com |
| Madison | Ekida Wheeler | 601-572-3265 | ekida.wheeler@acs-inc.com |
| Marion | Clint Gee | 662-459-9753 | clinton.gee@medicaid.ms.gov |
| Marshall | Cynthia Morris | 601-572-3237 | cynthia.morris@acs-inc.com |
| Monroe | Joyce Wilson | 601-359-4293 | joyce.wilson@medicaid.ms.gov |
| Montgomery | Clint Gee | 662-459-9753 | clinton.gee@medicaid.ms.gov |
| Neshoba | Cherry Woods | 601-206-3013 | cherry.woods@acs-inc.com |
| Newton | Cherry Woods | 601-206-3013 | cherry.woods@acs-inc.com |
| Noxubee | Cherry Woods | 601-206-3013 | cherry.woods@acs-inc.com |
| Oktibbeha | Joyce Wilson | 601-359-4293 | joyce.wilson@medicaid.ms.gov |
| Panola | Cynthia Morris | 601-572-3237 | cynthia.morris@acs-inc.com |
| Pearl River | Connie Mooney | 601-572-3253 | connie.mooney@acs-inc.com |
| Perry | Nadia Shelby | 601-206-2961 | nadia.shelby@acs-inc.com |
| Pike | Clint Gee | 662-459-9753 | clinton.gee@medicaid.ms.gov |

| County | Provider Field Representative | Telephone # | Email Address |
|--------------|-------------------------------|--------------|----------------------------------------------------------------------------------|
| Pontotoc | Prentiss Butler | 601-206-3042 | prentiss.kitchens@acs-inc.com |
| Prentiss | Prentiss Butler | 601-206-3042 | prentiss.kitchens@acs-inc.com |
| Quitman | Clint Gee | 662-459-9753 | clinton.gee@medicaid.ms.gov |
| Rankin | Joyce Wilson | 601-359-4293 | joyce.wilson@medicaid.ms.gov |
| Scott | Joyce Wilson | 601-359-4293 | joyce.wilson@medicaid.ms.gov |
| Sharkey | Ekida Wheeler | 601-572-3265 | ekida.wheeler@acs-inc.com |
| Simpson | Joyce Wilson | 601-359-4293 | joyce.wilson@medicaid.ms.gov |
| Smith | Nadia Shelby | 601-206-2961 | nadia.shelby@acs-inc.com |
| Stone | Connie Mooney | 601-572-3253 | connie.mooney@acs-inc.com |
| Sunflower | Clint Gee | 662-459-9753 | clinton.gee@medicaid.ms.gov |
| Tallahatchie | Clint Gee | 662-459-9753 | clinton.gee@medicaid.ms.gov |
| Tate | Cynthia Morris | 601-572-3237 | cynthia.morris@acs-inc.com |
| Tippah | Prentiss Butler | 601-206-3042 | prentiss.kitchens@acs-inc.com |
| Tishomingo | Prentiss Butler | 601-206-3042 | prentiss.kitchens@acs-inc.com |
| Tunica | Cynthia Morris | 601-572-3237 | cynthia.morris@acs-inc.com |
| Union | Prentiss Butler | 601-206-3042 | prentiss.kitchens@acs-inc.com |
| Walthall | Joyce Wilson | 601-359-4293 | joyce.wilson@medicaid.ms.gov |
| Warren | Justin Griffin | 601-206-2922 | justin.griffin@acs-inc.com |
| Washington | Ekida Wheeler | 601-572-3265 | ekida.wheeler@acs-inc.com |
| Wayne | Nadia Shelby | 601-206-2961 | nadia.shelby@acs-inc.com |
| Webster | Clint Gee | 662-459-9753 | clinton.gee@medicaid.ms.gov |
| Wilkinson | Justin Griffin | 601-206-2922 | justin.griffin@acs-inc.com |
| Winston | Cherry Woods | 601-206-3013 | cherry.woods@acs-inc.com |
| Yalobusha | Clint Gee | 662-459-9753 | clinton.gee@medicaid.ms.gov |
| Yazoo | Ekida Wheeler | 601-572-3265 | ekida.wheeler@acs-inc.com |

| Out of State Assignments | Provider Representative | Telephone # | Email Address |
|--------------------------|-------------------------|--------------|------------------------------------------------------------------------------------|
| Alabama | Candice Granderson | 601-206-3019 | candice.granderson@acs-inc.com |
| Mobile, Alabama | Connie Mooney | 601-572-3253 | connie.mooney@acs-inc.com |
| Arkansas | Candice Granderson | 601-206-3019 | candice.granderson@acs-inc.com |
| Louisiana | Candice Granderson | 601-206-3019 | candice.granderson@acs-inc.com |
| Tennessee | Candice Granderson | 601-206-3019 | candice.granderson@acs-inc.com |
| Memphis, Tennessee | Cynthia Morris | 601-572-3237 | cynthia.morris@acs-inc.com |
| Montana | Candice Granderson | 601-206-3019 | candice.granderson@acs-inc.com |
| Nebraska | Candice Granderson | 601-206-3019 | candice.granderson@acs-inc.com |
| Other | Candice Granderson | 601-206-3019 | candice.granderson@acs-inc.com |

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 quarterly Mississippi Medicaid Bulletins.

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

Mississippi Medicaid Manuals are on the Web
www.dom.state.ms.us

And Medicaid Bulletins are on the Web Portal
<http://msmedicaid.acs-inc.com>



DOM & ACS State Healthcare, LLC., A Xerox Company welcomes the spring season...

MARCH 2012

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

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