

# MS Medicaid

## PROVIDER BULLETIN



MISSISSIPPI DIVISION OF  
**MEDICAID**

## Making Strides to Modernize Practices



**DR. DAVID DZIELAK**  
Executive Director  
MS Division of Medicaid

Taking strides to modernize business practices, the Mississippi Division of Medicaid (DOM) will begin a massive upgrade of its electronic infrastructure this spring. The current primary infrastructure, Medicaid Management Information System (MMIS), is an integrated group of procedures and operations responsible for, but not limited to, tasks such as claims processing, paying provider claims, eligibility determination, enrollment and information retrieval.

"Our current system is over 10 years old making it out of step with the latest technology, as well as difficult and costly to support," said Dr. David Dzielak, Executive Director of the Mississippi Division of Medicaid. According to the CMS Regional Office in Atlanta, the Mississippi DOM MMIS is one of the oldest in the Southeast region.

Due to the age of the system and the frequency of necessary fixes, DOM has reservations about the ability of the existing MMIS to sustain the agreed-upon performance standards under the volumes projected in the ensuing years due to mandatory Affordable Care Act (ACA) requirements.

Dzielak says, "An aging electronic infrastructure increases our risk of system failure, which would not be good."

Feeling the impact of this urgency, the Office of Information Technology (iTech) which provides computer and corresponding technical support services for DOM, has made

the modernization project a top priority. As part of their duties, iTech manages the fiscal agent contract for services which operates the MMIS.

"Not only does the modernization project optimize our business practices, it is a direct pathway to reaching our overall goal of strengthening the integration between DOM operations and our information technology infrastructure," says Rita Rutland, Chief Systems Information Officer. "These two areas will work in more of a synthesized relationship versus functioning in tandem to each other."

During the second quarter of 2013, and with the assistance of iTech, DOM will issue a competitive bid request for proposals (RFP) for fiscal agent services to manage the new Medicaid Enterprise System (MES). The MES will encompass all current functionality, provide technology efficiencies and bring DOM's system environment into compliance with the Center for Medicare and Medicaid Services (CMS) seven modernization standards and conditions.

The new MES system will encompass the MMIS for claims processing, the Decision Support System/Data Warehouse (DSS/DW) a data repository for running reports and analytics, and the Pharmacy Benefits Management/Point of Sale system (PBM/POS) to manage the approved prescription drugs/formularies and interface to the pharmacies.

Benefits of an optimized MES include increased efficiency for electronic claims processing, improved customer service, faster response time for reporting requests and increased capability for fraud and abuse tracking and prevention. In addition, DOM anticipates being able to track healthcare outcomes by using analytic and metric data, which allows

### IN THIS ISSUE

MississippiCAN.....	3-4
Attention All Non-Mississippi Medicaid Providers ...	5-6
News .....	7
Provider Compliance .....	7-9

Pharmacy .....	10
Long-Term Care .....	10-11
Provider Field Representatives .....	12-15
March Calendar of Events.....	16



for the MMIS to utilize clinical data coming from Electronic Health Records (EHR) for benefit management purposes.

Replacing the MMIS with a more adaptable, optimized design will better position DOM for the future. It will provide greater flexibility to quickly address required program and volume changes associated with the mandatory provisions of the ACA.

Looking ahead, Dr. Dzielak says he wants the agency to be as fully prepared as possible to accommodate federal and state requested changes if necessary. Actively working on modernization projects will ensure DOM has an agile, reactive system to fulfill these needs.

These improvements will be a costly undertaking, however CMS encourages infrastructure modernization and is

currently supporting this endeavor with a 90/10 match rate until the system is fully implemented. That means CMS will pay 90 cents for every 10 cents the state contributes towards the design, development and implementation (DDI) of the new MES.

The match rate offered by CMS presents a financially advantageous opportunity for DOM while the window of opportunity is still open. The new system also allows for cost savings through other avenues including a significant reduction of paper-based processing, reduced operation and maintenance expenditures, and increased economies by utilizing an electronic document management system to archive DOM data.

After the RFP is released, the procurement process will take a significant amount of time, but will be well worth the effort in the end.

Dzielak says, "When the project is complete, DOM will have a state-of-the-art system that allows ready access to claims and medical services data. That data can be easily accessed to perform analytics, to model trends, or build service models that are highly valuable for predicting future needs and costs for DOM."

And just on the horizon in early 2015, DOM plans to continue modernization by embarking on an upgrade of the integrated eligibility system. By sharing resources, DOM and the Department of Health intend to simplify and streamline the beneficiary experience.

The combined objective for implementing technological advances at DOM is to be secure, compliant and efficient. "My goal is for us to have greater access to timely data. This can be used to drive decisions that will improve the overall operations and, at the same time, enhance access to the services covered by DOM," Dr. Dzielak said.



## WEB PORTAL REMINDER

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



## Mississippi Division of Medicaid

~ *Quality Healthcare Services Improving Lives* ~



### WHAT is MississippiCAN?

The MississippiCAN program is a statewide program that has been put in place to give Medicaid beneficiaries a chance to receive better health care.



### WHO is eligible?

If you are listed in one of the Medicaid categories below, you may be required to enroll.

Required Populations:	Ages:
001—SSI	19 - 65
025—Working Disabled	19 - 65
027—Breast and Cervical Cancer	19 - 65
088—Pregnant Women	8 - 65
088—Infants	0 - 1
087—Children	0 - 1
091—Children	0 - 1
085—Family/Children (TANF)	0 - 1 & 19-65

Optional Populations: *	Ages:
001 -SSI	0 - 19
019—Disabled Child Living at Home	0 - 19
026—Foster Care Children	0 - 19
003—Foster Care Children	0 - 19

\* Opt Out (Optional) is available within the 90 day window.\*

### WHAT will I receive?

Unlimited Office Visits - No Co-payments - Case Management and Disease Management  
Additional Vision Services - Incentive Rewards Cards - And much more.....

### HOW does MississippiCAN work?

The Division of Medicaid, along with Magnolia Health Plan and United Healthcare, have joined together to make sure that your health care needs are met.



For more information, you may call The Division of Medicaid  
Toll Free @ 1-800-884-3222 or 1-800-421-2408; or 601-359-3789; or visit us online at  
[www.medicaid.ms.gov/mscan](http://www.medicaid.ms.gov/mscan)



## Mississippi Division of Medicaid

~ *Quality Healthcare Services Improving Lives* ~



WHO should you contact for MississippiCAN?

### MississippiCAN Contact Information

**Xerox Health Solutions**

**Toll-free: 800-884-3222, then (\*)**

**FAX 601-206-3015**

**MSCAN Enrollment (Beneficiary Calls and Enrollment Forms)**

- **Magnolia Health Plan**

**Beneficiaries 866-912-6285**

**Provider Relations 601-863-0717**

[www.magnoliahealthplan.com/plan/state/MS](http://www.magnoliahealthplan.com/plan/state/MS)

- **United Healthcare**

**Beneficiaries : 877-743-8731**

**Provider Relations 601-718-6614**

[www.uhcommunityplan.com](http://www.uhcommunityplan.com)

- **Mississippi Division of Medicaid**

**Telephone: 601-359-3789**

**Toll-free: 1-800-421-2408**

**FAX 601-359-5252**

[www.medicaid.ms.gov/mscan](http://www.medicaid.ms.gov/mscan)



MISSISSIPPI DIVISION OF  
**MEDICAID**

## Attention all non-Mississippi Medicaid providers, we need you!

The Mission of the Division of Medicaid is to ensure access to health services for the Medicaid eligible population in the most cost efficient and comprehensive manner possible as well as continually pursue strategies for optimizing the accessibility to quality health care. Currently, DOM has over 22,000 enrolled providers that render services to 640,000 plus beneficiaries. We need more enrolled providers. DOM needs **YOU**, our enrolled providers to network with colleagues and encourage them to enroll with MS Medicaid.

Many Health Care providers render services to Medicaid beneficiaries, but these providers are not enrolled with MS Medicaid. **DOM needs these providers to enroll!** DOM needs physicians (of all specialty types), physician groups, pharmacists, clinics, etc. Creditable Health Care providers are DOM's most valuable resource.

### Why MS Medicaid Needs You

As a MS Medicaid provider you have the opportunity to improve the health and well-being of low income families, children, the elderly, and disabled. Medicaid is more than just health care insurance; it is an essential public service.

### Key Provider Benefits

As a MS Medicaid provider you can:

- ✓ Increase the number of your clients or patients
- ✓ Have control of the number of Medicaid patients you see
- ✓ Help improve health care of those most in need of health care services
- ✓ Provide recommended preventive health care services

You and your billing staff can:

- ✓ Have access to fast and accurate claim processing
- ✓ Receive personalized assistance regarding claim submission and resolving claim issues
- ✓ Participate in payment incentive programs – Electronic Health Records (EHR), if eligible
- ✓ Have access to **FREE** online claims submission software
- ✓ Attend **FREE** Medicaid provider workshops and trainings
- ✓ Toll **FREE** telephonic access to a customer service call center to address questions or concerns
- ✓ Be assigned a dedicated Provider Representative for one-on-one assistance



### How can I become a MS Medicaid provider?

Providers wanting to enroll in the MS Medicaid program can easily do so online by using the MS Envision Web portal found within the Provider Enrollment menu. Please visit <https://msmedicaid.acs-inc.com> to:

- ✓ Download an enrollment package
- ✓ Enroll online
- ✓ Request an enrollment package





MISSISSIPPI DIVISION OF  
**MEDICAID**

**For more questions regarding provider enrollment, feel free to contact the Provider Enrollment Unit:**

Mailing Address: P.O. Box 23078  
Jackson, MS 39225

Phone: 1-800-884-3222  
Fax: 601-206-3015

DOM Website: <http://www.medicaid/ms/gov>

***DOM needs YOU – the non-enrolled Provider to enroll TODAY!***



# NEWS

## Administrative Code – Provider Reference Guide

A Provider Reference Guide (PRG) has been posted on the Division of Medicaid's (DOM) website <http://www.medicaid.ms.gov/AdminCode.aspx> to be used as a companion guide to the Parts of the Administrative Code Title 23. It is designed as an instructional guide incorporating removed Provider Policy Manual information, forms, tables, charts, contact information, web addresses, etc., removed with the compilation filing. The Rules in the Administrative Code Title 23 must be adhered to by all providers and supersede any information contained in each PRG.

The Medicaid Provider Policy Manuals, effective date ending March 31, 2012, will no longer be posted on the DOM's website beginning April 1, 2013. Providers are encouraged to download a copy for future reference if applicable.

DOM filed thirteen (13) Administrative Code Parts with the Secretary of State (SOS) from April 1, 2012 – December 31, 2012. These Proposed and Final Filings with the SOS are available at <http://www.sos.ms.gov/adminbulletinsearch/default.aspx>. Select Title 23 – Division of Medicaid from the Agency Search dropdown list. These changes have been incorporated into the Administrative Code posted on DOM website and can be accessed by choosing the "Providers" tab



at the top and then "Administrative Code".

The Centers for Medicare and Medicaid (CMS) approved six (6) State Plan Amendments submitted by the DOM from January 1 – December 31, 2012. The State Plan Amendments are available at <http://www.medicaid.ms.gov/MsStatePlanAmendments.aspx>.

If a provider or individual would like to be added to the distribution list for notification of approved State Plan Amendments and/or Administrative Code changes, please notify the Division of Medicaid at the following e-mail:

State Plan Amendments: [spa@medicaid.ms.gov](mailto:spa@medicaid.ms.gov)

Administrative Code: [admincode@medicaid.ms.gov](mailto:admincode@medicaid.ms.gov)

# PROVIDER COMPLIANCE



## Attention All Professional Healthcare Providers!

Recently, professional healthcare provider claims for Evaluation and Management/Preventive Medicine services which include procedure codes 99381-99395 have been denying for NCCI Contra Edit 6562 when billed with immunization Administration procedure codes 90460-90461 or 90471– 90474 with an EP modifier.

The placement of the 25 modifier on the EM/Preventive Medicine procedure codes 99381-99395 will allow payment of the visit and the immunization administration service. However, the 25 modifier should only be reported on a claim when there is identifiably a significant, separately EM/preventive medicine service performed by the professional healthcare provider on the same day of the procedure or other service, as substantiated by documentation in the patient's medical record.

Claims submitted beginning with dates of service January 1, 2013, which resulted in a denial for NCCI Contra Edit 6562 may be voided by the provider and resubmitted using the 25 modifier with strict adherence to the description cited in the most current American Medical Association CPT codebook.

*CPT only copyright 2012 American Medical Association. All rights reserved.*



## MS Behavioral Health Medicaid Providers

The Mississippi Division of Medicaid has opened the behavioral health and psychiatry CPT codes for covered services based on changes by the American Medical Association (AMA) effective January 1, 2013. Claims using the new codes for dates of service beginning January 1, 2013, may now be submitted.

The switch to the new codes is based on the date of service, not the date the claim was submitted. For dates of service prior to January 1, you should bill with the old codes. Any claims already submitted for service dates after January 1, 2013, using the old codes should be voided and resubmitted using the new CPT codes.

Please contact Kim Sartin-Holloway, Charlene Toten, or Bonlitha Windham at 601-359-9545 if you have questions. For additional information on the CPT code changes, please refer to the fee schedules located at <http://www.medicaid.ms.gov/FeeScheduleLists.aspx>, your 2013 CPT Code book, or to [http://www.thenationalcouncil.org/cs/cpt\\_codes](http://www.thenationalcouncil.org/cs/cpt_codes).

## Billing Irregularities

Recently, the Bureau of Program Integrity has been alerted to some possible provider billing irregularities related to the billing of V series HCPCS codes. These identified HCPCS codes include spectacle lenses codes typically billed by optical (ophthalmologists, optometrists, opticians) providers. Providers are reminded to submit claims for reimbursement of lenses, or any medically necessary service in guidelines and the specific definition associated with each code.

- ❖ For example, HCPCS code V2430 is described as variable asphericity lens, bifocal, full field, glass or plastic, per lens. When submitting a claim for this HCPCS code, the lens must conform to the "asphericity" definition for a lens which contains differing degrees of curvature and be constructed of the material as defined in the code description, glass or plastic. All service rendered and submitted for reimbursement, including lenses must be appropriately documented in the patient's chart.
- ❖ DOM's Bureau of Program Integrity is currently monitoring optical providers and the reimbursement practices associated with the V-series HCPCS codes. Optical providers are encouraged to review the coding guidelines as detailed in the *HCPCS Level II Manual*. Aberrant providers will be identified for possible overpayment reimbursement and further review and/or referral.







## Dental Providers

Radiographs submitted by mail with Prior Authorization (PA) requests must be properly mounted, marked R (right) and/or L (left) and stapled to the authorization request form. The provider's name, beneficiary's name and date taken must be clearly marked on the film to ensure proper identification. Radiographs submitted as a separate attachment for web portal PA requests must also be properly mounted, marked R (right) and/or L (left). The provider's name, beneficiary's name and date taken must be clearly marked on the film to ensure proper identification. The PA and ID number also be clearly marked to ensure the radiographs are attached to the correct PA request.

Radiographs will be returned to the provider if legibly labeled with the provider's name and complete mailing address.

Direct questions and inquiries to the Mississippi Division of Medicaid; Bureau of Medical Services; Dental Program at (800)421-2408 or 601-359-5139.

## Reminders for Providers Submitting Paper Claims

Providers who submit paper claims are still encouraged to use the Envision Web Portal to access up-to-date information including eligibility verification, electronic report retrieval, and the latest provider updates.

*“Paper clips and staples are prohibited when submitting paper claims.”*

The Web Portal is available at <http://msmedicaid.acs-inc.com>. If claims must be submitted on paper, the CMS-1500 and UB04 claim forms must be:

- ❖ Submitted on the original red CMS-1500 or UB04 claim forms. No black and white or photocopied forms are accepted. This does not apply to Dental and Medicaid Part C Claims.
- ❖ Completed in blue or black ink without highlighting or use of correction fluid or correction tape.
- ❖ Clearly legible.
- ❖ Properly aligned with the required data printed in the designated fields.
- ❖ Signed. (Rubber stamps are acceptable)
- ❖ Submitted without medical record and other documentation unless specifically requested. (This does not apply to EOBs)

Failure to adhere to these guidelines may result in delays to claim payment or claim returns.

For more information, refer to section 2.0, 3.0, and 4.0 of the Medicaid Provider Billing Manual located at <http://www.medicaid.ms.gov/BillingManuals.aspx>.

**\*\*\*Note: This is a revision to the previous article published in the June 2012 bulletin.**

## Suspended Claims – What Do They Mean?

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

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

Claims commonly suspend when:

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

# PHARMACY



## Implementation of FDA Drug Safety Notice

Effective immediately and in accordance with the FDA Drug Safety Communication dated 1/10/2013, which may be referenced at <http://www.fda.gov/Drugs/DrugSafety/ucm334033.htm>, the recommended dose of zolpidem for women should be lowered from 10 mg to 5 mg for immediate-release products (Ambien®, Edluar™, and Zolpimist™) and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR®).

Be advised that prescription claims for Zolpidem IR 10 mg and Zolpidem ER 12.5 mg will deny for females.

## Preferred Drug List (PDL) Update, Effective April 1, 2013

Effective April 1, 2013, there will be a minor PDL update. Please note that starting in 2012, DOM's Preferred Drug List, or PDL, undergoes an annual review each autumn. The revisions brought about by this annual review will become

effective the following January 1st with the first such update occurring on January 1, 2013. Throughout the year, there will be quarterly additions, or deletions. Changes outside of January 1st implementation annual review updates will generally be small.

To reference the current PDL, go to <http://www.medicaid.ms.gov/Pharmacy.aspx> and select the PDL Effective 4-1-2013 document from the menu on the left hand side of the page. Additionally, to view the additions and deletions to preferred or non-preferred status, select PDL Changes, April 1, 2013, document from the menu on the left hand side of the page. We recommend adding this link to your favorites as you will find it very helpful.

Other program hotlinks located here are

- ❖ Billing tips, includes billing other insurance and hospice
- ❖ 72 HR Emergency Prescription Instructions
- ❖ 90 Day Maintenance List
- ❖ OTC Formulary
- ❖ 2013 PDL Review Schedule
- ❖ Prior Authorization Forms
- ❖ Products with quantity limits
- ❖ Pharmacy News
- ❖ Cough and Cold Quick List
- ❖ ICD9 codes required at POS

## Termination from the Rebate Program

Effective April 1, 2013, Colgate Oral Pharmaceuticals will terminate its participation in the federal drug rebate program. The following products will no longer be reimbursable by MS Medicaid in the pharmacy point of sale program:

- ❖ GelKam
- ❖ Periogard
- ❖ Phos-Flur
- ❖ Prevident

# LONG-TERM CARE

## Long-Term Care Provider Cost Report Training Scheduled

On Tuesday, April 30, 2013, the DOM Bureau of Reimbursement will host Training on preparing Medicaid Cost Reports for Long-Term Care facilities (Nursing Facilities, PRTF and ICF/MR facilities, hospital-based and state). This

full-day Training (8:30 a.m. – 4:30 p.m.) will be held at the Mississippi Public Broadcasting Auditorium located at 3825 Ridgewood Road, Jackson, Mississippi.

This Training is designed to update providers on the latest Cost Report rules and regulations. There will be a Question and Answer session that will allow attendees to voice their concerns and receive directives on submitting correct Cost

Reports. Administrators, accountants, and others involved with the preparation and submission of cost reports are encouraged to attend. More information will be provided soon. *Providers should mark their calendars now and save this date (April 30, 2013)!*

## Allowable Board of Directors Fees for Nursing Facilities, ICF-MR's and PRTF's, 2012 Cost Reports

The Allowable Board of Directors fees that will be used in the desk reviews and audits of 2012 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. The amounts listed below are the per meeting maximum with a limit of four (4) meetings per year.

The maximum allowable, per meeting Board of Directors fees for 2012 are as follows:

<u>Category</u>	<u>Maximum Allowable Cost for 2012</u>
0 – 99 Beds	\$ 3,861
100 – 199 Beds	\$ 5,791
200 – 299 Beds	\$ 7,721
300 – 499 Beds	\$ 9,652
500 Beds or More	\$11,582

## 2013 New Bed Values for Nursing Facilities, ICFs-MR, and PRTFs

The new bed values for 2013 for nursing facilities, intermediate care facilities for the mentally retarded (ICFs-MR) and psychiatric residential treatment facilities (PRTFs)



have been determined by using the R.S. Means Historical Cost Index. These values are the basis for rental payments made under the fair rental system of property cost reimbursement for long-term care facilities.

<u>Facility Class</u>	<u>2013 New Bed Value</u>
Nursing Facility	\$54,047
ICFs-MR	\$64,856
PRTF	\$64,856

## 2012 Owner Salary Limits for Long-Term Care Facilities

The maximum amounts that will be allowed on cost reports filed by nursing facilities, intermediate care facilities for the mentally retarded and psychiatric residential treatment facilities as owner's salaries for 2012 are based on 150% of the average salaries paid to non-owner/administrators that receive payment for services related to patient care. The limits apply to all salaries paid directly by the facility or by a related management company or home office. Adjustments should be made to the cost report to limit any excess salaries paid to owners. In addition, Form 15 should be filed as part of the Medicaid cost report for each owner.

The maximum allowable salaries for 2012 are as follows:

Small Nursing Facilities (1-60 Beds)	\$121,164
Large Nursing Facilities (61 + Beds)	\$150,186
Intermediate Care Facilities for the Mentally Retarded (ICF-MR)	\$127,814
Psychiatric Residential Treatment Facilities (PRTF)	\$195,602



# PROVIDER FIELD REPRESENTATIVES

## Assistance from DOM and Xerox 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	<a href="mailto:justin.griffin@xerox.com">justin.griffin@xerox.com</a>
Alcorn	Cynthia Morris	601.572.3237	<a href="mailto:cynthia.morris@xerox.com">cynthia.morris@xerox.com</a>
Amite	Justin Griffin	601.206.2922	<a href="mailto:justin.griffin@xerox.com">justin.griffin@xerox.com</a>
Attala	Charleston Green	601.359.5500	<a href="mailto:charleston.green@medicaid.ms.gov">charleston.green@medicaid.ms.gov</a>
Benton	Cynthia Morris	601.572.3237	<a href="mailto:cynthia.morris@xerox.com">cynthia.morris@xerox.com</a>
Bolivar	Clint Gee	662.459.9753	<a href="mailto:clinton.gee@medicaid.ms.gov">clinton.gee@medicaid.ms.gov</a>
Calhoun	Charleston Green	601.359.5500	<a href="mailto:charleston.green@medicaid.ms.gov">charleston.green@medicaid.ms.gov</a>
Carroll	Charleston Green	601.359.5500	<a href="mailto:charleston.green@medicaid.ms.gov">charleston.green@medicaid.ms.gov</a>
Chickasaw	Charleston Green	601.359.5500	<a href="mailto:charleston.green@medicaid.ms.gov">charleston.green@medicaid.ms.gov</a>
Choctaw	Charleston Green	601.359.5500	<a href="mailto:charleston.green@medicaid.ms.gov">charleston.green@medicaid.ms.gov</a>
Claiborne	Justin Griffin	601.206.2922	<a href="mailto:justin.griffin@xerox.com">justin.griffin@xerox.com</a>
Clarke	Nadia Shelby	601.206.2961	<a href="mailto:nadia.shelby@xerox.com">nadia.shelby@xerox.com</a>
Clay	Charleston Green	601.359.5500	<a href="mailto:charleston.green@medicaid.ms.gov">charleston.green@medicaid.ms.gov</a>
Coahoma	Clint Gee	662.459.9753	<a href="mailto:clinton.gee@medicaid.ms.gov">clinton.gee@medicaid.ms.gov</a>
Copiah	Joyce Wilson	601.359.4293	<a href="mailto:joyce.wilson@medicaid.ms.gov">joyce.wilson@medicaid.ms.gov</a>
Covington	Pamela Williams	601.359.9575	<a href="mailto:pamela.williams@medicaid.ms.gov">pamela.williams@medicaid.ms.gov</a>
Desoto	Cynthia Morris	601.572.3237	<a href="mailto:cynthia.morris@xerox.com">cynthia.morris@xerox.com</a>
Forrest	Nadia Shelby	601.206.2961	<a href="mailto:nadia.shelby@xerox.com">nadia.shelby@xerox.com</a>
Franklin	Justin Griffin	601.206.2922	<a href="mailto:justin.griffin@xerox.com">justin.griffin@xerox.com</a>
George	Connie Mooney	601.572.3253	<a href="mailto:connie.mooney@xerox.com">connie.mooney@xerox.com</a>
Greene	Nadia Shelby	601.206.2961	<a href="mailto:nadia.shelby@xerox.com">nadia.shelby@xerox.com</a>
Grenada	Charleston Green	601.359.5500	<a href="mailto:charleston.green@medicaid.ms.gov">charleston.green@medicaid.ms.gov</a>
Hancock	Connie Mooney	601.572.3253	<a href="mailto:connie.mooney@xerox.com">connie.mooney@xerox.com</a>



County	Provider Field Representative	Telephone #	Email Address
Harrison	Connie Mooney	601.572.3253	<a href="mailto:connie.mooney@xerox.com">connie.mooney@xerox.com</a>
Hinds Zip codes 39216-39629 Zip codes 39041-39215	Randy Ponder Parren Clark	601.206.3026 601.572.3275	<a href="mailto:randy.ponder@xerox.com">randy.ponder@xerox.com</a> <a href="mailto:parren.clark@xerox.com">parren.clark@xerox.com</a>
Holmes	Ekida Wheeler	601.572.3265	<a href="mailto:ekida.wheeler@xerox.com">ekida.wheeler@xerox.com</a>
Humphreys	Ekida Wheeler	601.572.3265	<a href="mailto:ekida.wheeler@xerox.com">ekida.wheeler@xerox.com</a>
Issaquena	Ekida Wheeler	601.572.3265	<a href="mailto:ekida.wheeler@xerox.com">ekida.wheeler@xerox.com</a>
Itawamba	Cherry Woods	601.206.3013	<a href="mailto:cherry.woods@xerox.com">cherry.woods@xerox.com</a>
Jackson	Connie Mooney	601.572.3253	<a href="mailto:connie.mooney@xerox.com">connie.mooney@xerox.com</a>
Jasper	Nadia Shelby	601.206.2961	<a href="mailto:nadia.shelby@xerox.com">nadia.shelby@xerox.com</a>
Jefferson	Justin Griffin	601.206.2922	<a href="mailto:justin.griffin@xerox.com">justin.griffin@xerox.com</a>
Jefferson Davis	Pamela Williams	601.359.9575	<a href="mailto:pamela.williams@medicaid.ms.gov">pamela.williams@medicaid.ms.gov</a>
Jones	Nadia Shelby	601.206.2961	<a href="mailto:nadia.shelby@xerox.com">nadia.shelby@xerox.com</a>
Kemper	Cherry Woods	601.206.3013	<a href="mailto:cherry.woods@xerox.com">cherry.woods@xerox.com</a>
Lafayette	Cynthia Morris	601.572.3237	<a href="mailto:cynthia.morris@xerox.com">cynthia.morris@xerox.com</a>
Lamar	Nadia Shelby	601.206.2961	<a href="mailto:nadia.shelby@xerox.com">nadia.shelby@xerox.com</a>
Lauderdale	Cherry Woods	601.206.3013	<a href="mailto:cherry.woods@xerox.com">cherry.woods@xerox.com</a>
Lawrence	Pamela Williams	601.359.9575	<a href="mailto:pamela.williams@medicaid.ms.gov">pamela.williams@medicaid.ms.gov</a>
Leake	Joyce Wilson	601.359.4293	<a href="mailto:joyce.wilson@medicaid.ms.gov">joyce.wilson@medicaid.ms.gov</a>
Lee	Cherry Woods	601.206.3013	<a href="mailto:cherry.woods@xerox.com">cherry.woods@xerox.com</a>
Leflore	Clint Gee	662.459.9753	<a href="mailto:clinton.gee@medicaid.ms.gov">clinton.gee@medicaid.ms.gov</a>
Lincoln	Pamela Williams	601.359.9575	<a href="mailto:pamela.williams@medicaid.ms.gov">pamela.williams@medicaid.ms.gov</a>
Lowndes	Cherry Woods	601.206.3013	<a href="mailto:cherry.woods@xerox.com">cherry.woods@xerox.com</a>
Madison	Ekida Wheeler	601.572.3265	<a href="mailto:ekida.wheeler@xerox.com">ekida.wheeler@xerox.com</a>
Marion	Pamela Williams	601.359.9575	<a href="mailto:pamela.williams@medicaid.ms.gov">pamela.williams@medicaid.ms.gov</a>
Marshall	Cynthia Morris	601.572.3237	<a href="mailto:cynthia.morris@xerox.com">cynthia.morris@xerox.com</a>
Monroe	Charleston Green	601.359.5500	<a href="mailto:charleston.green@medicaid.ms.gov">charleston.green@medicaid.ms.gov</a>
Montgomery	Charleston Green	601.359.5500	<a href="mailto:charleston.green@medicaid.ms.gov">charleston.green@medicaid.ms.gov</a>
Neshoba	Cherry Woods	601.206.3013	<a href="mailto:cherry.woods@xerox.com">cherry.woods@xerox.com</a>
Newton	Cherry Woods	601.206.3013	<a href="mailto:cherry.woods@xerox.com">cherry.woods@xerox.com</a>
Noxubee	Cherry Woods	601.206.3013	<a href="mailto:cherry.woods@xerox.com">cherry.woods@xerox.com</a>
Oktibbeha	Charleston Green	601.359.5500	<a href="mailto:charleston.green@medicaid.ms.gov">charleston.green@medicaid.ms.gov</a>
Panola	Cynthia Morris	601.572.3237	<a href="mailto:cynthia.morris@xerox.com">cynthia.morris@xerox.com</a>
Pearl River	Connie Mooney	601.572.3253	<a href="mailto:connie.mooney@xerox.com">connie.mooney@xerox.com</a>
Perry	Nadia Shelby	601.206.2961	<a href="mailto:nadia.shelby@xerox.com">nadia.shelby@xerox.com</a>
Pike	Pamela Williams	601.359.9575	<a href="mailto:pamela.williams@medicaid.ms.gov">pamela.williams@medicaid.ms.gov</a>
Pontotoc	Cherry Woods	601.206.3013	<a href="mailto:cherry.woods@xerox.com">cherry.woods@xerox.com</a>
Prentiss	Cherry Woods	601.206.3013	<a href="mailto:cherry.woods@xerox.com">cherry.woods@xerox.com</a>
Quitman	Clint Gee	662.459.9753	<a href="mailto:clinton.gee@medicaid.ms.gov">clinton.gee@medicaid.ms.gov</a>

County	Provider Field Representative	Telephone #	Email Address
Rankin	Joyce Wilson	601.359.4293	<a href="mailto:joyce.wilson@medicaid.ms.gov">joyce.wilson@medicaid.ms.gov</a>
Scott	Joyce Wilson	601.359.4293	<a href="mailto:joyce.wilson@medicaid.ms.gov">joyce.wilson@medicaid.ms.gov</a>
Sharkey	Ekida Wheeler	601.572.3265	<a href="mailto:ekida.wheeler@xerox.com">ekida.wheeler@xerox.com</a>
Simpson	Joyce Wilson	601.359.4293	<a href="mailto:joyce.wilson@medicaid.ms.gov">joyce.wilson@medicaid.ms.gov</a>
Smith	Nadia Shelby	601.206.2961	<a href="mailto:nadia.shelby@xerox.com">nadia.shelby@xerox.com</a>
Stone	Connie Mooney	601.572.3253	<a href="mailto:connie.mooney@xerox.com">connie.mooney@xerox.com</a>
Sunflower	Clint Gee	662.459.9753	<a href="mailto:clinton.gee@medicaid.ms.gov">clinton.gee@medicaid.ms.gov</a>
Tallahatchie	Clint Gee	662.459.9753	<a href="mailto:clinton.gee@medicaid.ms.gov">clinton.gee@medicaid.ms.gov</a>
Tate	Cynthia Morris	601.572.3237	<a href="mailto:cynthia.morris@xerox.com">cynthia.morris@xerox.com</a>
Tippah	Cynthia Morris	601.572.3237	<a href="mailto:cynthia.morris@xerox.com">cynthia.morris@xerox.com</a>
Tishomingo	Cynthia Morris	601.572.3237	<a href="mailto:cynthia.morris@xerox.com">cynthia.morris@xerox.com</a>
Tunica	Cynthia Morris	601.572.3237	<a href="mailto:cynthia.morris@xerox.com">cynthia.morris@xerox.com</a>
Union	Cynthia Morris	601.572.3237	<a href="mailto:cynthia.morris@xerox.com">cynthia.morris@xerox.com</a>
Walthall	Pamela Williams	601.359.9575	<a href="mailto:pamela.williams@medicaid.ms.gov">pamela.williams@medicaid.ms.gov</a>
Warren	Justin Griffin	601.206.2922	<a href="mailto:justin.griffin@xerox.com">justin.griffin@xerox.com</a>
Washington	Ekida Wheeler	601.572.3265	<a href="mailto:ekida.wheeler@xerox.com">ekida.wheeler@xerox.com</a>
Wayne	Nadia Shelby	601.206.2961	<a href="mailto:nadia.shelby@xerox.com">nadia.shelby@xerox.com</a>
Webster	Charleston Green	601.359.5500	<a href="mailto:charleston.green@medicaid.ms.gov">charleston.green@medicaid.ms.gov</a>
Wilkinson	Justin Griffin	601.206.2922	<a href="mailto:justin.griffin@xerox.com">justin.griffin@xerox.com</a>
Winston	Cherry Woods	601.206.3013	<a href="mailto:cherry.woods@xerox.com">cherry.woods@xerox.com</a>
Yalobusha	Clint Gee	662.459.9753	<a href="mailto:clinton.gee@medicaid.ms.gov">clinton.gee@medicaid.ms.gov</a>
Yazoo	Ekida Wheeler	601.572.3265	<a href="mailto:ekida.wheeler@xerox.com">ekida.wheeler@xerox.com</a>

Out of State Assignments	Provider Representative	Telephone #	Email Address
Alabama	Candice Granderson	601.206.3019	<a href="mailto:candice.granderson@xerox.com">candice.granderson@xerox.com</a>
Mobile, Alabama	Connie Mooney	601.572.3253	<a href="mailto:connie.mooney@xerox.com">connie.mooney@xerox.com</a>
Arkansas	Candice Granderson	601.206.3019	<a href="mailto:candice.granderson@xerox.com">candice.granderson@xerox.com</a>
Louisiana	Candice Granderson	601.206.3019	<a href="mailto:candice.granderson@xerox.com">candice.granderson@xerox.com</a>
Tennessee	Candice Granderson	601.206.3019	<a href="mailto:candice.granderson@xerox.com">candice.granderson@xerox.com</a>
Memphis, Tennessee	Cynthia Morris	601.572.3237	<a href="mailto:cynthia.morris@xerox.com">cynthia.morris@xerox.com</a>
Montana	Candice Granderson	601.206.3019	<a href="mailto:candice.granderson@xerox.com">candice.granderson@xerox.com</a>
Nebraska	Candice Granderson	601.206.3019	<a href="mailto:candice.granderson@xerox.com">candice.granderson@xerox.com</a>
Other	Candice Granderson	601.206.3019	<a href="mailto:candice.granderson@xerox.com">candice.granderson@xerox.com</a>

#### REMINDER TO ALL PROVIDERS

All providers are held accountable for information contained in the Mississippi Medicaid Provider Bulletins in accordance with Medicaid's Administrative Code.

## Provider Field Representative Areas by County

AREA 1 Cynthia Morris (601.572.3237)		AREA 2 Open Until Further Notice		AREA 3 Clint Gee (662.459.9753)	
County		County	Contact Person	County	
Desoto		Alcorn	Cynthia Morris	Bolivar	
Lafayette		Benton	Cynthia Morris	Coahoma	
Marshall		Itawamba	Cherry Woods	Leflore	
Panola		Lee	Cherry Woods	Quitman	
Tate		Pontotoc	Cherry Woods	Sunflower	
Tunica		Prentiss	Cherry Woods	Tallahatchie	
		Tippah	Cynthia Morris	Yalobusha	
		Tishomingo	Cynthia Morris		
*Memphis		Union	Cynthia Morris		
AREA 4 Charleston Green (601.359.5500)		AREA 5 Ekida Wheeler (601.572.3265)		AREA 6 Cherry Woods (601.206.3013)	
County		County		County	
Attala		Holmes		Kemper	
Calhoun		Humphreys		Lauderdale	
Carroll		Issaquena		Lowndes	
Chickasaw		Madison		Neshoba	
Choctaw		Sharkey		Newton	
Clay		Washington		Noxubee	
Grenada		Yazoo		Winston	
Monroe					
Montgomery					
Oktibbeha					
Webster					
AREA 7 Justin Griffin (601.206.2922)		AREA 8 Parren Clark (601.572.3275) Zip Codes (39041-39215) Randy Ponder (601.206.3026) Zip Codes (39216-39296)		AREA 9 Joyce Wilson (601.359.4293)	
County		County		County	
Adams		Hinds		Copiah	
Amite				Leake	
Claiborne				Rankin	
Franklin				Scott	
Jefferson				Simpson	
Warren					
Wilkinson					
AREA 10 Nadia Shelby (601.206.2961)		AREA 11 Pamela Williams (601.359.9575)		AREA 12 Connie Mooney (601.572.3253)	
County		County		County	
Clarke		Covington		George	
Forrest		Jefferson-Davis		Hancock	
Greene		Lawrence		Harrison	
Jasper		Lincoln		Jackson	
Jones		Marion		Pearl River	
Lamar		Pike		Stone	
Perry		Walthall			
Smith					
Wayne					
OUT OF STATE PROVIDERS		Candice Granderson (601.206.3019)			

**XEROX STATE  
HEALTHCARE, LLC**  
P.O. BOX 23078  
JACKSON, MS 39225

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

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

Mississippi Medicaid  
Administrative Code and  
Billing 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>



*DOM & Xerox State Healthcare, LLC.,  
welcomes the spring season*

## MARCH 2013

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