

MS Medicaid

PROVIDER BULLETIN



MISSISSIPPI DIVISION OF
MEDICAID

Medicare and Medicaid Marks 50th Anniversary



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Executive Director
MS Division of Medicaid

This summer marks the golden anniversary of the enactment of the Social Security Amendments of 1965, which established the Medicare program for the elderly and the Medicaid program for certain vulnerable, low-income populations. July 30, 2015, marked 50 years since President Lyndon B. Johnson signed this historic legislation into law at the Harry S. Truman Library and Museum in Independence, Missouri.

Half a century ago, 50 percent of the people in the United States over the age of 65 had no medical insurance and a third of them lived in poverty. Former President Harry S. Truman tried unsuccessfully to get legislation passed to provide low-cost medical and hospital care for the elderly.

Almost 16 years later, President Johnson successfully advocated for legislation to create health insurance programs for the elderly and poor and honored former President Truman for his earlier efforts by signing the legislation in his hometown and presenting him, and his wife Bess, with the first two Medicare cards numbered one and two.

Although Medicare and Medicaid are both government programs centered on health coverage, they are different and operate separately.

Medicare is a federal insurance program providing health coverage to people age 65 and older, dialysis patients and some people with long-term disabilities. Medicaid is a jointly funded state and federal government program providing health coverage for eligible low-income and some aged and disabled populations. These vulnerable populations vary by state and include people of every age.

From the beginning, Medicaid has been a voluntary program, and states are not required to participate. However, all 50 states, the District of Columbia, and the five territories participate in Medicaid. Mississippi was one of the last states to decide to participate in the program. In 1969, a special session was called in late summer to deal with Medicaid participation and the recovery efforts from Hurricane Camille. As a result, enabling legislation was passed, and funds were appropriated to the newly created Mississippi Medicaid Commission for this purpose.

The modern era of Medicaid in Mississippi began in 1984 with the passage of the Mississippi Administrative Reorganization Act. This legislation transferred the powers and responsibility of the Medicaid Commission to the Division of Medicaid (DOM) in the Office of the Governor, making DOM the sole state agency designated to administer the Medicaid program.

While it's not quite the 50th anniversary for Mississippi's participation in the Medicaid program, we are happy to remember and celebrate these historic events that transformed the delivery of health care in the United States.

IN THIS ISSUE

MississippiCAN and CHIP Changes	3
We Are Here For You!	5
News	6
Provider Compliance	7
Physician Certification Sample.....	10
Pharmacy	11

Provider Memo	12
MSCAN & CHIP Workshops	16
MSCAN and CHIP Provider Survey.....	17
Provider Field Representatives	18
Provider Field Representatives Map	19
September Calendar of Events.....	20

Calendar year 2015 is on its way to becoming historic for DOM as well, in other ways. Never in the history of the agency have we seen so many changes, implementations, and significant milestones in one year.

Revisions to the 20-year-old nursing facility case-mix payment system took effect January 1, 2015, following a 2012 legislative request to study the system and implement changes as necessary. From May through July, we transitioned approximately 297,000 of our children and their parents from regular fee-for-service Medicaid into managed care. Beginning in July, DOM implemented Phase II of the outpatient prospective payment system (OPPS) for outpatient services and updated the inpatient APR-DRG system to the V-32 grouper.

On October 1, 2015, the long-awaited change in claims coding to the International Classification of Diseases, 10th Edition (ICD-10), will take effect as mandated by the Centers for Medicare and Medicaid Services (CMS.)

During the 2015 legislative session, DOM was granted authority to include inpatient hospital services into MississippiCAN. This will allow an opportunity for the state to create a Mississippi Hospital Access Program (MHAP) for eligible Mississippi hospitals. Both are scheduled for a December 1 implementation date. For the first time in agency history, DOM was appropriated over \$1 billion in state dollars to cover the spending on our programs. Any one of these changes or implementations would have been considered a major undertaking for DOM, but they are all being tackled simultaneously and slated to be accomplished in 2015.

I want to thank everyone at DOM for their hard work and diligence in getting so much accomplished in one year. I also want to thank everyone in the provider community for their efforts and collaborative spirit as we implement these changes. Years from now, I hope we are able to look back at 2015 and celebrate our success in creating a foundation for excellence and sustainability in Mississippi Medicaid programs.



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 www.ms-medicaid.com.

MississippiCAN and CHIP Changes

Effective January 1, 2015, CHIP members may be enrolled in *either* Magnolia Health or UnitedHealthcare.

Medicaid eligible children up to age 19 were transitioned from the Medicaid fee-for-service to MississippiCAN, May 1, 2015 through July 31, 2015.

PAYER	POPULATION	CHANGES
MS Medicaid fee-for-service 1-800-421-2400 or 601-359-6050 medicaid.ms.gov ms-medicaid.com	Beneficiaries qualify based on income, resources, age and/or medical disability. Coverage for children, families, pregnant women, elderly and disabled persons. Covered Services: <ul style="list-style-type: none"> • Medicaid services • MississippiCAN Inpatient Hospital services 	Medicaid eligible children up to age 19 were transitioned from the Medicaid fee-for-service to MississippiCAN, May 1, 2015 through July 31, 2015.
MississippiCAN 1-800-421-2400 or 601-359-3789 medicaid.ms.gov/programs/mississippican Magnolia Health-MississippiCAN 1-866-912-6285 magnoliahealthplan.com UnitedHealthcare-MississippiCAN 1-877-743-8731 uhcommunityplan.com	Beneficiaries in certain Medicaid categories of eligibility (SSI, Disabled Children at Home, Working Disabled, Breast/Cervical, Newborns and Children) Covered Services: <ul style="list-style-type: none"> • Medicaid services, plus additional services such as case management 	MississippiCAN Expansion - Children May 1, 2015 through July 31, 2015 Children ages 1 to 19, who are presently on regular Medicaid will be enrolled in the MississippiCAN program, except those excluded as members on Medicare, on waivers, in institutions, or Native Americans Providers with MississippiCAN children in both plans must be enrolled with both CCOs and DOM to receive payment.
Children's Health Insurance Program (CHIP) 1-800-421-2400 or 601-359-3789 medicaid.ms.gov Magnolia Health-CHIP 1-866-912-6285 magnoliahealthplan.com uhcommunityplan.com UnitedHealthcare-CHIP 1-877-743-8731 uhcommunityplan.com	Children ages 0-19 whose income exceeds Medicaid maximum, 133% to 209% Federal Poverty Level. Covered Services: <ul style="list-style-type: none"> • Same CHIP services 	CHIP January 1, 2015 Children enrolled in the CHIP program beginning calendar year 2015 will receive service from the two Coordinated Care Organizations (CCOs) rather than one contracted vendor; UnitedHealthcare and Magnolia Health. Providers with CHIP children in both plans must be enrolled with both to receive payment.
Enrollment Broker Xerox 1-800-884-3222 FAX 601-206-3015	<ul style="list-style-type: none"> • MississippiCAN Members • CHIP Members 	Verifying Beneficiary Eligibility Xerox AVRS (Automated Voice Response System) <ul style="list-style-type: none"> • 1-800-884-3222 and enter information as a Beneficiary with Medicaid ID/DOB/ etc. or call 800-884-3222 as a provider with Provider ID. <p style="text-align: right;"><i>continued next page</i></p>

	Envision Web Portal <ul style="list-style-type: none"> • www.ms-medicaid.com and enter their provider user ID and password and access eligibility. • The specific program MississippiCAN or CHIP will be displayed with the CCO Magnolia or UnitedHealthcare. • Enter the present month for eligibility (Example 1-1-2015 to 1-31-2015). 	Envision Web Portal <ul style="list-style-type: none"> • www.ms-medicaid.com and enter their provider user ID and password and access eligibility. • The specific program MississippiCAN or CHIP will be displayed with the CCO Magnolia or UnitedHealthcare. • Enter the present month for eligibility (Example: 1-1-2015 to 1-31-2015).
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PAYER	CONTRACTOR	SUBCONTRACTOR
MS Medicaid fee-for-service 1-800-421-2408 or 601-359-6050 medicaid.ms.gov 1-800-884-3222 ms-medicaid.com	UM/QIO eQHealth Solutions Toll Free: 1-866-740-2221 Local: 601-352-6353 Advanced Imaging eviCore Toll Free: 1-877-791-4106 Provider Credentialing Toll Free: 1-800-884-3222	Non-Emergency Transportation MTM Toll Free: 1-866-331-6004
Magnolia Health MississippiCAN and CHIP • 1-866-912-6285 magnoliahealthplan.com	Magnolia Health Plan Toll Free: 1-866-912-6285 Behavioral Health Cenpatico Toll Free: 1-866-912-6285 Pharmacy US Script Toll Free: 1-866-912-6285 Dental Dental Health and Wellness Toll Free: 1-866-912-6285 Vision OptiCare Toll Free: 1-866-912-6285	Non-Emergency Transportation MTM Toll Free: 1-866-912-6285 Toll Free: 1-866-331-6004 Disease Management Nurtur Toll Free: 1-866-912-6285 Advanced Imaging NIA Toll Free: 1-866-912-6285 Nurse Wise Toll Free: 1-866-912-6285
UnitedHealthcare MississippiCAN • 1-877-743-8731 CHIP • 1-800-992-9940 uhcommunityplan.com	Behavioral Health UBH-Optum Healthcare Toll Free: 1-877-673-6315 Pharmacy Optum RX Toll Free: 1-877-305-8952 Dental Dental Benefit Prov Toll Free: 1-800-508-4862	Non-Emergency Transportation MTM Toll Free: 1-866-331-6004 Vision Vision Services Prov Toll Free: 1-800-877-7195 Case Management Optum Health Care Toll Free: 1-877-743-8731 Care Core National Toll Free: 1-866-889-8054

DOM suggests posting these charts nearby for quick and easy reference.



MISSISSIPPI DIVISION OF
MEDICAID

We Are Here For You!

The Mississippi Division of Medicaid (DOM) has an Outreach Team dedicated to traveling the state for the purpose of recruiting providers and educating enrolled Medicaid providers and beneficiaries on Medicaid in an array of venues. This team is Medicaid's primary outreach educators for both providers and beneficiaries and as such, strives diligently to have a presence (by invite) at as many settings as possible.

The Outreach Team welcomes the opportunity to network and partner with the various medical associations and other related organizations in which providers are members. In attending these events, the Outreach Team is open to setting up an exhibit, as well as making presentations on Medicaid changes and updates. In addition to attending medical association events, attendance at various beneficiary venues includes Head Start Parent and Senior Citizen Civic Group meetings, Health Fairs, Health Forums, Professional In-Service Trainings, etc. DOM has composed presentations for both the provider and beneficiary audiences to communicate Medicaid information, updates and changes, as well as provide assistance in resolving issues that are of major interest and concern to our customers.

As the Outreach Team aligns with Medicaid's mission, "to responsibly provide access to quality health coverage for vulnerable Mississippians," the team is available to attend your meetings, conferences and workshops. To schedule the attendance of DOM's Outreach Team at one of your events, you may contact Marlene Franklin 601-359-9141 marlene.franklin@medicaid.ms.gov or Cindy Brown 601-359-6136 cindy.brown@medicaid.ms.gov. A visit may also be scheduled by submitting a Speaker Request Form. You may access DOM's Speaker Request Form on our website at medicaid.ms.gov; click on Contacts and under the section Request a DOM Representative or Speaker (in the middle of the page), click on the Speaker Request Form. To submit the form, follow the instructions listed below:

1. Save a copy of the Speaker Request Form to your computer.
2. Complete all form fields and click the submit button; the form will automatically be attached to an email.
3. In the email subject line, enter this information: Event Name (date of event).
4. Click the send button.
5. The form will be reviewed by the appropriate staff.

Note: If the form is not fully complete, it will not be accepted.

DOM's Outreach Team welcomes the opportunity to serve Medicaid's Customers.

NEWS



Tips for Individual Providers When They Relocate

Your Mississippi Medicaid Provider number belongs to you, the individual provider, not the practice. Often times provider numbers are established with the address and banking information that belongs to the practice that is initiating the enrollment rather than the individual provider. The information of your prior practice remains on your Medicaid provider file until you submit the required forms to change the addresses and your banking information.

If you change practice or affiliations, you should check your addresses and banking information on the file with Medicaid. Verifying the information on your provider file will prevent the non-receipt of important letters, notices and payment to incorrect accounts.

SUBMITTING CHANGE OF BANKING INFORMATION

The Direct Deposit Authorization Agreement form should be printed from the web portal at <https://www.ms-medicaid.com/msenvision/downloadenrollPackage.do> and should be completed and signed by the individual provider. A preprinted voided check or deposit slip or a letter on bank letterhead signed by a bank official should be submitted to verify the accuracy of the information noted on the form. The Direct Deposit Authorization agreement and the bank verification can be faxed to Xerox Provider Enrollment at (888) 495-8169 or can be mailed to the following address:

Xerox Provider Enrollment Department
P. O. Box 23078
Jackson MS 39225

Once the update to your individual file has been completed, at any point that you bill claims on your individual number you will receive a paper check mailed to your billing address on file for two or three payment cycles. Ongoing, you will begin receiving your Mississippi Medicaid Reimbursement electronically deposited according to the information on your provider file.



SUBMITTING CHANGE OF ADDRESS FORM INSTRUCTIONS

The Change of Address form should be printed from the web portal at <https://www.medicaid.ms.gov/Forms/ProviderForms/ChangeofAddressform.pdf> and must be completed and signed by the provider. The Change of Address form can be faxed to Xerox Provider Enrollment at (888) 495-8169 or can be mailed to the following address:

Xerox Provider Enrollment Department
P. O. Box 23078
Jackson MS 39225

If you have questions, please contact the Xerox Provider Enrollment Department at 1-800-884-3222.

Note: If the 1099 address is being updated, a W9 will be required.

PROVIDER COMPLIANCE

ICD-10 Implementation

For dates of service on and after October 1, 2015, entities covered under the Health Insurance Portability and Accountability Act (HIPAA) are required to use the International Classification of Diseases, 10th Edition (ICD-10) code sets in standard transactions adopted under HIPAA.

The Division of Medicaid (DOM) will be in compliance with the final rule issued by the U.S. Department of Health and Human Services (HHS) and encourages all Medicaid providers and vendors to test. DOM is accepting test packages with dates of service on or after May 1, 2014. For more information on testing and FAQ's please go to medicaid.ms.gov under Providers "ICD10 Preparation".

Please email all questions to ICD10@medicaid.ms.gov.

Attention All Elderly and Disabled (E&D) Waiver Personal Care Services (PCS) Providers

RATE CHANGE

For dates of service on or after July 1, 2015, the Adult Day Care (ADC) rate is \$60.61 per day. This is the maximum rate allowed under the current Centers for Medicare and Medicaid Services (CMS) approved Elderly and Disabled Waiver. Claims submitted with a rate less than \$60.61 for dates of service on or after July 1, 2015, will need to be voided and adjusted. The procedure code for ADC is S5102 and must always be billed with a U1 modifier for services provided under the Elderly and Disabled Waiver.

Attention Elderly and Disabled (E&D) Waiver Providers

Effective July 1, 2015, E&D Case Management Agencies are no longer required to receive service documentation from billing providers. Providers of E&D waiver services must retain documentation of service provision but are no longer required to submit CMS 1500 claim forms (hard copy or verification of electronically submitted claims) to the Case Management Agency (Planning and Development District) for the E&D Waiver prior to submitting the claim to the Division of Medicaid (DOM). All service documentation is subject to audit by DOM, the Attorney General's Office, the United States Attorney's Office, or other regulatory agencies.



Attention Providers

The Division of Medicaid (DOM) is transitioning to a new assessment instrument, the InterRAI-Home Care (HC). The InterRAI-HC Assessment System will be phased in over the next eighteen months for the Assisted Living, Elderly and Disabled, Independent Living, and Traumatic Brain Injury/ Spinal Cord Injury waivers and nursing facility programs. A new physician certification form will be required to ensure a physician agrees the person meets the Nursing Facility Level of Care required for both Nursing Facility and Home and Community-Based Services (HCBS) Waivers by DOM. A copy of the new physician certification form is provided on page 10 of this bulletin.

Reminder for Paper Claim Submissions

Providers who are unable to submit their claims electronically are encouraged to use the Mississippi Envision Web Portal for easy access to up-to-date information. The Envision Web Portal provides rapid, efficient information exchange with providers including eligibility verification, claim submission, electronic report retrieval, and the latest updates to provider information. The Web Portal is available 24 hours a day, 7 days a week, 365 days a year via the Internet at <https://www.ms-medicaid.com/msenvision/>.



If claims must be submitted on paper, please be reminded that CMS-1500 and UB04 claims must adhere to the following guidelines:

- ❖ Claims must be submitted on original, red CMS-1500 or UB04 claim forms
- ❖ No black and white or photocopied forms will be accepted (This does not apply to Dental Claims, Crossover Claims, or UB Continuation Claims)
- ❖ Use blue or black ink to complete the forms
- ❖ Data must be clearly legible
- ❖ Do not use highlighters, correction fluid, or correction tape
- ❖ Ensure data is printed in the designated fields and properly aligned
- ❖ Claims must be signed; Rubber stamps are acceptable
- ❖ Medical records and other documentation should not be included unless requested (this does not apply to EOBs)

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

Please refer to section 2.0, 3.0 and 4.0 of the Medicaid Provider Billing Handbook located at <http://www.medicaid.ms.gov/providers/billing-manual/>.

Improving Claims Processing

The Division of Medicaid (DOM) is working to improve claims processing. DOM wants to ensure that every provider's claim is processed correctly and expeditiously. In order to improve this process, DOM request that providers:

1. Do not staple your claims together. Providers can simply place their attachments behind the associated claims and place them in an envelope.
2. Sign the claim in ink. The vast majority of the claims are Returned to the Provider (RTP) because they are not properly signed.
3. Submit requests for Medicaid payment on Crossover form. Providers should send claims with Medicare Explanation of Benefits (EOB) showing that payment has been received from Medicare.
4. List the Third Party Liability (TPL) payment in the appropriate field. For all claims submitted with TPL payments, the payment must be shown in the prior payments (UB-04) field and the amount paid in the (CMMS-1500) field on the claim.
5. Do not send a stack of claims and one copy of the attachment that goes with each claim. If there is an attachment that is critical to the processing of the claim, copy the attachment for each claim and place it with the associated claim before submitting those claims for processing.
6. Submit standard 8 x 11 attachments. Strips, cutouts and the like are not acceptable.
7. Put the bill date on each claim.
8. Place bill types on UB-04s and Crossover Part A forms.
9. Mail or electronically submit your claims. WE DO NOT ACCEPT FAXED CLAIMS.

All of the above will result in timely processing of your claims. We appreciate your time and cooperation with these matters. If you have any questions, please call Provider and Beneficiary Services are 1-800-884-3222 or 1-888-495-8169.

Especially for You . . . Our Providers

The Mississippi Division of Medicaid (DOM) is diligent in keeping its providers informed and updated on all Medicaid related federal and state Regulations. There are various avenues through which the DOM distributes and makes available updates to its providers. The Envision Web Portal, "your One-Stop Resource," is one of those options as it offers providers the ability to search and retrieve pertinent information. Providers may log into the web portal for

answers to frequently asked Medicaid questions, contact information, provider bulletins, banner messages, online provider enrollment and to check the enrollment status of pending applications. Access to the web portal is available 24 hours a day, 7 days a week, and 365 days a year at www.ms-medicaid.com.

Additionally, "Late Breaking News" postings are available to providers for a more up-to-date listing of issues and recommended resolutions concerning Medicaid claims concerns. Providers may also contact Xerox Provider and Beneficiary Services at 1-800-884-3222, if you have questions or need additional information.

Billing Tips to Avoid Duplicate Claims

The Division of Medicaid (DOM) and Xerox have noticed a pattern in duplicate claims submitted by providers. To ensure that each claim is paid in a timely manner, providers should implement the following tips to avoid unnecessary denials.

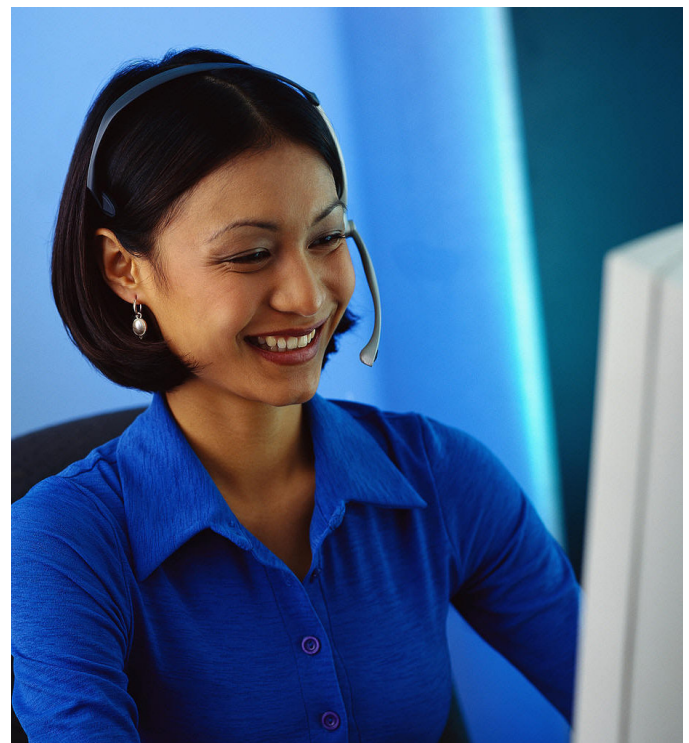
- ❖ Bill all procedures provided on the same date of service on the same claim.
- ❖ Providers are required to bill multiple units for the same procedure code (and modifier, if applicable) when more than one of the same procedure or service is provided on the same date of service.
- ❖ Providers should not bill the same procedure codes for the same date of service on separate claim lines.
- ❖ Separate claims for the same date of service are only necessary if you run out of claim lines.
- ❖ Do not re-bill the same claim repeatedly.
- ❖ If all claim lines on the claim were paid, billing the same claim again will result in denials for duplicate services and may be considered fraudulent.
- ❖ If claim lines are denied, read the edit messages listed at the bottom of the remittance advice. These messages tell why the claims denied. Always refer to Medicaid's Administrative Code, the Provider Billing Handbook and the Medicaid Fee Schedules for detailed information about what services and procedure codes are covered as well as applicable service limits.
- ❖ Incorrect billing may result in claim denials for duplicate procedures.
- ❖ If you think a claim line was denied in error, contact the Xerox Call Center at 1-800-884-3222. Call Center Representatives are available to review, explain and if

appropriate, provide instruction on how to reverse the denial to have the payment processed accordingly.

Mississippi Medicaid Provider Billing Handbook

The Mississippi Medicaid Provider Billing Handbook (PBH) is designed to provide guidance and assistance to providers in submitting beneficiary claims to the Mississippi Division of Medicaid (DOM). The PBH provides step-by-step instructions on completing claims forms to ensure providers are reimbursed in a timely manner for services rendered. Providers may obtain a hard copy of the PBH at a minimal cost, by contacting the fiscal agent's Provider and Beneficiary Services Unit at 1-800-884-3222, or an electronic version of the Handbook may be downloaded at medicaid.ms.gov.

This PBH must be used in conjunction with the Mississippi Administrative Code (Admin. Code), Title 23. The Admin Code is a set of rules that dictate how the Medicaid agency is administered. The Code is divided into parts, chapters and rules which outlines policy and procedures and contains key Medicaid reimbursement information. A resource document designed to be a companion to the Admin Code is the Provider Reference Guide (PRG) which contains helpful hints, contact information, frequently asked questions and many other tools to assist in complying with the Admin Code. The Admin Code and fee schedules can be found on the DOM website at medicaid.ms.gov.



OFFICE OF THE GOVERNOR

Walter Sillers Building | 550 High Street, Suite 1000 | Jackson, Mississippi 39201



MISSISSIPPI DIVISION OF

MEDICAID

**Physician Certification of Nursing Facility Level of Care
for Home & Community Based Services Application**

Date:			
Applicant Information			
Name (Last, First, Middle)		Medicaid Number	Medicare Number
SSN	DOB	Gender	
InterRAI Assessment Date		InterRAI Assessment Score	
Medical Condition History			
Person's Long Term Care Program Choice			
Diagnosis: This section is to be completed by physician			
ICD Code	Description	ICD Code	Description
Physician Attestation and Signature			
<p>-I am a doctor of allopathic medicine (M.D.) or osteopathic medicine and am licensed to practice medicine. -I certify that this person is appropriate for Medicaid Home and Community Based Services. -I understand by signing below, I am attesting above information under penalty of perjury.</p>			
Signature		Name (please print)	
License Number		Date Signed	
Please Return to:	Telephone Number	Fax	
Address			

Effective 9/1/2015

PHARMACY



Preferred Drug List (PDL) Update, October 1, 2015

Effective October 1, 2015, there will be a minor Preferred Drug List (PDL) update.

To view the current PDL, go to <http://www.medicaid.ms.gov/providers/pharmacy/preferred-drug-list/> and select MS PDL. Provider Notice PDL changes, effective October 1, 2015, are also located on the DOM website.

DOM recommends saving this link as a helpful resource.

Termination from the Rebate Program

Effective October 1, 2015, Lederle, A.H. Robins, Gensavis Pharmaceuticals, Stratus, and Eclat Pharmaceuticals will terminate their participation in the national and MS Medicaid Program. These manufacturers' products will no longer be reimbursable by MS Medicaid in the pharmacy point of sale program:

- Lederle Laboratories, labeler number 00005
- A.H. Robins, labeler number 00031
- Gensavis Pharmaceuticals, labeler number 52304
- Stratus Pharmaceuticals, labeler number 58980
- Eclat Pharmaceuticals, labeler number 76014

Synagis Season, 2015-2016

Mississippi Division of Medicaid (DOM) supports the administration of Synagis® for eligible beneficiaries who meet the American Academy of Pediatrics (AAP) Redbook 2014 criteria for Respiratory Syncytial Virus (RSV) immunoprophylaxis. The Synagis 2015-2016 criteria and prior authorization form can be located at <http://www.medicaid.ms.gov/providers/pharmacy/pharmacy-prior-authorization/>.

PA requests for beneficiaries enrolled in MSCAN are to be submitted to the respective pharmacy benefits manager (PBM) and not to DOM.

New Covered Over-the-Counter List

Prescribers and pharmacy providers may find a Covered OTC List on the Envision Web Portal, which is updated weekly.

The list can be accessed two ways:

- Select "Provider," "Inquiry Options," then "Covered OTC List"
- Select "Provider Type Specific Information," "Pharmacy," then "Covered OTC List"

This searchable Covered OTC List provides NDC numbers, manufacturer names, and brand/generic drug names.

Pharmacy Billing for Influenza and Pneumonia

The Division of Medicaid (DOM) covers influenza and pneumonia immunizations as a Pharmacy benefit for eligible beneficiaries aged 19 and older who are not residents of a long-term care facility. Influenza, pneumonia, and zoster immunizations are the only vaccines or immunizations covered as a Pharmacy benefit. A valid prescription must be on file, as with other pharmacy services. Immunizations provided from a credentialed pharmacist count against a beneficiary's service limits and co-payments are applicable. DOM reimburses for the drug's ingredient cost and pays a dispensing fee for immunizations administered in a pharmacy. No administration fee is paid for immunizations administered in a pharmacy.

All immunizations for children aged 18 and younger must be handled through the Vaccines for Children Program (VFC). For additional information regarding immunizations and DOM policies, refer to Title 23: Medicaid, Part 224 Immunizations of the Administrative Code, which may be found at <http://www.medicaid.ms.gov/providers/administrative-code/> or contact the Office of Medical Services at 601-359-6150.

PROVIDER MEMO



Case Management for Managed Care Organizations

Medicaid beneficiaries enrolled in either Magnolia Health or UnitedHealthcare may be eligible for case management services. Below is important information for providers detailing how to obtain case management services for your patients.

Magnolia Health Plan

All Magnolia Health Plan members have access to Care Management services. Referrals from Providers can be made in any of the following ways:

- 1) Providers may log in to our Provider Portal and complete the Provider Referral Form for Care Management and Disease Management, or
- 2) Go to www.magnoliahealth.com and fill out the Provider Referral Form for Care Management and Disease Management which is located under the Practice Improvement Resource Center (PIRC) section and fax the completed form to 866-901-5813, or
- 3) Call Magnolia Health at 866-912-6285 Ext. 66415 to speak with the Care Management Department, or
- 4) Call Magnolia Health at 866-912-6285 and choose the Provider prompt to speak with a Provider Services Representative who can assist you.

For assistance with Prior Authorizations, call 866.912.6215 Ext. 66408 to speak with the Prior Authorization Department.

Magnolia Health Care Managers will contact the patient and offer Care Management within 72 hours. Patients who agree to Care Management services will be enrolled for the time necessary to address and stabilize the condition. Providers will be asked to provide a Plan of Care so our Care Management Team can target the Care Management to the specific needs of each member.

UnitedHealthcare

UnitedHealthcare (UHC) Community Plan of Mississippi uses care management services to improve patients' health and keep them in their communities and homes with the resources they need to maintain the highest possible functional status. UHC performs an automated mini-health risk assessment, reviews authorization requests, reviews hospital and emergency room use, prescription data, and referrals from providers, patients and their family/caregivers, and UnitedHealthcare clinical staff to determine each member's case management needs according to their health risks. Patients are stratified into one of three levels and are assigned to the appropriately qualified staff.

Level 1 (Low Risk): All members receive automatic enrollment in Level 1. Members identified with specific conditions are enrolled in chronic disease management programs and have access to a 24-hour nurse line.

Level 2: (Medium Risk): Level 1 services plus assignment to a specific care manager. Members receive hospital discharge coordination when appropriate, and assistance with primary care, preventive and specialty access when needed.

Level 3: (High Risk): These highest risk members are assigned to a specific care manager based upon their primary category of condition. These members have access to embedded accountable care collaborative (ACC) primary care managers (PCM), targeted case managers (TCM) and medical/behavioral/Healthy First Steps care managers to support primary care/medical home practices in scheduling office visits; identifying follow-up and preventive care gaps and ensuring their closure; supporting hospital discharges with local community hospital discharge teams and arranging a PCP/medical home appointment for all members within seven days of discharge; completing medication reconciliation; and ensuring members' compliance with specialty referrals.

For referrals to Case Management, please call Member Services at 1-877-743-8731.

NurseLine Services: 1-877-370-4009

Eligibility Verification and Claim Status Inquiry Options

Eligibility verification and claim status inquiries may be e-mailed to msinquiries@acs-inc.com or faxed to 601-206-3003. E-mail and fax inquiries will be responded to within 48 hours. For other general inquiries, providers may submit them online. Please visit our website medicaid.ms.gov click on Contact Us and General Inquiry Form.

When using the e-mail or fax inquiry options for eligibility verification, please include your NPI, beneficiary ID#, beneficiary name, service codes (if applicable), and a return e-mail or fax number. For claim status, please include your NPI, beneficiary ID#, beneficiary name, dates of service, total charge, and TCN (if applicable).

Eligibility Verification and claim status inquiry can also be determined by utilizing the AVRS, Envision Web Portal, or Call Center. Please note that eligibility inquiries made through the Call Center will be limited to five inquiries per call and claim status inquiries will be limited to three inquiries per call. Instructions on how to utilize all inquiry options are listed below.

1. Automated Voice Response System (AVRS)

- 1-800-884-3222 or 1-866-597-2675
- Press "1" from the main menu and then select "1" for beneficiary eligibility or "2" for claim status
- Unlimited inquiries
- Available 24 hours 7 days a week

2. Web Portal

- Go to www.ms-medicaid.com
- Login with your Web Portal user ID and password. (If you are not registered, go to <https://www.ms-medicaid.com/msenvision/regUserselection.do>.)
- Go to Provider menu-> Inquiry Options
- Unlimited inquiries
- Available 24 hours 7 days a week

3. E-mail

- Send eligibility or claim status inquiries to msinquiries@acs-inc.com
- Response within 48 hours
- Unlimited inquiries

4. Fax

- Fax eligibility or claim status inquiries to 601-206-3003
- Response within 48 hours
- Unlimited inquiries

5. Call Center

- 1-800-884-3222
- Limited to five eligibility inquiries
- Limited to three claim status inquiries

LTC Provider Training Announcement

Effective January 1, 2015, Mississippi Division of Medicaid (DOM) transitioned to the RUG-IV 48-group classification model Medicaid rates. Case mix reviews and Case Mix Master Roster Reports reflected this change. DOM has contracted with Myers and Stauffer LC to conduct provider training.

The training seminar will include:

- RUG-IV, 48-Grouper
- Supportive Documentation Requirements
- Case Mix Reviews Update
- Time-Weighted Reimbursement Methodology
- Case Mix Master Roster Report
- Web Portal and Bed Hold Reporting

LOCATIONS AND DATES:

Registration: 8:30 a.m.

Seminar: 9:00 a.m. to 4:00 p.m.

Tupelo: October 13, 2015

BancorpSouth Conference Center
387 East Main Street

Hattiesburg: October 14, 2015

Lake Terrace Convention Center
One Convention Center Plaza

Jackson: October 15, 2015

Marriott Jackson
200 East Amite St.

To register or for more information, go to www.mslc.com/mississippi/. Click on "Case Mix and Related Services" then select "Provider Training."



Medicaid Children Transition into MississippiCAN

What is going on with the transition of children from regular Medicaid to MississippiCAN?

Between May 1 and July 31, 2015, Medicaid-eligible children up to the age of 19 were transitioned from regular Medicaid to the managed care program, Mississippi Coordinated Access Network (MississippiCAN).

One-third of the children were enrolled effective May 1, 2015;
One-third of the children were enrolled effective June 1, 2015;
One-third of the children were enrolled effective July 1, 2015.

Who were affected?

Medicaid-eligible children up to the age of 19 were transitioned into MississippiCAN. The exceptions are children who are on Medicare, waivers or reside in institutions.

Why is this transition happening?

Of the nearly 800,000 Mississippians enrolled in Medicaid or the Children's Health Insurance Program (CHIP), children are the largest population we serve. Authorized by the Mississippi Legislature in 2011, MississippiCAN was established to create more efficiency and provide better access to health services, making Mississippi one of at least 26 other states to adopt a managed-care approach.

Ultimately, the three goals of MississippiCAN are to increase access to coverage, improve quality of care (through approaches like case management), and cost-effectiveness.

What do beneficiaries need to know? Have notification letters been mailed?

For the children transitioned, this does not change their coverage and there is no loss of benefits.

Starting March (through May), a notification letter and form were mailed to beneficiary households affected by the transition. Beneficiaries were instructed to choose between Magnolia Health or UnitedHealthcare as their health plan on the form. (Unlike regular Medicaid, MississippiCAN is administered by two coordinated-care organizations.)

The form must be mailed back in the provided pre-paid envelope.

If the form is not completed and returned, the beneficiary is automatically assigned to one of the plans but they will have 90 days to switch plans. If they don't, any changes will have to wait until the annual open enrollment period in October, for an effective date of January 1, similar to the process with any other insurance provider.

For those who received notification letters in March, the effective date for this change was in May.

What if beneficiaries do not receive notification?

The eligibility of each Mississippi Medicaid beneficiary is reviewed yearly. The Division of Medicaid (DOM) strives to inform all beneficiaries how important it is that the agency has their correct mailing address and contact information. If there has been a change throughout the year, beneficiaries might not receive important notifications which could impact their coverage. Beneficiaries need to contact their regional office caseworker to update their mailing address or contact information.

How do providers know to which program beneficiaries have been assigned?

Health-care providers who serve children covered by Medicaid or CHIP should verify their patients' eligibility

and plan at each date of service, and make sure they are in their provider network. This is essential to receive proper reimbursement for services.

To check eligibility information, contact us by:

Xerox AVRS toll-free: 800-884-3222

Xerox Web Portal: www.ms-medicaid.com

Note: Mississippi Medicaid health benefits encompass multiple programs administered by DOM: Medicaid, MississippiCAN and CHIP. Also, the MississippiCAN and CHIP programs are administered by two coordinated care organizations (CCOs). Providers voluntarily enroll with the programs and with these CCOs. However, DOM encourages all providers to enroll ensuring that your patients remain under your care, and you receive payment from the proper source.

Provider Enrollment Contact Information:

Medicaid Toll-free: 800-884-3222
<http://www.ms-medicaid.com>

MississippiCAN

Magnolia Health: Toll-free: 866-912-6285
magnoliahealthplan.com

UnitedHealthcare: Toll-free: 866-574-6088
or 877-743-8731
swproviderservices@uhc.com

CHIP

Magnolia Health: Toll-free: 866-912-6285
magnoliahealthplan.com

UnitedHealthcare: Toll-free: 866-574-6088
or 800-992-9940
uhccommunityplan.com

How do we take care of beneficiaries who need to find a doctor in their assigned plan?

Call the CCOs and ask for a case manager. The case manager will assist beneficiaries to locate a physician with their assigned CCO and contact their current treating doctor. Beneficiaries may also contact case managers for assistance with medication and other services.

Physicians may also call case managers regarding beneficiaries needing follow-up care and assistance. Case management is available to all beneficiaries in managed care.

Also, both CCOs have Nurses available 24 hours, seven days per week to address beneficiary or provider issues:

Magnolia Health 1-866-912-6285 24/7 NurseWise
UnitedHealthcare 1-877-743-8731 NurseLine 24/7

How do providers obtain Prior Authorizations?

For children who were transitioned during the months of May through July 2015, there is a 90-day grace period for all existing Prior Authorizations (PA) issued by DOM fee-for-service vendors (eQHealth, EviCore Healthcare, etc.).

Prior to the end of the 90-day grace period, providers must contact the CCOs for authorization of services beyond this period.

1. If the prior authorization ends during the 90-day grace period (within 60days), then a new PA must be obtained by the provider from the CCO, if additional services are needed.

Example: PA period is January 1, 2015 to June 20, 2015, and beneficiary is enrolled May 1; then provider would need a new PA by June 20, 2015.

2. If the prior authorization ends after the 90-day grace period (e. g. within 6 months), then a new PA must be obtained by the Provider from the CCO to be extended beyond the grace period.

Example: However, if the PA was January 1 to October 1, 2015, then provider would need a new PA by August 1, 2015.

Is the primary care provider (PCP) on MississippiCAN card the only PCP that member can see?

No, the PCP on the member card is simply to direct them to an enrolled PCP, rather than seeking emergency treatment. Many members have their own PCPs, but they are not reflected in our records. Members should continue to be treated by their own PCPs, and call the CCOs to update their record with their actual treating provider.

Who do they contact for more information?

For more information, beneficiaries and providers are instructed to call our fiscal agent, Xerox, toll-free at 800-884-3222 or Division of Medicaid toll-free at 800-241-2408.



MISSISSIPPI DIVISION OF MEDICAID

ATTENTION ALL MEDICAID AND CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) BENEFICIARIES

The 2015 MississippiCAN and CHIP Workshops are coming your way!!!

Please call 866-730-2524 to let us know you will be attending.

Date	Time	City	Location
Monday August 17 th	Morning: 10:00 a.m. Evening: 5:00 p.m.	Greenville	William Alexander Percy Memorial Library 341 Main Street - Greenville, MS 38701
Tuesday August 18 th	Morning: 10:00 a.m. Evening: 5:00 p.m.	Southaven	Southaven Public Library 8554 Northwest Drive - Southaven, MS 38834
Wednesday August 19 th	Morning: 10:00 a.m. Evening: 5:00 p.m.	Tupelo	Lee County Tupelo Library 219 North Madison Street - Tupelo, MS 38804
Tuesday August 25 th	Morning: 10:00 a.m. Evening: 5:00 p.m.	Jackson	New Horizon Church International 1770 Ellis Ave Suite 200 - Jackson, MS 39204
Wednesday August 26 th	Morning: 10:00 a.m. Evening: 5:00 p.m.	Pascagoula	Pascagoula Public Library 3214 Pascagoula Street - Pascagoula, MS 39567
Thursday August 27 th	Morning: 10:00 a.m. Evening: 5:00 p.m.	Gulfport	Handsboro Community Center 1890 Switzer Road - Gulfport, MS 39507
Tuesday September 1 st	Morning: 10:00 a.m.	Natchez	Hampton Inn & Suites 627 South Canal Street - Natchez, MS 39120
	Evening: 5:00 p.m.	Brookhaven	BiCentennial Park 202 Main Street - Brookhaven, MS 39601
Wednesday September 2 nd	Morning: 10:00 a.m.	Magee	Magee Civic Center 120 N. W. First Street - Magee, MS 39111
	Evening: 5:00 p.m.	Hattiesburg	Train Depot (Grand Hall) 308 Newman Street - Hattiesburg, MS 39401
Thursday September 3 rd	Morning: 10:00 a.m.	Vicksburg	Jackson Street Community Center 923 Walnut Street - Vicksburg, MS 39180
	Evening: 5:00 p.m.	Yazoo City	Ricks Memorial Library 310 North Main Street - Yazoo City, MS 39194
Wednesday September 9 th	Morning: 10:00 a.m.	Corinth	Alcorn County - MSU Exhibit Hall 220 Levee Road - Corinth, MS 38834
	Evening: 5:00 p.m.	Holly Springs	Eddie Lee Smith Multi-Purpose Center 235 North Memphis Street - Holly Springs, MS 38635
Thursday September 10 th	Morning: 10:00 a.m.	Clarksdale	Carnegie Public Library 114 Delta Avenue - Clarksdale, MS 39614
	Evening: 5:00 p.m.	Greenwood	Greenwood Community Center 600 Elem Street - Greenwood, MS 38701
Tuesday September 15 th	Morning: 10:00 a.m.	Starkville	Starkville Sportsplex - Activity Room 405 Lynn Lane - Starkville, MS 39759
	Evening: 5:00 p.m.	Grenada	Taylor Hall 600 Butler Street - Grenada, MS 38901
Wednesday September 16 th	Morning: 10:00 a.m.	Philadelphia	Neshoba County Public Library 230 West Beacon Street - Philadelphia, MS 39350
	Evening: 5:00 p.m.	Meridian	Meridian Library 2517 7 th Street - Meridian, MS 39301
Thursday September 17 th	Morning: 10:00 a.m.	McComb	McComb Public Library 1022 Virginia Avenue - McComb, MS 39648

*** WE HOPE TO SEE YOU THERE ***

DOOR PRIZES! REFRESHMENTS! INFORMATION ABOUT MISSISSIPPICAN AND CHIP SERVICES!

**Please access the DOM website for answers to questions submitted by
providers during the 2015 Provider Workshops:**

MississippiCAN AND CHIP PROVIDER SURVEY

Facility: _____ Provider Type: _____ County: _____

We need your help to tell us how well the MississippiCAN and CHIP program is doing. Please take a few minutes to complete this survey by placing a checkmark beside your response about your experience with MississippiCAN and CHIP. If you have any questions please contact the Office of Coordinated Care at (601) 359-3789. Please forward provider satisfaction surveys to MississippiCAN.Quality@medicaid.ms.gov or fax it to 601-359-5252.

1. How would you describe your overall experience with the MississippiCAN Program?
☐ Excellent ☐ Good ☐ Fair ☐ Poor
2. In general, do you think the quality of care for the eligible Mississippi Medicaid beneficiaries has improved?
☐ Improved Very Much ☐ Somewhat Improved
☐ Not Improved
3. How long have you been a MississippiCAN Provider?
☐ More than a year ☐ Six months
☐ Recently became a Provider ☐ Not a MississippiCAN Provider
 If you marked not a MississippiCAN Provider **STOP**
4. Which plan are you enrolled?
☐ Magnolia Health Plan ☐ United Healthcare
☐ Both
5. Have you ever been visited by a provider representative from the plans?
☐ Yes ☐ No
6. Do you receive a member roster panel from the plan or Coordinated Care Organization?
 If so, how often? ☐ Daily ☐ Weekly ☐ Monthly ☐ Never
7. Do you receive notifications of changes from the plans?
☐ Yes ☐ No
 If so, how often? ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other
8. How do you receive provider notifications?
☐ Web Portal ☐ Email ☐ Mail ☐ Fax ☐ Never
9. Are you a CHIP Provider?
☐ Yes ☐ No
10. When do you check eligibility for your patients?
☐ Week before ☐ Day before ☐ Date of service ☐ Other

		Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
11.	My claims are processed in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Claims have been paid at correct rate (no less than what Medicaid would pay).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Claims inquiries are answered promptly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	When I call the Plans I am able to speak directly with someone and get my questions answered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Denial notifications consistently provide denial reasons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	The plan's Provider Grievance & Appeals process is effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	The Prior Authorization process is working efficiently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	My staff and I are familiar with the MississippiCAN program and the services they provide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	I would recommend MississippiCAN to eligible Mississippi Medicaid beneficiaries and other providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	My facility utilizes the Disease and Care Management programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	I think Mississippi Medicaid beneficiaries understand the MississippiCAN program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

PROVIDER FIELD REPRESENTATIVES

PROVIDER FIELD REPRESENTATIVE AREAS BY COUNTY		
AREA 1 Cynthia Morris (601.572.3237) cynthia.morris2@xerox.com	Area 2 Prentiss Butler (601.206.3042) prentiss.butler@xerox.com	AREA 3 Clint Gee (662.459.9753) clinton.gee@medicaid.ms.gov
County	County	County
Desoto	Alcorn	Bolivar
Lafayette	Benton	Coahoma
Marshall	Itawamba	Leflore
Panola	Lee	Quitman
Tate	Pontotoc	Sunflower
Tunica	Prentiss	Tallahatchie
	Tippah	Yalobusha
	Tishomingo	
*Memphis	Union	
AREA 4 Charleston Green (601.359.5500) charleston.green@medicaid.ms.gov	AREA 5 Ekida Wheeler (601.572.3265) ekida.wheeler@xerox.com	AREA 6 LaShundra Othello (601.206.2996) lashundra.othello@xerox.com
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 Candice Pippins (601.206.3019) candice.pippins@xerox.com	AREA 8 Justin Griffin (601.206.2922) Zip Codes (39041-39215) justin.griffin@xerox.com Randy Ponder (601.206.3026) Zip Codes (39216-39296) randy.ponder@xerox.com	AREA 9 Joyce Wilson (601.359.4293) joyce.wilson@medicaid.ms.gov
County	County	County
Adams	Hinds	Covington
Amite		Leake
Claiborne		Rankin
Franklin		Scott
Jefferson		Simpson
Warren		
Wilkinson		
AREA 10 Nadia Shelby (601.206.2961) nadia.shelby@xerox.com	AREA 11 Pamela Williams (601.359.9575) pamela.williams@medicaid.ms.gov	AREA 12 Connie Mooney (601.572.3253) connie.mooney@xerox.com
County	County	County
Clarke	Copiah	George
Forrest	Jefferson-Davis	Hancock
Greene	Lawrence	Harrison
Jasper	Lincoln	Jackson
Jones	Marion	Pearl River
Lamar	Pike	Stone
Perry	Walthall	
Smith		
Wayne		Mobile, AL
OUT OF STATE PROVIDERS	Jonathan Dixon (601.206.3022) jonathan.dixon@xerox.com	

FIELD REPRESENTATIVE REGIONAL MAP

Area 1 – Cynthia Morris 601.572.3237

Area 2 – Prentiss Butler 601.206.3042

Area 3 – Clint Gee 662.459.9753

Area 4 – Charleston Green 601.359.5500

Area 5 – Ekida Wheeler 601.572.3265

Area 6 – LaShundra Othello 601.206.3013

Area 7 – Candice Pippins 601.206.3019

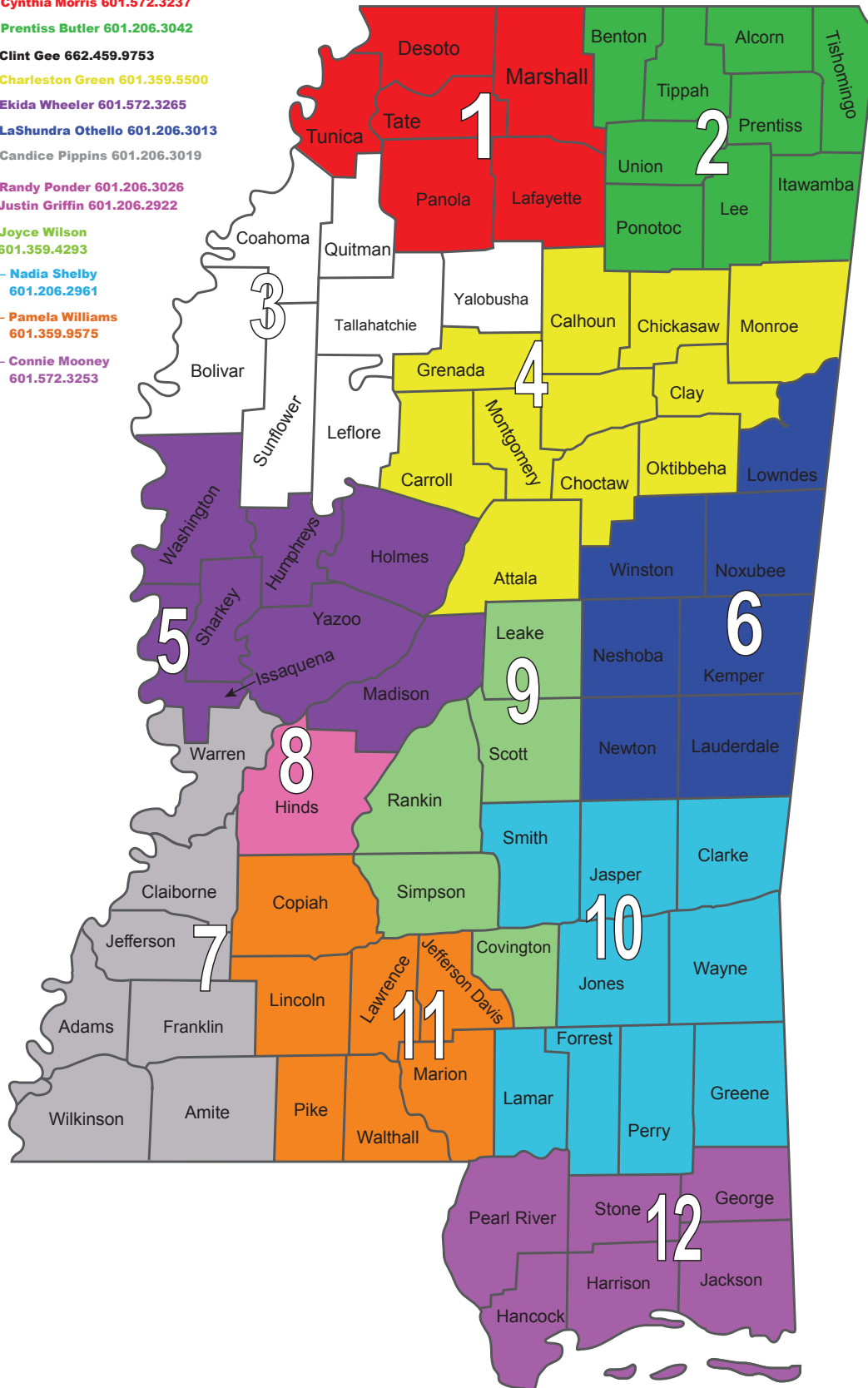
Area 8 – Randy Ponder 601.206.3026
Justin Griffin 601.206.2922

Area 9 – Joyce Wilson
601.359.4293

Area 10 – Nadia Shelby
601.206.2961

Area 11 – Pamela Williams
601.359.9575

Area 12 – Connie Mooney
601.572.3253



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

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

Mississippi Medicaid
Administrative Code and Billing
Handbook are on the Web
www.medicaid.ms.gov

Medicaid Provider Bulletins are
located on the Web Portal
www.ms-medicaid.com



*The Division of Medicaid and Xerox State
Healthcare, LLC. welcomes Fall!*

SEPTEMBER 2015

TUES, SEPT 1

- MSCAN WORKSHOPS*
Natchez: 10 a.m., Hampton Inn & Suites
Brookhaven: 5 p.m., BiCentennial Park

WED, SEPT 2

- MSCAN WORKSHOPS*
Magee: 10 a.m., Magee Civic Center
Hattiesburg: 5 p.m., Train Depot (Grand Hall)

THURS, SEPT 3

- EDI Cut Off 5:00 p.m.
- MSCAN WORKSHOPS*
Vicksburg: 10 a.m., Jackson St. Community Ctr
Yazoo City: 5 p.m., Ricks Memorial Library

MON, SEPT 7

 Checkwrite

WED, SEPT 9

- MSCAN WORKSHOPS*
Corinth: 10 a.m., Alcorn Co. MSU Exhibit Hall
Holly Springs: 5 p.m., Eddie Lee Smith MPC

THURS, SEPT 10

- EDI Cut Off – 5:00 p.m.
- MSCAN WORKSHOPS*
Clarksdale: 10 a.m., Carnegie Public Library
Greenwood: 5 p.m., Greenwood Community Ctr

MON, SEPT 14

 Checkwrite

TUES, SEPT 15

- MSCAN WORKSHOPS*
Starkville: 10 a.m., Starkville Sportsplex
Grenada: 5 p.m., Taylor Hall

WED, SEPT 16

- MSCAN WORKSHOPS*
Philadelphia: 10 a.m., Neshoba Co. Public Library
Meridian: 5 p.m., Meridian Library

THURS, SEPT 17

- EDI Cut Off – 5:00 p.m.
- MSCAN WORKSHOPS*
McComb: 10 a.m., McComb Public Library

MON, SEPT 21

- Checkwrite
- Mental Health Training • 9 a.m.–Noon
First Regional Library, 206 Hwy 51 N, Batesville

WED, SEPT 23

- Mental Health Training • 9 a.m.–Noon
eQHealth Solutions, 460 Briarwood Dr., Jackson

THURS, SEPT 24

- EDI Cut Off – 5:00 p.m.
- Mental Health Training • 9 a.m.–Noon
West Side Community Ctr, 4006 8th St., Gulfport

MON, SEPT 28

 Checkwrite

OCTOBER 2015

THURS, OCT. 1

 EDI Cut Off – 5:00 p.m.

MON, OCT. 5

 Checkwrite

THURS, OCT. 8

 EDI Cut Off – 5:00 p.m.

MON, OCT. 12

 Checkwrite

TUES, OCT. 13

- LTC Provider Training
BancorpSouth Conference Ctr, Tupelo

WED, OCT. 14

- LTC Provider Training
Lake Terrace Convention Ctr, Hattiesburg, MS

THURS, OCT. 15

- EDI Cut Off – 5:00 p.m.
- LTC Provider Training
Marriott Jackson, Jackson, MS

MON, OCT. 19

 Checkwrite

THURS, OCT. 22

 EDI Cut Off – 5:00 p.m.

MON, OCT. 26

 Checkwrite

THURS, OCT. 29

 EDI Cut Off – 5:00 p.m.

NOVEMBER 2015

MON, NOV. 2

 Checkwrite

THURS, NOV. 5

 EDI Cut Off – 5:00 p.m.

MON, NOV. 9

 Checkwrite

THURS, NOV. 12

 EDI Cut Off – 5:00 p.m.

MON, NOV. 16

 Checkwrite

THURS, NOV. 19

 EDI Cut Off – 5:00 p.m.

MON, NOV. 23

 Checkwrite

THURS, NOV. 26

 EDI Cut Off – 5:00 p.m.

MON, NOV. 30

 Checkwrite

Checkwrites and Remittance Advices are dated every Monday. Provider Remittance Advice is available for download each Monday morning at www.ms-medicaid.com. Funds are not transferred until the following Thursday. • EDI cut off is 5 p.m. every Thursday. • *The Workshop agenda, RSVP reply form, and more Workshop details are located on DOM's website at www.medicaid.ms.gov. Please access the DOM website for answers to questions submitted by providers during the 2015 Provider Workshops: <http://www.medicaid.ms.gov/2015-provider-workshops-for-mississippi-and-chip-scheduled/>