

Out-of-State Provider Application Cover Letter

Pursuant to 42 C.F.R. § 431.52, the Mississippi Division of Medicaid is only required to pay for services furnished in another state if certain conditions are met. Provider applications with a servicing location outside of Mississippi must provide the information below, regardless of the reason for enrollment. Refer to the Mississippi Medicaid State Plan and Miss. Admin. Code Title 23 for coverage and reimbursement requirements.

Please select the applicable option for enrollment:

- Option 1** - I am applying to only receive reimbursement for a rendered service. Application must be submitted within one hundred twenty (120) days from the date(s) of service. Date(s) of Service _____

Please indicate which condition below applies to the services provided to a Mississippi Medicaid beneficiary.

- Medical services were needed because of a medical emergency as defined in Miss. Admin. Code Title 23, Part 201, Rule 1.2.G,
- Medical services were needed, and the beneficiary's health would be endangered if he/she were required to travel back to Mississippi, or
- The Division of Medicaid has pre-arranged services with the applicant.

- Option 2** - I am applying to enroll as an ongoing Mississippi Medicaid provider.

Please indicate which condition below applies:

- Service(s) are needed and more readily available in your state. Explanation must be submitted with supporting documentation and must include, but is not limited to:
- Description of how your enrollment will meet the needs of MS Medicaid members due to an insufficient existing provider base in Mississippi.
 - Description of how your enrollment will provide a unique service currently unavailable to MS Medicaid members.
 - Supporting clinical documentation, including anticipated CPT/CDT/HCSPCS coding for review. DOM covers laboratory testing procedure codes in the range of 80000-89999, which does not include PLA codes. Please refer to DOM's Fee Schedule page to access the Interactive Fee Schedule to look up individual procedure codes for coverage, <https://medicaid.ms.gov/providers/fee-schedules-and-rates/>. If this request is for DOM to consider coverage of a specific procedure code, this request should be submitted to DOM's Request for Information (RFI) inbox rfi@medicaid.ms.gov.
- The location of services provided is within:
- Thirty (30) miles from the Mississippi state border for a pharmacy, or
 - Sixty (60) miles from the Mississippi state border for all other provider types,

Other examples include but are not limited to: Contracting with CCO, specialty hospital, etc. (Explanation must be submitted with supporting documentation.) Providers must contract separately with each CCO after enrolling with Medicaid. NOTE: The completed Out-of-State Provider Application Cover Letter must be submitted with required supporting documentation. All required items must be submitted for your request to be considered. Submission of claim(s) for reimbursement should occur after notification of an approved application.

Please complete the following:

Medicare Number _____ Date Approved _____

Medicaid Number _____ State _____ Date Approved _____

CHIP Number _____ State _____ NPI: _____

Attestation and Signature of the Applicant:

I certify that the information on this form, and any submitted statement(s) that I have provided, has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I understand that I am signing under penalty of perjury and may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Signature of Enrolling Provider or Authorized Official: _____

Printed Name: _____ Date: _____