

The Healthcare Financial Management Association Conference

April 21, 2023

Agenda

Mississippi Division of Medicaid Website

Common Denials & Issues

Future Updates

Provider Field Representatives

Questions

Mississippi Division of Medicaid Website




DOM Website

<https://medicaid.ms.gov>

- ✓ Fee Schedules and Rates
- ✓ Administrative Code
- ✓ Late Breaking News
- ✓ Paper Claims Billing Manual
- ✓ EDI Claims Companion Guides
- ✓ Taxonomy Lookup Tool
- ✓ MESA Provider Portal Workshops
- ✓ MESA Portal for Providers
 - Mesa Tip (Training Guides)
 - FAQs
 - Training Videos

MEDICAID MEMBERS: Please make sure your contact information is up to date! [Click here](#) to update your information today.

Select Language ▾
Font Size - +
MESA Portal for Providers | [Twitter](#) [Facebook](#)




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Q search...

STAY COVERED!

[Click here to update contact information, or find latest updates & resources](#)



**MEMBER
PORTAL**

How to Apply

- See if you qualify for Mississippi Medicaid health benefits
- Apply for Medicaid
- View covered services
- Locate a Medicaid regional office

**MEMBER
PORTAL**

Member Services

- Locate a Medicaid Provider
- Managed care and MississippiCAN
- Children's Health Insurance Program
- Nursing Facility Information
- Member Advisory Board

**PROVIDER
PORTAL**

Providers

- MESA Portal for Providers
- Provider Search Tool
- Pharmacy Information
- Fee Schedules and Rates
- National Correct Coding Initiative
- Prescribing Provider Listing
- Forms
- MESA Provider Portal Workshops
- Late Breaking News
- Provider Enrollment Application Fee

**PROVIDER PORTAL
WEBINARS**

Resources

- Public Notices
- State Plan
- CHIP State Plan
- Waivers
- Administrative Code
- Paper Claims Billing Manual
- EDI Claims Companion Guides
- TPL Carrier Information
- Taxonomy Lookup Tool
- Electronic Visit Verification (EVV)

Medicaid Fee Schedule

<https://medicaid.ms.gov/providers/fee-schedules-and-rates/>

MS MEDICAID ENTERPRISE SYSTEM DIVISION OF MEDICAID MESA FEE SCHEDULE MARCH 2023																
The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are created. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.																
All services and maximums allowed quantities are subject to NCCI procedure-to-procedure or medically unlikely editing even if prior authorized.																
The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.																
CODE	Short Description	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Rate Type	PA	Min Age	Max Age	Begin Date	End Date	Max Units	MED SUPPLY FREQ	Fee	OPPS SI	
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST					OPP	N	12	999	02/01/2021	12/31/2299	1		\$ 15.50	S	
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST					DEF	N	12	999	07/01/2022	12/31/2299	1		\$ 35.58		
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND					OPP	N	12	999	02/01/2021	12/31/2299	1		\$ 25.50	S	
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND					DEF	N	12	999	07/01/2022	12/31/2299	1		\$ 35.58		
0003A	ADM SARSCOV2 30MCG/0.3ML 3RD					OPP	N	12	999	08/12/2021	12/31/2299	1		\$ 31.26	S	
0003A	ADM SARSCOV2 30MCG/0.3ML 3RD					DEF	N	12	999	07/01/2022	12/31/2299	1		\$ 35.58		
0004A	ADM SARSCOV2 30MCG/0.3ML BST					OPP	N	18	999	09/22/2021	12/31/2299	1		\$ 31.26	S	
0004A	ADM SARSCOV2 30MCG/0.3ML BST					DEF	N	18	999	07/01/2022	12/31/2299	1		\$ 35.58		
00100	ANESTH SALIVARY GLAND					DEF	N	0	999	10/01/2003	12/31/2299	720		REL 5.00		
00102	ANESTH REPAIR OF CLEFT LIP					DEF	N	0	999	10/01/2003	12/31/2299	720		REL 6.00		
00103	ANESTH BLEPHAROPLASTY					DEF	N	0	999	10/01/2003	12/31/2299	720		REL 5.00		
00104	ANESTH ELECTROSHOCK					DEF	N	0	999	10/01/2003	12/31/2299	720		REL 4.00		
0011A	ADM SARSCOV2 100MCG/0.5ML1ST					OPP	N	18	999	02/01/2021	12/31/2299	1		\$ 15.50	S	
0011A	ADM SARSCOV2 100MCG/0.5ML1ST					DEF	N	18	999	07/01/2022	12/31/2299	1		\$ 35.58		
00120	ANESTH EAR SURGERY					DEF	N	0	999	10/01/2003	12/31/2299	720		REL 5.00		
00124	ANESTH EAR EXAM					DEF	N	0	999	10/01/2003	12/31/2299	720		REL 4.00		

Medicaid Fee Schedule

<https://medicaid.ms.gov/providers/fee-schedules-and-rates/>

Fee Schedules and Rates

Mississippi Division of Medicaid > Providers > [Fee Schedules and Rates](#)

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Managed Care Provider Inquiries & Issues Form

Comprehensive Fee Schedule

[Click here](#) to download the Comprehensive Fee Schedule.

Below are the fee schedules and rates listed by codes for particular provider or facility types.

- [Paper Claims Billing Manual](#)

Administered Drug Services

Clinician Administered Drugs and Implantable Drug System Devices	July 2018
Physician Administered Drugs	January 2023

Dental Professional Services

Dental Fees – Professional Services	January 2023
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Hearing and Vision Services

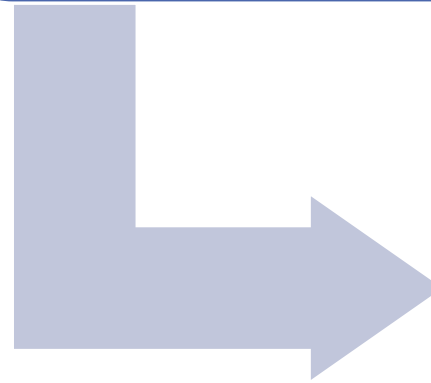
Audiological (Hearing)	January 2023
Vision	January 2023

Common Issues & Denials



Voiding and Adjusting Legacy Claims

Resolution



There is still an issue with providers voiding and adjusting claims that were previously paid in the Legacy System. The issue is currently being addressed by Gainwell and more information will be forthcoming. You can void or adjust claims hardcopy. The instructions per your claim type is housed in the Paper Billing Manual on DOM's website.

Marking Medicare on CMS 1500 Form

Resolution:

Make sure the appropriate box is marked to identify whether the claim is Medicaid or a crossover Medicare claim.

Figure 1. FL 1 Required: Type of Insurance

1. MEDICARE	MEDICAID	TRICARE	CHAMPVA	GROUP HEALTH PLAN	FECA BLK LUNG	OTHER
<input type="checkbox"/> (Medicare#)	<input checked="" type="checkbox"/> (Medicaid#)	<input type="checkbox"/> (ID#/DoD#)	<input type="checkbox"/> (Member ID#)	<input type="checkbox"/> (ID#)	<input type="checkbox"/> (ID#)	<input type="checkbox"/> (ID#)

Instructions: Indicate the type(s) of insurance coverage applicable to this claim. Enter an "X" in the box marked Medicaid.

1. MEDICARE	MEDICAID	TRICARE	CHAMPVA	GROUP HEALTH PLAN	FECA BLK LUNG	OTHER
<input checked="" type="checkbox"/> (Medicare#)	<input type="checkbox"/> (Medicaid#)	<input type="checkbox"/> (ID#/DoD#)	<input type="checkbox"/> (Member ID#)	<input type="checkbox"/> (ID#)	<input type="checkbox"/> (ID#)	<input type="checkbox"/> (ID#)

Instructions: Indicate the type(s) of insurance coverage applicable to this claim. Enter an "X" in the box marked Medicare for claims where the member has Medicare Coverage.



Pulling up Remittance Advices on the MESA Portal

Resolution:

Make sure that you are logged in under the MESA Portal for the MESA ID being billed. Refer to the NPI Look Up Tool to see all the MESA (Fee For Service/FFS) IDs you have associated with that billing NPI and make sure that you have created MESA Accounts for each MESA ID.

Inquiring about EFT payments

Resolution:

Gainwell Technologies runs a financial cycle each week. Claims received via EDI by noon on Friday and Web Portal claims by 7pm should appear on the following week's Remittance Advice Statement. Remittance Advice Statements are available each Monday morning. Payments to providers via EFT are available by Thursday morning and paper checks are mailed each Wednesday evening.



Clearinghouses or Software Venders Billing Medicaid Claims instead of Crossover Claims.

Resolution

Please refer to the EDI Claims Companion Guide, which gives step by step instructions with Loops and Segments along with the information that is needed to process the claim correctly in those Loops and Segments.

EDI Technical Documents - Mississippi Division of Medicaid (ms.gov) webpage:

<https://medicaid.ms.gov/edi-technical-documents/>

EOMB Requirements

Resolution:

See Crossover Instructions in the Paper Billing Manual for each claim type (CMS 1500 & UBo4).

The Paper Billing Manual can be found here:
<https://medicaid.ms.gov/providers/billing-manual/>



MISSISSIPPI DIVISION OF
MEDICAID

About Services Quality Late Breaking News Job Openings

Paper Claims Billing Manual

Mississippi Division of Medicaid > Providers > Paper Claims Billing Manual

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 - Paper Claims Billing Manual**
 - Fee Schedules and Rates

The Paper Claims Billing Manual, produced by Gainwell Technologies, is designed to offer guidance and assistance to providers submitting claims for reimbursement to the Mississippi Division of Medicaid (DOM). The Paper Claims Billing Manual includes detailed information specific to the submission of paper claims which includes Centers for Medicare and Medicaid (CMS)-1500, Dental, and UB-04 claims. This manual must be used in conjunction with the General Policy and DOM's Provider Specific Administrative Code. DOM policy is located at [Administrative Code](#) and [Mississippi Medicaid State Plan](#).

- Paper Claims Billing Manual** – entire document
 - Mississippi Medicaid Explanation of Benefits
 - Claim Attachment Form

Section 1 – Introduction

CMS 1500 Form

Filing Medicare Crossover Claims on the CMS1500
Beneficiaries that are both Medicare and Medicaid eligible
require a slightly different approach to claims submission.
Complying with the following instructions expedites claims
adjudication:

- In FL 1 (Figure 1), enter X in the box labeled “Medicare” when submitting a crossover claim and enter X in the box labeled “Medicaid” for non-crossover claims.
- Ensure that the beneficiary’s nine-digit Medicaid number is in FL 1a (Figure 2).
- Enter the NPI number of the billing provider who is the one to which Medicaid payment will be made in FL 33 (Figure 57). If FL 33 contains a group NPI provider number, enter the ten-digit NPI of the servicing/ rendering provider in FL 24j (Figure 46).
- Circle the corresponding claim information on the Explanation of Medicare Benefits (EOMB). Attach the EOMB to the back of the claim.
- The claim detail information should match the individual EOMB detail level information.



**The Medicare
EOMB must be
completely legible
and copied in its
entirety. These are
the only
acceptable
alterations or
entries on a
Medicare EOMB.**

- The provider may line out outpatient data not applicable to the claim submitted.
- The provider may line out any claim line that has been previously paid by Medicaid that the provider chooses not to bill Medicaid, or that has been paid in full by Medicare.
- If the claim lines on the EOMB have been lined out, the “claim totals” line on the EOMB must be changed to reflect the deleted line(s).
- The claim lines or “recipient section” on the EOMB that are being submitted for reimbursement must be circled and never highlighted. The MISSISSIPPI CROSSOVER CLAIM FORM will no longer be accepted.

Please mail claim forms to:
Mississippi Medicaid Program P.O.
Box 23076 Jackson, MS 39225-3076

UBo4 Form

Filing Medicare Part A Crossover Claims on the UB-04


Beneficiaries that are both Medicare and Medicaid eligible require a slightly different approach to claims submission. Complying with these instructions expedites claims adjudication.

- The word “Medicare” should be entered in FL 38 (Figure 83).
- The beneficiary’s Medicare number should be entered in FL 60 (Figure 103).
- The beneficiary’s nine-digit Medicaid number should be entered in FL 60 (Figure 93).
- The ten-digit NPI number should be entered in FL 56 (Figure 99).
- Optional: The nine-digit Medicaid provider number should be entered in FL 57 (Figure 100).
- The corresponding claim information should be circled on the EOMB and the EOMB attached to the back of the claim.
- The claim detail information should match the individual EOMB detail level information.
- Any prior payer payments should be reported in FL 54 (Figure 97) of the UB-04. The Medicare EOMB must be completely legible and copied in its entirety. The only acceptable alterations or entries on a Medicare EOMB are as follows:
 - The provider may line outpatient data not applicable to the claim submitted.
 - The provider may line out any claim line that has been previously paid by Medicaid that the provider chooses not to bill Medicaid, or that has been paid in full by Medicare.
 - If the claim lines on the EOMB have been lined out, the “claim totals” line on the EOMB must be changed to reflect the deleted line(s).
 - The claim lines or “recipient section” on the EOMB that are being submitted for reimbursement must be circled and never highlighted.

**Edit 1928/EOB
1112: The NPI
is invalid for
the rendering
provider
(Header Level)**

Resolution:

Make sure that there is a rendering provider on the claim if Group NPI is being billed unless rendering provider is the billing provider. Make sure that correct NPI/Taxonomy is used for the rendering provider, assuming this a rendering provider billing under their individual number.

A decorative graphic in the top-left corner of the slide, consisting of several overlapping geometric shapes in shades of blue and grey, resembling the corner of a laptop or a modern architectural element.

Edit 566/ EOB 1679: Unable to process your adjustment request but the Provider ID and/ or Billing Address is on the claim

Resolution:

Make sure the billing address or provider ID matches the original claim being adjusted.

Edit 5000/EOB 5000: Physician/crossover vs Physician/crossover extract

Resolution

Gainwell is currently working with DOM to make some enhancements to the duplicate auditing that has already included recognizing appropriate modifiers. Ex:
LT,RT

Professional and Outpatient Crossover Denials

Edit 4502/EOB 4502: Medicare EOMB information is missing at the claim detail level.

Resolution

For professional crossovers and outpatient crossovers, the Medicare information must be entered at the detail level. Each of the lines billed including HCPCS Code, Rev Code, and units must match the EOMB.

Future Updates



Future Updates

- Web Portal Enhancements (Eligibility, Service Limits, Retro Eligibility (backdate 1 year or further), etc.)
- More Subspecialty Taxonomies (Ex: Dentist vs Oral Surgeon Taxonomy)
- Updating Edits/ Audits (Ex: Duplicate Edits)
- Unifying through MSCAN Plans
- NPI Lookup Tool

dom-azure-app.medicaid.ms.gov

Login ?

***User ID**

Log In

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

Protect Your Privacy!

Always log off and close all of your browser windows

[Privacy Policy](#)

[Provider Enrollment Access](#)

[Enrollments Forms](#)

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[Trading Partner Enrollment](#)

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[UM/QIO](#)

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What you can do in the Medicaid Portal for Providers

Through this secure and easy to use internet portal, health care providers can submit claims and inquire on the status of their claims, inquire on a patient's eligibility, upload files, and search for other providers. In addition, health care providers can use this site to locate claim forms, provider participation materials and other Medicaid information and resources.

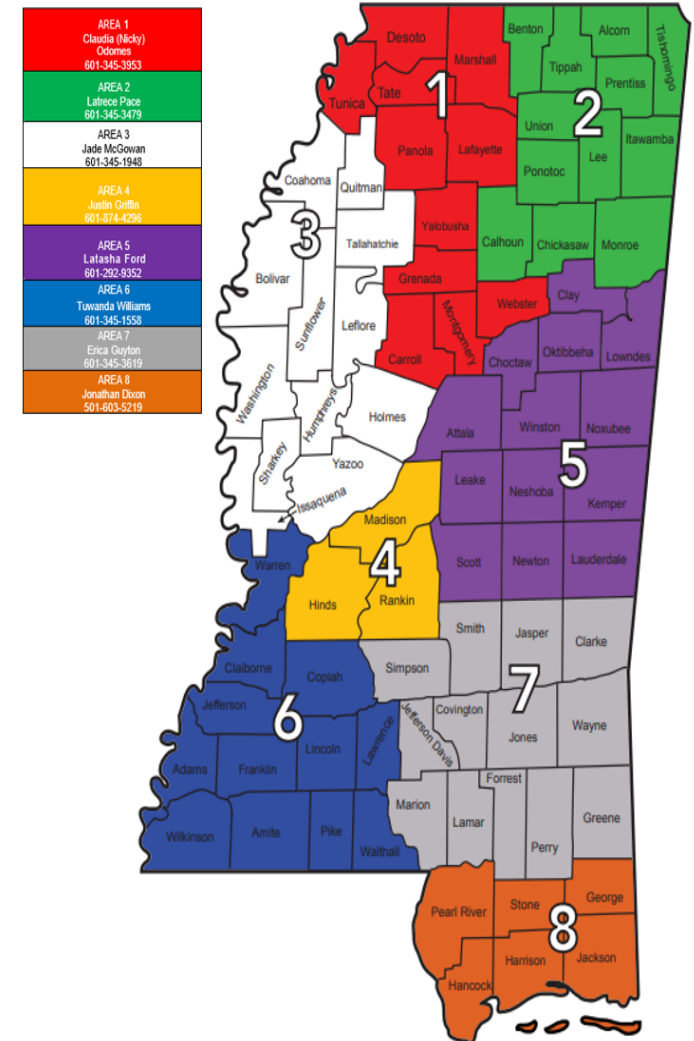


Call Center Hours!

8:00 a.m. - 5:00 p.m.

1-800-884-3222

Field Representative Regional Map



Provider Field Representatives

AREA 1 Claudia (Nicky) Odomes Claudia.Odomes@gainwelltechnologies.com 601-345-3953	AREA 2 Latrece Pace Latrece.Pace@gainwelltechnologies.com 601-345-3479	AREA 3 Jade McGowan Jade.McGowan@gainwelltechnologies.com 601-345-1948
County	County	County
Carroll	Alcorn	Bolivar
Desoto	Benton	Coahoma
Grenada	Calhoun	Holmes
Lafayette	Chickasaw	Humphreys
Marshall	Itawamba	Issaquena
Montgomery	Lee	Leflore
Panola	Monroe	Quitman
Tate	Pontotoc	Sharkey
Tunica	Prentiss	Sunflower
Webster	Tippah	Tallahatchie
Yalobusha	Tishomingo	Washington
	Union	Yazoo

Provider Field Representatives *continued*

AREA 4 Justin Griffin Justin.Griffin@gainwelltechnologies.com 601-874-4296	AREA 5 Latasha Ford Latasha.Ford@gainwelltechnologies.com 601-292-9352	AREA 6 Tuwanda Williams Tuwanda.Williams@gainwelltechnologies.com 601-345-1558
County	County	County
Hinds	Attala	Adams
Madison	Choctaw	Amite
Rankin	Clay	Claiborne
	Kemper	Copiah
	Lauderdale	Franklin
	Leake	Jefferson
	Lowndes	Lawrence
	Neshoba	Lincoln
	Newton	Pike
	Noxubee	Walthall
	Oktibbeha	Warren
	Scott	Wilkinson
	Winston	

Provider Field Representatives *continued*

AREA 7 Erica Guyton Erica.Guyton@gainwelltechnologies.com 601-345-3619		AREA 8 Jonathan Dixon Jonathan.Dixon@gainwelltechnologies.com 501-603-5219
County		County
Clarke		George
Covington		Hancock
Forrest		Harrison
Greene		Jackson
Jasper		Pearl River
Jefferson Davis		Stone
Jones		
Lamar		
Marion		
Perry		
Simpson		
Smith		
Wayne		
OUT OF STATE PROVIDERS	Tanya Stevens Tanya.Stevens@gainwelltechnologies.com 501-232-8689 Sheryl Leonard Sheryl.Leonard@gainwelltechnologies.com 601-345-2115	



Questions?