



STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID
DR. ROBERT L. ROBINSON
EXECUTIVE DIRECTOR

August 2, 2010

Dear Dental Provider:

We are excited about your attendance to the upcoming dental provider workshops over the next several weeks beginning September 8, 2010 and concluding September 29, 2010. This year's workshops are intended to provide information that will be beneficial for you and your staff's success in your billing practices for the Mississippi Medicaid program. Your participation in these workshops will assist you in utilizing correct billing procedures, reducing billing errors, and optimizing maximum claims reimbursement.

The workshops will include the following training sessions:

- Envision Web Portal Functionality
- Correct Billing Practices
- Mississippi Medicaid Policy
- American Dental Association Claim Form
- Claims Resolution

We look forward to your participation in these workshops. Please see the attached schedule and return the RSVP by September 2, 2010. You may fax the RSVP to ACS Government Healthcare Attention: Provider/Beneficiary Services at **601-206-3119** or you may contact DOM Provider Relations with the date and workshop that you want to attend at **601-359-6133**.

Cordially,

Division of Medicaid Provider Relations Staff

Enclosures



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ATTENTION: Dental Providers!!!

Provider Workshops – September 2010

ACS Government Healthcare Solutions, in conjunction with the Mississippi Division of Medicaid, will conduct provider workshops for **billers** at dental facilities during the month of September. The workshops will cover the following topics:

- Web Portal functionality – This presentation is designed to teach the provider how to properly navigate the Envision web portal and explore all the secure and non-secure functions available as a web portal user.
- Correct Billing Practices – This presentation will discuss beneficiary eligibility, tooth number, surface, and quadrant, and claims submission using the web portal.
- Mississippi Medicaid Policy – This presentation will discuss root canals, prior authorization submissions, dental limitations, etc.
- ADA claim form – This presentation is designed to teach the provider how to correctly complete an American Dental Association claim form for Mississippi Medicaid billing purposes.
- Claims Resolution – This session is designed to present common billing errors, denials, and utilization of the remittance advice to resolve claims issues.

The specific dates and locations of the workshops are listed below:

Date/Time	Location
September 8, 2010 9:00 am – 3:00 pm	Hilton Garden Inn/BancorpSouth Conference Center 363 East Main Street Tupelo, MS 38801
September 15, 2010 9:00 am – 3:00 pm	Hilton Garden Inn Gulfport Airport 14108 Airport Road Gulfport, MS 39503
September 22, 2010 9:00 am – 3:00 pm	Eagle Ridge Conference Center 1500 Raymond Lake Road Raymond, MS 39154
September 29, 2010 9:00 – 3:00 pm	Best Western 635 Highway 82 W Greenwood, Mississippi, 38930

The workshops are free of charge. Workshop registration will be from 8:30 to 9:00 am. During the afternoon from 1:00 pm to 3:00 pm (Claims Resolution Session), DOM and ACS Field Representatives will be available to assist providers with individual claims issues. Providers attending this session should bring specific claims examples with beneficiary numbers and dates of service or specific TCN examples.

Please RSV P by **September 2, 2010**. Fax the RSVP to: ACS Government Healthcare Solutions , Attn: Provider/Beneficiary Services at **601-206-3119** or you may contact the ACS call center at 1-800-884-3222 with the date and the workshop you would like to attend. Additionally, you may contact Tamara Cry at 601-206-3028 or email her at tamara.cry@acs-inc.com to RSVP or if you have questions about the workshops.

We look forward to meeting with you in September and working with you in the coming years.



Please complete the RSVP Section and mail or fax by September 2, 2010 to:

ACS Government Healthcare Solutions
ATTN: Provider/Beneficiary Services
P.O. Box 23078
Jackson, MS 39225

Provider Name	Provider Number
Provider Telephone Number	Contact Name
Name (s) of Attendees	
Date of Workshop Location Attending	

