Title 23: Division of Medicaid

Part 200: General Provider Information

Chapter 1: General Administrative Rules for Providers

Rule 1.6: Timely Filing

A. The Division of Medicaid requires providers to submit claims no later than three hundred sixty-five (365) calendar days from the date of service.

B. Claims for services submitted by newly enrolled providers must be submitted within three hundred sixty-five (365) calendar days from the date of service and must be for services provided on or after the effective date of the provider's enrollment.

C. Claims originally submitted to and paid by a coordinated care organization (CCO) but which are subsequently recouped by the CCO retrospectively due to a change in the beneficiary's enrollment from the CCO to fee-for-service (FFS), must be submitted to the Division of Medicaid within:

    1. Three hundred sixty-five (365) calendar days from the date of service, or

    2. Within ninety (90) calendar days of the CCO recoupment if the CCO recoupment date is after the timely filing period of three hundred sixty-five (365) calendar days from the date of service.

D. If a claim for payment under Medicare has been filed in a timely manner, the Division of Medicaid will process a Medicaid claim relating to the same services within one hundred eighty (180) calendar days after the agency or the provider receives notice of the disposition of the Medicare claim.

E. If a provider fails to meet the timely filing requirements, the beneficiary cannot be billed for those services.

Source: 42 C.F.R. § 447.45; Miss. Code Ann. §§ 43-13-113, 43-13-117, 43-13-121.

History: Revised eff. 12/01/2020; New rule eff. 07/01/2019.