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MS Medicaid
PROVIDER BULLETIN
MISSISSIPPI DIVISION OF MEDICAID

Coordinated care to reach new milestone

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The 2017 legislative session is well underway, and coordinated care is one of the many budgetary factors lawmakers are paying close attention to as they consider the funding needs of the Mississippi Division of Medicaid (DOM).

When it comes to coordinated care in Mississippi – also referred to as managed care – we are talking about the Mississippi Coordinated Access Network (MississippiCAN). Due to the amount of attention DOM's budget is getting during this session, and the increasing role that MississippiCAN plays within the agency, I would like to provide a brief overview of the program and where it stands now.

The first thing I would like to highlight is that integrating a coordinated care model within Medicaid agencies has been a growing trend across the country for at least 20 years, and it is an approach supported by the Centers for Medicare and Medicaid Services. The coordinated care approach to health coverage encourages beneficiaries to be more active in their personal health, by providing follow-up care with a case manager and promoting preventive health.

MississippiCAN was authorized by the state Legislature in 2009 and implemented in January of 2011. The program was developed with the specific goals of improving access to needed medical services, improving the quality of care, and improving cost predictability.

Since its inception, MississippiCAN has continually changed, evolved and expanded over six years. In the beginning, the program only applied to a few categories of eligibility (or populations of beneficiaries), such as disabled children at home and the working disabled. Additional eligible populations were added or "rolled into" the program in the following years, and in 2015, MississippiCAN was affected by two substantial impacts - the inclusion of all categories of children on Medicaid and inpatient hospital services. Today, approximately 70 percent of Medicaid beneficiaries in Mississippi are served by coordinated care.

Throughout this time, the program has been administered by two coordinated care organizations (CCOs) selected to contract with the agency after a thorough procurement process - Magnolia Health and UnitedHealthcare Community Plan. Currently, beneficiaries have the choice of selecting either one of these two health-coverage plans.

Now, the latest development in MississippiCAN is in the works this spring. The current CCO contracts are due to expire in 2017. Recently, DOM released a request for proposals (RFP) in an open, competitive process to bid on the new contracts. Through the procurement process, DOM is expected to select multiple entities to participate in the program, to be able to offer more plan choices for a larger population of coordinated care beneficiaries.

What all of this means is that as the population of beneficiaries enrolled in coordinated care has grown, the program has

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become an integral part of DOM, and naturally, the remaining question is, what are the results?

When it comes to evaluating the effectiveness of MississippiCAN, keep in mind that the program has changed every year since it began; there has yet to be a baseline year we can use for comparison with other years to demonstrate outcome trends. However, working closely with our CCOs allows us to obtain a baseline of data, and we have been able to show some tangible and positive improvements.

For instance, Mississippi leads the nation in preterm deliveries at 12.9 percent, compared to the U.S. average of 9.6 percent. If you just look at that rate among Medicaid beneficiaries, the preterm birth rate is even higher – at 17.1 percent. In fact, DOM covers 71 percent of all premature births in the state. As a provider, you may deduce that preterm deliveries are potentially much more costly and have more health complications than full-term births. As a result of our collaboration with coordinated care, that number dropped from 20 percent in 2014 to 13.96 percent in 2016, a dramatic decrease in premature births in a very short time.

We have also been able to track a downward trend in emergency room visits per member per month in the case of beneficiaries with sickle cell disease. In the short term, these two examples are very promising, but as I said, more substantial data will come once the program has a couple years of stability and continuity.

While opinions about coordinated care vary throughout the provider community and beyond, I believe it is important to keep things in perspective. This has been a sea of change for Medicaid and for Mississippi, and an enormous undertaking.

Yes, there has been a steep learning curve, but the alternative of the status quo was simply unsustainable, not only for Medicaid, but also for the state's economy and the health of its residents. Every state is facing similar challenges, and coordinated care has proven to be effective.

As anticipated, and as I have expressed to the Legislature, the benefits of preventive health care can take a long time to show the kind of dramatic impact we all want to see, especially when tough budget decisions must be made. Improving health conditions in a state with some of the highest health disparities in the nation cannot happen overnight. We are all working together to lay a foundation for a healthier future.

With regard to our ongoing budget and deficit challenges, there are no easy solutions. It is true that DOM's budget is determined by a handful of cost drivers that are largely beyond our control - factors like Medicaid inflation, which influences reimbursement rates, and the growing costs of medical services.

Coordinated care will not fix that problem, but it has demonstrably helped to prevent further costs. Last year, DOM's actuarial firm, Milliman, reported that MississippiCAN's cost savings projection between January 2011 and the end of fiscal year 2016 amounted to $210 million. That's $210 million in estimated spending that coordinated care prevented during that period. In other words, the state avoided an additional $210 million in expenditures because of MississippiCAN, versus what those beneficiary populations would have cost under regular, fee-for-service Medicaid that includes the premium tax assessed by the Mississippi Insurance Department, which resulted in $124 million in revenue that went into the state's general fund.

Simply put, so far evidence indicates that coordinated care makes financial sense and incentivizes beneficiaries to make healthier choices. It is just one way we are doing everything we can to help contain costs and address ways to continue to provide care to vulnerable Mississippians.

I realize this is not a perfect solution to the health-care challenges we face in this state. We are constantly seeking ways to improve the program, and we are eager to partner with the provider community to achieve the maximum benefit for the state.

PROVIDER COMPLIANCE

Provider Revalidation Starts April 2017

In April 2017, the Division of Medicaid (DOM) will begin implementing Federal Regulation 42 CFR §455.414 which requires state Medicaid agencies to revalidate the enrollment of all providers at least every five years. A rollout process will be used to notify providers enrolled in the Mississippi Medicaid Program five or more years of the revalidation requirement. Revalidation notifications will be issued on a staggered schedule until notices have been issued to all providers due for revalidation.

A revalidation letter will initiate the process with each provider. The letter will provide instructions for completing the revalidation and will indicate the due date. As part of the revalidation, the state must conduct a full screening appropriate to the provider's risk level in compliance with 42 CFR 455 Subparts B & E and the provider must comply with any requests made by the state as part of the revalidation process within the specified time frame. A complete revalidation must be submitted by the due date in the letter to prevent termination.

To prepare for revalidation, all providers should review the bullets below and complete the following steps immediately:

- The revalidation letter will be sent to the current "Mail Other" address noted on the provider file. If there is no "Mail Other" address noted on the provider file, the notification will be sent to the billing address. To ensure proper notification, please validate your addresses on file with the Division of Medicaid. If changes are needed, please complete the Change of Address form located at:

  https://medicaid.ms.gov/wp-content/uploads/2014/06/ProviderChangeofAddressForm.pdf

  The form must be completed and signed by the provider. The Change of Address form can be faxed to Conduent Provider Enrollment at (888) 495-8169.

- Providers must access their revalidation electronically through the Envision web portal. This will allow providers to enter their own information and will streamline the revalidation process. If the revalidating provider is not a registered user, the provider will need to register by going to www.ms-medicaid.com by clicking the "web registration" link to find the registration instructions for becoming a web portal user.

Enrollment will be terminated for any provider who does not comply with revalidation requirements. A new application will then be required for the provider to re-enroll in the Mississippi Medicaid program.

Watch for upcoming communications on the DOM website and the Mississippi Envision Web Portal. Providers with questions or needing additional information about revalidation should contact Provider Enrollment at (800) 884-3222.

DOM Coverage of PrEP

The Division of Medicaid (DOM) covers HIV Pre-Exposure Prophylaxis (PrEP) for men and women as recommended by the Centers for Disease Control and Prevention (CDC). According to the CDC, "Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV but who are at substantial

risk of getting it to prevent HIV infection by taking a pill every day. The pill (brand name Truvada) contains two medicines (Emtricitabine and Tenofovir) that are used in combination with other medicines to treat HIV. When someone is exposed to HIV through sex or injection drug use, these medicines can work to keep the virus from establishing a permanent infection."

Pharmacy Reimbursement Methodology Change, Effective April 1, 2017

On February 1, 2016, the Centers for Medicare and Medicaid Services (CMS) published 42 CFR, Part 447: Medicaid Program Covered Outpatient Drugs with final comments (CMS-2345-FC). This rule addresses regulations that pertain to reimbursement for covered outpatient drugs in the Medicaid program. The document is available online at http://federalregister.gov/a/2016-01274. In accordance with this rule, all states must submit an amendment to its State Plan by June 30, 2017 to CMS with an effective date of no later than April 1, 2017, to be in compliance with the new reimbursement requirements.

Please refer to DOM's Pharmacy website page at https://medicaid.ms.gov/providers/pharmacy/ for reimbursement methodology and billing instructions.

POS claims for beneficiaries enrolled in the MississippiCAN (Magnolia and United Healthcare) and billed by in-network pharmacy providers shall be paid at a rate no less than: the lower of the provider's submitted charge or the Medicaid fee-for-service allowed charge.

Please contact the Mercer Help Desk at 1-855-612-6863 (phone) or 1-602-522-6499 (fax) for POS claim reimbursement issues.

2017 New Bed Values for Nursing Facilities, ICF-IIDs, PRTFs, and NSFDs

The new bed values for 2017 for nursing facilities, intermediate care facilities for individuals with intellectual disabilities (ICF-IIDs), psychiatric residential treatment facilities (PRTFs) and Nursing Facilities for the Severely Disabled (NFSDs) have been determined by using the R.S. Means Historical Cost Index. These values are the basis for rental payments made under the fair rental system of property cost reimbursement for long-term care facilities.

Facility Class	2017 New Bed Value
Nursing Facility	$93,294
ICF-IID	$111,953
PRTF	$111,953
NFSD	$163,265

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.

Attention Physicians, Practitioners, and Ambulatory Surgical Centers: New Bilateral and Multiple Surgery Billing Guidelines

The Mississippi Division of Medicaid implemented new rules for billing of bilateral and multiple surgery procedure codes on October 1, 2014 in accordance with the National Correct Coding Initiative (NCCI). These changes apply to claims beginning with dates of service October 1, 2013. These affected claims will be reprocessed in the near future. Watch for information under Late Breaking News.

Providers will no longer be required to list the bilateral code or the highest reimbursing code on the first line of a claim. The system will calculate the highest reimbursing code and then apply the bilateral and multiple surgery billing rules. **Bilateral codes will deny for NCCI edit 6560 if billed with more than 1 unit.**

ALL PROCEDURES MUST BE BILLED ON THE SAME CLAIM UNLESS INSUFFICIENT LINES ARE AVAILABLE.

Bilateral codes will require **modifier 50** if the procedure was performed on both anatomical sides. If the procedure was performed on one anatomical side, the provider should bill **modifier 52 indicating reduced services with modifier LT or RT** indicating which side the procedure was performed. **Providers should not bill anatomical modifiers LT or RT with modifier 50**.

Multiple surgery codes will require **modifier 51** with the procedure code and the appropriate units. **Do not bill modifiers 50 and 51 on the same line**.

There are two new exceptions which will post to these claims:

- **Edit 1003 - Modifier 50 is not allowed on non-bilateral procedure codes**
- **Edit 1004 - Subsequent multiple surgery procedure codes require Modifier 51**

The list of codes Mississippi Medicaid will apply the bilateral and multiple surgery billing rules are located at www.medicaid.ms.gov under Providers/National Correct Coding Initiative.

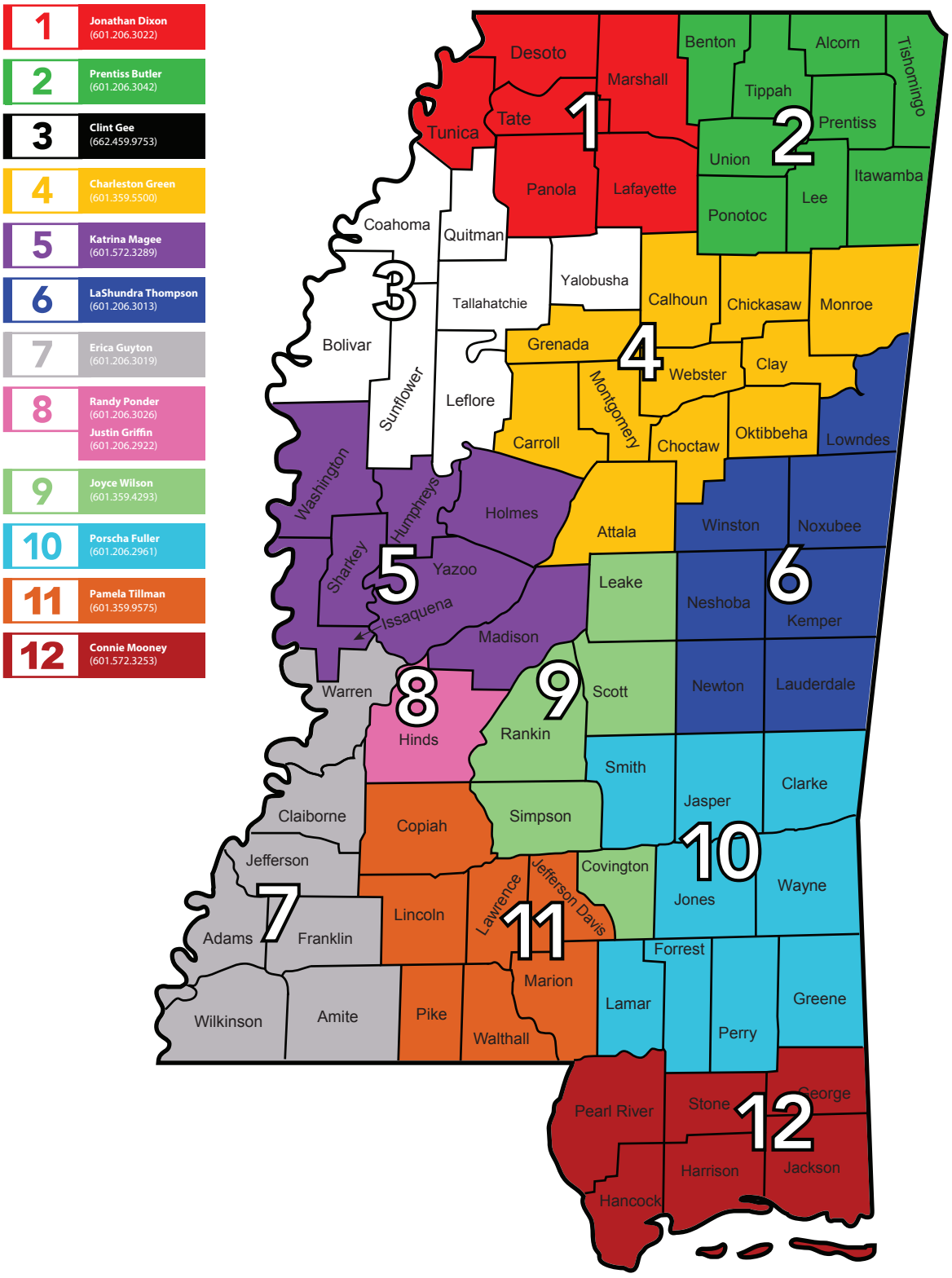
The bilateral and multiple surgery claim lines will process according to the following chart:

Line	Bilateral Code	Mod 50	Mod 52	Multiple Surgery Code	Mod 51	Pay %	Per unit
Highest line or only line	✓	✓				150%	Both sides (1 unit)
Highest line or only line	✓		✓			100%	One side (1 unit)
Highest line or only line	✓					100%	One side (1 unit)
Highest line or only line				✓		100%	Each unit
Highest line or only line				✓	✓	100%	Each unit
Highest line or only line					with or without	100%	Each unit
Highest line or only line		✓		✓		Deny	Edit 1003 (see description above)
Highest line or only line		✓			with or without	Deny	Edit 1003 (see description above)
Subsequent Line(s)	✓	✓				100%	Both sides (1 unit)
Subsequent Line(s)	✓		✓			50%	One side (1 unit)
Subsequent Line(s)	✓					50%	One side (1 unit)
Subsequent Line(s)				✓	✓	50%	Each unit
Subsequent Line(s)					with or without	100%	Each unit
Subsequent Line(s)		✓		✓		Deny	Edit 1003 (see description above)
Subsequent Line(s)		✓			with or without	Deny	Edit 1003 (see description above)
Subsequent Line(s)				✓		Deny	Edit 1004 (see description above)

PROVIDER FIELD REPRESENTATIVES

PROVIDER FIELD REPRESENTATIVE AREAS BY COUNTY		
AREA 1 **Jonathan Dixon (601.206.3022)** jonathan.dixon@conduent.com	**AREA 2** **Prentiss Butler (601.206.3042)** prentiss.butler@conduent.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** **Katrina Magee (601.572.3298)** katrina.magee@conduent.com	**AREA 6** **LaShundra Thompson (601.206.2996)** lashundra.othello@conduent.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 **Erica Guyton (601.206.3019)** erica.cooper@conduent.com	**AREA 8** **Justin Griffin (601.206.2922)** Zip Codes (39041-39215) justin.griffin@conduent.com **Randy Ponder (601.206.3026)** Zip Codes (39216-39296) randy.ponder@conduent.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 **Porscha Fuller (601.206.2961)** porscha.fuller@conduent.com	**AREA 11** **Pamela Tillman (601.359.9575)** pamela.tillman@medicaid.ms.gov	**AREA 12** **Connie Mooney (601.572.3253)** connie.mooney@conduent.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	**Katrina Magee (601.572.3298)** katrina.magee@conduent.com **Tora Monroe (601.206.2929)** tora.monroe@conduent.com	

FIELD REPRESENTATIVE REGIONAL MAP



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If you have any questions related to the topics in this bulletin, please contact Conduent 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

MARCH 2017

THURS, MAR. 2	EDI Cut Off – 5:00 p.m.
MON, MAR. 6	Checkwrite
THURS, MAR. 9	EDI Cut Off - 5:00 p.m
MON, MAR. 12	Checkwrite
THURS, MAR. 16	EDI Cut Off - 5:00 p.m.
MON, MAR. 19	Checkwrite
THURS, MAR. 23	EDI Cut Off - 5:00 p.m.
MON, MAR. 26	Checkwrite
THURS, MAR. 30	EDI Cut Off - 5:00 p.m.

APRIL 2017

MON, APR. 3	Checkwrite
THURS, APR. 6	EDI Cut Off – 5:00 p.m.
MON, APR. 10	Checkwrite
THURS, APR. 13	EDI Cut Off – 5:00 p.m.
MON, APR. 17	Checkwrite
THURS, APR. 20	EDI Cut Off – 5:00 p.m.
MON, APR. 24	Checkwrite; DOM Closed (Confederdate Memorial Day)
THURS, APR. 27	EDI Cut Off – 5:00 p.m.

MAY 2017

MON, MAY 1	Checkwrite
THURS, MAY 4	EDI Cut Off – 5:00 p.m.
MON, MAY 8	Checkwrite
THURS, MAY 11	EDI Cut Off – 5:00 p.m.
MON, MAY 15	Checkwrite
THURS, MAY 18	EDI Cut Off – 5:00 p.m
MON, MAY 22	Checkwrite
THURS, MAY 25	EDI Cut Off – 5:00 p.m.
MON, MAY 29	Checkwrite; DOM closed (Memorial Day)

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.