MS Medicaid
PROVIDER BULLETIN

MISSISSIPPI DIVISION OF
MEDICAID

Partnership with UMMC producing real clinical benefits

DR. DAVID DZIELAK
Executive Director
MS Division of Medicaid

Imagine a Medicaid beneficiary suffers a traumatic accident on the Mississippi Gulf Coast. He is airlifted to the University of Mississippi Medical Center (UMMC) and is unconscious upon arrival. However, thanks to an innovative new model for data exchange between the UMMC and the Mississippi Division of Medicaid (DOM), an emergency physician can pull up that beneficiary's medical records with a few clicks, and base treatment decisions on a clearer picture of that beneficiary's history.

That potential became a reality when DOM began exchanging patient medical data with UMMC last spring, in a first-of-its-kind partnership to help health-care providers make quicker and better-informed decisions for their patients. Dr. Richard Summers, UMMC's associate vice chancellor for research says it has been a game-changer.

"On the clinical side, in particular, this has been revolutionary," said Dr. Richard Summers, who recently spoke with DOM and offered his feedback on how the partnership is going one year in. Summers also serves as a professor and a physician in the emergency department at UMMC.

"I know for a fact as a clinician, and also hearing from the pediatrics department, this has worked very well in allowing them to get information on their patients that is present within the Medicaid databases that are not available to us otherwise. It has definitely enhanced clinical care."

The partnership began in 2014 when MedeAnalytics, a national health-care data analysis vendor that DOM contracts with, began building the infrastructure to integrate Medicaid claims data with UMMC's electronic health record (EHR) system. The process translates that claims information into usable clinical data for UMMC health-care providers. UMMC serves more Medicaid beneficiaries than any other provider in Mississippi.

As a result, MedeAnalytics created the Enterprise Master Patient Index (EMPI), a system to help DOM manage beneficiary data that includes information like medications, allergies and previous diagnoses. Although the information is currently only accessible for UMMC, the model is applicable everywhere. In theory, almost any electronic patient health record system can use EMPI to access DOM data, not just UMMC's EHR.

"This was one of the universal goals of having electronic health records through the Affordable Care Act – that ability to share information across systems," Summers said. Access to that medical information, which otherwise would not be available in UMMC's EHR, can lead to better care and safety.

Summers gave a recent example where he treated a patient in the emergency room for a heart condition. Days earlier, the patient had visited the University of Texas (UT) Southwestern

IN THIS ISSUE

DR. RICHARD SUMMERS
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Medical Center in Dallas, where a number of tests were performed. Because UT Southwestern uses the same EHR system as UMMC, Summers was able to pull up the patient's medical information instantly, allowing him to base his treatment on the results of the Dallas hospital visit.

"That is great when the hospitals use the same system," he explained, "but the vast majority of hospitals in Mississippi do not."

"But we still have that need as patients come to us from all over the state, particularly Medicaid patients, a large proportion of whom are children," Summers said. "We want to be able to see their past medical histories, their claims, diagnoses and things like that as they arrive because the patients themselves typically aren't able to recount those details to us. What their disease states are, what physicians they have seen and that kind of thing."

The next step in this new frontier of health-system collaboration will be to use the technology as a database to analyze health trends in Mississippi, and that is something I am particularly excited about.

The current application is that you can log in and get a medical history without having to ask the patient. A lot of people are not great at recalling their medical history, and so that will help with the immediate treatment. What we want to do statewide is to use this system as a foundation to find out what their health status is from a population standpoint, because once we know that, we can move beyond simply treating conditions. Partnerships such as this will allow us to actually create policy that will improve health.

That is the ultimate goal, improving the health of Mississippians and addressing long-standing morbidity trends.

With the ever-escalating costs of medical services, and with the state of Mississippi being at the bottom of almost every health metric, clearly we cannot maintain the status quo. This is one innovative approach to help produce positive change.
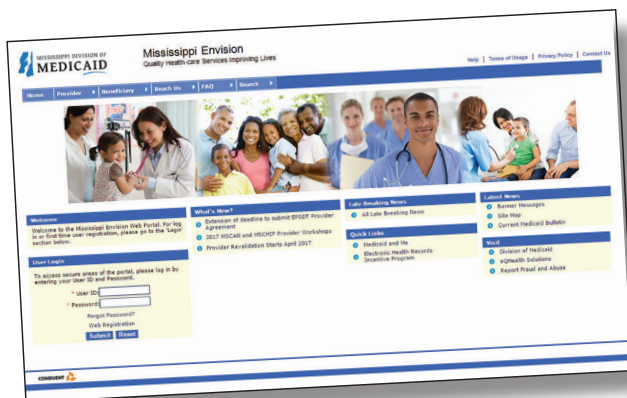
WEB PORTAL REMINDER

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.

PROVIDER COMPLIANCE
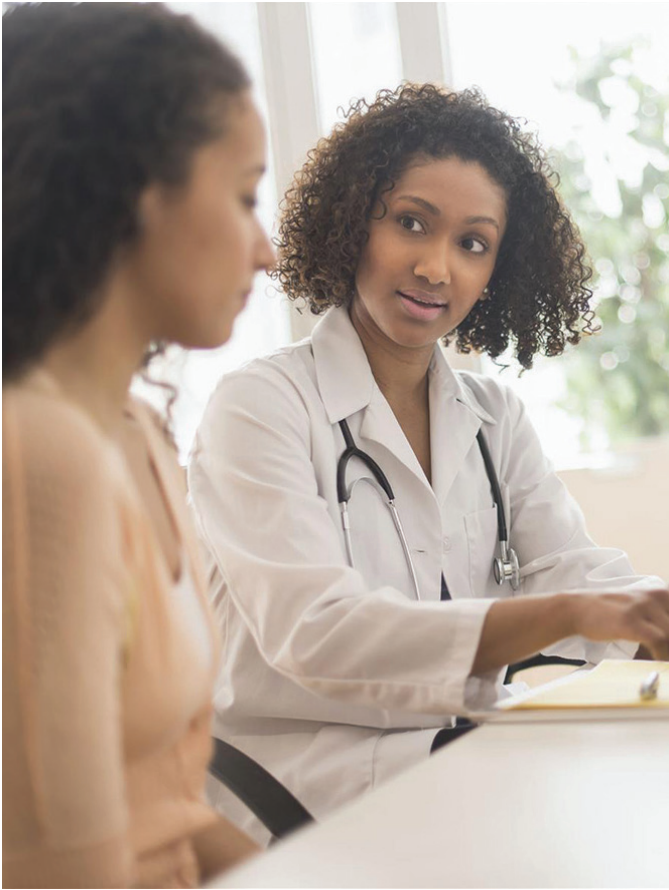
Nursing Home Claims: Revenue Code Change

Effective July 1, 2017, revenue code 0181-"leave of absence-reserved "will no longer be accepted by DOM for hospital leave claims. Revenue code 0185-"leave of absence-nursing home (for hospitalization)" is required for all hospital leave claims. This change is being made to meet compliance of the National Uniform Billing Committee. If you have any questions, please contact LaShunda Woods at 601-359-5251.

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." Truvada is listed on DOM's preferred drug list (PDL) located on Medicaid's public website at https://medicaid.ms.gov/wp-content/uploads/2017/02/Future-PDL-Effective-April-1-2017.pdf.

If you have additional questions regarding coverage, please contact DOM Office of Medical Services at 601-359-6150.

Attention Nursing Facility Providers

According to the Division of Medicaid Eligibility Determination Policy, Volume III, Section L page 12370, nursing facilities must submit the DOM-317 Exchange of Information between a nursing facility or hospital and Division of Medicaid Regional Office form at the time a resident is discharged from a nursing facility. Upon receipt of the DOM-317, the Regional Office staff will update the beneficiary's case to reflect the discharge date. Delayed submission of the form may limit beneficiary access to medications and community services. Providers must submit the DOM-317 in a timely manner.
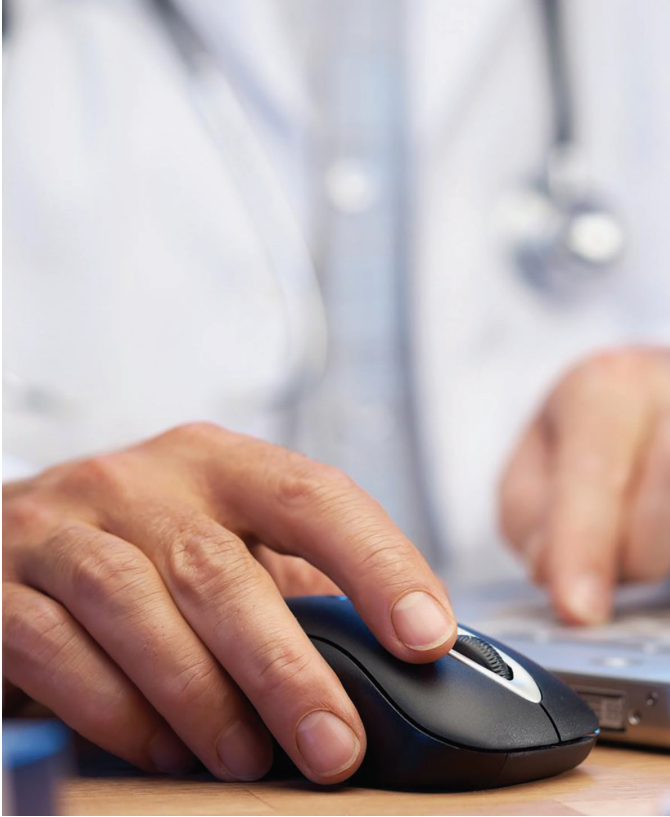
Medicaid Provider Revalidation

In April 2017, the Division of Medicaid (DOM) implemented 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 is being 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 then clicking the "web registration" link to find the registration instructions for becoming a web portal user.

DOM has also added a Six Month Revalidation Due List on the secure and non-secure sides of the Envision web portal located at https://www.ms-medicaid.com. The list is housed under the Provider tab and will be updated weekly noting those providers who are due to be revalidated within the next six (6) months. The list will identify information unique to the provider including the Revalidation Notification Date which indicates the date that the provider can begin the revalidation process. The list will also indicate the address used for the mailing of the Revalidation Due Notice. Providers whose addresses are incorrect are encouraged to submit the Change of Address form.

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.

In addition, if a provider's revalidation is not completed in the allotted time and the provider is also enrolled with one or both MississippiCAN coordinated care organizations (CCO), Magnolia Health and United Healthcare Community Plan, enrollment with the CCO(s) will be terminated.

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.

Hospital Inpatient APR-DRG Alert – July 1, 2017 Updates

The Mississippi Division of Medicaid (DOM) is proposing the following changes to the hospital inpatient APR-DRG payment methodology effective for the payment of hospital inpatient claims for discharges on and after July 1, 2017:

1. DOM will adopt V.34 of the 3M Health Information System APR-DRG Grouper.

2. DOM will adopt V.34 of the Health Care Acquired Conditions (HCAC) utility.

3. Low-side Outlier Payment Reduction – The APR DRG Base Payment may be reduced for low cost non-psych hospital inpatient stays when the DRG Base Payment exceeds the estimated cost of a stay.

4. Charge cap – The APR-DRG allowed amount, (the sum of the DRG Final Base Payment after low-side outlier payment reduction, plus DRG Cost Outlier payment, plus DRG Day Outlier payment), will be limited to the lower of the DRG Payment Amount or the total billed charges on the claim.

5. The following APR-DRG parameters will be updated:
   a. Neonate policy adjustor – will be changed from 1.45 to 1.40
   b. Low-side Outlier Threshold - $50,000
   c. Low-side Outlier Marginal Cost Percent - 50%

Hospitals are not required to purchase 3M software for payment of claims; however, all hospitals that have purchased the 3M software should ensure their internal systems are updated to reflect all changes that occur for hospital discharges beginning on and after July 1, 2017.

Training will be scheduled with dates to be provided. Hospitals will be notified via e-mail and the DOM website www.medicaid.ms.gov.

Attention Nursing Facility and Hospital Providers:

The Division of Medicaid (DOM) is contracted with ASCEND to administer the Level II Pre-Admission Screening and Resident Review (PASRR). Ascend was purchased by MAXIMUS in 2016 and has transitioned from their current email addresses to accounts through the parent company, MAXIMUS. We want to be sure you continue receiving important policy updates, helpful tips, and educational tools geared toward explaining and simplifying the PASRR assessment process. Please make note of the change, including an email server change to @maximus.com.

Attention Providers

The Division of Medicaid (DOM), Office of Program Integrity has contracted with DataMetrix to administer the MS Medicaid Recovery Audit Contractor (RAC) program effective April 1, 2017. The RAC serves a critical role in the overall strategy of protecting the integrity of Medicaid funds from improper payments. DataMetrix is a twelve (12) year old company which specializes in Payment Integrity and Recovery. DataMetrix has experienced staff performing reviews, including: physicians, certified coders, statisticians and credentialed clinical reviewers. All updates are outlined on the DOM website located at https://medicaid.ms.gov/providers/recovery-auditor-contractors/. Providers are encouraged to monitor the website for updates and announcements regarding the Mississippi Recovery Audit Contractor program. Providers can submit inquiries, complaints and other communications as it relates to the MS Medicaid RAC program to MSRAC@medicaid.ms.gov.

Tips for Individual Providers When They Relocate

Your Mississippi Medicaid Provider number belongs to you, the individual provider, not the practice. Often times provider numbers are established with the address and banking information that belongs to the practice that is initiating the enrollment rather than the individual provider. The information of your prior practice remains on your Medicaid provider file until you submit the required forms to change the addresses and your banking information.

If you change practice or affiliations, you should check your addresses and banking information on the file with Medicaid. Verifying the information on your provider file will prevent the non-receipt of important letters, notices and payment to incorrect accounts.

SUBMITTING CHANGE OF BANKING INFORMATION

The Direct Deposit Authorization Agreement form should be printed from the web portal at https://www.ms-medicaid.com/msenvision/downloadenrollPackage.do and should be completed and signed by the individual provider. A preprinted voided check or deposit slip or a letter on bank letterhead signed by a bank official should be submitted to verify the accuracy of the information noted on the form. The Direct Deposit Authorization agreement and the bank verification can be faxed to Xerox Provider Enrollment at 888-495-8169 or can be mailed to the following address:

> CONDUENT Provider Enrollment Department
> P. O. Box 23078
> Jackson MS 39225

Once the update to your individual file has been completed, at any point that you bill claims on your individual number you will receive a paper check mailed to your billing address on file for two or three payment cycles. Ongoing, you will began receiving your Mississippi Medicaid Reimbursement electronically deposited according to the information on your provider file.

SUBMITTING CHANGE OF ADDRESS FORM INSTRUCTIONS

The Change of Address form should be printed from the web portal at https://www.medicaid.ms.gov/Forms/ProviderForms/ChangeofAddressform.pdf and must be completed and signed by the provider. The Change of Address form can be faxed to Xerox Provider Enrollment at 888-495-8169 or can be mailed to the following address:

> CONDUENT Provider Enrollment Department
> P. O. Box 23078
> Jackson MS 39225

If you have questions, please contact the Xerox Provider Enrollment Department at 1-800-884–3222.
Note: If the 1099 address is being updated, a W9 will be required.

Billing Tip – Tertiary Claims

Tertiary claims (three payers) should be submitted via paper with all associated EOBs/EOMBs. "Tertiary" should be written across the face of the claim. Please note that when claims automatically crossover from Medicare, the Third Party Liability or other insurance information will not be transmitted. The electronic claim will need to be voided (if it is in a paid status), and the claim should be dropped to paper, per the guidelines previously stated. *Please keep the timely filing guidelines in mind (180 days from the Medicare paid date is the timely filing limitation for crossover claims).

Tertiary Claims should be sent to:

> Conduent State Healthcare
> Attn: Rochelle McKinney or Candice Pippins
> P. O. Box 23076
> Jackson, MS 39225-3076

Reminder: Please remember to include the claim and EOMB/EOBs from the primary payers.

MISSISSIPPI
MEDICAID
EVOLUTION
FEE-FOR-SERVICE
WORKSHOPS

Join us in the journey of Medicaid Evolution!

Notifications regarding the dates and how to register for these upcoming workshops will be sent via fax, Late Breaking News, and email. The following fee-for-service topics will be discussed during these workshops:

- Revalidation

- Conduent (formely Xerox)
  Provider & Beneficiary Call Center Procedures

- TPL/HMS

- Medical Review

- Program Integrity

- Updates to the Envision Web portal

COMING SOON!

MISSISSIPPI DIVISION OF
MEDICAID

CONDUENT

Attention All Providers! MississippiCAN & CHIP 2017 Workshops are coming your way!

The Division of Medicaid in conjunction with Magnolia Health, UnitedHealthcare Community Plan and Conduent State Healthcare will conduct provider workshops May 31, 2017 through September 6, 2017 at locations across the state. Office directors, office managers, coders and billing staff are encouraged to attend. The purpose of the Provider Workshop is to address provider concerns and assist providers in resolving issues. (e.g. Billing, claims, coding, prior authorization for services and drugs, Medicaid policy, credentialing, etc.).

The workshops will provide information about MississippiCAN and CHIP services and changes, specific provider issues and concerns and the opportunity for providers to receive Help Desk assistance during the "Help Desk" break.

Topics of discussion will include:
- MississippiCAN & CHIP Upcoming Changes
- Provider Enrollment
- Provider Portal
- Eligibility Verification
- PCP Panel
- Prior Authorization
- Claims Processing
- Timely Filing
- Dental
- Vision
- Behavioral Health

SPACE IS LIMITED!
RSVP to *Conduent State Healthcare Provider and Beneficiary Services* for the workshop of your choice. **PLEASE FAX OR EMAIL YOUR RSVP AND INCLUDE THE FOLLOWING:**
- Date(s) Attending
- Location
- Name of Attendees
- Facility Name and Provider ID
- Total number of attendees
- Specific Issues
- Email address

FORWARD TO CONDUENT STATE HEALTHCARE PROVIDER AND BENEFICIARY SERVICES

Email: msmedicaidlatebreakingnews@xerox.com
Fax: 601-206-3119

Date and Time	Location
Wednesday May 31, 2017	**Bancorp South Arena** 375 Main Street Tupelo, MS 38804
Wednesday June 7, 2017	**Alcorn State University** Graduates Business Building 15 Campus Drive Natchez, MS 39120
Wednesday June 14, 2017	**Forrest County Multi-Purpose Center** 962 Sullivan Road Hattiesburg, MS 39104
Tuesday June 20, 2017	**Embassy Suites** 200 Township Place Ridgeland, MS 39157
Wednesday June 28, 2017	**Courtyard Gulfport Beachfront Marriot** 1600 East Beach Boulevard Gulfport, MS 39501
Tuesday July 18, 2017	**The Landers Center** 4560 Venture Drive Southaven, MS 38761
Wednesday July 26, 2017	**Pascagoula Senior Center** 1912 Live Oak Avenue Pascagoula, MS 39568
Tuesday August 1, 2017	**Greenville Higher Education Center** 1134 Archer Range Road Greenville, MS 38701
Wednesday September 6, 2017	**Eagle Ridge Conference Center** 1500 Raymond Lake Rd. Raymond, MS 39154

Attention All Elderly and Disabled Waiver Providers

The Division of Medicaid (DOM) recently conducted audits of the Elderly and Disabled waiver providers. Based upon the audit findings, DOM wants to remind providers that pursuant to reimbursement and billing policies, any discovery of overpayment for services by providers must be refunded immediately to DOM. Additionally, DOM wants to remind providers that claims for services rendered are not to be billed prior to the end of the month of service. This practice of billing before the end of the month of service must stop. Reference the following Administrative Codes below. These codes can be found on the DOM website at https://medicaid.ms.gov/providers/administrative-code.

… Title 23 Mississippi Administrative Code, Part 208: Chapter 1: Home and Community Based Services (HCBS) Elderly and Disabled Waiver

Rule 1.10: Reimbursement

A. Requests for reimbursement for waiver services must be withheld until the first (1st) day of the month following the month in which services were rendered.

Source: Miss. Code Ann. § 43-13-121; 43-13-117(15)

… Title 23 Mississippi Administrative Code, Part 305: Chapter 1: Program Integrity

Rule 1.2: Fraud, Waste and Abuse

A. The Division of Medicaid investigates suspected cases of fraud, waste, and abuse.

Source: 42 C.F.R. Part 455; Miss. Code Ann. §§ 43-13-121, 43-13-129

Rule 1.3: Overpayments

A. Providers must notify the Division of Medicaid's Office of Program Integrity in writing within thirty (30) calendar days of the discovery of any overpayments.

4. Refunds to the Division of Medicaid for overpayments must be conducted through the claims payment adjustment process or in the form of a refund check within thirty (30) calendar days of the overpayment discovery.

Source: 42 C.F.R. Part 455; Miss. Code Ann. § 43-13-121

Direct additional questions to the Office of Long Term Care 601-359-6141.

Eligible OB/GYNs must self-attest to receive enhanced payments

Obstetricians and gynecologists (OB/GYNs) enrolled as Mississippi Medicaid providers are eligible for higher payments for certain services. In order to receive those enhanced payments they must complete the required form attesting that they qualify as specialists in those fields.

The Mississippi Division of Medicaid (DOM) will continue to reimburse at 100 percent of the Medicare Physician Fee Schedule for certain primary care services provided by OB/GYNs who self-attest as having at least one of four primary specialty/subspecialty designations in obstetric/gynecologic medicine as long as authorized by Miss. Code Ann. §§ 43-13-117, 43-13-121. To begin receiving those enhanced reimbursements, eligible providers who have never attested before must self-attest. Eligible providers who have self-attested previously must re-attest. Eligible providers can attest by returning a completed and signed self-attestation form by June 30, 2017. Detailed instructions can be found below:

Pursuant to Miss. Code Ann. §§ 43-13-117, 43-13-121, DOM was granted the authority to continue reimbursing eligible providers at 100 percent of the Medicare Physician Fee Schedule for certain primary care Evaluation and Management (E&M) and Vaccine Administration codes. Effective July 1, 2016, and in accordance with House Bill (HB) 1560, DOM began reimbursing eligible OB/GYNs at 100 percent of the Medicare Physician Fee Schedule for certain primary care services. Eligible OB/GYNs must attest to one of the following:

1. Physician is board certified by the American Congress of Obstetricians and Gynecologists (ACOG) as a specialist or subspecialist in obstetric/gynecologic medicine, or

2. Physician with a primary specialty/subspecialty designation in obstetric/gynecologic medicine and has furnished certain primary care E&M and Vaccine Administration codes that equal at least 60 percent of the Medicaid codes they have billed during the most

recently completed calendar year but does not have an ACOG certification, or

3. Physician, newly enrolled as a Medicaid provider, with a primary specialty/subspecialty designation in obstetric/gynecologic medicine and attests that certain primary care E&M and Vaccine Administration codes will equal at least 60 percent of the Medicaid codes they will bill during the attestation period, or

4. Non-physician practitioner providing primary care services in a Practice Agreement with a qualified physician enrolled for increased primary care services.

Pursuant to HB 1510, providers who self-attest to a specialty designation in obstetric/gynecologic medicine by ACOG will be eligible to continue receiving an increased payment for certain primary care services effective July 1, 2017. The DOM Primary Care Provider Fee Schedule is updated July 1 of each year based on 100 percent of the Medicare Physician Fee Schedule, which takes effect Jan. 1 of each year.

How to attest: Providers who have previously attested

To receive the increased payment for dates of service (DOS) beginning 7/1/2017, eligible providers who have previously attested must re-attest to continue receiving the payment.

How to attest: Providers who have NOT previously attested

Providers who have not attested before and meet the qualifications can attest for the period 7/1/2017-6/30/2018. Providers can attest by sending a completed and signed 7/1/2017-6/30/2018 OB/GYN PCP Self-Attestation form to Conduent Provider Enrollment by 6/30/2017.

Providers, whose forms are received after 5/31/2017 may experience a delay in the effective date of the increased payment. To receive the increased payment, eligible providers must send a completed and signed 7/1/2017-6/30/2018 OB/GYN PCP Self-Attestation form to Conduent Provider Enrollment through one of the following means:

- Email: msinquiries@xerox.com
- Fax: 888-495-8169
- Postal mail: Conduent Provider Enrollment, P. O. Box 23078, Jackson, MS 39225

Qualified providers who attest to a specialty designation in family medicine, general internal medicine, pediatric medicine

or a subspecialty recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), and the American Osteopathic Association (AOA) may be eligible for increased payment of certain primary care E&M and Vaccine Administration codes. Providers may submit a 7/1/2016-6/30/2018 Self-Attestation Statement form to Conduent Provider Enrollment and will be eligible to receive the increased payment effective the day the form is processed by Conduent.

Additional information can be found on the DOM website (medicaid.ms.gov), including the OB/GYN PCP Self-Attestation General Instructions, the 7/1/2017-6/30/2018 OB/GYN PCP Self-Attestation form, the PCP Self-Attestation General Instructions and the 7/1/2016-6/30/2018 Self-Attestation Statement form.

Providers may also find this information on the Envision Web Portal (www.ms-medicaid.com/msenvision/) or it can be requested by calling the Conduent Call Center toll-free at 800-884-3222.

If you have questions, contact the Office of Medical Services by phone 601-359-6150.
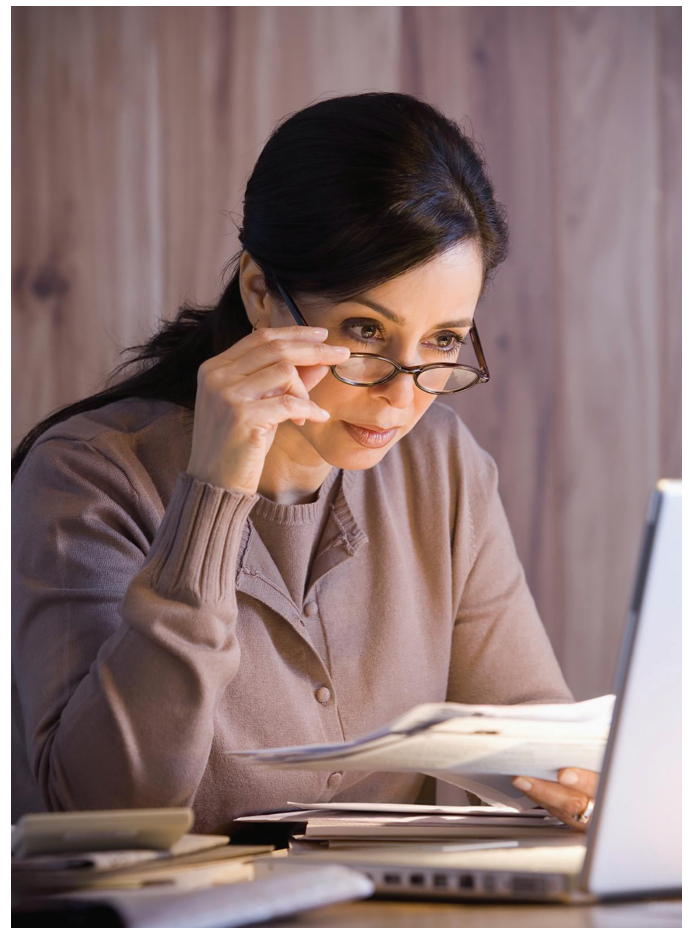
PHARMACY NEWS

Pharmacy Reimbursement changes will be implemented retrospectively upon CMS State Plan Amendment (SPA) approval

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 pertaining to reimbursement for covered outpatient drugs in the Medicaid program. 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.

The Mississippi Division of Medicaid (DOM) submitted State Plan Amendment (SPA) 17-0002 Pharmacy Reimbursement to the Centers for Medicare and Medicaid Services (CMS) on March 15, 2017.

Reimbursement changes will be implemented retrospectively upon CMS approval. Pharmacy POS claims with a date of service on or after April 1, 2017 will be mass adjusted according to the CMS' approved reimbursement methodology. Pharmacy providers will be notified when CMS approves SPA 17-0002.

Please stay tuned to the DOM website for further details concerning the mass adjustment.

340B Covered Entity Attestation Enrollment Form

DOM mailed an instruction letter and an Initial 340B Covered Entity Attestation Enrollment Form to all Medicaid providers identified on the Health Resources and Services Administration (HRSA) website in February of 2017. If your facility is a classified as a 340B Covered Entity you should have completed and submitted this form to Conduent.

Additional information about the 340B program as well as the Initial 340B Covered Entity Enrollment Form can be found at https://medicaid.ms.gov/providers/pharmacy/340b-program/.
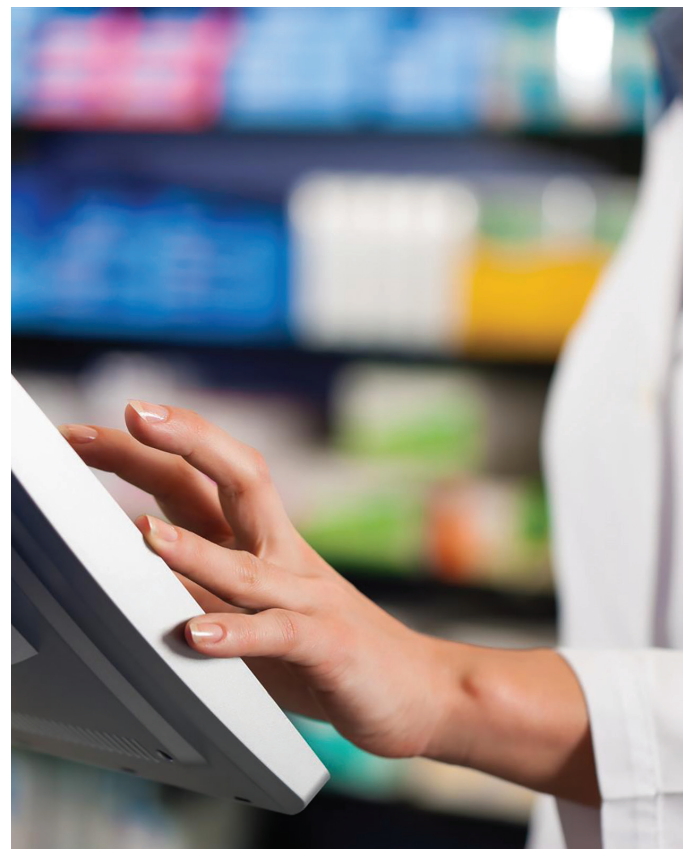
Drug Utilization Review (DUR) News

Beginning January 2011, the University of Mississippi Center for Pharmaceutical Marketing and Management (UM-CPMM) has been contracted by the Division of Medicaid to manage its DUR program, also known as MS-DUR. Last year the MS-DUR began receiving the prescription claims of all Medicaid beneficiaries from the Mississippi Board of Pharmacy's Prescription Monitoring Program (PMP). Receiving the controlled substance claims for which beneficiaries have paid cash will allow DOM to better monitor opioid use and/or abuse, manage lock-in programs, and control/prevent fraud and abuse.

The MS-DUR was awarded a Silver Medal for a poster at the recent Academy of Managed Care Pharmacy (AMCP) conference. This poster can be found at http://pharmacy.olemiss.edu/cpmm/wp-content/uploads/sites/18/2014/03/2017-AMCP-PMP-Cash-and-Affiliate-ID-impact-on-Provider-Shopping-Measure-POSTER-FINAL-v2-1.pdf

Universal Preferred Drug List (PDL) Update, July 1, 2017

DOM's Universal PDL will be updated on July 1, 2017. DOM's Universal PDL is used for all Medicaid beneficiaries including those enrolled in fee for service (FFS), Mississippi Coordinated Access Network (MSCAN) (Magnolia Health and United Healthcare), and Children's Health Insurance Program (CHIP).

All plans must adhere to Medicaid's prior authorization (PA) criteria found on the PDL. To access the current PDL, go to https://medicaid.ms.gov/providers/pharmacy/preferred-drug-list/ and select Current PDL.

OFFICE OF THE GOVERNOR

Walter Sillers Building | 550 High Street, Suite 1000 | Jackson, Mississippi

MISSISSIPPI DIVISION OF
MEDICAID

Facility:_____Provider Type:_____County:_____

We need your help to tell us how well the Mississippi*CAN* and CHIP programs are doing and being administered. . Please take a few minutes to complete this survey by placing a checkmark beside your response about your experience with Mississippi*CAN* and CHIP. If you have any questions please contact the Office of Coordinated Care at (601) 359-3789. Please forward provider satisfaction surveys to MississippiCAN.Quality@medicaid.ms.gov or fax it to 601-359-5252 by September 30, 2017.

*Mississippi*CAN and CHIP Provider Survey

1. How would you describe your overall experience with the Mississippi*CAN* Program?
   [ ]Excellent   [ ]Good   [ ]Fair   [ ]Poor

   Would you recommend Mississippi*CAN* to eligible Mississippi Medicaid beneficiaries and other providers.? [ ] Yes [ ] No

3. How long have you been a Mississippi*CAN* Provider?
   [ ] More than a year   [ ]More than 3 years

   [ ] Recently became a Provider   [ ] Not a Mississippi*CAN* Provider

5. Have you ever been visited by a provider representative from the plans?
   [ ] Yes   [ ] No

   Would you like to schedule an onsite visit? [ ] Yes   [ ] No

7. Do you receive notifications of changes from the plans?
   [ ] Yes [ ] No
   If so, how often? [ ] Monthly [ ] Quarterly [ ] Annually [ ] Other

9. Do you utilize the Plans web portal?   [ ] Yes [ ] No
   Is the portal helpful?   [ ] Yes [ ] No

2. In general, do you think the quality of care for the eligible Mississippi Medicaid beneficiaries has improved?
   [ ] Improved Very Much   [ ] Somewhat Improved
   [ ] Not Improved

4. Which MississippiCAN network are you enrolled?
   [ ] Magnolia Health Plan   [ ] United Healthcare Community Plan
   [ ] Both

   Which CHIP network or plan are you enrolled?
   [ ] Magnolia Health Plan   [ ] United Healthcare Community Plan
   [ ] Both

6. Do you receive a member roster panel from the Plan?
   [ ] Yes [ ] No
   If so, how often? [ ] Daily   [ ] Weekly [ ] Monthly [ ]Never

8. How do you receive provider notifications?
   [ ] Web Portal [ ] Email   [ ] Mail   [ ] Fax   [ ] Never

10. How often do you check eligibility for your patients?
    [ ] Week before [ ] Day before [ ] Date of service   [ ] Other

		Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
11.	My claims are processed in a timely manner.	☐	☐	☐	☐	☐
12.	Claims have been paid at the correct rate (no less than what Medicaid would pay).	☐	☐	☐	☐	☐
13.	Claims inquiries are answered promptly by the Plans.	☐	☐	☐	☐	☐
14.	When I call the Plans, I am able to speak directly with someone and get my questions answered.	☐	☐	☐	☐	☐
15.	Denial notifications consistently provide clearly defined denial reasons.	☐	☐	☐	☐	☐
16.	The Plan's Provider Grievance & Appeals process is effective.	☐	☐	☐	☐	☐
17.	The Prior Authorization process is working efficiently.	☐	☐	☐	☐	☐
18.	My staff and I are familiar with the Mississippi*CAN* program and CHIP services they provide.	☐	☐	☐	☐	☐
19.	My facility utilizes the Plan's Disease and Care Management programs.	☐	☐	☐	☐	☐
20.	I think Mississippi Medicaid beneficiaries understand the Mississippi*CAN* program.	☐	☐	☐	☐	☐
21.	Are the provider workshops that you have attended beneficial/helpful? [ ] Yes [ ] No Suggestion for future trainings:					

COMMENTS: _____

_____

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** **Claudia Odomes "Nicky" (601.572.3276)** claudia.odomes@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 **Katrina Magee (601.572.3298)** katrina.magee@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	**Tora Monroe (601.206.2929)** tora.monroe@conduent.com

FIELD REPRESENTATIVE REGIONAL MAP
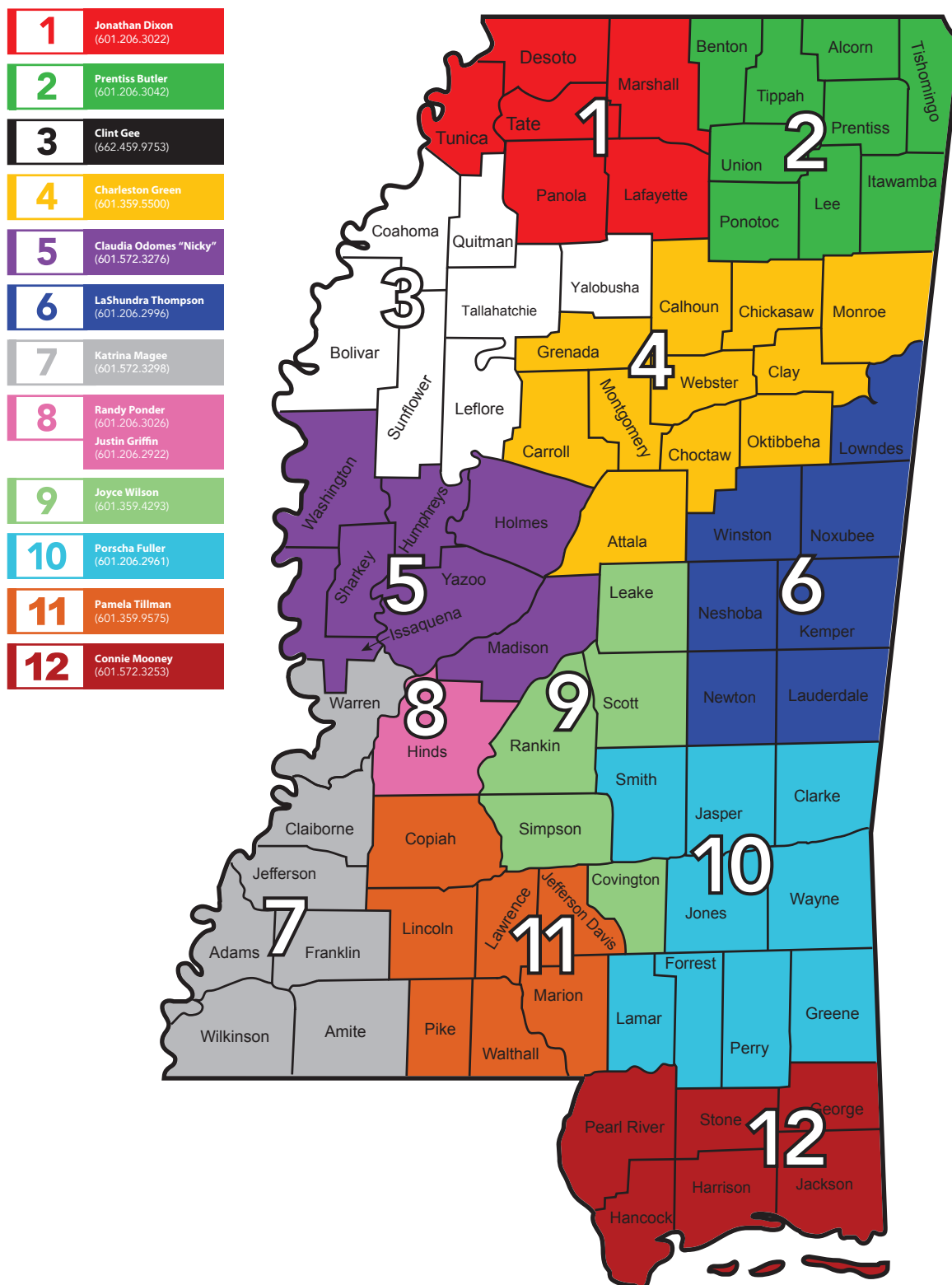
1 Jonathan Dixon
(601.206.3022)

2 Prentiss Butler
(601.206.3042)

3 Clint Gee
(662.459.9753)

4 Charleston Green
(601.359.5500)

5 Claudia Odomes "Nicky"
(601.572.3276)

6 LaShundra Thompson
(601.206.2996)

7 Katrina Magee
(601.572.3298)

8 Randy Ponder
(601.206.3026)
Justin Griffin
(601.206.2922)

9 Joyce Wilson
(601.359.4293)

10 Porscha Fuller
(601.206.2961)

11 Pamela Tillman
(601.359.9575)

12 Connie Mooney
(601.572.3253)

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

JUNE 2017

THURS, JUNE, 1	EDI Cut Off – 5:00 p.m.
MON, JUNE, 5	Checkwrite
WED, JUNE, 7	MSCAN & CHIP Workshop Natchez, MS
THURS, JUNE, 8	EDI Cut Off - 5:00 p.m
MON, JUNE, 12	Checkwrite
WED, JUNE, 14	MSCAN & CHIP Workshop Hattiesburg, MS
THURS, JUNE, 15	EDI Cut Off - 5:00 p.m.
MON, JUNE, 19	Checkwrite
TUES, JUNE, 20	MSCAN & CHIP Workshop Ridgeland, MS
THURS, JUNE, 22	EDI Cut Off - 5:00 p.m.
MON, JUNE, 26	Checkwrite
WED, JUNE, 28	MSCAN & CHIP Workshop Gulfport, MS
THURS, JUNE, 29	EDI Cut Off - 5:00 p.m.

JULY 2017

MON, JULY, 3	Checkwrite
TUES, JULY, 4	Independence Day; DOM Closed
THURS, JULY, 6	EDI Cut Off – 5:00 p.m.
MON, JULY, 10	Checkwrite
THURS, JULY, 13	EDI Cut Off – 5:00 p.m.
MON, JULY, 17	Checkwrite
WED, JULY, 18	MSCAN & CHIP Workshop Southaven, MS
THURS, JULY, 20	EDI Cut Off – 5:00 p.m.
MON, JULY, 24	Checkwrite
WED, JUNE, 26	MSCAN & CHIP Workshop Pascagoula, MS
THURS, JULY, 27	EDI Cut Off – 5:00 p.m.
MON, JULY, 31	Checkwrite

AUGUST 2017

WED, AUG. 1	MSCAN & CHIP Workshop Greenville, MS
THURS, AUG. 3	EDI Cut Off – 5:00 p.m.
MON, AUG. 7	Checkwrite
THURS, AUG. 10	EDI Cut Off – 5:00 p.m.
MON, AUG. 14	Checkwrite
THURS, AUG. 17	EDI Cut Off – 5:00 p.m.
MON, AUG. 21	Checkwrite
THURS, AUG. 24	EDI Cut Off – 5:00 p.m
MON, AUG. 28	Checkwrite
THURS, AUG. 31	EDI Cut Off – 5:00 p.m.

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.