MS Medicaid PROVIDER BULLETIN





DREW L. SNYDER
Executive Director
MS Division of Medicaid

Medicaid Looking at Ways to Ease Regulatory Burden on Providers

Late last year, the Centers for Medicare and Medicaid Services (CMS), under the leadership of Administrator Seema Verma, announced their "Patients over Paperwork" initiative in an effort to reduce burdensome regulations. Through this initiative, CMS is actively

evaluating and streamlining regulations, which will ease unnecessary burdens, improve efficiency and, most importantly, improve the patient experience.

At the Mississippi Division of Medicaid (DOM), we know that the more time you spend completing onerous administrative tasks, the less time you have to spend with your patient. While current budget challenges may not allow us to improve all reimbursement rates, we are committed to reducing overbearing administrative requirements to ensure those dollars go farther.

As you know, Medicaid is a highly complex and heavily regulated program that is subject to both state and federal rules. In Mississippi, state law often dictates Medicaid policy and limits administrative flexibility. Even with the new flexibilities lawmakers afforded the program during the 2018 legislative session, DOM is still one of the most heavily codified and regulated Medicaid programs in the country.

It is clear that like CMS, DOM has historically imposed burdensome regulations and requirements on providers and created a daunting system for providers to navigate. In theory, those regulations exist to protect the health and safety of beneficiaries, as well as ensure that tax-payer dollars are spent effectively and judiciously, and they often do. They can also create undue administrative burdens and impede the delivery of services and patient care.

One of my commitments as executive director is to develop a solid partnership with the roughly 30,300 providers around the state, and I want the Medicaid program to enable them to practice to the best of their ability. So while I recognize the importance of protecting the health and safety of beneficiaries and the need for fiscal responsibility, I also want to make sure we are not placing additional obstacles for the health-care providers who care for them. With that in mind, we are embracing CMS' red-tape reduction initiative and are looking at ways to make life a little easier for the provider community.

We have begun reviewing our policies to identify opportunities for improving efficiency and eliminating excessive obstacles that will allow providers to spend more time focusing on patient care rather than their computer screens.

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As we pursue this effort, we also would like to hear from you in the community. DOM has held providereducation workshops throughout the summer and early fall where feedback is always welcome. Certainly providers have a unique perspective of Medicaid processes and we want to hear any ideas or suggestions for improvements. Let us know by emailing us at suggestions@medicaid.ms.gov.

I hope this leads to a renewed exchange of ideas as we take a fresh look at the entire clinician's journey, from enrollment and eligibility, to billing, to oversight and compliance and beyond. I look forward to working with the provider community to deliver the best value to the people of Mississippi.

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If a provider or individual would like to be added to the distribution list for notification of updates to the State Plan, Administrative Code, or Waiver please notify the Division of Medicaid at DOMPolicy@medicaid.ms.gov.

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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

DOM, MSDH Hosted Civil Money Penalty Grant Training in Jackson

For the third year, representatives from the Mississippi Division of Medicaid (DOM) joined with the Mississippi State Department of Health (MSDH) to host a Civil Money Penalty (CMP) Grant training on May 1st at the Jackson Medical Mall. During the training, nursing home providers were walked through the process of applying for a CMP Grant, reviewed the sub-grant process, discussed success stories and answered questions about the program.



Representatives from the Mississippi Division of Medicaid's Office of Long Term Care (from left) Gail Townsend, Patricia Berry, Paulette Johnson and LaShunda Woods were on hand for the Civil Money Penalty Grant training session on May 1.

all Federal requirements. This CMP Grant Committee meets quarterly to review grant applications for submission to CMS for their determination. In the May 1st training, DOM and MSDH representatives gave application pointers to help the nursing home providers have a better understanding of how to apply for a grant and to ensure that all the information needed is submitted.

Jessica Damstra, administrator of New Albany Health and Rehab

Center, highlighted the grant they were awarded for a multi-sensory room – a special location aimed at soothing and comforting residents. She said that they are working to identify what makes residents anxious, and using the room to reduce their anxiety.

The goal of the Mississippi Division of Medicaid Civil Money Penalty Grant program is to facilitate the use of Federally Imposed Civil Money Penalty Funds to support activities that support, protect and benefit residents living in nursing facilities. The CMP Grant Awards Program

reinvests those funds in the form of grants for projects that enhance the quality of care and quality of life for nursing home residents. Request to use CMP funds may be made by nursing homes and various other organizations and entities. As of March 31, 2018, there was more than \$15 million in Mississippi's CMP trust fund.

Long term care experts with DOM and MSDH's Division of Health Facilities Licensure and Certification collectively evaluate proposed projects to determine if they meet



Jessica Damstra, administrator at the New Albany Health and Rehab Center, speaks during the Civil Money Penalty Grant training session on May 1 at the Jackson Medical Mall.

At Dugan Memorial Home Methodist Senior Services, Executive Director Shelly Tuggle said they are using an awarded grant in a similar way. They have implemented "Music and Memory" for their dementia patents. This project has successfully engaged residents who are typically nonverbal and inactive, Tuggle said.

For more information about the program or how to apply, visit: https://medicaid.ms.gov/programs/

PROVIDER COMPLIANCE

Attention: All Long Term Care Waiver Providers

All providers of Medicaid Home and Community Based Waiver Services must:

- Conduct a national criminal background check with fingerprints on all employees/volunteers prior to employment and every two (2) years thereafter, and maintain the record in the employee personnel file.
- Conduct checks, prior to employment and monthly thereafter, to ensure employees/ volunteers are not listed on the Mississippi Nurse Aide Abuse Registry or listed on the Office of Inspector General's Exclusion List and maintain the record in the employee personnel file.
- who nor personally have been, convicted of or pleaded guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, any sex offense listed in Section 45-33-23(f) of the Mississippi Codes, child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult, or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea.

Attention: All Long Term Care Waiver Providers

Pursuant to Administrative Code, Title 23: Medicaid, Part 200: General Provider Information, Rule 1.3, the provider must maintain auditable records that will substantiate the claim submitted to Medicaid. Additionally, the Division of Medicaid staff shall have **immediate** access to:



- The provider's physical services location, facilities, records, documents, books, prescriptions, invoices, radiographs, and any other records relating to licensure, medical care, and services rendered to beneficiaries, and billings/claims during regular business hours (8 a.m. to 5 p.m., Monday Friday) and all other hours when employees of the provider are normally available and conducting the business of the provider; and
- Any administrative, maintenance, and storage locations within, or separate from, the service location.

In instances where Division of Medicaid staff arrives to perform an unannounced audit, on-site provider staff must have access to records and storage locations to allow immediate access to auditors. Providers not in compliance with Administrative Code requirements may be subject to termination of their provider agreement.

Organized files, maintained on-site, are the key to a speedy and successful audit.

PROVIDER COMPLIANCE

Elderly & Disabled Waiver Adult Day Care (ADC) Provider Reminders

- Each Adult Day Care facility location must have a separate provider number. Services may only be provided to participants at the location associated with the provider number identified on the approved Plan of Services and Supports. Claims may not be submitted for ADC services provided at alternate facilities.
- Participants attending Adult Day Care must sign in and sign out each day and document the actual time of arrival/departure to substantiate units billed on claims for services provided. If documentation is not available to substantiate arrival and departure times, then payments for associated claims will be recouped in accordance with Mississippi Administrative Code, Title 23: Medicaid, Part 200 General Provider Information. The Medicaid Administrative Code can be reviewed in its entirety at https://medicaid.ms.gov/providers/administrative-code/.
- All Adult Day Care providers must be open for eight (8) continuous hours of care per day Monday-Friday.
- All facilities must comply with applicable state and local building regulations and zoning, fire, health codes, or ordinances as well as the requirements of the Americans with Disabilities Act of 1990. Additionally, the facility must be free of hazards and all toxic substances, whether for activities or activities or cleaning, must be stored in a locked area not accessible to participants.
- Providers may not exceed facility capacity limits identified in submitted proposals and approved by the Division of Medicaid. This capacity limit includes waiver participants as well as any other individuals served including private pay, other insurances, etc.



What Is Late Breaking News and Where Can I Find It?

Late Breaking News (LBN) is a valuable resource for providers to receive the most up to date information

related to Medicaid claims processing. Providers are encouraged to visit the web site on a daily basis for an up-to-date list of processing changes and recommended resolutions.

LBN postings also contain information on mass adjustments of claims reprocessing as a result of associated systems enhancements, changes and policy updates.

The Late Breaking News link can be found at: http://msmedicaid.acs-inc.com/- located on the homepage of the Mississippi Envision Web Portal under the Late Breaking News section.



PHARMACY NEWS

IMPORTANT BILLING CHANGES FOR PHARMACY PROVIDERS

MSCAN and MSCHIP Pharmacy Contact and Billing Information

DOM is requiring that the MSCAN Coordinated Care Organizations (CCOs) obtain a unique Bank Identification Number (BIN) and Processor Control Number (PCN) combination for each of their Pharmacy Benefit Managers' (PBM) lines of business. The purpose of this requirement is to enable pharmacy providers to better identify and separate claims for MSCAN and CHIP members. This will also support audit and claims processing oversight efforts for DOM. These unique BIN/PCN combinations must also differ from the PBMs' commercial lines of business.

In addition, DOM has required the CCOs to obtain unique Network Reimbursement Identification numbers to ensure

that the PBM's paid claims will not be intermingled on the same remittance advice statements. This will aid pharmacy providers in interpreting and reconciling their remittance advice statements. The National Council for Prescription Drug Program (NCPDP) field associated with the Network Reimbursement ID is 545-2F. DOM will require this Network Reimbursement ID to be returned on the D.0 claim response as well as the ASCX12 835 electronic pharmacy remittances. The Network Reimbursement IDs must be displayed and used to identify and separate the PBM's lines of business on the same electronic remittance advice statements as well as paper remittance advice statements.

Effective October 1, 2018, pharmacy providers must process pharmacy claims using the BIN/PCN numbers found in the table below. Please ensure that your pharmacy software is configured with these BIN/PCN numbers for pharmacy claims with dates of service on or after October 1, 2018.

MS Medicaid Pharmacy Contact and Billing Information

| Plan | Claims Processor | Pharmacy POS Claims Help Desk (Provider) | Prior Authorization Provider Help Desk | Banking Identification Number (BIN) | Processor Control Number (PCN) | RX Group |
|---------------------------------|---------------------|--|--|---|-----------------------------------|-----------|
| Medicaid Fee For Service | Conduent | 1-800-884-3222 | 1-877-537-0722 (Change Healthcare) PA Fax: 1-877-537-0720 | 610084 | DRMSPROD/SIPPI | |
| Magnolia Health Plan - MSCAN | Envolve | 1-800-460-8988 Local Number: 1-866-912-6285 ext. 66409 (Pharmacy should state they've called the Envolve Help Desk without resolution.) | 1-866-399-0928 PA Fax: 1-866-399-0929 | 020545 | RXA371 | RXGMSSTD |
| Molina Healthcare – MSCAN | CVS Caremark | 1-800-364-6331 Local Number: 1-844-826-4335 (Pharmacy should state they've called the CVS Caremark Help Desk without resolution.) | 1-844-826-4335 PA Fax: 1-844-312-6371 | 004336 | MCAIDMS | RX6436 |
| United Healthcare - MSCAN | OptumRx | 1-877-305-8952 Local Number: 601-718-6549 (Pharmacy should state they've called the OptumRx Help Desk without resolution.) | 1-800-310-6826 PA Fax: 1-866-940-7328 | 610494 | 4646 | ACUMS |
| Magnolia Health Plan - CHIP | Envolve | 1-800-460-8988 Local Number: 1-866-912-6285 ext. 66409 (Pharmacy should state they've called the Envolve Help Desk without resolution.) | 1-866-399-0928 PA Fax: 1-866-399-0929 | 020545 | RXA372 | RXGMSCHIP |
| United Healthcare - CHIP | OptumRx | 1-877-305-8952 Local Number: 601-718-6549 (Pharmacy should state they've called the OptumRx Help Desk without resolution.) | 1-800-310-6826 PA Fax: 1-866-940-7328 | 610494 | 4647 | ACUMS |

PHARMACY NEWS

New Category of Drugs and Drug-System Devices -Clinician Administered Drug and Implantable Drug System Devices (CADD), Effective July 1, 2018

Drugs classified as CADD drugs may be billed as either a medical claim or a pharmacy point-of-sale (POS) claim. CADDs will not count toward the monthly prescription drug limit.

To take advantage of this new option, providers should be aware of the following steps:

- Be familiar with the list of CADD-classified drugs available on DOM's Pharmacy webpage. Physicianadministered drugs not included on this list will be denied if billed on a pharmacy POS claim.
- Prescribers should identify CADD drugs to be billed to a beneficiary's pharmacy benefit (via POS claim) by notating on the prescription that the drug will be administered in an outpatient setting, such as a physician's office.
- Pharmacists should enter a value of "11" (Office) in NCPDP Field 307-C7 (Place of Service) to identify that the CADD drug will be administered in a clinician setting and as the mechanism whereby the pharmacy claims processing system will not count the claim toward the prescription monthly limit. The pharmacist should ensure that the CADD drug is routed directly to the prescriber's office.
- The prescriber should not bill for the drug on the medical claim, but should only bill for the administration of the drug.

Pharmacy Claim Billing Reminder: Correct NDC Number

Pharmacy providers and clinicians who administer drugs and bill drugs via medical claims are reminded to ensure that they are billing the correct 11 digit National Drug Code (NDC) number dispensed or administered at the time of service pursuant to Administrative Code Title 23, Part 214, Chapter 1, Rule 1.6: Prescription Requirements, H. Failure to bill the exact NDC given at the time of service constitutes fraudulent billing.

Attention Medicaid Providers: All Stimulant Prescriptions Require Diagnosis, Effective October 1, 2018

The Mississippi Drug Utilization Review Board (DUR) recommended that the Division of Medicaid (DOM) implement prescribing guidelines for stimulant drugs most commonly used to treat Attention Deficit Hyperactivity Disorder (ADHD)/ Attention Deficit Disorder (ADD). In accordance with the DUR Board March 1, 2018 recommendations, DOM will implement diagnosis edits concerning the use of stimulant drugs for both adults and children. Recent analysis of Medicaid claims indicated approximately 20% of children prescribed stimulants did not have a Federal Drug Administration (FDA) approved or compendia supported indication for that product present in medical claims.

Effective October 1, 2018, DOM will implement an electronic prior authorization clinical edit. The edit requires the presence of at least one (1) FDA approved indication or compendia supported indication for each stimulant product prescribed. A list of FDA approved or compendia supported indications covered by DOM, along with corresponding ICD-10 codes, can be found on the Division of Medicaid Pharmacy Resource website page located at: https://medicaid.ms.gov/wp-content/uploads/2018/07/Stimulant-Approved-Indications-Coverage.pdf. In order for a prescription claim to be electronically approved, the diagnosis must be:

•present in the patient's medical paid claims history within the past 24 months of the prescription fill,

OR

•written on the prescription by the prescriber and submitted by the pharmacist on the prescription claim.

We wanted to inform you about the new clinical edit that is being implemented so that you may plan appropriately for uninterrupted care of your patients. Please contact the Office of Pharmacy at 601-359-5253, Option 4 if you have questions.

UPDATES



MYPAC Providers

Effective October 1, 2018, Mississippi Youth Programs Around the Clock (MYPAC) services will be included in MississippiCAN. Pursuant to Miss. Code Ann. § 43-13-117(H), the Coordinated Care Organizations (CCOs) "shall reimburse all Network Providers at a rate no less than the amount that the Division reimburses fee-forservice providers."

Inquiries regarding enrollment or other specific issues may be directed to the CCO in question. Please see the contact information below.

Magnolia Health

Toll-free: 866-912-6285

Website: magnoliahealthplan.com

UnitedHealthcare Community Plan

Toll-free: 877-743-8731

Website: uhccommunityplan.com

Molina Healthcare

Toll Free: 844-809-8438

Website: www.molinahealthcare.com

Should you have any general questions please contact the DOM Office of Mental Health at (601) 359-9545.

PRTF Providers

Effective October 1, 2018, Psychiatric Residential Treatment Facility (PRTF) services will be included in MississippiCAN. Pursuant to Miss. Code Ann. § 43-13-117(H), the Coordinated Care Organizations (CCOs) "shall reimburse all Network Providers at a rate no less than the amount that the Division reimburses fee-for-service providers."

Inquiries regarding enrollment or other specific issues may be directed to the CCO in question. Please see the contact information below.

Magnolia Health

Toll-free: 866-912-6285

Website: magnoliahealthplan.com

UnitedHealthcare Community Plan

Toll-free: 877-743-8731

Website: uhccommunityplan.com

Molina Healthcare

Toll Free: 844-809-8438

Website: www.molinahealthcare.com

Should you have any general questions please contact the DOM Office of Mental Health at (601) 359-9545.





Providers can now contract with Molina Healthcare, Medicaid plan new to Mississippi

Although we are new to Mississippi, Molina Healthcare is a FORTUNE 500 company that has been providing managed health care services through government-sponsored programs since 1980. Our mission is to provide quality health services to people receiving government assistance. The organization currently serves approximately 4.1 million members across the U.S. and the Commonwealth of Puerto Rico.

Molina Healthcare is a leader in quality with the majority of its health plans accredited and rated by the National Committee for Quality Assurance (NCQA). Our goal is to assist members in maintaining good health by incentivizing regular doctor visits, and by offering a variety of disease management, health education, and care management programs to MSCAN participants.

Being an integral part of the communities that Molina serves is the foundation of all that we do. Each of our local health plans hosts and contributes to community events such as health fairs and immunization drives, to assist in improving access to care and quality of life. 11 of our 13 plans have earned the Multicultural Health Care Distinction from the Robert Wood Johnson Foundation, for organizations that meet or exceed its rigorous requirements for providing care in a culturally sensitive manner.

This expertise in working with Medicaid patients also serves to support Molina providers. We have a dedicated Provider Field Services team that will services providers in all 82 counties. Our web portal offers a number of functionalities to providers including electronic claims and Prior Authorization submissions, important forms, Medicaid Preferred Drug List

(PDL), Preventive Health Guidelines, and More! Web portal trainings will be provided along with weekly Provider Webinars that will cover an array of topics.

We encourage providers to enroll with Molina today in order to submit claims and receive timely payment for services rendered to Molina members. Credentialing is an important part of our contracting process. It is imperative that Providers submit correct information when contracting with Molina. Provider information submitted to Molina should be consistent with information that was given for Medicaid provider enrollment.

If you have any questions or would like to enroll as a provider with Molina Healthcare, please contact Molina Provider Services at (844) 826-4335 or email MHMSProviderContracting@molinahealthcare.com.

For more information about Molina, please visit MolinaHealthcare.com.



UnitedHealthcare wants to support our Mississippi providers in providing the best possible care.

Stay up to date with the latest news, articles, and policies that affect your patients and your practices. Click on https://www.uhccommunityplan.com/health-professionals/ms for featured articles of interest including billing tips, case management resources, latest technology resources and more!

OFFICE OF THE GOVERNOR

Walter Sillers Building | 550 High Street, Suite 1000 | Jackson, Mississippi 39201



2018 Managed Care Provider Survey

| Fac | ility: | Provide | er Type: | | County: | | |
|------|----------------------|--------------------|--------------------|--------------------|----------------------|---|-------------|
| We | need your help to | tell us how well | the MississippiCA | AN and CHIP pro | grams are perfo | orming. Please take a | few minutes |
| | | | | | | questions, please con | |
| | | | | | | MississippiCAN.Qualit | |
| | gov or fax it to 601 | | | | , | • | |
| | | , | , | | | | |
| 1. | Describe your ove | erall experience v | with the Mississip | opiCAN/CHIP pro | ogram? | | |
| | | \square Good | ☐ Fair | ☐ Poor | | | |
| 2. | Which Mississippi | | | | | | |
| | | ☐ Magnolia | □United | ☐ Both | | | |
| 3. | Which CHIP netw | | | | | | |
| | | ☐ Magnolia | □United | ☐ Both | | | |
| 4. | How often do you | | | | olans? | | |
| | | \square Monthly | ☐ Quarterly | ☐ Annually | | | |
| 5. | How often do you | | | | | | |
| | | | □Weekly | \square Monthly | \square At time of | visit | |
| 6. | Do you utilize the | | | | | | |
| | _ | □Yes | □No | | | | |
| 7. | Do you receive a | | | ealth plans? | | | |
| | | □Yes | □No | | | | |
| 8. | Does your provide | | | n plans visit your | facility? | | |
| _ | | □Yes | □No | | | | |
| 9. | Do you think the | | | | | ed? | |
| | | ☐ Improved | | Improved ⊔ ľ | Not Improved | | |
| | My claims are pro | | | 1.1 | ☐ Agree | □ Disagree | |
| | Claims' inquiries a | | | | □ Agree | ☐ Disagree | |
| 12. | When calling the | Health plans, I ar | n able to speak (| directly with som | | my questions answere | d. |
| 4.5 | T I II II I / | | | | ☐ Agree | □ Disagree | |
| | The Health plan's | | | | ☐ Agree | □ Disagree | |
| | Denial notification | | | | ☐ Agree | □ Disagree | |
| | My claims have pa | | | | ☐ Agree | □ Disagree | |
| | The Health plan's | | | | | □ Disagree | |
| 17. | My facility refers p | patients to the H | eaith plan's Disea | ase & Care Mana | | | |
| 10 | T | | | 2 | ☐ Agree | □ Disagree | |
| 18. | The provider work | kshops are bene | ncial and helpful | ! | ☐ Agree | □ Disagree | |
| If y | ou disagreed with | any of the quest | ions above, pleas | se provide your o | comments for i | mprovement. | |
| Cor | nments: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



DID YOU KNOW? PROVIDER SATISFACTION SURVEYS

Magnolia Health is constantly working to improve relationships and foster communication with our Provider partners. Your feedback is extremely important to us, and helps us tailor our Provider Relations program to better meet your needs. The annual Provider Satisfaction Survey will be sent to you in mid-July, and we encourage you to complete it and include any suggestions you may have to improve. We value our Providers for the wonderful service they provide to our Magnolia members and are certainly open to new ideas to improve our Provider Services.

PROVIDER DOCUMENTATION AND CODING TIPS

Conditions that go undocumented usually also go untreated. This is just one of the important reasons that thorough and accurate coding is critical to patient care. Additionally, comprehensive coding provides specialists and ancillary providers insight into a patient's complete health profile. Please review the tips below to ensure that you are following the appropriate steps for accurate coding.

Provider Documentation and Coding Tips

PRIOR AUTHORIZATION TIP OF THE WEEK URGENT PRIOR AUTHORIZATION REQUESTS

Magnolia Health wants to ensure that all URGENT Prior Authorization requests are expedited and processed in a timely manner with a determination and notification provided as expeditiously as possible. There can be a slight delay with submission via fax, therefore we encourage all providers to submit URGENT requests via the Secure Provider Web-Portal located on the Magnolia Health website at www.magnoliahealthplan.com.

PROVIDER PREVENTABLE CONDITIONS

Consistent with the Affordable Care Act administered through the Centers for Medicare and Medicaid Services (CMS) and 42 CFR 434.6, 438.6, 447.26 and 1902(a)(4), 1902(a)(6), and 1903 of the Social Security Act, Magnolia has implemented the requirements related to the "Provider Preventable Conditions" (PPC) initiative, which includes:

1) Adjustment of reimbursement for Health Care-Acquired Conditions (HCAC); 2) Present on Admission (POA) indicator requirements; 3) No reimbursement for Never Events and; 4) Other Provider Preventable Conditions (OPPC) as defined by any additional State Regulations that are in place that expand or further define the CMS regulations. Magnolia identifies Never Events and PPCs in several ways, including referrals, claims data, member and provider complaints, medical record review, and utilization management activities. All Magnolia staff (including Medical Management, Member Services, Provider Services, Provider Relations, MemberConnections® outreach, and Grievance and Appeal staff), independent, facility and ancillary providers, members, Medical Directors, and the Board of Directors may advise the Quality Management (QM) Department of potential PPCs. Never Events are identified by the following ICD-10 diagnosis codes:

- * Y65.51 (ICD-10) Performance of wrong operation (procedure) on correct patient
- * Y65.52 (ICD-10) Performance of operation (procedure) on patient not scheduled for surgery * Y65.53 (ICD-10) Performance of correct operation (procedure) on the wrong side/body part

A HEALTHY MOTHER'S JOURNEY PROGRAM

Magnolia Health wants to make a positive impact on important measures such as Infant Mortality and Low Birth Weight. We are partnering with OB providers to make sure we can remove barriers to identification and care of our shared pregnant women using drugs or alcohol. We will be reaching out to your offices to inquire about your needs in this area and to obtain feedback regarding our programs.

Please click the link below to learn more about our program from our Chief Medical Director.

<u>Healthy Mother's Journey Provider Letter (PDF)</u>

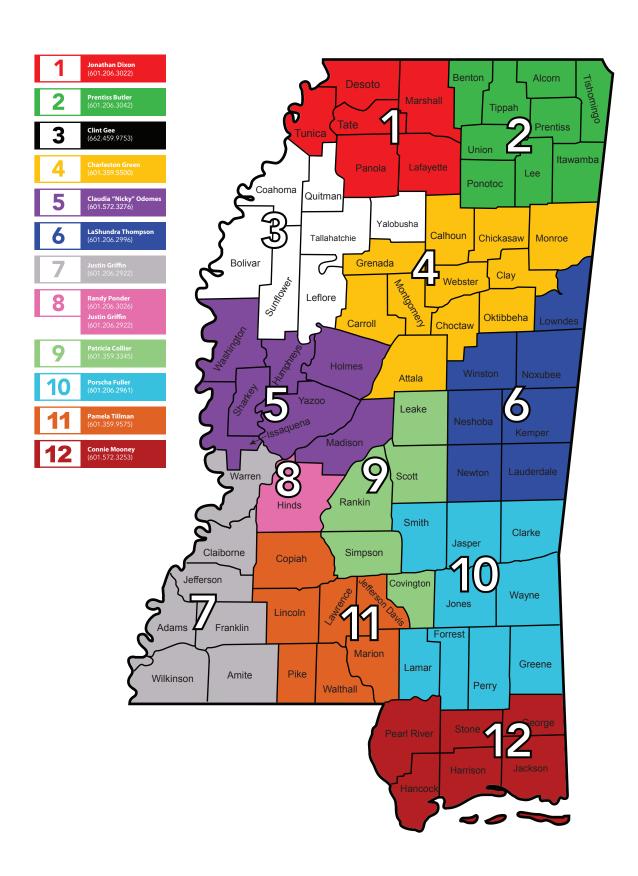
MAGNOLIA HEALTH DEPARTMENT CONTACT INFORMATION

Magnolia Health is your partner in the care of your Magnolia Health patients.

If you have any questions, or need additional information, please contact us at the numbers in the link below.

Provider Contact Information Flyer

FIELD REPRESENTATIVE REGIONAL MAP



PROVIDER FIELD REPRESENTATIVES

| AREA 1 | R FIELD REPRESENTATIVE AREAS BY AREA 2 | AREA 3 |
|---|--|---|
| Jonathan Dixon (601.206.3022) jonathan.dixon@conduent.com | Prentiss Butler (601.206.3042) prentiss.butler@conduent.com | 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 |
| Turricu | Tippah | Yalobusha |
| | Tishomingo | Talobastia |
| *Memphis | Union | |
| AREA 4 | AREA 5 | AREA 6 |
| Charleston Green (601.359.5500) charleston.green@medicaid.ms.gov | Claudia "Nicky" Odomes (601.572.3276) claudia.odomes@conduent.com | LaShundra Thompson (601.206.299 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 | 10200 | |
| Montgomery | | |
| Oktibbeha | | |
| Webster | | |
| AREA 7 Justin Griffin (601.206.2922) justin.griffin@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) | AREA 9 Patricia Collier (601-359-3345) patricia.collier@medicaid.ms.gov |
| | randy.ponder@conduent.com | |
| County | County | County |
| Adams | Hinds | Covington |
| Amite | | Leake |
| Claiborne | | Rankin |
| Franklin | | Scott |
| Jefferson | | Simpson |
| Warren | | |
| Wilkinson | 1071 | 1571.40 |
| AREA 10 | AREA 11 | AREA 12 |
| Porscha Fuller (601.206.2961) porscha.fuller@conduent.com | Pamela Tillman (601.359.9575) pamela.tillman@medicaid.ms.gov | 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 |
| | Walthall | 3.0110 |
| | | |
| Perry | Variation | |
| | Valenda | Mobile, AL |

CONDUENT P.O. BOX 23078 JACKSON, MS 39225

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

SEPTEMBER 2018

| MON, SEPT 3 | Labor Day DOM Closed |
|----------------|-------------------------|
| THURS, SEPT 6 | EDI Cut Off - 5:00 p.m. |
| MON, SEPT 10 | Checkwrite |
| THURS, SEPT 13 | EDI Cut Off - 5:00 p.m. |
| MON, SEPT 17 | Checkwrite |
| THURS, SEPT 20 | EDI Cut Off - 5:00 p.m. |
| MON, SEPT 24 | Checkwrite |
| THURS, SEPT 27 | EDI Cut Off - 5:00 p.m. |

OCTOBER 2018

| MON, OCT 1 | Checkwrite |
|---------------|-------------------------|
| THURS, OCT 4 | EDI Cut Off – 5:00 p.m. |
| MON, OCT 8 | Checkwrite |
| THURS, OCT 11 | EDI Cut Off – 5:00 p.m. |
| MON, OCT 15 | Checkwrite |
| THURS, OCT 18 | EDI Cut Off – 5:00 p.m. |
| MON, OCT 22 | Checkwrite |
| THURS, OCT 25 | EDI Cut Off – 5:00 p.m. |
| MON, OCT 29 | Checkwrite |

NOVEMBER 2018

| THURS, NOV 1 | EDI Cut Off – 5:00 p.m. |
|---------------|------------------------------------|
| MON, NOV 5 | Checkwrite |
| THURS, NOV 8 | EDI Cut Off – 5:00 p.m. |
| MON, NOV 12 | Veterans Day DOM Closed |
| THURS, NOV 15 | EDI Cut Off – 5:00 p.m. |
| MON, NOV 19 | Checkwrite |
| THURS, NOV 22 | EDI Cut Off – 5:00 p.m. |
| NOV 23-24 | Thanksgiving Holiday DOM Closed |
| MON, NOV 26 | Checkwrite |
| THURS, NOV 29 | 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.