# Mississippi Division Of Medicaid Managed Care Provider Workshops

2020



#### Purpose of the 2020 Provider Workshop

The purpose of today's provider workshop is to provide clarity and understanding for Mississippi Division of Medicaid Managed Care programs MississippiCAN and CHIP processes; to resolve provider and office managers' issues and concerns.

The Division of Medicaid in collaboration with the coordinated care organizations (CCOs) are ready to assist and help resolve issues and concerns.

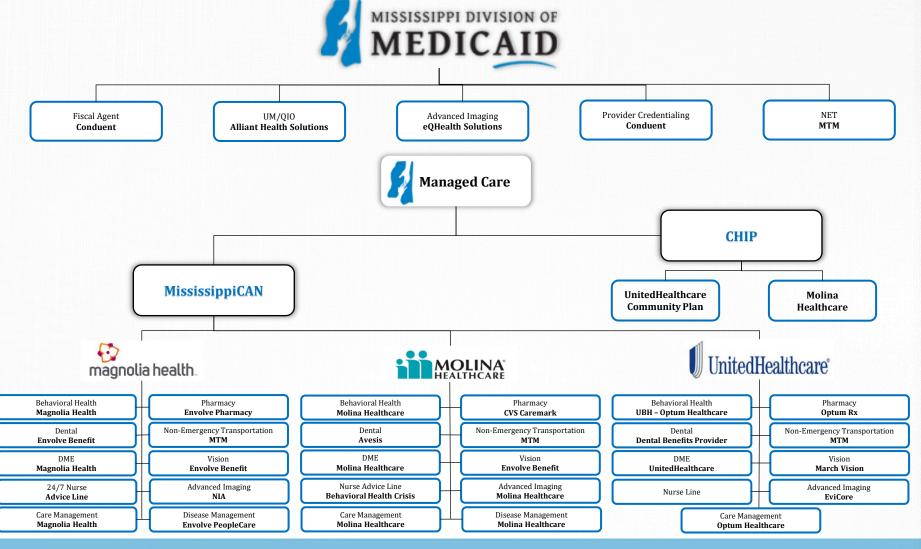
**Mission:** The Mississippi Division of Medicaid responsibly provides access to quality health coverage for vulnerable Mississippians.



#### **Welcome & Introductions**



## **Medicaid Organizational Chart**





## **Division of Medicaid Managed Care Staff**



Sharon Jones Director of Managed Care Operations



April Burns



Demetrese Evans













Andrew Day



## Magnolia Health







Katharine St Paul



**Heather Samuel** 



Jasmine Shaw



Johanna L. Nelson



Jonathan Dixon



Kiri Parson



Lasha Moore



Leslie Cain



Melinda Clesca



**Precious Griffith** 



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## **UnitedHealthcare Community Plan**







Rhona Waldrep



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Elisha Abney



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Alicia Fields



Christine Foreman



Dawn Teeter



Tyania Klingelhofer



**Sheree Thompson** 



## Molina Healthcare



Jade McGowan



Tuwanda Williams



Daniel Bradshaw



Chinwe Nichols



Earl Robinson



Pam Canavan



Kari Lewis



Kwiinta Anderson



Thomasina Robinson



Ricky Bailey



Bert Emrick



Chris Cauthen



Trina Stewart



LaKeida Ward

#### **AGENDA**

1:10 p.m. 1:20 p.m. Review Managed Care Provider Desk Reference
Division of Medicaid – Office of Coordinated Care

1:20 p.m. 2:10 p.m. Hospital Services, Newborn Services, & Top Provider
Issues
Review Managed Care Provider Desk Reference
Magnolia - United - Molina

2:10 p.m. 1:25 p.m.

RECAP

What Providers Need To Know

Magnolia - United - Molina

2:25 p.m. 2:30 p.m.

Closing Remarks

How to Access Presentation and Material

Division of Medicaid – Office of Coordinated Care



#### Division of Medicaid – Office of Coordinated Care Overview of <u>2020 Provider Desk Reference</u>



Managed Care | MississippiCAN & CHIP

Provider Desk Reference





## Open Enrollment

#### MississippiCAN and CHIP

- MississippiCAN and CHIP Open enrollment is available to members from October 1, 2020 to December 15, 2020.
   Members may choose 1 of 3 CCOs.
- Beneficiaries can only switch once. DOM will only acknowledge the first open enrollment form submitted.
- If a member contacts your office needing an enrollment form direct them to the Office of Coordinated Care at:

**Toll Free:** 1-800-421-2408

**Local:** 601-359-3789

Fax: 1-888-495-8169



## MississippiCAN Enrollment

#### When can Beneficiaries enroll in MSCAN?

Beneficiaries not already enrolled may enroll throughout the year.

#### When is Enrollment effective?

- Enrollment is always effective at the beginning of the month and disenrollment is effective the last day of the month.
- The exception is when beneficiary is transferred to a nursing home or waiver program.

#### When can Members choose a CCO?

After receiving initial notification letter, beneficiaries may choose a plan within 30 days or they will be automatically assigned to a CCO. Members may be added each month to Medicaid and MississippiCAN.

#### When can Members change CCOs?

- After initial enrollment with a CCO, every member will have a 90-day window to make changes.
- During the 90-day window, mandatory members may only switch once between CCOs.
- During the 90-day window, optional members may switch **once** between the CCOs or return to regular Medicaid.
- The open enrollment period each year (October December) to allow members to make changes. *Changes go into effect January 1.*



## MississippiCAN Newborn Enrollment

Title 23: Division of Medicaid

Part 200: General Provider Information, Chapter 3: Beneficiary Info

Rule 3.2: Newborn Child Eligibility

- A. The Division of Medicaid covers an infant:
  - 1. Whose mother was eligible for Medicaid in the child's birth month for the first year of life.
    - a. Deemed newborn Medicaid eligibility begins with the birth month and continues through the month of the child's first (1st) birthday unless one (1) of the termination reasons in Miss Admin Code Part 101, Rule 11.2 is applicable.
    - b. There is no requirement that the newborn live with the biological mother in order for the continuous eligibility to apply for the infant.
  - 2. Born to immigrant mothers who qualify for Medicaid on the basis of emergency medical services for the first (1st) year of the infant's life.



## **Newborns | Helpful Information**

#### Providers must resubmit updated Newborn form for the following changes:

- o Newborn name change
- o Correct Date of Birth
- o Correcting Gender (M or F)
- o Once updated form has been resubmitted, please email Charlotte McNair at <a href="mailto:Charlotte.McNair@Medicaid.ms.gov">Charlotte.McNair@Medicaid.ms.gov</a> who will submit corrected forms to appropriate CCO.

#### Non-Medicaid Mothers:

o If Non-Medicaid mother delivers a baby, no newborn form is needed. The mother will need to go to her local regional Medicaid office and apply for Medicaid.

#### Retroactive Medicaid Mothers:

- These mothers may apply for Medicaid at the time of delivery; therefore, the baby will be assigned to a CCO prior to the mother being enrolled with Medicaid.
- o This may cause newborn and mother to be in different CCOs.

#### Hospital Presumptive Eligibility (HPE) for Newborn Enrollment:

- o Contact Lisa Smith at 601-576-4122.
- When a baby is in the NICU and authorization is required, what Medicaid number is used when the baby does not have its own number?
  - o For immediate need for medication for Newborn, please contact DOM Pharmacy or CCO Pharmacy departments.
    - Mississippi-Medicaid-pharmacy-contact-and-billing-information.pdf (ms.gov)



## **Hospital Services | Newborn Services Top Provider Issues**







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Managed Care | MississippiCAN & CHIP

**Provider Desk Reference** 





## What Providers Need to Know!







- How to identify services requiring authorization
- How to obtain authorizations
- How to obtain claim reconsiderations and retro reviews
- How to appeal an adverse benefit determination

# How Providers Can Access Webinar Presentation

2020 Managed Care Provider Workshop Presentation

Managed Care | Mississippi Division of Medicaid (ms.gov)



#### **Managed Care Inquiries and Complaints**

#### **HELP US, HELP YOU**

Please forward all issues and complaints to: <a href="mailto:MississippiCAN.Providers@medicaid.ms.gov">MississippiCAN.Providers@medicaid.ms.gov</a>

Please provide the below detailed information. If you have examples, attach them to the email.

Managed Care Inquiries and Complaints		
Date		
Provider Name		
Provider ID Number		
Facility Name		
Contact Person		
Telephone Number		
Fax Number		
Beneficiary Name		
Beneficiary ID Number		
Telephone Number		
PLEASE PROVIDE	DETAILED QUESTIONS AND/OR COMPLAINTS	

The Division of Medicaid and all subcontractors will answer and resolve all provider inquiries within 15 business days.



## Providers: Please complete the following



Scan the code using your camera on a smartphone or tablet to access the evaluation form.

#### **2020 Provider Workshop Evaluation Form**

We would appreciate your feedback following today's webinar.



#### Scan the code using your camera on a smartphone or tablet to access the survey.

#### **2020 Managed Care Provider Satisfaction Survey**

Don't forget to complete the 2020 Provider Satisfaction Survey included in the September 2020 Provider Bulletin (Page 8).

## **Questions & Answers**

Division of Medicaid Sharon Jones

