Volume 27, Issue 3 September 2021

MS Medicaid PROVIDER BULLETIN

MISSISSIPPI DIVISION OF MEDICAID

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Executive Director
MS Division of Medicaid

New MississippiCAN Procurement Puts the Emphasis on Improved Quality

This year marks ten years since the inception of the Mississippi Division of Medicaid's (DOM) coordinated care program, MississippiCAN. The program began in 2011 with only about 54,500 members enrolled. With additional categories of eligibility rolled into MississippiCAN over the years, the program currently covers more than 480,000 Medicaid members.

Now MississippiCAN is poised to enter a brand-new era as the procurement process for the round of contracts begins this month. With a 10-year foundation, DOM has had the opportunity to build an infrastructure for delivery of services, review data, conduct analyses of the coordinated care organization (CCO) framework, and chart a course for DOM and contracted CCOs to deliver the best possible services to Mississippi's Medicaid population.

With this procurement, DOM will for the first time seek joint administrative CCO services for both MississippiCAN and the Children's Health Insurance Program (CHIP).

The new procurement represents an evolution for the coordinated care program, as DOM seeks vendors that will be expected to demonstrate improved health outcomes and quality of life for members, which will in turn lead to improved cost outcomes for the state. Quality and innovation are at the center of the new procurement, with enhanced requirements for care management, patient-centered medical homes, and performance improvement projects.

The procurement will also require new initiatives such as coordinated health literacy campaigns, equitable value-based purchasing models, and mandates for community-based partnerships. Each new or improved initiative includes specifications to address social determinants of health, ensuring that members will benefit from a holistic approach to coordinated care. In addition to medical directors, each contracted CCO will be required to have a perinatal health director and behavioral health director on staff, all licensed in Mississippi.

DOM is following a procurement process through a Request for Qualifications (RFQ), to be released within the next month. An RFQ allows DOM the ability to assess a bidding vendor's experience and proposed methods for service delivery, as well as vendor's abilities to innovate and improve the quality of services available for Medicaid members. Successful offerors will submit a thorough, feasible, novel RFQ proposal backed up with clear plans for enacting the proposal and evidence of the resources and ability to do so.

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The deadline for proposals will be later this fall, and after a thorough evaluation process, new contracts will be awarded in early 2022. The current coordinated care contracts took effect on July 1, 2017.

To learn more details about the procurement, the timeline and how the evaluation process will work, visit the Coordinated Care Procurement page on DOM's website at: https://medicaid.ms.gov/.

PROVIDER COMPLIANCE

Advanced Imaging - eQHealth Solutions News

Requests for authorization of Advanced Imaging procedures can be submitted via phone, eQSuite, or fax. All requests require that the appropriate documentation be submitted with the request. Supporting documentation is, 1) the practitioner's order for the procedure, 2) the results of a recent clinical evaluation which documents the medical necessity of the requested procedure, and in some cases, the treatment history related to the diagnosis, the treatment plan related to the diagnosis, and previous imaging results related to the clinical condition. This documentation can be uploaded and attached to a review submitted via eQSuite and can be faxed to 888.204.0377 for phone or faxed requests.

Requests for scheduled provider education regarding review procedures can be emailed to MSEducation@eqhs.com.

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

ATTENTION: All Community Mental Health Service Providers

Effective July 1, 2021, the Division of Medicaid has created a new Targeted Case Management (TCM)/Wraparound Service for Children and Youth who need the level of services provided in a Psychiatric Residential Treatment Center (PRTF).

- Provider agencies must be certified by the MS Department of Mental Health as a Wraparound provider. All Wraparound services must be provided by staff trained as a Wraparound facilitator by the MS Wraparound Institute.
- The child/youth must meet the clinical criteria for PRTF level of care and be Early and Period Screening, Diagnostic and Treatment (EPSDT) eligible.
- The TCM/Wraparound service must be prior authorized by DOM or its designee.
    - Procedure Code: T2023 Targeted Case Management, Per Month for Wraparound
    - Required Modifiers: HW, HT
    - Allowed DOM Provider Types: X00 and X01
    - Reimbursed as a monthly rate of $1,200.00.
- Based on the proposed State Plan Amendments 21-0039 and effective July 1, 2021, TCM/Wraparound will also be allowed and reimbursable for 30 days prior to the beneficiary being discharged from a mental health facility (with prior authorization.)

Independent service providers, outside of the Wraparound Facilitation agency, who participate in the Child and Family Team meeting may bill H0032 for Treatment Plan Development and Review and must utilize the HT modifier. This will not require a prior authorization unless the beneficiary's allowed units have been depleted.

If there are any questions, please contact the Office of Mental Health at 601-359-9454 or via email at Behavior.Health@medicaid.ms.gov.

Transportation Billing Code Change for PPEC Center Providers

Beginning with dates of service on and after July 1, 2021, Prescribed Pediatric Extended Care (PPEC) Center Providers will be required to use procedure code T2002 for authorization requests and claims reimbursement of PPEC transportation services. Use of the UC modifier appended to procedure codes T1025 and T1026 will be ending for dates of services on and before 6/30/2021. Please see the updated PPEC fee schedule found on DOM's website Fee Schedules and Rates | Mississippi Division of Medicaid (ms.gov).

Additionally, PPEC Center Providers must submit monthly trip logs to DOM. Trip logs shall be faxed to the Office of Medical Services at 601-359-6147 no later than the tenth (10th) business day of each month following the month of services rendered. (*Example: The trip log for service month July 2021 shall be faxed to DOM no later than close of business (COB) August 13, 2021.*) If your agency is unable to submit trip logs by fax, please contact the Office of Medical Services at 601-359-6150 or at OMS@medicaid.ms.gov to discuss alternative submission options. Questions related to authorization for fee-for-service (FFS) Medicaid beneficiaries should be submitted to Alliant Health Solutions through the provider portal at: https://ms.allianthealth.org/, or call Alliant directly at 1-888-224-3067.

Primary Care Provider (PCP) Self-Attestation Reminder

Primary care physicians (PCP), obstetricians and gynecologists enrolled as Mississippi Medicaid providers are eligible for higher payments for certain services. To receive the increased payment for dates of service (DOS) beginning 7/1/2021, eligible providers must attest to one (1) of the following:

PROVIDER COMPLIANCE

1) Physician is board certified by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), American Congress of Obstetricians and Gynecologists (ACOG), the American Osteopathic Association (AOA) as a specialist or subspecialist in obstetric/gynecologic medicine, or

2) Physician with a primary specialty designation in family medicine, general internal medicine, pediatric medicine, obstetric/gynecologic medicine, and sixty percent (60%) of their total Medicaid paid codes for the previous Calendar year was for specified Evaluation & Management (E&M) or Vaccine Administration codes, or

3) Physician, newly enrolled as a Medicaid provider, with a primary specialty/subspecialty designation and attests that certain primary care E&M and Vaccine Administration codes will equal at least sixty percent (60%) 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.

How to Attest

Eligible providers must send a completed and signed 7/1/2021 – 6/30/2024 Self-Attestation Statement form to Conduent Provider Enrollment through one of the following means:

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

Providers can verify the processing of self-attestation statement forms they have submitted electronically by accessing the Envision Web Portal. The PCP Self-Attestation Statement forms are located on the DOM website at http://medicaid.ms.gov and the Envision Web Portal at http://ms-medicaid.com. The form can also be requested by calling the Xerox Call Center toll-free at 800-884- 3222.

Telehealth Updates

Effective for dates of service on and after July 1, 2021, providers should refer to the Medicaid State Plan for DOM's coverage of Telehealth Services, except for the Temporary Telehealth Codes below. Coverage of these Temporary Telehealth Codes will continue through the end of the Mississippi State of Emergency.

Telehealth Security Requirements / HIPPA – To ensure continued access to telehealth services, DOM will continue to allow providers to operate under the enforcement discretion provided by the Office of Civil Rights (OCR) at the United States of Health and Human Services (HSS) on March 17, 2020, for the remainder of the federal public health emergency (PHE).

Temporary Telehealth Service Codes	
Code	Code Description
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service
G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an E&M service
99441	Telephone E&M service by a physician or other qualified health care professional who may report E&M services provided 5-10 mins
99442	Telephone E&M service by a physician or other qualified health care professional who may report E&M services provided for established patient 11-20 mins
99443	Telephone E&M service by a physician or other qualified health care professional who may report E&M services provided for established patient 21-30 mins

If you have any questions, please contact Conduent Provider and Beneficiary Services at 800-884-3222.

PROVIDER COMPLIANCE

ATTENTION: Providers

Effective October 1, 2021, the Division of Medicaid (DOM) will require providers to include accurate CPT® Category II codes on physician, physician assistant, and nurse practitioner claims. CPT Category II Codes are supplemental tracking codes used for performance measurement and data collection related to quality and performance measurement, including Healthcare Effectiveness Data and Information Set (HEDIS®). Use of CPT Category II Codes will allow providers to report services and/or values based on nationally recognized, evidence-based performance guidelines for improving quality of patient care, which may decrease the need for chart abstractions.

CPT Category II codes are more specific than CPT I codes and describe components that are typically included in an evaluation and management (E&M) service or test results that are part of the laboratory test/procedure. Use of CPT Category II codes for services performed during office, lab, or facility visits will provide more accurate medical data and decrease requests for members' records for review. The more specific codes identify and close gaps in care more accurately and quickly – this drives HEDIS measures and quality improvement initiatives.

CPT Category II Codes are billed in the procedure code field, just as CPT Category I codes are billed. However, Category II Codes are not reimbursable. These CPT II codes are to be billed with a $0 charge amount and are not a substitute for CPT Category I codes.

The chart reflects the CPT Category II codes that DOM will require beginning October 1, 2021.

DOM Quality Performance Tracking

Measure	Description	Required Codes
Adult Follow-up Care		
Timeliness of Transition of Care	Measures the percentage of beneficiaries, 18 years and older, who completed a visit within 30 days of an inpatient stay. Includes medication reconciliation post-discharge.	Appropriate E/M and ICD-10 codes; **and** ICD-10 code for follow up exam (Z09); **and** CPT Category II: 1111F (medication reconciliation)
Annual Wellness Visits		
Wellness- Adults	Measures the percentage of beneficiaries age 18 or older who completed an Annual Wellness Visit. Documentation should include measurement of BMI, depression screening results, as well as nutrition and physical activity counseling when abnormal BMI is found.	Appropriate preventive medicine code; **and** CPT Category II code: 3008F (BMI recorded) **and** ICD-10 code: Z68.1 - Z68.45 (BMI level) Z71.3 (dietary counseling and surveillance) Z71.82 (exercise counseling) **and** CPT Category II code: 3351F (negative screen for depressive symptoms) or 3352F (no significant depressive symptom) or 3353F (mild to moderate depressive symptoms) or 3354F (clinically significant depressive symptoms)

PROVIDER COMPLIANCE

Wellness- Child and Adolescent	Measures the percentage of child and adolescent beneficiaries who completed an Annual Wellness Visit. Includes measurement of BMI, nutritional assessment, physical activity counseling, and depression screening for members age 12 and above,	Appropriate preventive medicine code; **and** ICD-10 code: Z68.51 (BMI, < 5th percentile for age) or Z68.52 (BMI, 5th percentile to < 85th percentile for age) or Z68.53 (BMI, 85th percentile to < 95th percentile for age) or Z68.54 (BMI, > /= to 95th percentile for age) **and** Z71.3 (dietary counseling and surveillance) **and** Z71.82 (exercise counseling) **and** CPT Category II code: 3008F (BMI recorded) 3351F (negative screen for depressive symptoms) or 3352F (no significant depressive symptoms) or 3353F (mild to moderate depressive symptoms) or 3354F (clinically significant depressive symptoms)
Cardiovascular		
Controlling High Blood Pressure	Measures the blood pressure control of beneficiaries age 18 or older with a diagnosis of hypertension (HTN)	Appropriate E/M code; **and** ICD-10 code for high blood pressure (I10-I16); **and** CPT Category II code: 3074F (Systolic < 130 mm HG) or 3075F (Systolic 130-139 mm HG) or 3077F (Systolic >/= to 140 mm HG) or **and** 3078F (Diastolic < 80 mm HG) or 3079F (Diastolic 80-89 mm HG) or 3080F (Diastolic >/= to 90 mm HG)
Cholesterolemia		
Controlling High Cholesterol	Measures low-density lipoprotein control in beneficiaries age 18 years or older with a diagnosis of elevated cholesterol.	Appropriate E/M code; **and** ICD-10 code for high cholesterol (E78.0-E78.9); **and** CPT Category II code: 3048F (LDL-C was < 100 mg/dL) or 3049F (LDL-C was 100-129 mg/dL) or 3050F (LDL-C >/= to 130 mg/dL)
Comprehensive Diabetes Care (CDC)		
Controlling Hemoglobin A1c (HbA1c)	Measures blood sugar control of beneficiaries 18-75 years of age with a diagnosis of diabetes (type 1 and type 2).	Appropriate E/M code; **and** ICD-10 code for diabetes (E08-E13); **and** CPT Category II code: 3044F (HbA1c control <7.0%) or 3051F (HbA1c control >/= 7 and < 8) or 3052F (HbA1c >/= to 8 and </= to 9) or 3046F (HbA1c poor control >9.0%)

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Perinatal		
Timeliness of Prenatal Care	Measures the percentage of deliveries in which women had a prenatal care visit in the first 16 weeks of gestation and timing of subsequent visits.	Appropriate E/M and ICD-10 codes; **and** Z3A weeks of gestation of pregnancy (Z3A.01-Z3A.49); **and** CPT Category II code: 0500F (initial prenatal care visit) or 0501F (prenatal flow sheet) or 0502F (subsequent prenatal care)
Timeliness of Postpartum Care	Measures the percentage of deliveries in which women had a postpartum visit on or between 7 and 84 days after delivery.	Appropriate E/M code; **and** ICD-10 code: Z39.1 (care of a lactating mother) or Z39.2 (routine postpartum follow up) **and** CPT Category II code: 0503F (postpartum care visit)

COORDINATED CARE NEWS

Molina Healthcare Has Chosen Availity As Its Exclusive Provider Portal

Effective 06/15/2021, Molina Healthcare of MS launched the new Availity provider portal. Providers will still have access to our legacy portal to allow time to get acclimated with our new Availity platform. However, we highly encourage any provider who has not registered with Availity to do so as soon as possible.

On Availity, providers will have access to:

- Submit claims, send supporting claim documentation, and check claim status.
- Verify member eligibility and benefits.
- View remittances and EOPs/EOBs.
- Access Molina-specific resources through a dedicated payer space on the Availity Portal:
  - View and navigate through your member roster.
  - Submit claim appeal/dispute/reconsideration.
    - Compare your HEDIS scores with national benchmarks.
- Submit and view prior authorizations.

Please access this link to login or register:
https://www.availity.com/molinahealthcare

For additional information, please contact your Provider Services Representative or Molina Provider Contact Center at (844) 826-4335.

Molina is Moving to a New Online Provider Directory and Your Accurate Information is Essential

Ensuring your information is current on the Molina Online Provider Directory is critical. Molina members utilize our directory to find the right providers for the care they need.

COORDINATED CARE NEWS

Please take this opportunity to confirm your demographic information and any special areas of focus or training are up to date and relevant.

If you have updates, please contact Molina as outlined below within two (2) weeks of receiving this notification:

- **For Roster Submissions** –submit your most current roster of practitioners in your group following the standard process.
- **For Non-Roster submissions** – submit your changes on the Provider Change Information Form located on the Molina Healthcare Provider website at www.MolinaHealthcare.com under the "Forms" section.

A few key benefits of our new Online Provider Directory are:

- User-friendly and intuitive navigation
- Provider profile cards for quick access to information
- Easy browse by category, search bar and common searches
- Expanded search options and filtering
- Enables members to easily save provider information

You can expect to see the new Online Provider Directory roll out in phases beginning this summer 2021.

Please contact your Provider Services Representative or Molina Provider Contact Center at (844) 826-4335 if you have any questions.

Thank you for serving Molina members.

magnolia health™

Magnolia's New Secure Web Portal Features

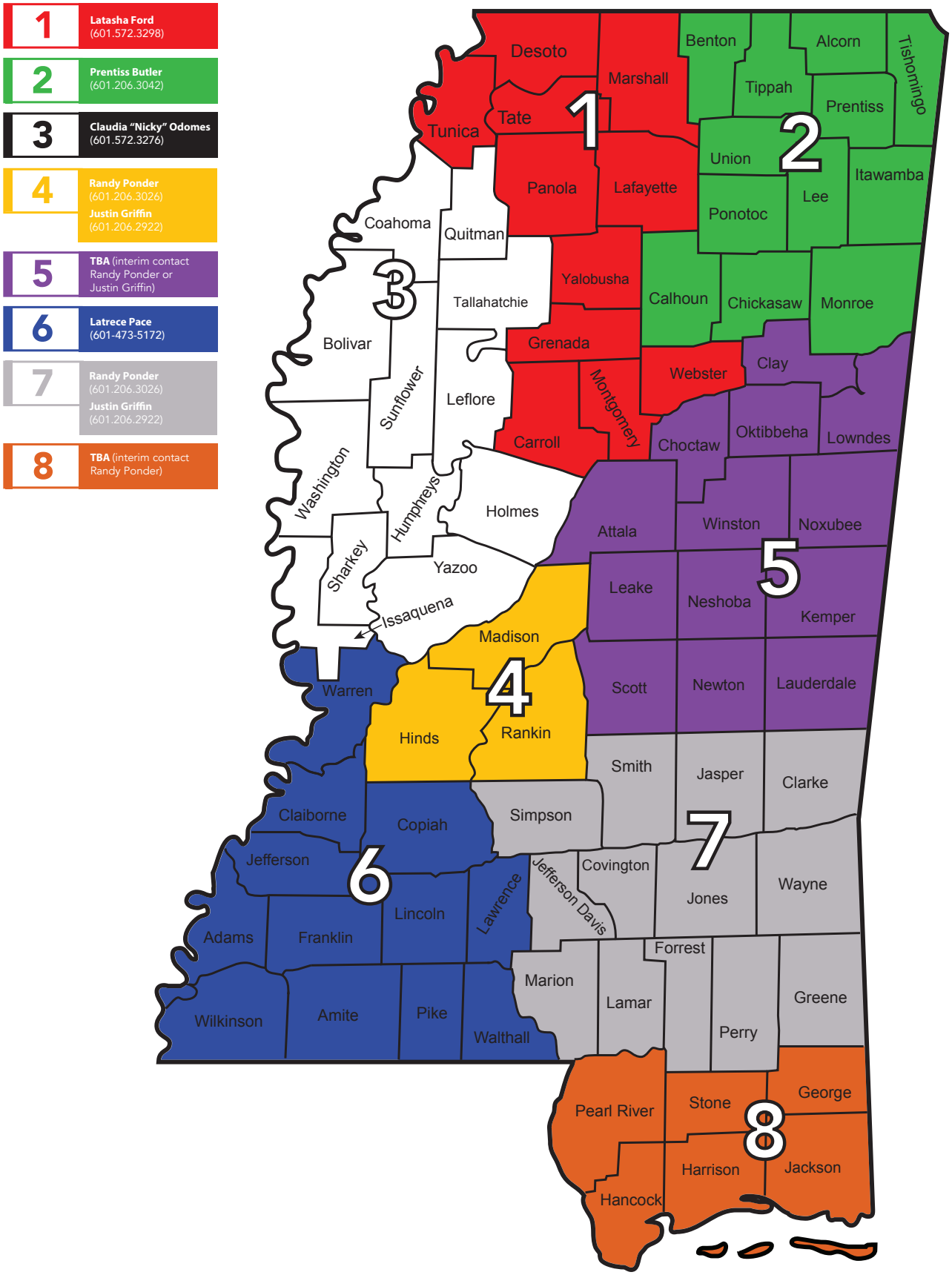
We are pleased to announce the integration of an exciting new tool, InterQual Connect™ in our Secure Provider Portal. Adding features that will simplify the provider experience, and offers several new capabilities.

- Streamlined web authorization request
- Easy access to InterQual Connect to complete medical review
  - Completed InterQual medical review will automatically be included with your web authorization submission
  - Possible same-day approval based on outcome of a completed InterQual medical necessity review
- Identifies non-submitted Service Lines and provides reason for non-submittal

We believe the enhancements to our Provider Portal will create a more user-friendly experience and enhance your ease of doing business with Magnolia. We hope you will take a moment to explore them.

Please contact Provider Services at 1.866.912.6285 with any questions you may have.

FIELD REPRESENTATIVE REGIONAL MAP



PROVIDER FIELD REPRESENTATIVES

PROVIDER FIELD REPRESENTATIVE AREAS BY COUNTY		
AREA 1 **Latasha Ford (601.572.3298)** Latasha.Ford@conduent.com	**AREA 2** **Prentiss Butler (601.206.3042)** prentiss.butler@conduent.com	**AREA 3** **Claudia "Nicky" Odomes (601.572.3276)** claudia.odomes@conduent.com
County	**County**	**County**
Desoto	Benton	Coahoma
Tunica	Tippah	Quitman
Tate	Alcorn	Bolivar
Panola	Tishomingo	Sunflower
Marshall	Prentiss	Leflore
Lafayette	Union	Tallahatchie
Yalobusha	Lee	Washington
Grenada	Pontotoc	Sharkey
Carroll	Itawamba	Humphreys
Montgomery	Calhoun	Yazoo
Webster	Chickasaw	Holmes
	Monroe	Issaquena
***Memphis**		
AREA 4 **Justin Griffin (601.206.2922)** justin.griffin@conduent.com **Randy Ponder (601.206.3026)** randy.ponder@conduent.com	**AREA 5** **TBA (interim contact** **Randy Ponder or Justin Griffin)**	**AREA 6** **Latrece Pace (601.473.5172)** Latrece.Pace@conduent.com
County	**County**	**County**
Hinds	Clay	Warren
Rankin	Oktibbeha	Claiborne
Madison	Choctaw	Jefferson
	Attala	Adams
	Leake	Franklin
	Scott	Wilkinson
	Lowndes	Amite
	Winston	Copiah
	Noxubee	Lincoln
	Neshoba	Pike
	Kemper	Lawrence
	Newton	Walthall
	Lauderdale	
AREA 7 **Porscha Fuller (601.206.2961)** porscha.fuller@conduent.com		**AREA 8** **TBA (interim contact** **Randy Ponder 601.206.3026)** randy.ponder@conduent.com
County		**County**
Simpson		Pearl River
Jefferson Davis		Stone
Marion		George
Lamar		Hancock
Covington		Harrison
Smith		Jackson
Jasper		
Jones		**Slidell, LA**
Forrest		**Mobile, AL**
Perry		
Greene		
Wayne		
Clarke		
OUT OF STATE PROVIDERS	**Justin Griffin (601.206.2922)** justin.griffin@conduent.com **Randy Ponder (601.206.3026)** randy.ponder@conduent.com	

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 2021

THURS, SEPT 2	EDI Cut Off – 5:00 p.m.
MON, SEPT 6	Labor Day DOM Closed
THURS, SEPT 9	EDI Cut Off – 5:00 p.m.
MON, SEPT 13	Checkwrite
THURS, SEPT 16	EDI Cut Off – 5:00 p.m.
MON, SEPT 20	Checkwrite
THURS, SEPT 23	EDI Cut Off – 5:00 p.m.
MON, SEPT 27	Checkwrite
THURS, SEPT 30	EDI Cut Off – 5:00 p.m.

OCTOBER 2021

MON, OCT 4	Checkwrite
THURS, OCT 7	EDI Cut Off – 5:00 p.m.
MON, OCT 11	Checkwrite
THURS, OCT 14	EDI Cut Off – 5:00 p.m.
MON, OCT 18	Checkwrite
THURS, OCT 21	EDI Cut Off – 5:00 p.m.
MON, OCTR 25	Checkwrite
THURS, OCT 28	EDI Cut Off – 5:00 p.m.

NOVEMBER 2021

MON, NOV 1	Checkwrite
THURS, NOV 4	EDI Cut Off – 5:00 p.m.
MON, NOV 8	Checkwrite
THURS, NOV 11	Veteran's Day DOM Closed
MON, NOV 15	Checkwrite
THURS, NOV 18	EDI Cut Off – 5:00 p.m.
MON, NOV 22	Checkwrite
THURS, NOV 25	Thanksgiving DOM Closed
MON, NOV 29	Checkwrite

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.