

MS Medicaid PROVIDER BULLETIN



DREW L. SNYDER
*Executive Director
MS Division of Medicaid*

Medicaid Seeks to Add Supplemental Payments for Emergency Ambulance Providers

One of the outcomes of the 2022 legislative session earlier this year was a directive for the Mississippi Division of Medicaid (DOM) to establish a supplemental payment program for emergency ambulance transportation providers, something

that has been pursued in several other states.

Since the session ended in early April, DOM has worked extensively with emergency ambulance providers along with support from the Mississippi State Department of Health to put together a plan that would provide a significant boost in direct payments to fee-for-service Medicaid-enrolled emergency ambulance providers. Public notice was posted on June 30 that DOM plans to submit a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS), and if approved the plan will be effective July 1, 2022.

The supplemental payments will help align the current reimbursement rate for ambulance services with the amount providers receive from commercial insurers for the same services.

As the proposal outlines, the payments will be determined based upon actual claims paid to emergency

ambulance providers and calculating the difference between those payments versus the average amount that commercial insurance plans would pay for the same services.

The supplemental payments, which will be distributed as a lump sum on a state fiscal year quarterly basis, will also help promote the quality of care. Similar to other Medicaid payment programs, such as the Quality Incentive Payment Program (QIPP), a percentage of the supplemental payments will be linked to specific quality measurements. We are currently working with stakeholders from the ambulance transportation provider community to develop the details of those quality metrics.

The SPA is expected to be submitted to CMS in September but will be effective retroactively upon approval. Until then you can read the public notice at: <https://medicaid.ms.gov/public-notice-for-spa-22-0023-ambulance-supplemental-payment-program/>.

Our hope is that the addition of these supplemental payments to emergency ambulance providers will help further support this critical component of the health care system and ensure quality care for Medicaid beneficiaries.

continued on page 2

IN THIS ISSUE

Web Portal Reminder.....	2
Provider Compliance	3
Coordinated Care News	7

Provider Rep Map	10
Provider Field Rep Listing	11
Calendar of Events	12

continued from cover

New Provider Portal Coming Soon!

The Mississippi Division of Medicaid (DOM) is in the process of implementing a new Medicaid Management Information System (MMIS) – which will include a new Provider Portal – known as MESA: Medicaid Enterprise System Assistance. The new system, going live at the beginning of October, is being developed by Gainwell Technologies.

Although the portal is not yet live, the latest updates and important information for providers is available on the DOM website at: <https://medicaid.ms.gov/the-mississippi-medicaid-mmis-replacement-project/>. As the transition from Envision to the MESA portal nears, everything you need to know in order to be prepared will appear on this website, including instructions, contact information and FAQs.



FOLLOW DOM WEBSITE FOR LATEST UPDATES

Find the latest updates and important information for providers on the DOM website at: <https://medicaid.ms.gov/the-mississippi-medicaid-mmis-replacement-project/>. As the transition from Envision to the MESA portal nears, everything you need to know in order to be prepared will appear on this website, including instructions, contact information and FAQs.

PROVIDER COMPLIANCE

eQHealth is now Kepro!

In September 2021, Kepro completed a successful acquisition of eQHealth Solutions, expanding its suite of technology solutions to better serve government funded programs. Over the past 35 years, Kepro has partnered with government-sponsored and commercial payers across the country to improve healthcare quality, maximize efficiency, and achieve better healthcare outcomes. Kepro provides technology enabled services for priority populations to help them remain in the community of their choice. Serving more than 300 clients within federal, state, and local governments, Kepro has improved the lives of more than 77 million beneficiaries nationwide and we look forward to a long and successful relationship with Mississippi healthcare providers.

You will continue to see our communication links, website, and correspondence rebranded to reflect Kepro in the months ahead. Rest assured, we are the same team you have worked with over the last several years and are excited to continue working with you. Please contact our helpline at 866-740-2221 if there are questions.

Upcoming Events

In October, we will transition from eQSuites® to Atrezzo Next Generation (ANG) for online Prior Authorization (PA) requests for Advanced Imaging services. Atrezzo is Kepro's proprietary, web-based provider portal. Providers can expect a person-centered, secure, reliable, HIPAA compliant system, making it possible to obtain a PA in less time. Kepro staff will spend the month of September sharing all the tools and information needed to ensure a smooth and successful transition to the new web-based review system. It is easy and user friendly, but most of all efficient – all important aspects in today's busy healthcare settings. Stay tuned for a list of provider webinars and training opportunities.

Kepro **highly** encourages all providers who request advanced diagnostic imaging PA and retro authorization reviews to utilize the new web portal for all authorization requests. Atrezzo is designed to easily manage a member's benefits at the point of service authorization, helping you:

- Manage costs by automatically managing the number of services authorized to not exceed benefits
- Achieve consistent outcomes (and reduce appeals) via interfaces with standard-of-care criteria from InterQual and other state approved resources
- Reduce administrative burdens and drive faster response times

Using Atrezzo, you capitalize on a tool designed to help you manage each member's complete continuum of care:

- Access a complete, start-to-finish view of a member's clinical path
- Get real-time and historical insights that help decrease duplicative or inappropriate care
- Run reports, through a fully integrated reporting function, that helps keep everyone informed and on point

What you can do to prepare

Providers can help ensure a smooth transition for the office and patients by taking a few small steps in the coming weeks.

1. Make sure your provider demographic information is current with the Division of Medicaid. This includes address, phone, and fax numbers. If you are not receiving communications from Kepro, please let us know at 866-740-2221.
2. Share this information with all pertinent staff members in your office and any outsourced staff your office may use to obtain authorizations on your behalf.
3. Ensure all rendering providers have an active MS Medicaid number. New applications and Change of Information may be submitted on or after October 3, 2022.
4. Look for announcements for upcoming Kepro trainings for the Atrezzo system to ensure staff can attend.

The Kepro team is excited to be working with you. You may continue to use the following numbers to reach us:

- **Helpline 1-866-740-2221**
- **Precertification 1-888-204-0502** (advanced diagnostic imaging only)

PROVIDER COMPLIANCE

Reporting Blood Lead Levels

In October 2021, the Centers for Disease Control and Prevention (CDC) decreased the Blood Lead Reference Value (BLRV) to $\geq 3.5 \mu\text{g}/\text{dL}$. With this decrease, CDC has provided state Lead Poisoning Prevention and Healthy Homes Programs with additional guidance for follow-up and case management of children based on initial screening Capillary and Confirmed Venous Blood Lead Levels (BLLs).

Effective **March 1, 2022**, the Mississippi State Department of Health began implementing the new BLRV and CDC recommendations for follow-up below.

Capillary Blood Lead Level*	Time to Confirm with Venous
$\geq 3.5\text{-}9 \mu\text{g}/\text{dL}$	Within 3 months
10-19 $\mu\text{g}/\text{dL}$	Within 1 month
20-44 $\mu\text{g}/\text{dL}$	Within 2 weeks
$\geq 45 \mu\text{g}/\text{dL}$	Within 48 hours

**Any child identified with a capillary lead level of $\geq 3.5 \mu\text{g}/\text{dL}$, must receive a confirmatory venous in the time frame shown above based on the blood lead level (BLL).*

Based on the confirmatory venous result, a follow-up venous BLL test should be done according to the time frame shown below based on the BLL.

Confirmatory Venous Blood Lead Level	Follow-up Venous Testing
$\geq 3.5\text{-}9 \mu\text{g}/\text{dL}$	3 months**
10-19 $\mu\text{g}/\text{dL}$	1-3 months**
20-44 $\mu\text{g}/\text{dL}$	2 weeks – 1 month
$\geq 45 \mu\text{g}/\text{dL}$	As soon as possible

***Some providers may choose to repeat blood lead tests on all new patients within a month to ensure the BLL is not rising more quickly than anticipated.*

Please contact the MS State Department of Health Lead Poisoning Prevention and Healthy Homes Program at [601-576-7447](tel:601-576-7447) if there are questions or concerns about the information shared.

PROVIDER COMPLIANCE

In addition to the confirmatory testing and follow-up guidelines, there is specific anticipatory guidance providers should follow based on the confirmed venous blood lead level.

3.5-19µg/dL	20-44µg/dL	≥45µg/dL
<ul style="list-style-type: none"> • Report test to MS Lead Poisoning Prevention and Healthy Homes Program (LPPHHP) 6612.pdf (ms.gov) • Perform routine assessment of physical and mental development per AAP guidelines and nutrition assessment • Perform structured developmental screenings at child health maintenance visits (<i>Note: Lead’s effect on development may manifest over years.</i>) • Ensure iron sufficiency via testing and treatment per AAP guidelines • Provide nutritional counseling related to calcium and iron intake • Provide anticipatory guidance about common sources of environmental lead exposure • Make referral for family support based on BLL: <ul style="list-style-type: none"> • BLL ≥10 µg/dL refer to Early Intervention • BLL ≥15 µg/dL refer for home visit and environmental assessment • F/U BLL monitoring within timeline (<i>See chart above.</i>) 	<ul style="list-style-type: none"> • Report test to MS LPPHHP • Follow recommendations for BLL 3.5-19 µg/dL <u>and</u>: <ul style="list-style-type: none"> • Complete history and physical exam assessing for signs and symptoms related to lead • Consider obtaining an abdominal X-ray to evaluate for lead-based paint chips and other foreign bodies • Contact UMMC Poison Control Center for guidance • F/U BLL monitoring within timeline (<i>See chart above.</i>) and continue routine assessment of physical and mental development, including structured developmental screenings at child health maintenance visits (<i>Note: Lead’s effect on development may manifest over years.</i>), per AAP/Bright Futures guidelines, anticipatory guidance, and nutrition counseling 	<ul style="list-style-type: none"> • Report test to MS LPPHHP • Follow recommendations for BLL 20-44 µg/dL <u>and</u>: <ul style="list-style-type: none"> • Complete history and physical exam including detailed neurological exam • Obtain abdominal X-ray to evaluate for lead-based paint chips and other foreign bodies and initiate bowel decontamination, if indicated • Contact UMMC Poison Control Center for guidance • F/U BLL monitoring within timeline (<i>See chart above.</i>) and continue routine assessment of physical and mental development, including structured developmental screenings at child health maintenance visits (<i>Note: Lead’s effect on development may manifest over years.</i>), per AAP/Bright Futures guidelines, anticipatory guidance, and nutrition counseling

PROVIDER COMPLIANCE

Important MESA Billing Changes For Providers

As the Division of Medicaid (DOM) transitions to a new Medicaid Management Information System (MMIS) to replace the aging Envision system, there will be a few system changes that will be implemented after Go-Live to the new Medicaid Enterprise System Assistance (MESA). Some of these changes are listed below.

Chiropractors

Chiropractic claims submitted for fee-for-service (FFS) beneficiaries must include the appropriate diagnosis codes on manipulation procedure codes and radiology codes.

Dental Providers

Current Dental Terminology (CDT) code D8060 was discontinued effective 12/31/2021 and replaced with CDT code D8020 for dates of service 1/1/2022 and after. CDT code D8020 may not be open for coverage at MESA Go-Live. Dental providers should proceed with obtaining the appropriate prior authorization (PA) for fee-for-service (FFS) beneficiaries and include the PA number on CDT code D8020 claims. FFS authorization is conducted by Alliant Health Solutions ([Mississippi - Prior Authorization allianthealth.org](https://www.allianthealth.org)). Impacted claims will be adjusted, and there will be no additional action needed by Dental providers.

All dental claims submitted on the American Dental Association (ADA) claim form will require diagnosis codes to be submitted on the claim.

Durable Medical Equipment (DME) Providers

DOM opened additional wheelchair K-codes during June 2022 that were updated in the current MMIS system. These K-codes may not be open for coverage at MESA Go-Live. DME providers should proceed with obtaining the appropriate prior authorization (PA) for fee-for-service beneficiaries and include the PA number on wheelchair claims. FFS authorization is conducted by Alliant Health Solutions ([Mississippi - Prior Authorization allianthealth.org](https://www.allianthealth.org)). Impacted claims will be adjusted, and there will be no additional action needed by DME providers.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Providers

EPSDT screenings will only be allowed for the child's

current age on the date of service. Providers will not be able to make up for missed screening once a child's age changes.

Hospice Providers

Dates of Service should correlate to number of units billed on claims.

Example:

- From 02/01/2022 to 02/01/2022 with 28 units billed. INCORRECT
- From 02/01/2022 to 02/28/2022 with 28 units billed. CORRECT

General Billing Changes for All Providers

- COVID related claims that should bypass the copayment requirement must include the CS modifier, as the "V" suffix will not be recognized in the new MESA system.
- Providers will need to include all services on the same claim when billing for the same beneficiary and the same date of service (DOS).
- DOM added place of service (POS) code 10 to indicate a Telehealth service was provided to a beneficiary located at their home. POS code 10 may not be loaded with updated billing rules at MESA Go-Live. Providers should continue to submit claims with the appropriate POS code. Impacted claims with POS 10 will be adjusted, and there will be no additional action needed by Providers.
- DOM updated ages on current procedural terminology (CPT) codes 90714 and 90715 in the MMIS system. The age updates may not be loaded in the new MESA system at Go-Live. Impacted claims will be adjusted, and there will be no additional action needed by Providers.
- Effective February 14, 2022, DOM began requiring prior authorization (PA) of additional physician administered drugs (PADs). The new MESA system may not contain the updated PA requirements at Go-Live. Providers should proceed with obtaining the appropriate prior authorization (PA) for fee-for-service (FFS) beneficiaries and include the PA number on the claim. Impacted claims will be adjusted, and there will be no additional action needed by Providers. Claims inappropriately reimbursed without the proper PA will be subject to recoupment.

COORDINATED CARE NEWS



magnolia health™

Provider Clinical and Payment Policies

Magnolia Health creates new policies or revises existing clinical policies to ensure medical necessity review criteria is current and appropriate for members and the scope of services provided. Click the link below to view Provider Clinical and Payment policies:

[Clinical & Payment Policies | Magnolia Health \(https://www.magnoliahealthplan.com/providers/resources/clinical-payment-policies.html\)](https://www.magnoliahealthplan.com/providers/resources/clinical-payment-policies.html)

We Speak Every Language!

If your patient is a Magnolia Health member and needs an interpreter, we will provide one for **free - 24 hours a day, 7 days a week**.

To request an on-demand telephonic interpreter, please call **1-866-912-6285** and provide your patient's Magnolia ID number.

Using the speakerphone function is recommended for communication efficiency between you, your patient, and the interpreter.

Thank you for ensuring our members - your patients- can understand the healthcare they are receiving.

Language Identification Tool

- Speak* charts like this help people who do not understand English to identify their language.
- Patient points to a language and an interpreter is called.
- Magnolia provides interpretation for all members in their preferred language at no charge.
- Call Provider Services at **1-866-912-6285** to be connected with an interpreter.

Use the speakerphone function so the interpreter can speak directly to the member in your office.

Tip Sheet for Ordering Advanced Imaging Studies

Please visit the link below for a tip sheet for ordering advanced imaging studies. This tip sheet helps to provide information on imaging and radiology requirements.

[Tip Sheet for Ordering Advanced Imaging Studies \(https://www.magnoliahealthplan.com/content/dam/centene/Magnolia/medicaid/pdfs/TipSheetOrderAdvancedImaging - 508.pdf\)](https://www.magnoliahealthplan.com/content/dam/centene/Magnolia/medicaid/pdfs/TipSheetOrderAdvancedImaging - 508.pdf)



UnitedHealthcare®

Community Plan

Claims and Payment Resources at Your Fingertips

Did you know that the Payment Accuracy page on UHCprovider.com is a one stop hub for resources you need to submit claims and receive accurate payments?

This newly launched page has information about a variety of topics you need to know to help you submit claims accurately and receive timely payment.

You can find links to:

- Coding Corner where you can choose from more than 20 self-paced courses on common coding issues.
- Smart Edits to help you catch billing errors quickly. Smart Edits notifies you within 24 hours of claim submission, so you can make corrections before the claim is processed.
- Reimbursement Policies so you can research policies, requirements and protocols for commercial, Individual and Family Plan (Exchange), Medicare Advantage and Community (Medicaid) plans.

You can also learn about payment timing and types of reviews and the vendors that help us perform those reviews.

COORDINATED CARE NEWS

Bookmark the page for quick and easy access to the claims and payment resources you need.

[Go to Payment Accuracy Page.](https://uhcprovider.com/accuracy) (Make this a button to this address <https://uhcprovider.com/accuracy>) PCA-22-01235

Immunizations for Adolescents (IMA)

The Immunizations for Adolescents (IMA) HEDIS measure is the percentage of adolescents age 13 who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

HPV Vaccination Starts at Age 9

The Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC) support vaccination starting at age 9. The ACIP, the CDC, the American Academy of Pediatrics (AAP), the American Cancer Society (ACS), and the National HPV Vaccination Roundtable all agree that HPV vaccination can start at age 9.

- Giving a strong recommendation for HPV vaccination at age 9 will increase vaccine completion success and prevent more cancers.

- Healthcare providers should start the 2-dose series at the age 9 well visit. Starting the vaccine series and the conversation about HPV vaccination at age 9 will increase the success of completing the series by age 13.

- Giving a strong recommendation at age 9 will increase vaccination success. Starting at age 9 gives health providers time to complete the HPV series before age 11 when they need to get the Tdap

- and MenACWY vaccines.

The following vaccines should be completed by the 13th birthday for IMA compliance:

Human Papillomavirus (HPV)

Number of Doses: 2

Special Circumstances:

- Dose must be administered on or between the ninth and 13th birthdays.

- There must be at least 146 days between the first and second dose of HPV vaccine.
CPT®/CPT II 90649-51

Meningococcal Conjugate

Number of Doses: 1

Special Circumstances:

- Dose must be administered on or between the 11th and 13th birthdays.

CPT®/CPT II 90619, 90733, 90734

Diphtheria Toxoids and Acellular Pertussis (Tdap)

Number of Doses: 1

Special Circumstances:

- Dose must be administered on or between the 10th and 13th birthdays.

CPTR/CPT II 9071

For more information visit hpvroundtable.org

Have questions regarding initiating HPV at age 9? Contact [hpv.vaccination.roundtable@cancer.org](mailto:hpv.vaccination.roundtable@ cancer.org)

Discover how the portal makes administrative work faster and easier

The UnitedHealthcare Provider Portal (UHCprovider.com > Sign In) helps you and your administrative support teams find member information faster, get claims-related work done more efficiently and improve documentation.

What the portal can do for you

The portal is available 24/7 and includes over 60 self-service online tools to help you:

- Verify patient eligibility and check benefit detail
- Submit prior authorization and notification requests
- View, submit and track claims
- View payment documents in Document Library
- Review, update and attest to the accuracy of your demographic data
- And much more

For more information, check out our [UnitedHealthcare Provider Portal Overview \(https://chameleoncloud.io/review/5017-61472de4c33c9/prod\)](https://chameleoncloud.io/review/5017-61472de4c33c9/prod).

COORDINATED CARE NEWS

Get started today

To get started, you simply need to create a One Healthcare ID. You can find more details and instructions in the [Access and New User Registration Guide \(https://chameleoncloud.io/review/4785-60ef421c060f5/prod\)](https://chameleoncloud.io/review/4785-60ef421c060f5/prod). You will receive an email once your request is approved.

Then follow the steps below to access the portal:

- Go to UHCprovider.com and bookmark the page for easy access
- Select Sign In in the upper-right corner
- Enter your One Healthcare ID and password

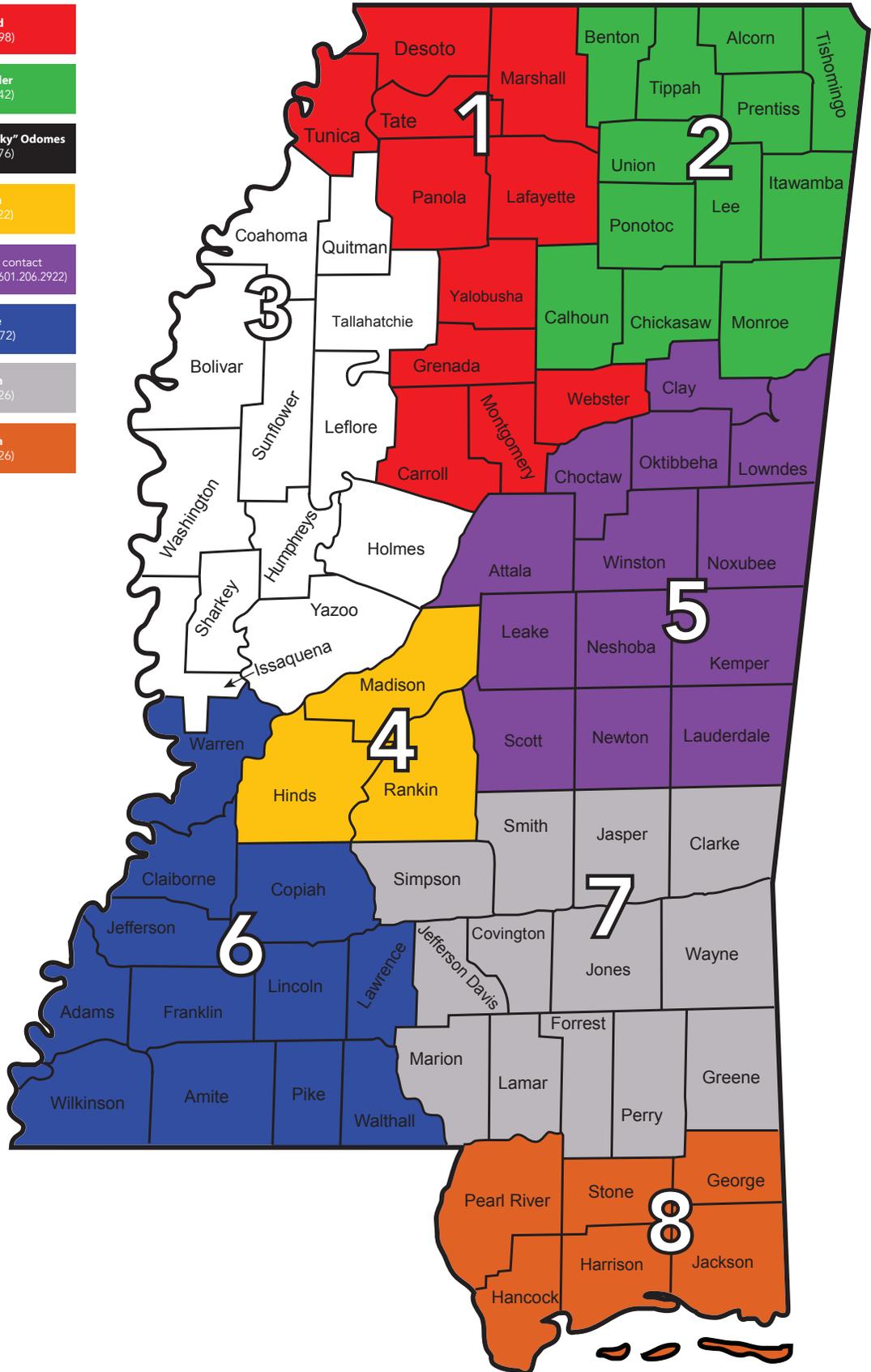
You can access the portal from your mobile device, tablet or computer; be sure to use Microsoft Edge, Google Chrome or Apple Safari when you sign in.

Questions? For help using the UnitedHealthcare Provider Portal, please contact UnitedHealthcare Web Support at ProviderTechSupport@uhc.com or [866-842-3278](tel:866-842-3278), option 1, TTY/RTT 711, 7 a.m.–9 p.m. CT, Monday–Friday.



FIELD REPRESENTATIVE REGIONAL MAP

- 1** Latasha Ford
(601.572.3298)
- 2** Prentiss Butler
(601.206.3042)
- 3** Claudia "Nicky" Odomes
(601.572.3276)
- 4** Justin Griffin
(601.206.2922)
- 5** TBA (interim contact
Justin Griffin 601.206.2922)
- 6** Latrece Pace
(601-473-5172)
- 7** Erica Guyton
(601.206.3026)
- 8** Erica Guyton
(601.206.3026)



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	AREA 5 Justin Griffin (601.206.2922) justin.griffin@conduent.com Interim Contact	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 Erica Guyton (601.206.3026) erica.guyton@conduent.com		AREA 8 Erica Guyton (601.206.3026) erica.guyton@conduent.com
County		County
Simpson		Pearl River
Jefferson Davis		Stone
Marion		George
Lamar		Hancock
Covington		Harrison
Smith		Jackson
Jasper		
Jones		
Forrest		Slidell, LA
Perry		Mobile, AL
Greene		
Wayne		
Clarke		
OUT OF STATE PROVIDERS	Justin Griffin (601.206.2922) justin.griffin@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 2022

THURS, SEPT 1	EDI Cut Off – 5:00 p.m.
MON, SEPT 5	Labor Day DOM Closed
THURS, SEPT 8	EDI Cut Off – 5:00 p.m.
MON, SEPT 12	Checkwrite
THURS, SEPT 15	EDI Cut Off – 5:00 p.m.
MON, SEPT 19	Checkwrite
THURS, SEPT 21	EDI Cut Off – 5:00 p.m.
MON, SEPT 26	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.