

MS Medicaid PROVIDER BULLETIN



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*Executive Director
MS Division of Medicaid*

DOM aims to deliver greater value in 2019

The 2019 regular session of the Mississippi Legislature has already come to a close, with lawmakers adjourning on March 29. In mid-January, I presented our state fiscal year (SFY) 2020 budget request to both the House Appropriations Subcommittee and the Senate Appropriations Subcommittee, and I conveyed to lawmakers that we at the Mississippi

Division of Medicaid (DOM) have been intentional about optimizing value to the public while ensuring a good return on investment with the taxpayer dollars entrusted to us.

In many ways, our SFY 2020 budget request, as well as our outlook for the remainder of SFY 2019, reflects a focused effort throughout 2018 to analyze agency spending and find ways to live within our means without limiting services or reducing reimbursement. Having made significant strides in that area, I want to share a little about our priorities for calendar year (CY) 2019.

But first let me hit the high points of our financial outlook. To begin with, I showed how state support spending on Medicaid has trended down by 9.4 percent over the last three fiscal years since a high of \$1.013 billion in SFY 2016. Additionally, lawmakers were pleased to hear that we are not requesting a deficit appropriation for SFY 2019 for the first time in more than a decade.

This is due to a number of factors, including an improving economy, a dip in enrollment and careful budget management.

I also reported that we have revised our budget request for SFY 2020 down by \$15 million from the \$954 million we initially requested during the Joint Legislative Budget Committee meeting last September. So far lawmakers have been very receptive to this news, but I have cautioned that there are factors that could potentially drive up our costs in the near future. For example, beginning October 1, 2019, the state will have to pay a state share of the Children’s Health Insurance Program. However, I believe we are effectively demonstrating that we’re doing more with the same, not more of the same.

For the moment, we are in good financial shape and that affords us the ability to concentrate on what we would like to achieve this calendar year. In recent remarks to legislators, I expressed that we are focused on providing access to quality care for our beneficiaries and better overall value. More specifically, we plan to focus on these four inter-related priorities:

- Improving the health and wellness of Medicaid beneficiaries
- Reducing unnecessary administrative burdens on providers
- Providing additional transparency
- Enhancing value to taxpayers and consumers

continued on page 2

IN THIS ISSUE

Web Portal Reminder.....	2
Pharmacy News.....	3
Nursing Facilities.....	5

Provider Rep Map	7
Provider Field Rep Listing	8
Calendar of Events	9

In recent months, we have already introduced several initiatives that reflect these priorities, such as the Medicaid Enhancing Access to Services and Engagement (EASE) initiative, which I highlighted in the last Provider Bulletin. The first component of the EASE Initiative – increasing the number of physician visits from 12 to 16 – took effect on January 1, 2019, with more EASE initiatives to be announced soon..

Additionally, on January 8, which was the first day of the 2019 legislative session, we took an important step towards strengthening transparency with the release of the Medicaid Vital Signs dashboard, which is available on our external website as a resource to check the health of the Medicaid Program. The dashboard includes key metrics that will be updated regularly, as we will continue to refine and develop it going forward.

The common theme running through these priorities is a commitment to being stronger partners with all of our stakeholders, and the provider community is one of the most important. By being better partners we can help improve access to quality services, and exchange more information to make better data-driven decisions. I look forward to working with you this year to develop new initiatives that deliver greater value to the State of Mississippi.



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.

PHARMACY NEWS

CDC Guidelines for Prescribing Opioids for Chronic Pain: Drug Utilization Review (DUR) Board Recommendations to be Implemented on June 1, 2019

- **CDC recommendation:** When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.

1. MS Medicaid DUR Board recommendation:

New narcotic prescriptions (first narcotic fill within 90 days) for patients must be for short-acting (SA) narcotics. Exceptions are patients with a diagnosis of cancer or sickle-cell disease.

- **CDC recommendation:** Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.

2. MS Medicaid DUR Board recommendation:

For new fills (first prescription fill in 90 days) a SA opioid can be approved through an electronic PA for a maximum of two 7-day supplies in a 30 day period. Use of SA opioids for longer periods will require a manual PA. Exceptions are patients with a diagnosis of cancer or sickle-cell disease.

- **CDC recommendation:** Providers should avoid prescribing opioid pain medication for patients receiving benzodiazepines whenever possible.

3. MS Medicaid DUR Board recommendation:

Concomitant use of opioids and benzodiazepines should require a manual PA.

To allow for the short-term treatment of pre-procedure anxiety or other short-term anxiety, a prescription for up to 2 units of a solid oral dosage form of a benzodiazepine can be overridden at the point-of-sale by the dispensing pharmacist based upon his/her clinical judgment. A maximum of two, 2-unit prescriptions may be overridden in a 60 day period. Prospective DUR billing directions can be found on DOM's website.

- **CDC recommendation:** When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when increasing dosage to ≥ 50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to ≥ 90 MME/day or carefully justify a decision to titrate dosage to ≥ 90 MME/day.

4. MS Medicaid DUR Board recommendation:

Individual prescriptions for opioids with a MEDD of ≥ 90 must require a manual PA with documentation that the benefits outweigh the risks and that the patient has been counseled about the risks of overdose and death. Exceptions are patients with a diagnosis of cancer or sickle-cell disease.

Details of these opioid initiatives will be posted on the DOM website. In addition, DOM shares important provider notices, as needed, to all professional medical and pharmacy associations for dissemination to their membership.

New Drug Class Prone to Billing Errors – Calcitonin Gene Related Peptide (CGRP) Inhibitors

When submitting claims for the injectable CGRP inhibitors, the billed quantity must correspond to the number of total milliliters (ml) dispensed, not the number of packages/cartons.

For example:

A 70mg/1ml dose of Aimovig™ would require 1 package of 1 autoinjector and the quantity billed should be 1 ml.

A 140mg/2ml dose would require 1 package of 2 autoinjectors and the quantity billed should be 2 ml.

Drug	How Supplied	NDC	Billing Quantity
Aimovig	carton of one, 70mg/ml, SureClick autoinjector	55513-0841-01	1 mL
Aimovig	carton of two, 70 mg/ml, SureClick autoinjector	55513-0841-02	2 mL
Ajovy	carton of one, 225 mg/1.5mL single-dose prefilled syringe	51759-0204-10	1.5 mL
Emgality	carton of one, 120 mg/mL single-dose prefilled pen	00002-1436-11	1 mL
Emgality	carton of one, 120 mg/mL single-dose prefilled syringe	00002-2377-11	1 mL



NURSING FACILITIES

Attention: Nursing Facilities

The Division of Medicaid and Mississippi State Department of Health Division of Licensure and Certification are hosting a free, one-day educational seminar for nursing home providers and other individuals or organizations interested in applying for a Civil Money Penalty (CMP) Grant. Several speakers with experience in the nursing home industry will share their expertise and perspectives on developing successful CMP grants. Attendees will be able to speak with industry representatives about products and services devoted to improve care and quality of life for nursing home residents. The seminar will be May 7, 2019 from 9:30 a.m. until 4:30 p.m. at the University of Mississippi Medical Center Conference Center, Jackson Medical Mall, 350 W. Woodrow Wilson Drive, Jackson, MS. If your organization is seeking funding from the Centers for Medicare and Medicaid Services (CMS) for a project benefiting nursing home residents, you are urged to attend this educational seminar. Registration is through the Mississippi State Department of Health at the following link: <https://www.eventbrite.com/e/civil-money-penalty-cmp-grant-provider-training-registration-44425478803#>. Continuing education hours for nursing home administrators are pending. For more information, please call 601-359-6141.

Attention: Elderly & Disabled Waiver Providers

Effective December 1, 2018, the Mississippi Administrative Code Title 23: Medicaid, Part 208 Chapter 1: HCBS Elderly and Disabled Waiver has been updated to reflect waiver updates, outline specific provider requirements for each service type and clarify covered service definitions. The Administrative Code updates can be reviewed in their entirety at <https://medicaid.ms.gov/wp-content/uploads/2014/01/Admin-Code-Part-208.pdf>.

Provider Reference Guide

The Provider Reference Guides (PRGs) have been removed from the Division of Medicaid's website. The information contained in the PRGs is currently being evaluated and pertinent information for fee-for-service (FFS) providers will be included in either the Administrative Code or Billing Handbook at a later date. Please direct any questions to the appropriate program area at the Division of Medicaid (DOM) by calling 601-359-6050 or by email, using DOM's Request for Information (RFI; rfi@medicaid.ms.gov) process.

Outpatient Hospital Dental Services

Effective July 1, 2018, the Division of Medicaid (DOM) changed the total number of units hospitals were allowed to bill for specific dental codes performed in an outpatient hospital setting from 32 units, per beneficiary, per day, to one unit per beneficiary, per day.

Effective March 1, 2019, DOM will implement a revised billing policy for medically necessary dental services in the outpatient hospital setting and billed on the UB-04 claim form. The revised billing policy will:

1. Require the dentist to obtain prior authorization for any dental procedures performed in the outpatient hospital setting,
2. Allow for the coverage of more than one (1) unit per beneficiary per day with prior authorization,
3. Require each approved unit billed as a separate line item, and
4. Apply multiple discounting.



Additional four office visits will be displayed in a separate tab until July 1, 2019

On January 1, 2019, the Mississippi Division of Medicaid (DOM) increased the number of physician visits for Medicaid beneficiaries from 12 to 16 visits per state fiscal (SFY) year. However, when providers check a beneficiary's available service limits in the Mississippi Envision Web Portal, currently one tab displays what remains of the original 12 office visits for SFY2019 and a separate tab displays what is available of four expanded office visits available for services rendered on or after January 1, 2019.

Verifying available office visits will be simplified beginning SFY2020. Effective July 1, 2019 all 16 office visits will be available from July 1, 2019 through June 30, 2020 and will be displayed in one tab in the Envision Web Portal.



When checking available service limits in the Mississippi Envision Web Portal, providers will see the number of remaining 12 Physician Office Visits in one tab and the number of remaining 4 expanded Physician Office Visits in a separate tab.

For more information, please call 800-884-3222 to speak with a representative.

Coming Soon: Re-Validation of Ordering, Referring and Prescribing (ORP) Providers

42 C.F.R. § 455.414 of the Affordable Care Act (ACA) requires state Medicaid agencies to re-validate the enrollment of all providers at least every five years. The Division of Medicaid (DOM) is in the process of implementing this requirement for Ordering, Referring and Prescribing (ORP) providers.

At implementation, the agency will begin issuing re-validation notices to the Mail Other Address for Provider Communications that is currently on the ORP provider's file. The re-validation notices will include instructions for completing the re-validation process via the web portal. Please watch for upcoming communications on the DOM website and the Envision Web Portal with more information about the upcoming implementation. Further details on provider re-validation within the CMS Final Rule can be obtained at www.cms.hhs.gov.





MISSISSIPPI DIVISION OF
MEDICAID

**Attention All Providers!!!
Fee-for-Service, MSCAN and CHIP**

**COMING SOON ...
2019 Provider Workshops**

The Division of Medicaid, in conjunction with its contractors – Conduent, Alliant Health Solutions and the MSCAN and CHIP plans – Magnolia Health, Molina Healthcare and UnitedHealthcare Community Plan, will conduct Provider Workshops at varied locations across the state. The purpose of these workshops will be to provide updates and changes related to Medicaid, MSCAN and CHIP. Office directors, office managers, clinical staff, coders and billing staff are encouraged to attend.

HELP US HELP YOU!

Please bring copies of claims and any issues that your facility is experiencing difficulties with, to the Workshops. There will be a **“Help Desk”** available, to address your concerns.

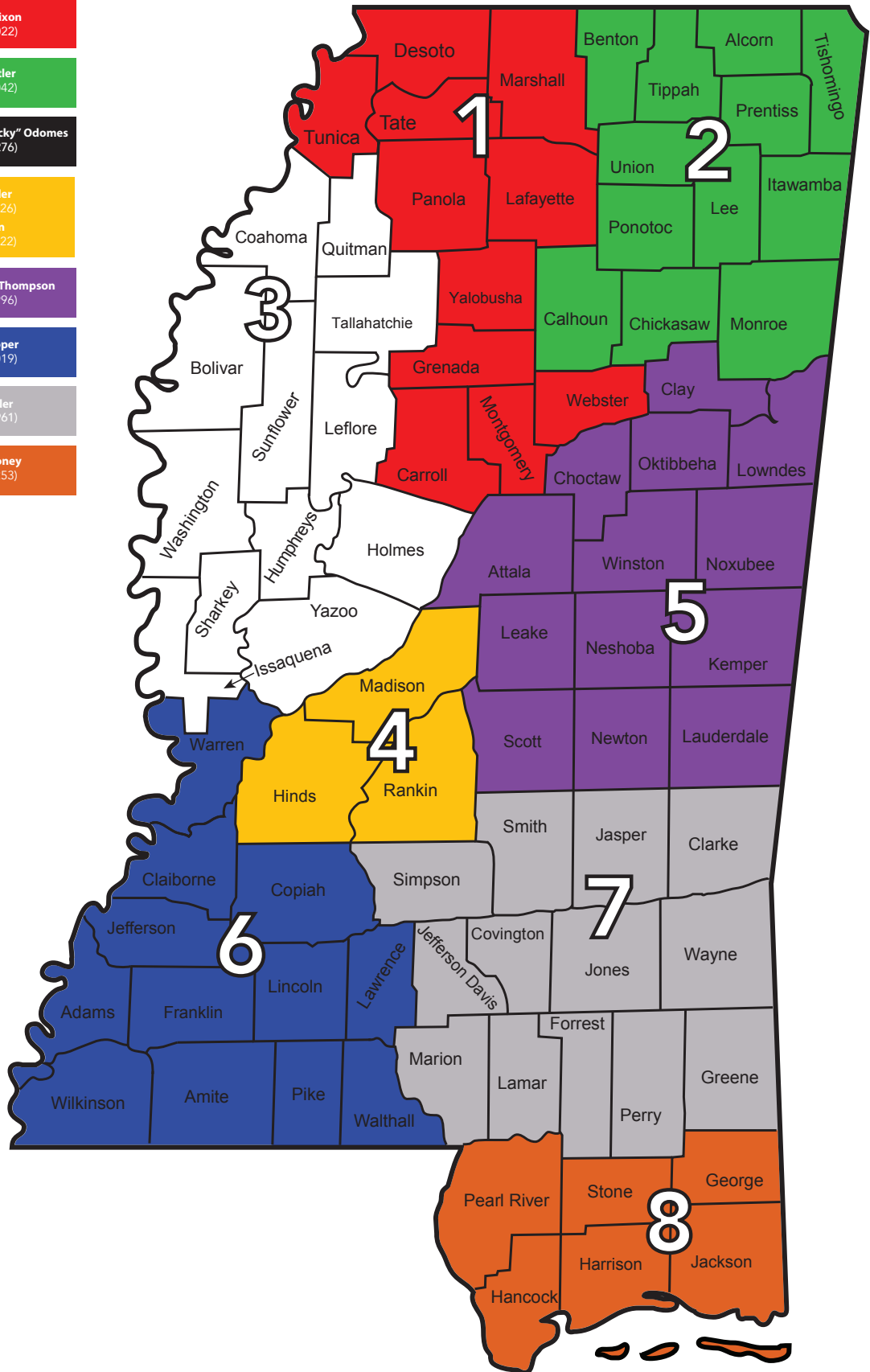
The following topics will be covered:

General Updates (Medicaid, MSCAN & CHIP)	Durable Medical Equipment (DME)
DOM’s new UM/QIO – Alliant Health Solutions	Vision
Dental	Hospital Services
Home Health and Waiver Services	Therapy Services
Rural Health and Federal Qualified Health Clinic	Behavioral Health
Member enrollment (MSCAN and CHIP)	... and other topics of Interest

Continue to check our websites (www.medicaid.ms.gov and www.ms-medicaid.com) for the locations and dates.

FIELD REPRESENTATIVE REGIONAL MAP

- 1** Jonathan Dixon
(601.206.3022)
- 2** Prentiss Butler
(601.206.3042)
- 3** Claudia "Nicky" Odomes
(601.572.3276)
- 4** Randy Ponder
(601.206.3026)
Justin Griffin
(601.206.2922)
- 5** LaShundra Thompson
(601.206.2996)
- 6** Erica G. Cooper
(601.206.3019)
- 7** Porscha Fuller
(601.206.2961)
- 8** Connie Mooney
(601.572.3253)



PROVIDER FIELD REPRESENTATIVES

PROVIDER FIELD REPRESENTATIVE AREAS BY COUNTY

AREA 1 Jonathan Dixon (601.206.3022) jonathan.dixon@conduent.com	AREA 2 Prentiss Butler (601.206.3042) prentiss.butler@conduent.com	AREA 3 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 LaShundra Thompson (601.206.2996) lashundra.othello@conduent.com	AREA 6 Erica G. Cooper (601.206.3019) ERICA.Cooper@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 Connie Mooney (601.572.3253) connie.mooney@conduent.com
County		County
Simpson		Pearl River
Jefferson Davis		Stone
Marion		George
Lamar		Hancock
Covington		Harrison
Smith		Jackson
Jasper		
Jones		
Forrest		
Perry		
Greene		
Wayne		
Clarke		
OUT OF STATE PROVIDERS	Latasha Ford (601) 572-3298 Latasha.Ford@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

MARCH 2019

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

APRIL 2019

MON, APR 1	Checkwrite
THURS, APR 4	EDI Cut Off - 5:00 p.m.
MON, APR 8	Checkwrite
THURS, APR 11	EDI Cut Off - 5:00 p.m.
MON, APR 15	Checkwrite
THURS, APR 18	EDI Cut Off - 5:00 p.m.
MON, APR 22	Checkwrite
THURS, APR 25	EDI Cut Off - 5:00 p.m.
MON, APR 29	Confederate Memorial Day DOM Closed

MAY 2019

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