

MS Medicaid

PROVIDER BULLETIN



MISSISSIPPI DIVISION OF
MEDICAID



DREW L. SNYDER
Executive Director
MS Division of Medicaid

DOM Marks Busy Conclusion of 2022, Looks Ahead to the New Year

Happy New Year! It's hard to believe that 2022 has come to an end and that it is already 2023. The final quarter of 2022 was a very

busy one here at the Mississippi Division of Medicaid (DOM) as we transitioned to a

new fiscal agent, Gainwell Technologies, and worked with elected officials as they explored health issues and ways to support Mississippi hospitals.

In September 2022, the newly formed Senate Study Group on Women, Children and Families began holding hearings at the Capitol with the aim of developing recommendations related to the health of families and young children, specifically from birth to three years of age. We presented to the committee on Sept. 27, 2022, outlining Medicaid services for pregnant women and opportunities for improvements. Following that, we gave a presentation on managed care to the Senate Medicaid Committee on Nov. 9, 2022, and another on postpartum coverage on Dec. 1, 2022.

There continues to be a lot of interest within the Legislature for extending postpartum Medicaid coverage beyond the current 60-day postpartum

coverage period, a subject that was also discussed at our last Medical Care Advisory Committee meeting held on Oct. 21, 2022, and it will surely be a hot topic in the 2023 legislative session.

As outlined previously, the Families First Coronavirus Response Act (FFCRA) changed Medicaid eligibility policies by requiring state Medicaid agencies to maintain coverage through the end of the public health emergency (PHE) for any individual who was enrolled in Medicaid on or after March 18, 2020, as a condition for receiving an enhanced federal match rate. Since that time, pregnant women who were enrolled on or after March 18, 2020, have maintained full Medicaid coverage and will continue to receive full coverage until the continuous coverage provision is lifted and redeterminations are conducted for all Medicaid members.

As it happens, the omnibus appropriations bill passed by Congress and signed into law before the end of 2022 allows states to begin processing Medicaid redeterminations on April 1, 2023, even if the PHE is still in effect.

Based on the most recent Medicaid enrollment data available, there are around 160,000 more

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when the continuous enrollment requirement began.

Like other states, we have been working closely with the Centers for Medicare and Medicaid Services (CMS) on our continuous coverage “unwinding plan” to ensure DOM is in compliance with federal guidelines on how redeterminations are to be conducted beginning this spring.

In the midst of all these activities, DOM transitioned to the new fiscal agent – Gainwell Technologies – and the new Medicaid system with the MESA provider portal on Oct. 3, 2022. Since go-live almost four months ago, we have continued supporting the provider community as you adjust to the new system, and I appreciate your patience as we work together toward a successful stabilization period.

Gainwell has held online workshop webinars over the past few months. If you missed any of those, most of the recordings are available on DOM’s website at: <https://medicaid.ms.gov/mesa-provider-workshop-webinars/>.



You can also find a growing list of frequently asked questions about portal functionality at: <https://medicaid.ms.gov/mesa-provider-faqs/>.

Following two years of COVID-19, 2022 has had unique challenges of its own, but we will continue keeping our focus on operational excellence working hard to deliver the best customer service to our members, the provider community, and to the state as a whole.



VISIT DOM’S WEBSITE FOR LATEST UPDATES

Find the latest updates and important information on the DOM website under the Provider Portal at: <https://medicaid.ms.gov/mesa-portal-for-providers/>. The Provider Portal hosts many resources for providers such as webinars, FAQs, training videos, and Late Breaking News.

SIGN UP TO RECEIVE LATE BREAKING NEWS ALERTS

LATE BREAKING NEWS

PROVIDER BULLETINS

LBN ARCHIVE

The latest updates and information Mississippi Medicaid providers need to know is posted in Late Breaking News

Sign up to receive email alerts every time DOM issues a Late Breaking News update! Just email a contact name, place of business and a contact number (optional) to LateBreakingNews@medicaid.ms.gov

PROVIDER COMPLIANCE

Advanced Imaging Prior Authorization With Kepro

Kepro (formerly eQHealth Solutions) partners with the Division of Medicaid for Advanced Imaging Services for MS Medicaid members not enrolled in a managed care plan (MSCAN or CHIP). These members are also referred to as MS Medicaid or Fee-for-Service members. We want to ensure patients are receiving safe, appropriate, and medically necessary treatment. We understand the prior authorization (PA) policy impacts your practice and can be looked at as burdensome or even maddening at times. Our goal is to make sure providers always have the necessary tools to make this process efficient, streamlined and easily incorporated into daily workflow.

Steps to speed up the prior authorization process:

Before attempting to submit your review online or calling Kepro:

- **Check current member eligibility with the MESA system.** Know which organization to utilize for PAs. This is a critical step for providers. Medicaid member eligibility changes frequently and should be checked prior to every episode of care, not once a year or even once a month. If the member is enrolled in a managed care plan or has primary health insurance, including Medicare – an authorization is not required from Kepro. This will save you time and ensure you call the proper Medicaid partner for authorization.
- **Obtain a list of the Advanced Imaging codes that require prior authorization for MS Medicaid Fee-for-Service members.** Print and share the list with other office staff. If the code is not found on the list, an authorization is not

required from Kepro. This small step will save you valuable time. This list can be found at MSADI.Kepro.Com.

Working Together

- Identify who at the physician's office is responsible for obtaining PAs and make sure they have access to all the information provided by the Kepro team. Understanding the process and requirements will increase the likelihood of a successful request, reduce pended reviews, and potentially decrease turnaround times. Educational material can be found at MSADI.Kepro.Com.
- Avoid duplications. We understand there are times the imaging center or hospital may obtain the PA. This can lead to delays when the facility does not have the necessary supporting clinical information. The ordering physician's office typically has all the necessary clinical data to submit successful review requests. Ensure you are not requesting a duplicate review.
- Embrace technology! Our automated workflow process can be a game changer! Make sure to visit MSADI.Kepro.Com to view the Provider Manual, training videos, and any other information that will help you be successful in submitting PA requests online via the Atrezzo provider portal. This will help reduce the administrative burden providers feel related to obtaining PAs. You have everything at your fingertips.
- Contact Kepro at MSADIHELP@kepro.com for individual training needs.

PROVIDER COMPLIANCE (CONTINUED)

Be Thorough

- Make sure you have the following information before logging into Atrezzo:
 - Member's MS Medicaid number
 - Ordering MDs MS Medicaid number
 - Servicing provider's MS Medicaid number
 - Diagnosis Code
 - The **correct** CPT codes
 - Clinical indication/reason for the exam. This information typically comes from the physician's notes, H&P, Assessment and Plan.
 - Physician order
- Follow up. Logging into the portal is the fastest way to check the status of your review, find and print your approval letters, or respond to an additional information request.

Be Mindful of Timing

- Advanced Imaging Services require PRIOR Authorization and need to be submitted at least 3 business day prior to service.
 - In instances where a radiologist "changes" an order based on hospital protocols, Kepro must be contacted immediately, no later than next business day regarding the change. Failure to do so may result in unpaid claims.

- Kepro does not process stat requests. If a patient requires urgent advanced imaging, not performed in an emergency room or outpatient hospital setting, the provider has 3 business days from the service date to obtain retrospective authorization. Refer to the MS Division of Medicaid's Administrative Code for the full definition of urgent/emergent requests.

What NOT to Submit – these items slow down the PA process and are not necessary for reviews:

- Unnecessary clinical information: repetitive progress notes, copies of the MAR or patient medication lists, progress notes that are not pertinent to the current condition, pages of lab results, or vital signs
- Demographic (name, address, etc.) pages from electronic medical records
- Copies of insurance cards
- Copies of signed consent forms

Together, we will ensure your PA process with Kepro is smooth and expeditious.

Please call us at 866-740-2221 if you need assistance or would like further information.

COORDINATED CARE NEWS

Molina Case Management

Molina offers you and your patients the opportunity to participate in our Complex Case Management Program. Patients appropriate for this voluntary program are those who have the most complex service needs. This may include your patients with multiple medical conditions, high level of dependence, conditions that require care from multiple specialties, and/or have additional social, psychosocial, psychological, and emotional issues that exacerbate the condition, treatment regime, and/or discharge plan.

The purpose of the Molina Complex Case Management Program is to:

- Conduct a needs assessment of the patient, patient's family, and/or caregiver
- Provide intervention and care coordination services within the benefit structure across the continuum of care
- Empower our patients to optimize their health and level of functioning
- Facilitate access to medically necessary services and ensure they are provided at the appropriate level of care in a timely manner

- Provide a comprehensive and ongoing care plan for continuity of care in coordination with you, your staff, your patient, and the patient's family
- If you would like to learn more about this program, speak with a Complex Case Manager, and/or refer a patient for an evaluation for this program, please call toll-free (844) 826-4335.



COORDINATED CARE NEWS

Updating Provider Information for Molina

It is important for Molina to keep our provider network information current. Up to date provider information allows Molina to accurately generate provider directories, process claims, and communicate with our network of providers. Providers must notify Molina of the following changes, in writing at least 30 days in advance:

- Change in practice ownership or Federal Tax ID number
- Practice name change
- A change in practice address, phone or fax numbers
- Change in practice office hours
- New office site location
- Primary Care Providers (PCP) Only: If your practice opens or closes to new patients
- When a provider joins or leaves the practice

Changes should be submitted on the Provider Information Update Form located on the Molina website at MolinaHealthcare.com located in the Provider Forms area.

Send changes to:

Email:

MHMSProviderContracting@MolinaHealthcare.com

Fax: (844) 303-5188

Contact your Provider Services Representative at (844) 826-4335 if you have questions.

COORDINATED CARE NEWS

Molina's New Clinical Website Policy

In February 2022, Molina launched a new provider tool via our website – it is available at MolinaClinicalPolicy.com. The site includes Molina Clinical Policies (MCPs) and Molina Clinical Reviews (MCRs). The policies are used by providers as well as Medical Directors and internal reviewers to make medical necessity determinations. The website will ensure providers have access to the most current MCPs and MCRs. Routine updates will be made following approval by the Molina Clinical Policy Committee. We are excited to share this new tool with our providers. Check it out today!

Molina Matters E-Newsletter

Our Molina Matters e-newsletter is a great way for providers to receive helpful information, education, important updates and more! Our goal is to provide you with the kind of information that will help you care for Molina Healthcare members.

We hope you will find this publication useful. Please feel free to contact us at (844) 826-4335 with any suggestions or comments on how we can best communicate with you.

Sign up and subscribe to Mississippi Health Plan's eNews under the "Quick Resources" section on the Molina provider home page for Mississippi Providers at molinahealthcare.com.

COORDINATED CARE NEWS

Magnolia Healthcare Providers E-Newsletter

Magnolia Health is excited to announce that providers can now sign up to receive our Weekly Provider Newsletter on our website. The process is as easy as 1, 2, 3...

1. Go to Magnolia's website:
www.magnoliahealthplan.com
2. Select "For Providers."
3. Select "Email Sign Up."

Magnolia's Weekly Provider Newsletter is emailed every Friday, and you'll receive important policy updates, upcoming trainings, and educational opportunities. You can also sign up at the following link: <https://www.magnoliahealthplan.com/providers/email-sign-up.html>



COORDINATED CARE NEWS

Sign Up for United Healthcare News Bulletins

Customize your news

Only get the updates you want to see by selecting your preferences based on your state, role, specialty or health plan.

Network News

Important notifications for health care professionals



On our Network News page, you'll find all the latest announcements on new tools, enhancements to our tools, and updates to policies and guidelines.

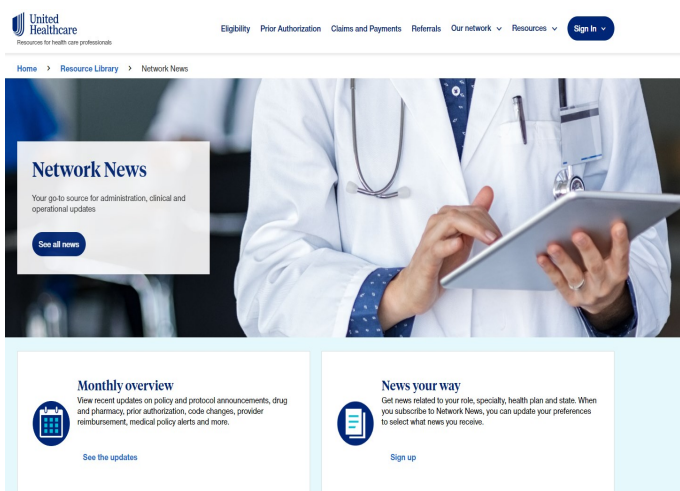
- This is where you can also find our policy and protocol updates.
- This is available on the first of every month and contains notifications for our protocols and policy changes, administrative information, and clinical resources.
- We also provide a mid-month update, and Network News Brief, which keeps you up to date on new initiatives and programs.

When you subscribe to Network News, you'll have the option to receive only updates that are specific to you and your organization, such as specialty,

role, state or health plan.

Signing up is easy – a couple of clicks, and you are connected!

1. Go to UHCprovider.com/news
2. Find 'Resource Library' under "Resources."
3. Select "Network News."
4. Select 'Sign up' under "News your way" in the middle of the page.
5. Fill in the required information on the next page and select "Sign Up."



CALENDAR OF EVENTS

JANUARY 2023

THURS, DEC 29	EDI Cut Off – 5:00 p.m.
TUES, JAN 3	Checkwrite
THURS, JAN 5	EDI Cut Off – 5:00 p.m.
MON, JAN 9	Checkwrite
THURS, JAN 12	EDI Cut Off – 5:00 p.m.
TUES, JAN 17	Checkwrite
THURS, JAN 19	EDI Cut Off – 5:00 p.m.
MON, JAN 23	Checkwrite
THURS, JAN 26	EDI Cut Off – 5:00 p.m.
MON, JAN 30	Checkwrite

FEBRUARY 2023

THURS, FEB 2	EDI Cut Off – 5:00 p.m.
MON, FEB 6	Checkwrite
THURS, FEB 9	EDI Cut Off – 5:00 p.m.
MON, FEB 13	Checkwrite
THURS, FEB 16	EDI Cut Off – 5:00 p.m.
TUES, FEB 21	Checkwrite
THURS, FEB 23	EDI Cut Off – 5:00 p.m.
MON, FEB 27	Checkwrite

MARCH 2023

THURS, MAR 2	EDI Cut Off – 5:00 p.m.
MON, MAR 6	Checkwrite
THURS, MAR 9	EDI Cut Off – 5:00 p.m.
MON, MAR 13	Checkwrite
THURS, MAR 16	EDI Cut Off – 5:00 p.m.
MON, MAR 20	Checkwrite
THURS, MAR 23	EDI Cut Off – 5:00 p.m.
MON, MAR 27	Checkwrite
THURS, MAR 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 <https://portal.ms-medicaid-mesa.com/MS/Provider>. Funds are not transferred until the following Thursday.

UPCOMING DOM HOLIDAYS

MON, FEB 20	President's Day
MON, MAY 29	Memorial Day

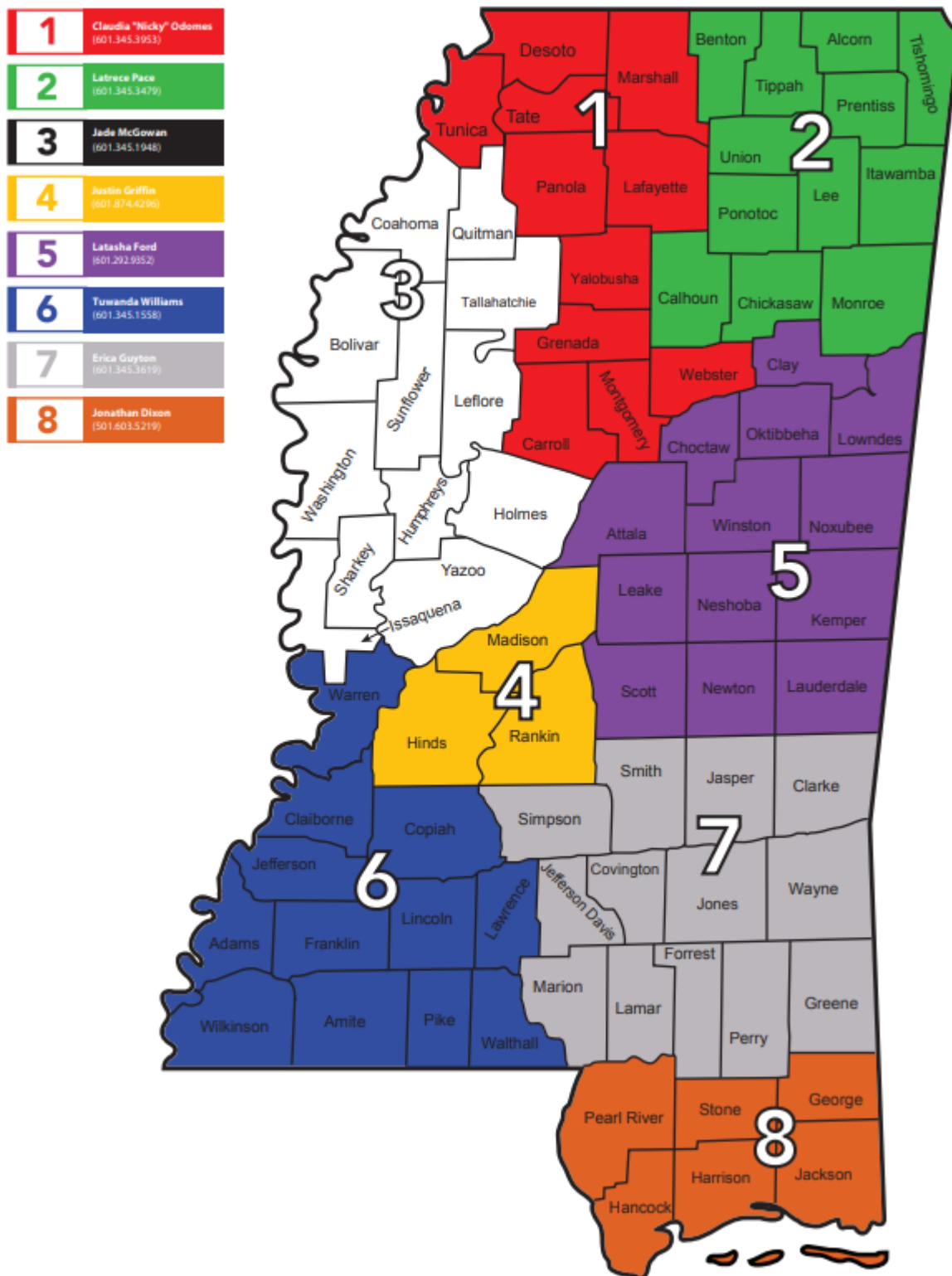
CONTACT INFORMATION

GAINWELL TECHNOLOGIES
P.O. BOX 23078
JACKSON, MS 39225

Mississippi Medicaid
Administrative Code and Billing
Handbook are on the Web at
www.medicaid.ms.gov

Medicaid Provider Bulletins are
located on the Web Portal at
[https://medicaid.ms.gov/
providers/provider-resources/
provider-bulletins/](https://medicaid.ms.gov/providers/provider-resources/provider-bulletins/)

FIELD REPRESENTATIVE REGIONAL MAP



PROVIDER FIELD REPRESENTATIVES

PROVIDER FIELD REPRESENTATIVE AREAS BY COUNTY		
AREA 1 Claudia (Nicky) Odomes Claudia.Odomes@gainwelltechnologies.com 601-345-3953	AREA 2 Latrece Pace Latrece.Pace@gainwelltechnologies.com 601-345-3479	AREA 3 Jade McGowan Jade.McGowan@gainwelltechnologies.com 601-345-1948
County	County	County
Carroll	Alcorn	Bolivar
Desoto	Benton	Coahoma
Grenada	Calhoun	Holmes
Lafayette	Chickasaw	Humphreys
Marshall	Itawamba	Issaquena
Montgomery	Lee	Leflore
Panola	Monroe	Quitman
Tate	Pontotoc	Sharkey
Tunica	Prentiss	Sunflower
Webster	Tippah	Tallahatchie
Yalobusha	Tishomingo	Washington
	Union	Yazoo
AREA 4 Justin Griffin Justin.Griffin@gainwelltechnologies.com 601-874-4296	AREA 5 Latasha Ford Latasha.Ford@gainwelltechnologies.com 601-292-9352	AREA 6 Tuwanda Williams Tuwanda.Williams@gainwelltechnologies.com 601-345-1558
County	County	County
Hinds	Attala	Adams
Madison	Choctaw	Amite
Rankin	Clay	Claiborne
	Kemper	Copiah
	Lauderdale	Franklin
	Leake	Jefferson
	Lowndes	Lawrence
	Neshoba	Lincoln
	Newton	Pike
	Noxubee	Walthall
	Oktibbeha	Warren
	Scott	Wilkinson
	Winston	
AREA 7 Erica Guyton Erica.Guyton@gainwelltechnologies.com 601-345-3819		AREA 8 Jonathan Dixon Jonathan.Dixon@gainwelltechnologies.com 501-603-5219
County		County
Clarke		George
Covington		Hancock
Forrest		Harrison
Greene		Jackson
Jasper		Pearl River
Jefferson Davis		Stone
Jones		
Lamar		
Marion		
Perry		
Simpson		
Smith		
Wayne		
OUT OF STATE PROVIDERS	Tanya Stevens Tanya.Stevens@gainwelltechnologies.com 501-232-8689 Sheryl Leonard Sheryl.Leonard@gainwelltechnologies.com 601-345-2115	