Volume 32, Issue 3 July 2024

MS Medicaid PROVIDER BULLETIN

Medicaid to implement single Pharmacy Benefit Administrator for all pharmacy claims on July 1

On July 1, the Mississippi Division of Medicaid (DOM) will implement a single Pharmacy Benefit Administrator (PBA) to streamline and enhance the processing and management of pharmacy claims for all Medicaid members, including those enrolled in MississippiCAN.

Operated by Gainwell Technologies (GWT), the PBA will also assume all pharmacy prior authorization responsibilities for drugs submitted on pharmacy claims. DOM will continue to require the use of the Universal Preferred Drug List (PDL). This decision comes after careful consideration and evaluation of various factors aimed at enhancing efficiency and transparency in the Medicaid delivery system.

Members should notice no disruption in their care if providers are prepared for this change.

WHAT YOU NEED TO KNOW

Pharmacy Providers:

Billing Directions

Pharmacy providers must ensure their pharmacy software is configured to submit NCPDP D.0 pharmacy claims, with dates of service of

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7/1/2024 and thereafter, for all Medicaid members (fee-for-service, MSCAN and MSCHIP) to Gainwell using the following billing values:

- **BIN - 025151**
- **PCN - DRMSPROD**

Retroactive Billing Directions

To bill pharmacy claims with dates of service prior to 7/1/2024, providers must ascertain which Coordinated Care Organization (CCO) in which the beneficiary was enrolled on that date and submit to that CCO's PBM. For example, if the member was enrolled with Molina, the claim(s) should be submitted to CVS Caremark. The MSCAN and MSCHIP BIN/PCN values in effect prior to 7/1/2024 should be used. Retroactive billing will be possible for claims with dates of service a year back from 6/30/24.

These billing rules will be consistent with the FFS billing rules for claims submitted to GWT prior to 7/1/2024.

Medicaid Member ID#

Submit only the first nine (9) digits of the ID Number displayed on the Medicaid card. Do not submit a Person Code. All Medicaid members receive one of these types of ID cards.

Please note: New plan-specific ID cards have been mailed to members enrolled in MSCAN and MSCHIP plans.

Rx fill date prior to PBA go-live on 7/1/2024		Rx fill date on or after go-live of 7/1/2024	
Plan	**Bin/PCN/Rx Group**	**Plan**	**Bin/PCN**
Fee for Service	025151/DRMSPROD	Fee for Service	025151/DRMSPROD
Magnolia MSCAN	003858/MA/2EQA	Magnolia MSCAN	025151/DRMSPROD
Molina MSCAN	004336/MCAIDMS/RX6436	Molina MSCAN	025151/DRMSPROD
UnitedHealthcare MSCAN	610494/4646/ACUMS	UnitedHealthcare MSCAN	025151/DRMSPROD
Molina MSCHIP	004336/MCAIDMSCP/RX6949	Molina MSCHIP	025151/DRMSPROD
UnitedHealthcare MSCHIP	610494/4747/ACUMS	UnitedHealthcare MSCHIP	025151/DRMSPROD

DAW Codes

The only DAW codes recognized in adjudication logic are '0' and '7'.

Use of DAW '7' for Narrow Therapeutic Index (NTI) Brand Name Drugs (UPDATE)

Medicaid allows the generic mandate requirement to be overridden for brand name NTI drugs to include Coumadin, Dilantin, Lanoxin, Synthroid, and Tegretol.

Claims

To streamline billing for pharmacy providers, all claims will be subject to the same billing rules, regardless of fee for service (FFS), MSCAN, or MSCHIP enrollment of the member.

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Pharmacists may now override the generic mandate for NTI drugs by submitting a DAW of ‘7’ on the POS claim for prescriptions on which the prescriber specifies ‘Do Not Substitute’.

Pharmacy Help Desk and Prior Authorization Unit

The Gainwell pharmacy call center phone number is **833-660-2402**. This is a direct line to the Gainwell pharmacy help desk to aid with pharmacy claims and pharmacy prior authorizations. All pharmacy claims and prior authorization assistance should be directed to this number.

The GWT pharmacy help desk is open Monday-Friday 8 a.m. — 6 p.m. CST. The GWT help desk is available 24 hours a day, 7 days a week for emergency PA/claims issues.

Prescribing Providers:

DOM requires most prior authorization (PA) requests be signed/submitted by prescribers.

Prescribers and their administrative staff must submit all requests to Gainwell on July 1, 2024, and thereafter. The preferred method of submission is via the MESA Portal for Providers.

PA requests may also be faxed to Gainwell at 866 -644-6147. If PA assistance is needed, providers can call 833-660-2402.

General Prior Authorization Instructions can be found on DOM’s website at https://medicaid.ms.gov/wp-content/uploads/2022/09/DOMPriorAuthorizationInstructions-Gainwell.pdf.

NEED HELP?

Call the Pharmacy Help Desk at 833-660-2402

PA reconsideration requests and appeals can also be sent to Gainwell directly via fax at 866-644-6147.

In an effort for a smooth transition to the single PBA, GWT has attempted to convert all MSCAN and MSCHIP PAs with approval dates in effect on/after 7/1/2024. In some cases, new PA requests may be required from prescribers.

Link to PAs Forms – https://medicaid.ms.gov/pharmacy-prior-authorization/

Voluntary 90-Day Maintenance Drug List

DOM is in the process of expanding this list. The GWT pharmacy help desk will issue PAs for 90-days supplies for members on a case-by-case basis.

Weekly Remittance Advice (RA) Statements

Pharmacy providers will receive one weekly payment for all claims . FFS, MSCAN, and MSCHIP claims will appear on a single, weekly RA from GWT.

Reimbursement change for CHIP claims

MSCHIP claims will be reimbursed using the same methodology used for fee-for-service and MSCAN claims.

WEB PORTAL REMINDER

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 **LateBreaking-News@medicaid.ms.gov**

Click the links below to access portal resources.

PHARMACY NEWS

Billing of preferred diabetic supplies allowed via pharmacy claims

Effective 7/1/2024, diabetic supplies will be allowed to be billed on pharmacy claims. Diabetic supplies allowed to be billed via pharmacy claims are blood glucose meters and test strips, continuous glucose monitors (CGMs), disposable insulin pumps and components, insulin pen needles and syringes. Please see the MS Medicaid Diabetic Supplies Preferred Product List at [https://medicaid.ms.gov/pharmacy/.](https://medicaid.ms.gov/pharmacy/)

Billing via medical claims by DME providers will still be allowed to minimize access issues for members.

PROVIDER COMPLIANCE

Urgent: Provider Recredentialing Mississippi Medicaid Managed Care Programs

All providers participating in MississippiCAN or the Children's Health Insurance Program (CHIP) are required to be credentialed by the Mississippi Division of Medicaid. Failure to complete credentialing/recredentialing will result in termination from these programs and will require reenrollment. There are a significant number of providers currently due for recredentialing that need to complete the process. Providers terminated for failing to recredential may reenroll for Medicaid's managed care programs (MSCAN/CHIP) through the MESA Provider Portal.

During the 2021 Mississippi Legislative Session, Senate Bill 2799 was enacted into law that requires the Medicaid Coordinated Care Organizations (CCO) to follow a uniform credentialing process for provider enrollment in the Managed Care Programs. On July 1, 2022, in accordance with this new requirement, the Mississippi Division of Medicaid (DOM) amended the CCO contracts to require the CCOs to accept DOM's provider enrollment and screening process, and not require providers be credentialed by CCOs for Medicaid or CHIP.

Beginning October 1, 2022, providers seeking participation in MississippiCAN and/or CHIP are now required to be enrolled, credentialed, and screened by DOM, and subsequently contract with their CCO of choice.

As part of the implementation of the MESA Portal for Providers, DOM implemented a new centralized credentialing process along with NCQA certified Centralized Verification Organization (CVO) that will be responsible for credentialing and recredentialing Medicaid providers seeking to enroll or currently enrolled with our coordinated care programs (MSCAN/CHIP). This new process eliminates the need for a

PROVIDER COMPLIANCE

Continued

This new process eliminates the need for a provider to be credentialed or recredentialed multiple times.

The CVO will perform recredentialing for both current providers and new providers every three (3) years unless the provider is credentialed by a DOM-approved Delegated Credentialing Entity.

Providers identified for recredentialing will receive notification from Gainwell Technologies by letter which is sent to the providers "mail to" address on their provider record. This letter is generated six months in advance of the recredentialing due date on the provider's record in MESA and a link will be available in the portal to start the process.

Facilities with multiple service locations and provider IDs will receive a recredentialing notice for each provider ID. Only one provider ID for the same tax ID and service location address will need to submit the recredentialing application which will pick up and credential all the taxonomies at that location.

If recredentialing is either denied or not completed by the recredential due date, all the facility enrollments at that location will be terminated and claims can no longer be paid. A new application for each taxonomy at that service location will be required to re-enroll in the Mississippi Medicaid program.

To prepare for recredentialing, all Medicaid providers should take the following steps immediately:

- Each enrolled provider must register for access to the MESA Provider Portal to recredential electronically. This will streamline the process and allow providers to enter their own information. Providers can register now by going to https://portal.ms-medicaid-mesa.com/ and clicking the "Register Now" link.
- In addition to the notices mailed by Gainwell Technologies, providers can refer to DOM's website where we are posting the Provider Six Month Recredentialing Due List" at https://medicaid.ms.gov/. This listing will be updated monthly.
- Review the Provider Recredentialing Presentation found under "MESA Tips" at https://medicaid.ms.gov/mesa-portal-for-providers/ which is a PowerPoint that includes a recredentialing walk through and tips for providers.
- Providers should verify that the address information on file is correct. The notifications will be mailed to the "Mail To" address on their file. To ensure each individual provider receives a notification, please validate your addresses on file, and correct them if necessary.
- If changes are needed, complete the Provider Change of Address form, located under Provider Forms at https://medicaid.ms.gov/resources/forms/.
- The Provider Change of Address form must be completed, signed by the individual provider or authorized official if enrolled provider is a

PROVIDER COMPLIANCE

Continued

business, and submitted to the Provider Enrollment Department of Gainwell Technologies via secure correspondence in the MESA Provider Portal, fax, or mail. The following correspondence information is provided:

- Provider Services Fax Number:
  (866) 644-6148
  Attention: Provider Enrollment
- Provider Services Mailing Address:
  Provider Enrollment/MississippiCAN/MSCHIP
  PO Box 23078
  Jackson, MS 39225

Should you need assistance, please contact the Provider and Beneficiary Services Call Center at (800) 884-3222 or use the Provider Field Representative list on Medicaid's website to identify your designated representative. The Provider Field Representative list includes email addresses and phone numbers for each representative. This resource document is located https://medicaid.ms.gov/wp-content/uploads/2024/03/Provider-Field-Representatives-1.pdf.

Provider Revalidation

Provider Revalidation

Effective October 1, 2023, DOM resumed provider revalidation.

Background: On May 11, 2023, the Health and Human Services Commission (HHSC) ended the extended revalidation dates for Medicaid providers that were implemented during the COVID-19 public health emergency (PHE). Following this, the Mississippi Division of Medicaid reinstated the revalidation process starting October 1, 2023. This requires all Mississippi Medicaid providers to verify the information in their provider files. According to 42 C.F.R. § 455.414 of the Affordable Care Act (ACA), all state Medicaid agencies must revalidate provider enrollments at least every five years.

Revalidation Requirements:

- Providers must verify or revalidate their current information.
- Providers must complete and sign a new Provider Disclosure form and a new Provider Agreement.
- The state will conduct a full screening according to the provider's risk level in compliance with 42 C.F.R. Part 455, Subparts B & E.
- Providers must comply with any state requests during the revalidation process within the specified timeframe.

Notification Process: Starting October 2023, notification letters were mailed to providers enrolled with Medicaid for five years or more. Revalidation notices will be issued on a staggered schedule until all providers due for revalidation have been notified. These letters will include instructions for completing the revalidation and the due date. Providers may need to submit additional documentation and/or meet other screening requirements, such as providing fingerprints or undergoing a site visit conducted by Medicaid's fiscal agent.

Application Fee: Certain providers must pay an enrollment application fee. For a list of institutional providers required to pay the fee, visit Provider Enrollment Application Fee.

PROVIDER COMPLIANCE

Continued

Providers who have already paid the application fee to Medicare or another state's CHIP or Medicaid program for the same provider type are exempt and should select the appropriate option when completing the revalidation application.

Revalidation Submission: Providers can revalidate through the MESA Provider Portal using a step-by-step process. It is crucial to submit the revalidation by the submission date in the notification letter to allow processing time before the deadline. Failure to complete revalidation by the deadline will result in termination requiring the provider to reapply.

Preparation Steps:

1. **Register for MESA Provider Portal Access:** All enrolled providers must register to revalidate electronically. Visit MESA Provider Portal and click "Register Now."
2. **Refer to DOM's Website:** Check the "Provider Six Month Revalidation Due List" at DOM's website. This list is updated monthly.
3. **Review Revalidation Presentation:** The Provider Revalidation Presentation, available under "MESA Tips" at MESA Portal for Providers, offers a walkthrough and tips for providers.
4. **Verify Address Information:** Ensure the "Mail To" address on file is correct to receive notifications. If updates are needed, complete the Provider Change of Address form at Provider Forms.
5. **Submit Change of Address Form:** Submit the completed and signed form to Gainwell Technologies via secure correspondence in the MESA Provider Portal, fax, or mail:
   - Fax: (866) 644-6148 (Attention: Provider Enrollment)
   - Mail: Provider Enrollment/MississippiCAN/MSCHIP, PO Box 23078, Jackson, MS 39225

Assistance: For help, contact the Provider and Beneficiary Services Call Center at (800) 884-3222 or refer to the Provider Field Representative list on Medicaid's website, which includes email addresses and phone numbers for each representative. This list is available at https://medicaid.ms.gov/wp-content/uploads/2024/03/Provider-Field-Representatives-1.pdf.

New Email Address for Provider Document Submission

A new email address has been created for submission of supporting documents related to provider enrollment applications, revalidations, and recredentialing. If a Gainwell Provider Enrollment Analyst requests missing or corrected documents via email or by a Return-To-Provider (RTP) letter, please send them to the new email address: ms_pe_docs@gainwelltechnologies.com. This will ensure the provider enrollment team receives your documents should you encounter issues uploading them through the web portal.

Remember to include the application tracking number (ATN) in the subject line of your email.

Note: This email address is for supporting documents only. For provider and claim inquiries, continue to use the email address of ms_provider.inquiry@mygainwell.onmicrosoft.com.

PROVIDER COMPLIANCE

REVISED—Dental Billing Updates for Ambulatory Surgical Centers

The Mississippi Division of Medicaid (DOM) has revised the Ambulatory Surgical Center (ASC) dental policy with a retroactive, effective date of January 1, 2024. This revision includes the following:

- The addition of D-codes and HCPCS code G0330-FACILITY SERVICES FOR DENTAL REHABILITATION PROCEDURE(S), which is replacing code 41899 effective for dates of service on and after 1/1/2024.
- **G0330 requires prior authorization**. No ancillary code is required for billing.
- **No Prior Authorization** will be required for ASC Dental (CDT) Codes.

Codes requiring PA are found on the DOM website at Procedure Code PA Requirement - Mississippi Division of Medicaid (ms.gov).

Providers will need to resubmit impacted FFS claims:

- For dates of service (DOS) 12/01/2023 – 12/31/2023 to receive the new fee for procedure code 41899 as outlined in approved SPA 23-0032.
- For DOS on and after January 1, 2024, to comply with the new ASC Dental Policy.

The ASC fee schedule is available on DOM's website located at Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

Fee-for-Service Prior Authorization Resource Document

To identify if a procedure code requires prior authorization (PA) for straight Medicaid claims, please refer to the resource document located on DOM's website Procedure Code PA Requirement - Mississippi Division of Medicaid (ms.gov). The first page of the resource document contains helpful descriptions and the program service area key.

Telligen Change Request Form—How to Request Changes or Updates to an Existing Prior Authorization

Navigating the complexities of healthcare administration often involves managing prior authorizations (PAs) for various medical services and treatments. When an update or change to an existing PA is necessary due to evolving patient needs or administrative adjustments, this article outlines the steps and best practices for requesting changes or updates to an existing PA using Telligen's Change Request Form.

Understanding Prior Authorizations (PAs)
Prior Authorizations are a prerequisite from Medicaid to approve a prescribed treatment, procedure, or medication before it is provided. This process ensures that the service is medically necessary.

PROVIDER COMPLIANCE

Continued

When to Use a Change Request Form

The Change Request Form is essential for situations where an existing PA needs modification, which can include, but are not limited to:

- Adding or changing service codes
- Updating the quantity of services approved
- Modifying patient or provider information
- Adding appropriate billing modifiers

**Please note that the Change Request Form should not be used for reconsiderations of denied PAs. A separate process is utilized that typically involves a 1st level appeal and/or reconsideration request.*

Steps to Request Changes or Updates

1. Access the Change Request Form on the Telligen website: MS-Change-Request-Fill-In-Form.pdf (telligen.com).

2. Complete the form accurately by providing all required information such as the original PA number, patient details, provider details, and specifics about the changes requested. The specific nature of the change needs to be clearly documented, whether it's adding a service, modifying quantities, or updating information.

3. Ensure supporting documentation is attached, which may include any relevant medical records, notes from providers, or other documentation that supports the requested change.

4. Submit the form in one of the following methods:
   a) Email the completed form and supporting documentation to MSMedicaidUM@Telligen.com.
   b) Fax the form to (800) 524-5710

5. Follow Up
   a) After submission, follow up with the recipient to confirm receipt and to inquire about the status of your request.
   b) Keep records of all correspondence and submissions for your records.

Best Practices

- Timely Submission: Submit change requests as soon as the need for a modification is identified to avoid delays in patient care.

- Clear Communication: Ensure all information is clearly and accurately provided to prevent processing delays.

- Maintain Documentation: Keep copies of all submitted forms and related correspondence.

- Note: Telligen cannot revise a PA for which a claim has already been paid. The paid claim must be voided before the PA can be changed. The Change Request form must be received within 90 days of the date of the approval on the PA decision letter.

Managing PAs effectively is essential for seamless healthcare delivery. Using the Change Request Form to update or modify an existing PA ensures that patient care is not disrupted, and administrative processes remain smooth. By following the outlined steps and best practices, providers can efficiently handle necessary changes to PAs.

PROVIDER COMPLIANCE

Eligibility Verification Information

The Web Portal has been updated to include some additional information on the Eligibility Verification tab to assist with determining the patient's coverage.

Eligibility Verification:

1. A link is added on the top right section of the Eligibility Verification Request panel that will open a new window on the user's browser showing the Job Aid with detailed coverage description on the DOM's website.

Eligibility Verification Request
* Indicates a required field.
Click here for Coverage Descriptions
Enter the member information. If Member ID is not known, enter 2 of the following: SSN, Birth Date, Member Name.
Note: Click on the Reset button to perform a new inquiry
Member ID | Last Name | First Name
SSN | Birth Date
*Begin Date 05/10/2024 | End Date 05/10/2024
Submit | Reset

2. The Eligibility Verification Response section is updated to display the following additional information for the member in the header section:

   a. Head of household name

   b. Authorized Rep indicator

   c. Authorized Rep Name

   d. Authorized Rep phone number

Eligibility Verification Information for 5/10/2024 to 5/10/2024
Member ID | Birth Date | Gender
Head of Household | Authorized Rep
Authorized Rep Name | Authorized Rep Phone #
Verification Response ID
Expand All | Collapse All

3. The Benefit Details will also display the Aid Category code and the member's coverage can be viewed by hovering over the Aid Category description.

Benefit Details

Coverage	Effective Date	End Date	Add Date	Last Update Date
073 - Children age 6-19 with income at/below the MAGI				
Other Insurance Detail Information				

Refer to the Eligibility Resource Document found on DOM's website for more information about aid categories and descriptions.

PROVIDER COMPLIANCE

Modivcare Replaced MTM as the new Non-Emergency Transportation (NET) Broker

The Mississippi DOM transitioned to a new NET Broker on May 24, 2024. The new broker, Modivcare began scheduling and conducting rides on Saturday, June 8, 2024. All NET services for members with transportation benefits must be pre-arranged through Modivcare.

Modivcare maintains a network of transportation providers that provide multiple levels of transportation services, including public transportation.

Modivcare's innovative transportation solutions get members to and from healthcare facilities conveniently, efficiently, and affordably. Modivcare is an extension of care teams focused on member care and quickly accessing the member information, making tasks more efficient, including:

- Fewer missed appointments and scheduling mishaps through outreach and communication.
- Members with recurring trips will be assigned with the same transportation provider to build trust and satisfaction.
- Standing order eligibility is verified on a routine basis so that scheduling recurring trips is easy.

TripCare is Modivcare's one-stop solution for requesting and managing member transportation without the need to contact the call center. For standing orders, use TripCare to enjoy streamlined member transportation management, explore new features, and unlock the full potential of our user-friendly platform. To learn more about TripCare, visit the TripCare Resource Center at: https://www.modivcare.com/tripcare-resource-center/

For more information, please contact our Mississippi Facilities Outreach Manager Willie Smith willie.smith@modivcare.com or the Modivcare facility line at 866-381-4850.

Modivcare is a HIPAA Business Associate and is authorized to receive client private health information. We request that you assist in the implementation of this program and release requested information to Modivcare. Your cooperation and timely assistance will help to ensure that members arrive at their scheduled appointment safely and on time.

Increase in Duplicate and Suspect Duplicate Claim Denials

The Mississippi DOM and Gainwell Technologies are aware of an increase in claim denials associated with several duplicate related edits. DOM and Gainwell are working diligently on a system fix to address the following MESA Edits:

- Edit 5000/EOB 5000 – This is a duplicate of another claim.
- Edit 5002/EOB 5002 – This is a duplicate of another claim. Posts only to dental claims.
- Edit 5005/EOB 5005 – Inpatient services performed three days after outpatient date of service.
- Edit 5006/EOB 5006 – Outpatient services performed three days after inpatient admission.
- Edit 5009/EOB 5009 – Waiver services not payable with inpatient service with

PROVIDER COMPLIANCE

Continued

overlapping dates of service.
- Edit 5020/EOB 5020 – This is a suspect duplicate of another claim.
- Edit 5022/EOB 5022 – This is a duplicate of another claim. Posts only to dental claims.

DOM and Gainwell are actively working to resolve this claim processing issue with a series of system updates that will be completed soon. Gainwell and DOM will identify impacted claims and perform a mass adjustment. Please continue to monitor DOM's Late Breaking News page for future announcements related to this system update.

Expired Provider License Updates Required

It is imperative for providers to promptly provide their updated licensure information to Medicaid, as failure to do so will result in the closure of their Medicaid provider number and interruption of claim payments.

Who is impacted?
Under the guidelines of 42 CFR § 455.412, the Mississippi DOM is required to have current licenses in the provider file for both fee-for-service/MississippiCAN providers and CHIP providers.

When should licenses be updated?
As a part of this process, providers whose licenses have expired or are expiring will be notified via mailed notifications from Gainwell Technologies. We also encourage providers to consult DOM's official website, where the Provider Six-Month License Due List is available at https://medicaid.ms.gov/. This list will be refreshed monthly to ensure the latest information is accessible.

How can a provider submit the updated license?
To facilitate the submission of licensure information, Gainwell Technologies' Provider Enrollment Department offers multiple secure channels, including the MESA Provider Portal, fax, or mail. Here are the details for each method:

Online: MESA Provider Portal: https://medicaid.ms.gov/mesa-portal-for-providers (via the Secure Correspondence link)

Fax: Provider Services Fax Number: (866) 644-6148
Attention: Provider Enrollment

Mail: Provider Services Mailing Address:
Provider Enrollment/MississippiCAN/MSCHIP
PO Box 23078
Jackson, MS 39225

If a provider fails to send in the updated license timely can a provider be reinstated?
Complying with the provisions outlined in the Mississippi Administrative Code Part 200, Chapter 4, Rule 4.5 (B) (C), DOM will reinstate closed provider numbers due to license expiration, retroactive to the date of license renewal, provided the closure duration is under one (1) year and the provider is not past due for revalidation or recredentialing. For this to happen, the provider must furnish a current license copy and rectify any changed or inaccurate information. If a Medicaid provider number has been closed due to license expiration for a period exceeding one (1) year, re-enrollment as a Medicaid provider will be necessary.

For any assistance required between 8 a.m. and 5 p.m. CST, providers can contact the Provider and Beneficiary Services Call Center at (800) 884-3222.

COORDINATED CARE NEWS

Managed Care Inquiries and Complaints

HELP US, HELP YOU

Please forward all provider issues and complaints related to Magnolia Health, UnitedHealthcare, and Molina Health Care:

https://forms.office.com/g/WXj92sN1MH

Managed Care Provider Inquiries and Issues Form

Providers should report all issues to the respective CCO and exhaust their review processes prior to reporting the issue/inquiry to the Division of Medicaid.

* Required

GENERAL INFORMATION

Please contact Office of Coordinated Care Provider Services at (601) 359-3789.

COORDINATED CARE NEWS

Magnolia Health Hosts Behavioral Health Trainings for Providers

Outpatient Clinical Documentation: MNC, SMART Goals for Treatment Planning by Clinical Provider Trainer

Training Schedule

Aug. 22, 11 a.m.-1 p.m. CST

Nov. 18, 9 a.m.-11 a.m. CST

Registration Link: https://attendee.gototraining.com/rt/8944486846660574723

Inpatient Clinical Documentation: MNC, Discharge Planning, and Readmission for Providers by Clinical Provider Trainer

Training Schedule

Aug. 12, 2:30 p.m.-4 p.m. CST

Nov. 13, 9 a.m.-10:30 a.m. CST

Registration Link: https://attendee.gototraining.com/rt/8406345174096722947

Registration is needed for each training to attend. An option to add to calendar will populate after registering.

PROVIDERS: View recently recorded Provider Portal workshop webinars covering a variety of topics held in November

Select Language Font Size - +

MISSISSIPPI DIVISION OF MEDICAID

About Programs Quality Provider Updates

MESA Portal for Providers

Mississippi Division of Medicaid > MESA Portal for Providers

Home
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MESA

MEDICAID ENTERPRISE SYSTEM ASSISTANCE

MESA Portal for Providers

The Mississippi Division of Medicaid's transition to a new Fiscal Agent, Management Information System (MMIS) and provider portal known as

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 **LateBreaking-News@medicaid.ms.gov**

COORDINATED CARE NEWS

UNITEDHEALTHCARE

CommunityCare Portal can help save you time

The CommunityCare Portal can help improve efficiencies within your practice by giving you a single source to view a patient's total health history, get clinical updates, view redetermination dates and more.

How the CommunityCare Portal can help you

The CommunityCare Portal allows you to:

- Find out which members were admitted or discharged from an inpatient facility
- Examine plans of care and health assessments for most Medicaid and Medicare special needs plan members. This includes having quick access to the member's redetermination date.
- Learn which members visited an emergency room
- View HEDIS® measures

Resources

CommunityCare Provider User Guide

Questions? We're here to help.

Connect with us through chat 24/7 in the UnitedHealthcare Provider Portal. For additional contact information, visit our Contact us page.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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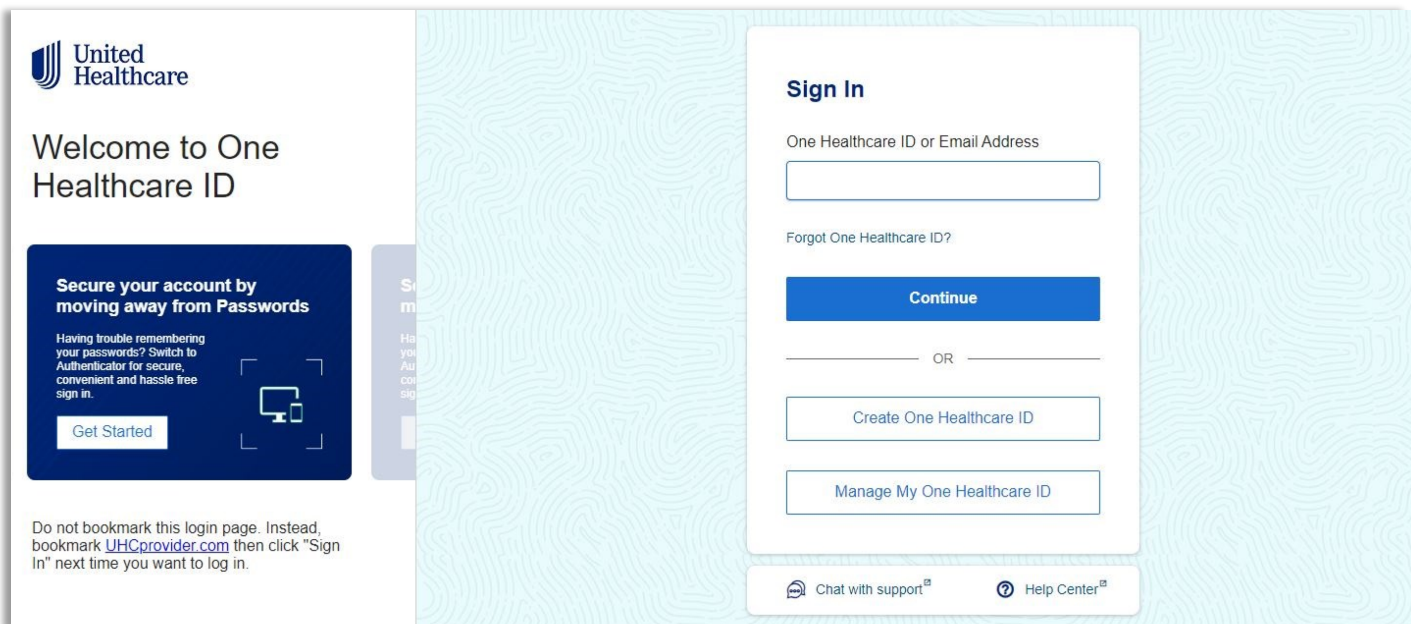


COORDINATED CARE NEWS

UNITEDHEALTHCARE

Support your patients from A to Z

It's important to ask critical questions about a patient's health and environment. When a patient comes to you with a fever, you may not realize they're also struggling to find food. These silent struggles can impact health just as much as a fever.

Reporting social determinants of health (SDOH) Z-codes when submitting claims can help identify your most vulnerable patients and provide solutions for gaps in care.

Screen and document Z-codes

When you screen and document Z-codes, it helps identify areas where a patient may need additional support. We use this information to help connect these patients to resources that can help with:

- Food insecurity
- Transportation issues
- Utility payment assistance

We then share this information with you, so you have visibility into the services these patients are receiving.

Also, by using Z-codes when submitting claims, you can support benefit design and state reporting requirements for your practice.

How to submit Z-codes

You can submit Z-codes during your normal billing process. To learn more, check out this **self-paced course**.

Questions

If you have questions, please contact Angelina Meyer at **Angelina_m_meyer@uhc.com**.

PCA-1-22-02529-Clinical-News_10252022

Digital solutions that can save you time, money

Waiting on hold in phone queues, sorting through mail or chasing down lost faxes may be costing you time and money.

UnitedHealthcare Provider Portal

The **portal** helps you and your administrative support teams find member information faster, get claim-related work done more efficiently and improve documentation.

It's available 24/7 and includes more than 50 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

COORDINATED CARE NEWS

UNITEDHEALTHCARE

Continued

- Review, update, and attest to the accuracy of your demographic data
- And much more

For more information, check out our UnitedHealthcare Provider Portal Overview.

Application Programming Interface (API)

API is a fully electronic digital solution that allows you to automate administrative transactions. This is a great alternative to Document Library for organizations with medium-to-high claim volume that have the technical resources to program API or the ability to outsource implementation. To learn more or get started, go to UHCprovider.com/api.

Note: API also requires technical coordination with your organization's IT department, vendor, or clearinghouse.

Ready to start saving time and money?

To get started using the portal or an API, you'll need to create a One Healthcare ID and connect your organization's tax ID number (TIN).

You can find instructions on creating a One Healthcare ID and using the portal in the Access and New User Registration Guide.

More on UnitedHealthcare Provider Portal usage

Your portal usage request must be approved by your organization's Primary Access Administrator or
other designated administrator. You will receive an email once your request is approved.

Note: If you are your organization's first portal user, you will be asked if you are the correct person to be the Primary Access Administrator.

Once your access is approved, follow the steps below to access the portal:

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

UnitedHealthcare Provider Portal support

Connect with us 24/7 to get help with portal login, access, and functionality questions. To get started, sign in to the portal with your One Healthcare ID. Then, select the chat icon at the bottom-right corner of the page. Support is also available by calling **866-842-3278**, option 1.

PCA-1-23-01674-POE-News_05252023

COORDINATED CARE NEWS

UNITEDHEALTHCARE

Now available: New and enhanced claim submission process features

We recently received feedback from health care professionals about how we can improve your experience with our claim submission section within the UnitedHealthcare Provider Portal. You also shared with us that when we mention specific policies, we should directly link to that policy so you can learn more.

We're excited to let you know that we've made some enhancements to our claim submission section, and will continue to update our policy links based on direct feedback from health care professionals like you.

New Changes

We've made the following changes to the claim submission section:

- Updated the claim submission status description to help you better understand where in the process the claim is
- Implemented a fix to display up to 1,200 addresses in the address dropdown in PANN
- Updated the claim status definitions to give you a better description of the tools available to you
- Provided hyperlinks to each of our tools so you can get to the next best action based on the claim submission status
- Updated policy links to make it easier for you to get more information

Our goal is to help make the claim submission process easier and more efficient for you and your practice.

Questions? We're here to help.

Connect with us through chat 24/7 in the UnitedHealthcare Provider Portal. For additional contact information, visit our Contact us page.

PCA-1-24-01129-UHN-NN_05212024

Update your One Healthcare ID to maintain portal access

Update: Because of the evolving nature of these updates, please visit UHCprovider.com/switch for the most up-to-date information.

Changes are coming soon to your UnitedHealthcare Provider Portal access. If you use the portal, you'll need to update your One Healthcare ID authentication options to retain access.

Set up authenticator now

This is the preferred authentication method and has been available since July 2023. If you've already set up authenticator, you're off to a good start. Please note, you may want to adjust or add additional authentication or recovery options as they become available.

COORDINATED CARE NEWS

UNITEDHEALTHCARE

Continued

Ready to set up authenticator? Get started now.

To support this change, we've created several resources for you to reference. These will be updated as information becomes available to support your organization.

- Provider Portal authentication page: View the most current authentication details and resources
- One Healthcare ID Security Change Support Guide: Get more details and step-by-step instructions on how to update your authentication sign-in option

By updating your sign-in method today, you can help ensure patient care and claim payments aren't delayed and day-to-day claim tasks aren't interrupted.

What's ahead

In summer 2024, we'll also be removing email as a sign-in and recovery option. If authenticator is not an option for your organization, we're working on other solutions to meet your needs. These options will be coming later in 2024 and details will be added to the above resources when available.

Sharing a One Healthcare ID or don't have one?

With this change, each user will need their own unique One Healthcare ID. To set up a One Healthcare ID or for instructions on connecting to a tax ID number (TIN), please visit UHCprovider.com/access. Please note, administrators can bulk add new users with appropriate access, but new users will still need to create their own One Healthcare ID. For detailed instructions, view the User Management Guide for Administrators.

Why we're updating the One Healthcare ID sign-in

These changes reflect a shift toward modern authentication, which offers your organization more secure access to the portal without the need for additional passwords. These new sign-in options help you protect your identity as well as your organization and patient data.

Questions?

Visit the One Healthcare ID Help Center. You can also get One Healthcare ID support by calling **855-819-5909** or emailing optumsupport@optum.com.

PCA-1-23-03964-POE-NN_03202452

CALENDAR OF EVENTS

JULY 2024

MON, JULY 1	Checkwrite
THURS, JULY 4	EDI Cut Off – 5:00 p.m.
MON, JULY 8	Checkwrite
THURS, JULY 11	EDI Cut Off – 5:00 p.m.
MON, JULY 15	Checkwrite
THURS, JULY 18	EDI Cut Off – 5:00 p.m.
MON, JULY 22	Checkwrite
THURS, JULY 25	EDI Cut Off – 5:00 p.m.
MON, JULY 29	Checkwrite

AUGUST 2024

THURS, AUG 1	EDI Cut Off – 5:00 p.m.
MON, AUG 5	Checkwrite
THURS, AUG 8	EDI Cut Off – 5:00 p.m.
MON, AUG 12	Checkwrite
THURS, AUG 15	EDI Cut Off – 5:00 p.m.
MON, AUG 19	Checkwrite
THURS, AUG 22	EDI Cut Off – 5:00 p.m.
MON, AUG 26	Checkwrite
THURS, AUG 29	EDI Cut Off – 5:00 p.m.

SEPTEMBER 2024

MON, SEPT 2	Checkwrite
THURS, SEPT 5	EDI Cut Off – 5:00 p.m.
MON, SEPT 9	Checkwrite
THURS, SEPT 12	EDI Cut Off – 5:00 p.m.
MON, SEPT 16	Checkwrite
THURS, SPET 19	EDI Cut Off – 5:00 p.m.
MON, SEPT 23	Checkwrite
THURS, SEPT 26	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/. Funds are not transferred until the following Thursday.

UPCOMING DOM HOLIDAYS

THRS, JULY 4	**Independence Day**
FRI, JULY 5	**Independence Day**
MON, SEPT 2	**Labor Day**

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/

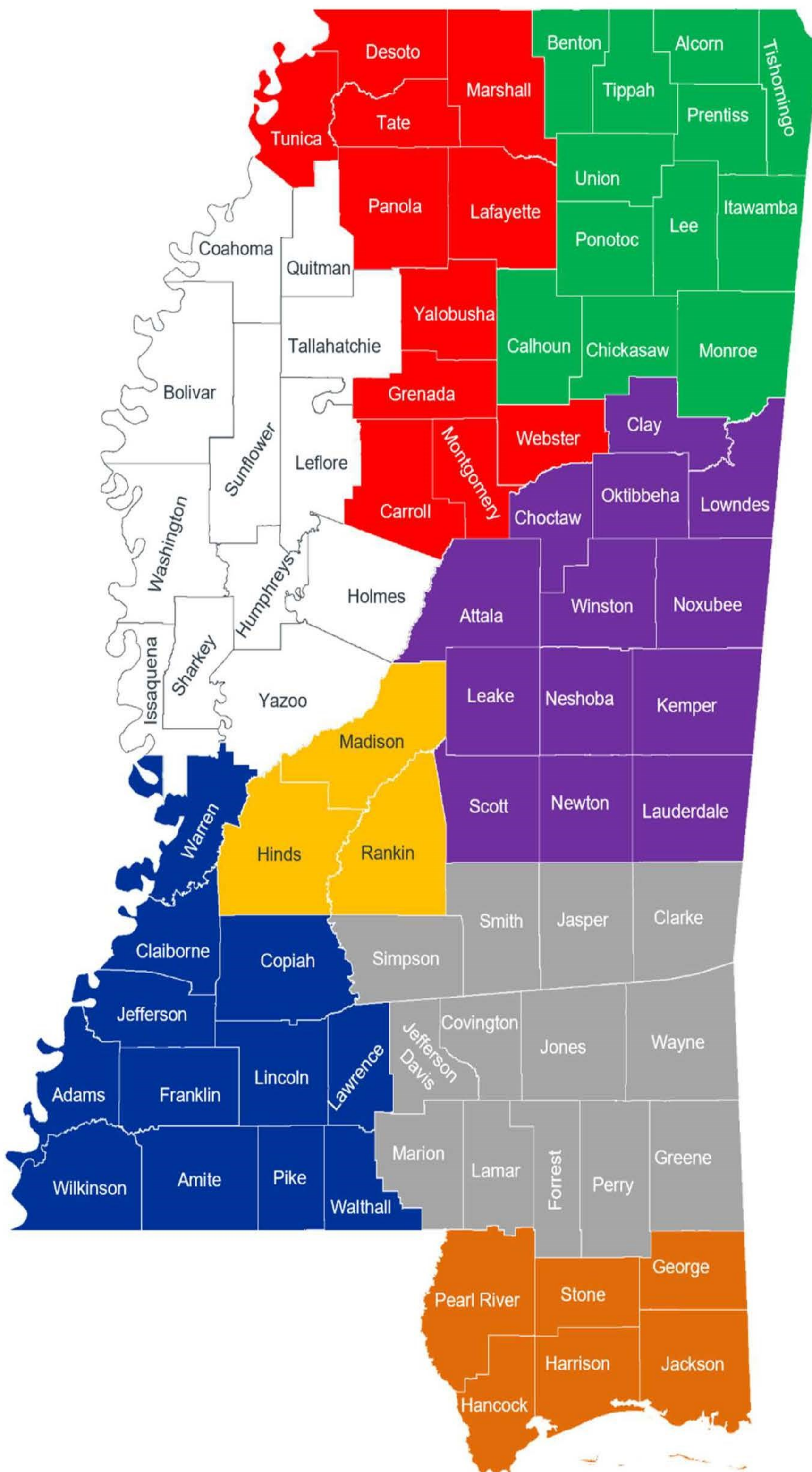
CONTACT INFORMATION

MISSISSIPPI DIVISION OF MEDICAID
550 High Street, Suite 1000
Jackson, MS 39201
601-359-6050

GAINWELL TECHNOLOGIES
P.O. BOX 23078
JACKSON, MS 39225
ms_provider.inquiry@mygainwell.onmicrosoft.com

PROVIDER FIELD REPRESENTATIVE REGIONAL

Area	Representative
AREA 1	Claudia (Nicky) Odomes 769-567-9660
AREA 2	Latrece Pace 601-345-3479
AREA 3	Jasmine Wilkerson 601-937-0559
AREA 4	Justin Griffin 601-874-4296
AREA 5	Latasha Ford 601-292-9352
AREA 6	Tuwanda Williams 601-345-1558
AREA 7	Erica Guyton 601-345-3619
AREA 8	Jonathan Dixon 501-603-5219



PROVIDER FIELD REPRESENTATIVES

PROVIDER FIELD REPRESENTATIVE AREAS BY COUNTY		
AREA 1 **Claudia (Nicky) Odomes** Claudia.Odomes@gainwelltechnologies.com 769-567-9660	**AREA 2** **Latrece Pace** Latrece.Pace@gainwelltechnologies.com 601-345-3479	**AREA 3** **Jasmine Wilkerson** Jasmine.Wilkerson@gainwelltechnologies.com 601-937-0559
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 601-345-3619		**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	**Dominiquea Anderson** **Dominiquea.Anderson@gainwelltechnologies.com** **601-345-3271**	