Volume 32, Issue 4 October 2024

MS Medicaid
PROVIDER BULLETIN
MISSISSIPPI DIVISION OF MEDICAID

Implementation of new coordinated care contracts now underway

After a prolonged procurement and protest process, the Mississippi Division of Medicaid (DOM) has finally begun the implementation phase of its new contracts for the joint administration of MississippiCAN and the Children's Health Insurance Program (CHIP).

Representatives of TrueCare attend a contract-signing event on Aug. 12, 2024.

DOM signed new contracts on Aug. 12, 2024, with incumbent coordinated care organizations (CCOs) Magnolia Health, Molina Healthcare, and with newcomer TrueCare to manage the health of approximately 75% of Medicaid members in Mississippi.

This procurement process began nearly three years ago on Dec. 10, 2021, when DOM released the initial request for qualifications (RFQ) and received responses from five offerors. After an extensive evaluation process, DOM issued a Notice of Intent to Award to three of the offerors on Aug. 10, 2022. As typically happens in such procurements, the two non-selected offers filed protests triggering a long administrative review process.

On July 3, 2024, DOM appeared before the Public Procurement Review Board (PPRB) and received

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approval of the RFQ procurement and all three contracts.

Now with implementation underway, the new CCOs are expected to begin enrolling managed care members in May of next year and begin full operations on July 1, 2025. The contracts have a term of four years with an option for up to two one-year extensions.

Representatives of Molina attend a contract-signing event on Aug. 12, 2024.

Magnolia Health and Molina Healthcare have provided managed care services in Mississippi for years, but this procurement contains new requirements, and it will be the first time that both MississippiCAN and CHIP will be administered through the same contract. TrueCare is a non-profit entity created by Mississippi hospitals and the Mississippi Hospital Association.

During the implementation process, MississippiCAN and CHIP members will continue to receive services through the current coordinated care organizations.

To learn more, read the Procurement Overview and Evaluation Committee Report and Appendices on the DOM website at: https://medicaid.ms.gov/coordinated-care-procurement/.

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.

Click the links below to access portal resources.

PHARMACY NEWS

Mississippi Universal Preferred Drug List (PDL)

The PDL is a select list of drugs and drug classes which are highly utilized, costly or both. The PDL is overseen by the Pharmacy and Therapeutics (P&T) Committee, comprised of 12 total pharmacists/physicians and appointed by the governor. Their duty is to recommend drugs for preferred/nonpreferred status after weighing clinical and financial considerations. MS Medicaid's executive director has the final say regarding PDL changes after reviewing the committee's recommendations. The P&T Committee meets quarterly, and each fall all drugs on the PDL are subject for review to determine January 1st changes for the following calendar year.

DID YOU KNOW?

The PDL *is not* a complete list of all drugs covered under the pharmacy benefit.

MS has a Drug Coverage Lookup Tool providers may use to determine drugs covered under the pharmacy benefit. Please follow this link Pharmacy Drug Coverage Inquiry (ms-medicaid-mesa.com) where drugs may be searched using either name or NDC number.

The PDL is a tool MS Medicaid uses to reduce overall drug spend by maximizing both federal and supplemental rebate dollars paid to the state by pharmaceutical manufacturers participating in the Medicaid Drug Rebate Program (MDRP).

GLUCAGON agents on the PDL

Recently, a long-term care pharmacy provided feedback concerning the limited number of preferred, generic glucagon products on the PDL. After reevaluating the net cost to the state, DOM has added all generic glucagon kits/vials to preferred status (these will no longer be preferred by a specific labeler as they were before). In addition, Baqsimi Nasal Spray and Zegalogue Autoinjector will remain preferred in this class.

NEED HELP?

Call the Pharmacy Help Desk at 833-660-2402

CIPRODEX OTIC SUSPENSION DROPS: BRAND NAME DISCONTINUED AND GENERIC REMAINS NONPREFERRED- WHAT YOU NEED TO KNOW

Brand name Ciprodex Otic Suspension (Ciprofloxacin/Dexamethasone 0.3%-0.1%), a preferred drug on the PDL, was recently discontinued by the manufacturer. The generic version remains unpreferred due to its significant cost to the state. During the August P&T meeting the committee members requested that DOM research whether it would be more cost effective to dispense the two preferred generic single entity ophthalmic drop products –-Ciprofloxacin 0.3% and Dexamethasone 0.1%-- the generic Ciprodex Otic Suspension. DOM found that this option would nearly two times less costly.

Please see the PDL updates in the Otic Antibiotics class which list the preferred ophthalmic drops and the prior authorization criteria for generic Ciprodex Otic Suspension.

PHARMACY NEWS

Continued

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
OTIC ANTIBIOTICS			
	CIPRO HC (ciprofloxacin/hydrocortisone) Age Edit CORTISPORIN-TC (colistin/neomycin/hydrocortisone) neomycin/polymyxin/hydrocortisone ofloxacin Preferred Ophthalmic Formulations for Otic Use ciprofloxacin ophthalmic dexamethasone ophthalmic MAXIDEX (dexamethasone) ophthalmic	ciprofloxacin ciprofloxacin/dexamethasone ciprofloxacin/fluocinolone DERMOTIC (fluocinolone) FLAC OIL DROP (fluocinolone oil) hydrocortisone/acetic acid drop fluocinolone oil OTIPRIO (ciprofloxacin) OTOVEL (ciprofloxacin/fluocinolone)	**Maximum Age Limit** • **9 years** – Cipro HC **Ciprofloxacin/Dexamethasone Suspension Criteria** • Age 6 months or older **AND** • Experiencing otorrhea secondary to recent post tympanostomy tube placement **AND** • Have tried 10 days otic treatment with ofloxacin or ciprofloxacin ophthalmic solution with continued otorrhea • Have tried 10 days otic treatment with ciprofloxacin ophthalmic solution and Maxidex (dexamethasone) ophthalmic suspension with continued otorrhea

Medical literature supports DOM's decision to not move generic Ciprodex to preferred status.

Per the package insert, Ciprodex is only indicated in:

- Acute Otitis Media (AOM) in pediatric patients (age 6 months and older) with tympanostomy tubes due to *Staphylococcus aureus*, *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Moraxella catarrhalis*, and *Pseudomonas aeruginosa*.
- Acute Otitis Externa (AOE) in pediatric (age 6 months and older), adult and elderly patients due to *Staphylococcus aureus* and *Pseudomonas aeruginosa*.

It is not indicated in children for otitis media that do not have tympanostomy tubes, despite regularly being prescribed for this indication.

In addition, other antibiotic/steroid combination options on the PDL include:

- Cipro HC Otic Suspension (ciprofloxacin 0.2%/hydrocortisone 1%)
- Cortisporin TC Suspension (colistin sulfate, neomycin sulfate, thonzonium bromide, hydrocortisone acetate)
- Neomycin sulfate, Polymyxin b sulfate, Hydrocortisone acetate Suspension and Solution
- **AND** prescribers can get Ciprofloxacin 0.3% ophthalmic and Dexamethasone 0.1% ophthalmic separately and without a PA if this combination is required.

The current recommendations for different pediatric ear infection scenarios are as follows (per UpToDate):

PHARMACY NEWS

Continued

Acute Otitis Media (AOM): Acute otitis media (AOM) is defined by moderate to severe bulging of the tympanic membrane or new onset of otorrhea not due to acute otitis externa accompanied by acute signs of illness and signs or symptoms of middle ear inflammation.

Treatment recommendations:

- **Pain management** – Pain management is a mainstay of treatment for AOM in children. For most patients, we suggest oral ibuprofen or acetaminophen rather than other analgesics (**Grade 2C**). Alternative analgesic agents for children ≥2 years of age without tympanic membrane perforation include topical procaine or lidocaine preparations (if available).
- **Preferred regimens** – Antibiotic therapy for AOM should include activity against the most common bacterial otopathogens: Streptococcus pneumoniae, nontypeable Haemophilus influenzae (NTHi), and Moraxella catarrhalis, considering changes in resistance patterns over time.
    - ◊ When antibiotic treatment is warranted for the treatment of AOM in children, we suggest amoxicillin or amoxicillin-clavulanate rather than other antibiotics (Grade 2C); the choice between these agents depends upon the risk of beta-lactamase-producing NTHi. Alternative regimens (eg, oral, cefdinir, cefpodoxime, cefuroxime, azithromycin, clarithromycin, or clindamycin; intramuscular ceftriaxone) may provide less activity against the spectrum of common otopathogens.

Chronic suppurative otitis media (CSOM) – CSOM is chronic inflammation of the middle ear associated with tympanic membrane (TM) perforation and chronic discharge (otorrhea).

Treatment recommendations:

- For patients with uncomplicated CSOM without cholesteatoma, we suggest aural toilet **plus** an ototopical fluoroquinolone (eg, ciprofloxacin, ofloxacin) for initial therapy rather than either intervention alone, other topical therapies, or oral antibiotics (**Grade 2C**). Acceptable regimens include ofloxacin otic solution (five drops three times a day) or ciprofloxacin otic solution (0.25 mL single-dose container twice daily) for two weeks. Aural toilet is performed until the ear is consistently dry and free of debris.

Tympanostomy tube otorrhea (TTO) – TTO is defined as active drainage through an existing tympanostomy tube and is primarily caused by bacterial infection. TTO can have early onset (within two weeks of tube placement) or late onset (>2 weeks after tube placement).

Treatment recommendations:

- For children with uncomplicated acute TTO (ie, without systemic symptoms, occlusion of the auditory canal, auricular cellulitis, or immunocompromise), we suggest topical therapy

PHARMACY NEWS

Continued

with ear drops containing a fluoroquinolone plus a corticosteroid (e.g. ciprofloxacin and dexamethasone otic suspension, four drops into the affected ear twice daily for five to seven days). Observation is also an option for such patients since many of these episodes resolve spontaneously. However, topical therapy should be given if the otorrhea does not resolve within one week.

Chronic otitis media with effusion (OME) – OME (also called serous otitis media) is defined as middle ear effusion without acute signs of infection. Like CSOM, OME often occurs after acute otitis media (AOM) and is associated with conductive hearing loss; however, in OME, the TM is not perforated and, therefore, otorrhea does not typically occur.

Treatment recommendations:

- The goals of management are to clear the middle ear fluid and restore normal hearing. The primary management options are "watchful waiting" and tympanostomy tube (ventilation tube, grommet) placement. Which option is undertaken and when depends upon coexisting conditions that increase the risk of hearing, speech, language, or learning problems; the severity of OME-associated hearing loss; the duration of the effusion; and whether the effusion is unilateral or bilateral.

PROVIDER COMPLIANCE

New Broker for Non-Emergency Transportation

On June 8, 2024, DOM transitioned to a new Non-Emergency Transportation (NET) Broker, Modivcare who will handle all Fee For Service/ traditional Medicaid beneficiary trips. Visit Modivcare's website for more information Mississippi | Modivcare. The following numbers will not change for members and providers to utilize NET services. New numbers have been assigned only for Facility calls and faxes.

The Member Reservation and Member Ride Assist are the current phone numbers for members and will remain unchanged with Modivcare.

Member Reservations: 866-331-6004

Ride Assist: (Where my Ride) 866-334-3794

The Facility numbers below are *new* numbers that will be utilized by Modivcare.

Facilities: 866-381-4850

Facility Fax: 866-333-4523

Hearing/Speech Impaired/TTY: 711

Inpatient Claims with Alliant and Telligen Authorization Numbers

Hospital providers with inpatient authorizations issued by both the previous Utilization Management/Quality Improvement Organization (UM/QIO), Alliant, and Telligen, may be experiencing claim denials due to multiple authorization numbers for a single inpatient stay. Hospital providers impacted by this issue are advised to include a copy of the Alliant authorization when submitting a continued stay request to Telligen. This will allow Telligen to backdate the admission date, as only one authorization is permitted per claim (refer to LBN 4/4/2024: MESA Claims Limited to One Prior Authorization Number).

Providers with an approved authorization from Telligen, may submit the MS Change Request Form along with the approved Alliant authorization, relevant clinical documentation, and an explanation for the extension in the comments section of the form.

For any questions regarding this process, please contact Telligen via email at msmedicaidum@telligen.com or phone at 1-855-625-7709.

PROVIDER COMPLIANCE

Continued

Medicaid Presumptive Eligibility for Pregnant Women

Qualified health care providers can now apply and undergo training to participate in the Mississippi Division of Medicaid's Presumptive Eligibility for Pregnant Women.

Under Presumptive Eligibility for Pregnant Women (PEPW), eligible pregnant individuals can receive coverage for ambulatory prenatal care services while their full Medicaid application is being processed. PEPW is aimed at improving individuals' access to Medicaid and covered services by providing another channel to apply for coverage.

To make PEPW determinations, a provider must:

- Participate as a Medicaid provider.
- Be an OB/GYN, primary care provider, Federally Qualified Health Center, Rural Health Clinic, or Mississippi Department of Health employee.
- Submit a qualified provider application to PE.PregnantWomen@Medicaid.MS.gov
- When approved, submit an executed Memorandum of Understanding.
- Agree to make PEPW determinations consistent with Medicaid's policies and procedures.
- Not be disqualified from making PEPW determinations for failure to meet performance standards.

By becoming a presumptive eligibility provider, health care facilities can play a pivotal role in delivering early intervention services that contribute to positive maternal and infant health outcomes.

- Click here to download the Presumptive Eligibility for Pregnant Women Provider Application

For more information about PEPW, visit https://medicaid.ms.gov/presumptive-eligibility-for-pregnant-women/.

PROVIDER COMPLIANCE

Qualified Primary Care Providers Must Self-Attest to Receive Increased PCP Reimbursement

The Mississippi Division of Medicaid (DOM) reimburses attested and qualified primary care providers at 100 percent (100%) of the Medicare Physician Fee Schedule for certain primary care Evaluation and Management (E&M) and Vaccine Administration codes. This applies to providers who self-attest to a specialty designation in family medicine, general internal medicine, obstetric/gynecologic medicine, pediatric medicine, or subspecialties recognized by the American Board of Medical Specialties (ABMS), American Board of Physician Specialties (ABPS), American Congress of Obstetricians and Gynecologists (ACOG), or American Osteopathic Association (AOA).

Providers with an existing attestation are no longer required to re-attest effective June 30, 2024.

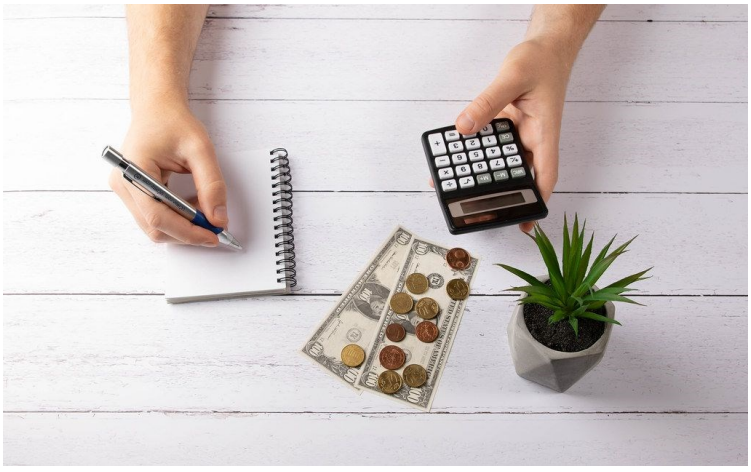
To receive the increased payment, qualified providers must send a completed and signed Self-Attestation Statement form to Gainwell Provider Enrollment through one of the following means:

- Email: ms_provider.inquiry@mygainwell.onmicrosoft.com
- Fax: 866-644-6148
- Postal mail: P. O. Box 23078, Jackson, MS 39225

Qualified providers may be eligible for increased payment of certain primary care E&M and Vaccine Administration codes, which can be identified by the rate type on the comprehensive fee schedule, located on DOM's fee schedule page: Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

Providers should update their provider file, including updating or rescinding the primary care provider self-attestation form, with Gainwell when changes occur that impacts the information in the provider file.

Additional information can be found on the DOM website, under Provider Forms: Forms - Mississippi Division of Medicaid. Refer to the link to locate the PCP Self-Attestation Statement form.



PROVIDER COMPLIANCE

Helpful Authorization Tips from Telligen

Telligen is the Utilization Management and Quality Improvement Organization (UM/QIO) vendor responsible for processing authorization requests for fee-for-service (FFS) Medicaid beneficiaries. Visit Telligen's website at https://msmedicaid.telligen.com/ for more information. *Please note:* Prior authorizations for members enrolled in MississippiCAN and CHIP will continue to be handled by the respective coordinated care organization (CCO).

Navigating Authorizations for Maternity-Related Inpatient Stays

Successfully managing maternity-related inpatient stays involves careful coordination and thorough understanding of authorization requirements. Prior authorization is required for all FFS inpatient hospital admissions except for obstetrical deliveries with a length of stay of (2) days or less for vaginal deliveries and (4) days or less for cesarean sections. To obtain an authorization for Telligen, follow these steps:

1. **Verify Eligibility:** Providers are reminded to verify Medicaid Member eligibility on the MESA portal at the time of service.

2. **Submit the Newborn Enrollment Form:** Hospitals must notify the Division of Medicaid within five (5) calendar days of a newborn's birth using the Newborn Enrollment Form located on the MESA Web Portal.

- Fee-for-service (FFS) maternity authorizations are automatically generated by Telligen upon receipt of the Newborn Enrollment Form and should be available in Qualitrac for the provider to access if the stay exceeds the established timeframes. Monitor the status of the authorization request to ensure timely processing.

3. **Receive and Review Authorization:** Providers will be notified via mail or may visit Qualitrac to retrieve the authorization number, which is required on the claim if the maternity stay exceeds standard timeframes, as mentioned above.

    - **Authorization Details:** Once authorization is granted, review the details to ensure they match the requested coverage and are accurate. For any changes to the authorization, please complete Telligen's Change Request Form, available on https://msmedicaid.telligen.com.

4. **Document Authorization:** Keep a record of the authorization number and any relevant details for future reference.

Physical Therapy, Occupational Therapy, and Speech Therapy Documentation Requirements

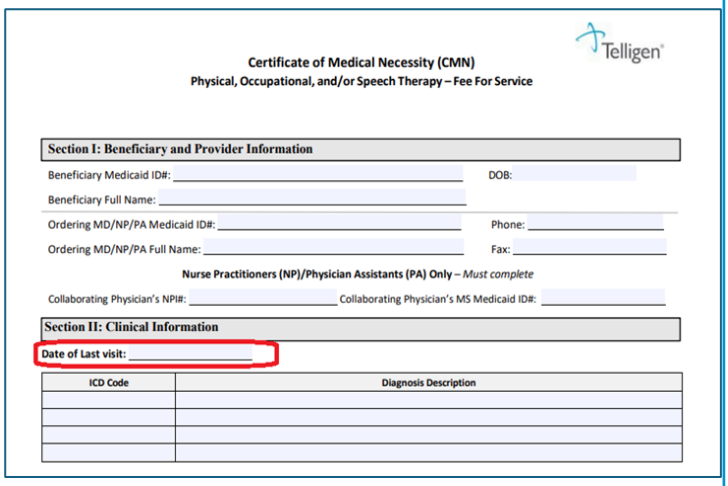
Healthcare providers requesting prior authorizations (PAs) for physical therapy, occupational therapy, and/or speech therapy must submit ALL the following documents to Telligen, for fee-for-service Medicaid member authorizations:

1. **Certificate of Medical Necessity (CMN)** - The date of the last physician visit must be indicated on the CMN. The last physician visit must have been within the last six (6) months.

PROVIDER COMPLIANCE

Continued

a. In lieu of the CMN, providers can submit a copy of the therapy referral and a documented note from the last MD visit (again, the last physician visit must have been within the last 6 months).



Telligen

Certificate of Medical Necessity (CMN)
Physical, Occupational, and/or Speech Therapy – Fee For Service

Section I: Beneficiary and Provider Information

Beneficiary Medicaid ID#: _____ DOB:

Beneficiary Full Name: _____

Ordering MD/NP/PA Medicaid ID#: _____ Phone: _____

Ordering MD/NP/PA Full Name: _____ Fax: _____

Nurse Practitioners (NP)/Physician Assistants (PA) Only – *Must complete*

Collaborating Physician's NPI#: _____ Collaborating Physician's MS Medicaid ID#: _____

Section II: Clinical Information

Date of Last visit: _____

ICD Code	Diagnosis Description

2. **Therapy Evaluation** – The most recent therapy evaluation requires documentation.

3. **Plan of Care** – The initial Plan of Care may be submitted without a physician signature, but a signed Plan of Care must be submitted within thirty (30) days of the request. If no signature is included on the initial Plan of Care, the initial certification period (if approved) will be limited to 30 days to allow time to submit the signed Plan of Care. Prior authorization must be obtained from the UM/QIO prior to recertification. All recertification request submissions MUST have a Plan of Care signed by the provider.

4. **Progress Notes** – Therapy progress notes from the last three sessions are required if the patient has been previously seen.

SPECIAL CONSIDERATIONS: Wheelchair evaluations only require a CMN. Additional information regarding therapy prior authorization requirements can be found on the Mississippi Division of Medicaid's website under Administrative Code Part 213: Therapy Services.

Telligen Care Management: Provider Referral Process

Effective care management ensures beneficiaries receive necessary support. Telligen, DOM's Utilization Management/Quality Improvement Organization (UM/QIO), has a streamlined referral process to optimize patient care.

Patients are identified through data analysis, health assessments, or provider referrals, focusing on chronic conditions or high-risk factors. Currently, care management is available for the following diagnoses or FFS populations:

- Hepatitis
- Hemophilia
- Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS)
- Beneficiaries enrolled in the Disabled Children Living at Home (DCLH) category of eligibility
- Beneficiaries enrolled in FFS at date of delivery and for the postpartum coverage period

Providers can fill out the Care Management Referral Form located at https://msmedicaid.telligen.com under the Document Library tab, then click on Care Management. Completed forms should be faxed to Telligen Care Management at 1-800-520-6564.

If you need specific details or have additional questions about Telligen's Care Management referral process, reach out directly to Telligen at **1-866-938-5144**.

PROVIDER COMPLIANCE

Urgent Request Option for Prior Authorization

In compliance with Senate Bill 2140, also known as the Mississippi Prior Authorization Reform Act, Telligen now provides an option in Qualitrac for submitting urgent requests. SB2140 defines “urgent health care service" as one that, according to a treating professional, could significantly jeopardize the enrollee’s life, health, or function, or cause severe, unmanaged pain.

The urgent feature in Qualitrac allows the provider to flag requests requiring expedited processing. By selecting the “urgent” checkbox, the request is prioritized and reviewed more quickly, within 48 hours.

Providers should use the Urgent Request option only for non-routine, non-emergency requests needing timely attention, not for general non-urgent requests.

Pediatric Providers: New Lead Risk Screening Questionnaire

Effective June 3, 2024, all Medicaid providers must use the new Lead Risk Screening Questionnaire. The new questionnaire is located on the Division of Medicaid’s website: https://medicaid.ms.gov/wp-content/uploads/2024/06/Lead-Risk-Screening-Questionnaire.pdf.

As a reminder, any child identified with a capillary lead level of ≥3.5µg/dL, must receive a confirmatory venous test. Providers are required to report any blood lead level of ≥3.5µg/dL or greater to the MS Department of Health Lead Poisoning Prevention and Healthy Homes Program using the Lead Levels Reporting Form: https://msdh.ms.gov/msdhsite/_static/resources/6612.pdf.

Additional information regarding Lead testing is available on the Centers for Disease Control and Prevention (CDC) website: https://www.cdc.gov/lead-prevention/testing/index.html.

Nurse Aid Abuse Registry Update

All providers of Home and Community Based Services (HCBS) Waiver services are required to complete monthly checks of the Nurse Aide Abuse Registry for all employees and maintain those results in the employee’s files. Be sure to capture the date the check was completed when filing results.

Effective August 15, 2024, the website providers must use to complete the monthly checks of the Nurse Aide Abuse Registry has been changed to https://ms.tmutest.com/search.

COORDINATED CARE NEWS

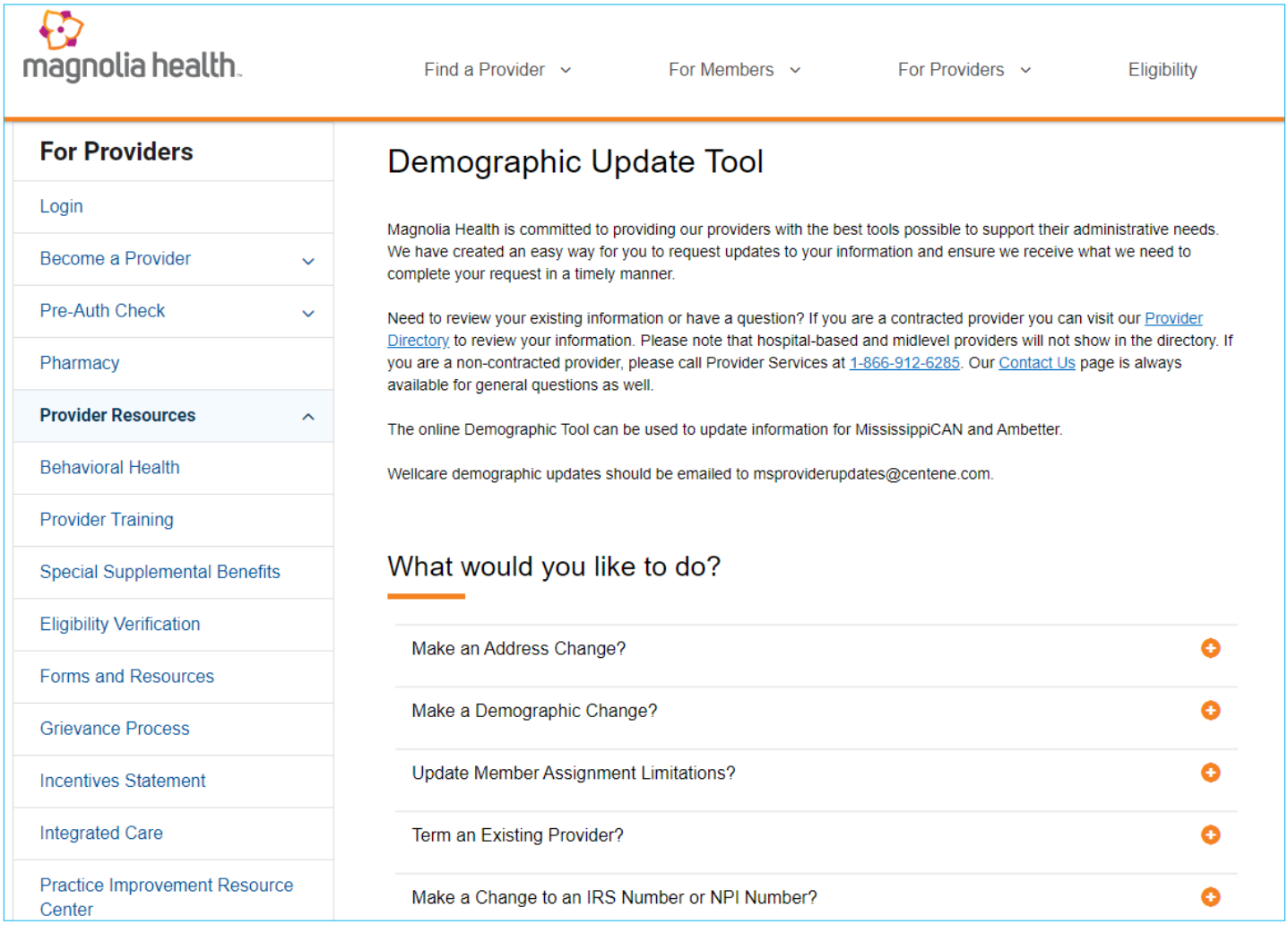
Magnolia Health

Magnolia New Provider Demographic Update Tool

Magnolia Health is committed to providing our providers with the best tools possible to support their administrative needs for MSCAN. Whether it's making an address change or terminating a provider, we have created an easy way for you to request updates to your information and ensure we receive what is needed to complete the request in a timely manner.

Try the Provider Demographic Tool Today! https://www.magnoliahealthplan.com/providers/resources.html

Please note, MSCAN Delegated Providers will continue to submit rosters to magnoliacredentialing@centene.com.



COORDINATED CARE NEWS

Appointment Access for Molina Members

All Providers who oversee the Member's health care are responsible for providing the following appointments to Molina Members in the timeframes noted:

Additional information on appointment access standards is available from your local Molina Quality Department toll free at (844) 826-4335.

Medical Appointment Types	**Standard**
Routine, asymptomatic	Within thirty (30) calendar days
Routine, symptomatic	Within seven (7) calendar days
Urgent Care	Within twenty-four (24) hours
Dental Providers (Urgent Care)	Not to exceed forty-eight (48) hours
Dental Providers (routine visits)	Not to exceed forty-five (45) calendar days
After Hours Care	Twenty-four (24) hours/day; seven (7) days/week availability
Specialty Care (High Volume)	Within forty-five (45) calendar days
Specialty Care (High Impact)	Within forty-five (45) calendar days
Urgent Specialty Care	Within twenty-four (24) hours
Behavioral Health Appointment Types	**Standard**
Life Threatening Emergency	Immediately
Non-life-Threatening Emergency	Within six (6) hours
Urgent Care	Within twenty-four (24) hours
Routine Care	Within fourteen (14) calendar days
Follow-up Routine Care (post- discharge from an acute psychiatric hospital when the Contractor is aware of the Member's discharge)	Within seven (7) calendar days
Emergency Providers	Immediately (twenty-four (24) hours a day, seven (7) days/week) and without Prior Authorization

COORDINATED CARE NEWS

UNITEDHEALTHCARE

Behavioral health tools for primary care providers

Identify and treat patients with behavioral health conditions and substance use disorders

Primary care providers (PCPs) play an important role in identifying and treating patients with mental health and substance use disorders. Here are some tools and resources you can use as you care for these patients.

Assessing use

You can use screening tools to identify a patient with substance use disorder. Online screening tools include the following:

- **Screening, Brief Intervention and Referral to Treatment** (SBIRT) for drugs or alcohol
- **AUDIT C** for alcohol
- **CAGE AID** substance abuse screening tool for drugs or alcohol

Medication for evidence-based treatment

Medication for opioid use disorder (MOUD) and medication for alcohol use disorder (MAUD) are evidence-based treatments that use FDA-approved medications in combination with therapy. These treatments are formerly known as medication assisted treatment (MAT). The benefits of these treatments may include reduced cravings, increased periods of abstinence, and improved clinical outcomes. Patients who receive MOUD/MAUD are 50% more likely to remain sober, compared to those who receive detoxification or psychosocial treatment alone.

MOUD/MAUD medications include:

- Naltrexone (oral and injectable)
- Buprenorphine (oral, injectable and implant)
- Methadone (oral)

Find more information about **MOUD/MAUD** go to **Frequently Asked Questions**.

Take the **Assessing and Addressing Alcohol and Cannabis Misuse in Medical Practice** course.

COORDINATED CARE NEWS

UNITEDHEALTHCARE

Continued

Metabolic screening for children and adolescents prescribed antipsychotic medications

PCPs also play an important role in treating children and adolescent patients. When the treatment plan includes antipsychotic medication, it is important to ensure necessary labs are completed. Antipsychotic medications prescribed for child or adolescent patients can have adverse effects on their metabolism. The National Committee for Quality Assurance (NCQA®) recommends completing these tests for children and adolescents after an initial prescription of antipsychotic medication:

- At least 1 test for blood glucose or HbA1c
- At least 1 test for LDL-C or cholesterol

Consider annual monitoring of fasting glucose/HbA1c and cholesterol/LDL-C tests.

On-demand training

PCPs can play an important role in diagnosing and treating behavioral health conditions. UnitedHealthcare, Optum Behavioral Health and OptumHealth™ Education offer a 3-part online series covering some behavioral health issues seen in primary care settings. The topics include depression and follow-up after higher levels of care, substance use disorders in primary care, and behavioral health treatment for children and adolescents.

Access the **training series**.

Earn 1.00 continuing medical education/nursing continuing professional development credit for each session completed. There are no fees for participating in or receiving credit for these courses.

Coordination of care

Coordination of care is important for patients, especially those facing severe and persistent mental health and/or substance use conditions.

Within a week of your patient's initial appointment, and each year after that, you can coordinate care

COORDINATED CARE NEWS

UNITEDHEALTHCARE

Continued

by providing the member's other health care professionals with:

- A summary of the patient's assessment and treatment plan recommendations
- Your latest diagnosis (medical and behavioral)
- All the medications you've prescribed (brand or generic name, strength and dosage)
- Your contact information and the best time to reach you by phone, if needed

Behavioral health resources

The UnitedHealthcare **behavioral health resources** page includes information about:

- Attention deficit hyperactive disorder (ADHD)
- Screening tools
- Depression
- Alcohol and substance misuse
- Substance use screeners
- Behavioral health support
- Behavioral health referrals

Additional online resources

Prevention Center
Behavioral health toolkit
Behavioral health care professional directory
Live and Work Well – Patient education information
Opioid Use Disorder Quick Reference Guide for Clinicians
Provider Express – Behavioral health claims, eligibility and benefits, appeals, clinical tools and initiatives

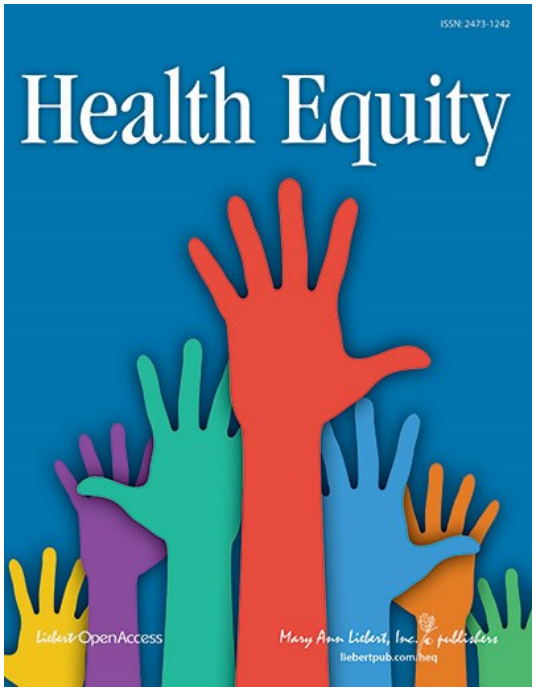
Questions

Visit our **Contact Us** page for more information, call the Substance Use Disorder Helpline at 855-780-5955 or find additional behavioral health **support**, such as in-network behavioral health professional and patient education information.

COORDINATED CARE NEWS

UNITEDHEALTHCARE

The road to health equity through technology



Improving health equity for your patients is crucial to help ensure they have access to the resources they need for a healthy life, which include transportation, food, and housing. One of the ways you can help bridge health equity gaps is through health care technological innovations.

Complete our free CME **Driving Health Equity Through Technology and Service Innovation** course to learn about the:

- Existing health care technology innovations that can help improve health equity for underserved patients
- Changing landscape of provider coverage and reimbursements as it relates to these innovations

Go to course

Addressing these social drivers of health is key to reducing health disparities and promoting equitable health outcomes for all communities.

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.

United Healthcare

COORDINATED CARE NEWS

UNITEDHEALTHCARE

Equitable care, better health this Pride Month

While June is Pride Month, you can show your support to LGBTQ+ patients all year long with a few simple actions. These small efforts can create an environment where all patients feel welcome and encouraged.

Individuals who feel they have a connection with their provider tend to seek out care and follow through with treatment plans, which improves health outcomes. Often, members of the LGBTQ+ community don't seek medical care because they don't feel comfortable or understood.

What you can do

- Update your profile to indicate you offer LGBTQ+ supportive services
- Earn free continuing education credits while learning more about supporting the LGBTQ+ community. Upon completion, update your profile to showcase your training.

How to update your profile

- Visit the **My Practice Profile interactive guide** for instructions on updating your practice profile to include Health Equity information
- LGBTQ+ services are reported and displayed as Areas of Expertise (AOEs) in our provider directory. Available AOEs specific to LGBTQ+ supportive services are:
    - Gender-affirming care
    - Gender-affirming surgery (female to male) – Bottom
    - Gender-affirming surgery (female to male) – Top
    - Gender-affirming surgery (male to female) – Bottom
    - Gender-affirming surgery (male to female) – Top
    - LGBTQ+ supportive
    - Transgender
    - Transgender – Electrolysis/Hair removal
    - Transgender facial feminization surgery
    - Transgender – Hormone therapy

COORDINATED CARE NEWS

UNITEDHEALTHCARE

Continued

Report completed cultural competency training

We display cultural competency in our directory. The available cultural competency value specific to LGBTQ+ training is LGBTQ+ communities.

Completing continuing education classes and updating your profile will help remove barriers to care for this underserved community.

Resources

View the **How to enhance your provider profile to support health equity page** to learn how you can make additional updates to your provider profile to support health equity.

Questions?

If you have questions or need additional resources, visit our **Cultural Competency page**.

COORDINATED CARE NEWS

UNITEDHEALTHCARE

Locate your claim payment data with more ease

We're pleased to announce a couple changes to the claim payment reconciliation process that will help improve your claims payment experience.

1. **Locate payment-related data more quickly**
   Organizations that receive claim payments electronically through Automated Clearing House (ACH)/direct deposit will notice that all ACH claim payment documents now have the same payment number. This change helps ensure that the payment number listed on the provider remittance advice (PRAs) is consistent with the payment number on the following:
   - 835 files
   - Electronic provider remittance advice (EPRAs)
   - ACH addenda records

This means you'll now be able to easily find the payment-related data you need in both the **UnitedHealthcare Provider Portal Document Library** and **Optum Pay™ Portal**.

2. **Streamline the reconciliation process**
   We'll create separate 835 files and PRAs for payments and non-payments (e.g., denials and zero-dollar payments) for most UnitedHealthcare commercial plans.

   This update helps you identify a payment file vs. non-payment file. These dedicated file types make it easier to:

   - **Match transactions efficiently:** You can focus on matching payments to claims in one file and identifying discrepancies or non-payments in another
   - **Track the payment history:** You can easily view data to see which files are payments vs. non-payments
   - **Automate processing:** Distinct data allows you to add rules and tailor specification requirements for handling non-payments
   - **Reduce errors:** Separate files minimize the risk of errors when completing reconciliation tasks for denials and claims that have an overpayment recovery applied

COORDINATED CARE NEWS

UNITEDHEALTHCARE

Continued

Questions?

You can learn more about Document Library in our **interactive guide** or chat with a live advocate 7 a.m.–7 p.m. CT in the **UnitedHealthcare Provider Portal**.

For help accessing Document Library, call UnitedHealthcare Web Support at **866-842-3278**, option 1, 7 a.m.–9 p.m. CT, Monday–Friday.

You can also contact UnitedHealthcare Provider Services at **877-842-3210**, TTY/RTT **711**, 7 a.m.–5 p.m. CT, Monday–Friday.

CALENDAR OF EVENTS

OCTOBER 2024

THURS, OCT 3	EDI Cut Off – 5:00 p.m.
MON, OCT 7	Checkwrite
THURS, OCT 10	EDI Cut Off – 5:00 p.m.
MON, OCT 14	Checkwrite
THURS, OCT 17	EDI Cut Off – 5:00 p.m.
MON, OCT 21	Checkwrite
THURS, OCT 24	EDI Cut Off – 5:00 p.m.
MON, OCT 28	Checkwrite
THURS, OCT 31	EDI Cut Off – 5:00 p.m.

NOVEMBER 2024

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

DECEMBER 2024

MON, DEC 2	Checkwrite
THURS, DEC 5	EDI Cut Off – 5:00 p.m.
MON, DEC 9	Checkwrite
THURS, DEC 12	EDI Cut Off – 5:00 p.m.
MON, DEC 16	Checkwrite
THURS, DEC 19	EDI Cut Off – 5:00 p.m.
MON, DEC 23	Checkwrite
THURS, DEC 26	EDI Cut Off – 5:00 p.m.
MON, DEC 30	Checkwrite

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

MON, NOV 11	**Veteran's Day**
THURS, NOV 28	**Thanksgiving Day**
WED, DEC 25	**Christmas Day**

Office Closures
November 28, 29
December 25

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

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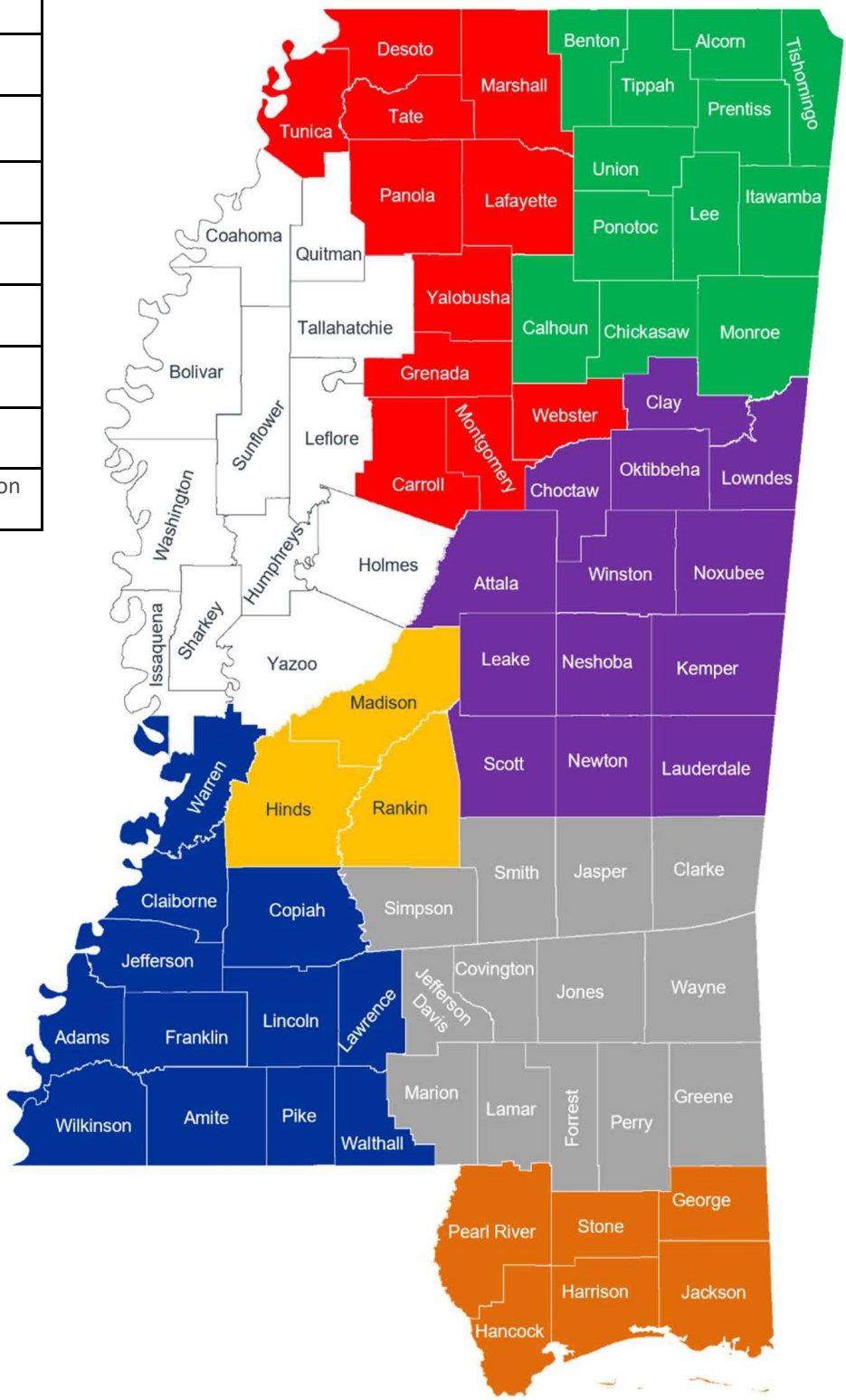
PROVIDER FIELD REPRESENTATIVE REGIONAL

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	Earl Robinson 601-647-2515
Out of State Providers	Dominquea Anderson 601-345-3271



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 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 Earl Robinson earl.robinson@gainwelltechnologies.com 601-647-2515
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