

## MISSISSIPPI MEDICAID

### **Portal Account Inactivity Deactivation and Reactivation for Providers/Members/Delegates/Trading Partners.**

#### **Late Breaking News. December 18, 2025**

In accordance with CMS requirements, MESA Portal accounts for all users (providers, members, delegates and trading partners) will be deactivated after 15 months of inactivity starting December 29, 2025. To retain access to the MESA Web Portal, users are encouraged to log in periodically. A note about Delegate Accounts: Delegates will retain access to the provider's accounts if the provider is active in MESA or the provider has been inactive in MESA for one year or less.

#### **How can I prevent my account from being deactivated?**

To maintain active status, log in to your MESA Web Portal account at least once every fifteen (15) months.

#### **What will occur when my account is deactivated?**

Your Portal account will be placed in a disabled status, and an email notification will be sent to the email address on file. The email will have directions for reactivating the account as follows:

If you wish to reactivate your account, please follow the reactivation instructions provided below:

1. Go to the MESA Portal Home Page.
2. Enter your User ID and then click the Sign In button.
3. An email will then be sent with further instructions and a secure link to complete the reactivation process.

#### **How do I reactivate my MESA Portal Account?**

To reactivate, navigate to the MESA Portal, enter your user id and select Log In. If your account has been disabled, you will be redirected to the Home Page with the following message: "Your MESA Web Portal account has been disabled due to inactivity. An email has been sent to the email address on file with instructions to reactivate your MESA Web Portal account."

The email will contain a secure time-limited reactivation token and a link to initiate the reactivation process. The reactivation token will be valid for 3 days from the time of generation.

Upon clicking the link in the email, the user will be redirected to a Web Portal page where they can enter the token (received in the email) and click the reactivate button to complete the process.

#### **What if my token has expired?**

If the token is expired or entered incorrectly, the user will be displayed with a message "Token is invalid or expired. Please try entering token again or regenerate a new token using the "Regenerate Token" button below. When a user clicks on the 'Regenerate Token' button, the system will generate a new token and send to the user's email address. System will also display a message to the user "An email has been sent to the email address on file with instructions to reactivate your MESA Web Portal account."

Once the account is successfully reactivated, the user will be redirected to the Web Portal Home Page to restart the login process.

#### **Support and Resources**

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 at [https://medicaid.ms.gov/wp-content/uploads/2025/09/Q3-2025-PROVIDER-FIELD-REPRESENTATIVES\\_Map-and-By-County\\_v1.0.pdf](https://medicaid.ms.gov/wp-content/uploads/2025/09/Q3-2025-PROVIDER-FIELD-REPRESENTATIVES_Map-and-By-County_v1.0.pdf).

<https://medicaid.ms.gov/late-breaking-news/>

### **Update to Medicaid Eligibility Search Timeframe. Late Breaking News. November 26, 2025**

Effective immediately, the Medicaid eligibility search window has been expanded from 3 years to 5 years.

This change applies across all eligibility inquiry methods, including:

- Provider Portal
- EDI (Electronic Data Interchange)
- AVRS (Automated Voice Response System)

Regardless of the platform used, all Medicaid eligibility searches will now return up to five years of historical data. This update is intended to improve access to comprehensive eligibility information and support more accurate verification and billing processes.

Should you need assistance, please contact the Provider and Beneficiary Services Call Center at (800) 884-3222 or contact your designated [Provider Field Representative](#).

<https://medicaid.ms.gov/late-breaking-news/>

## CMS, NOVITAS, RAILROAD MEDICARE

### Novitas Mississippi Part B Fee Schedule

Downloadable 2026 Novitas Mississippi Part B Fee Schedule is now available.

**NOTE:** Data for individual code searches for 2026 dates of service are not yet available in the system. Please use the full file downloads (right column on this screen) to reference any 2026 amounts. This message will be removed when 2026 data is available.

<https://www.novitas-solutions.com/webcenter/portal/MedicareJH/FeeLookup>

### **DME: Complying with Proof of Delivery Requirements. CMS MLN Matters. December 4, 2025**

“The Comprehensive Error Rate Testing (CERT) Task Force identified missing or incomplete proof of delivery (POD) documents for DME claims. You’re required to maintain POD documentation for 7 years from the date of service regardless of your delivery method.

Use the [CERT DME POD Requirements \(PDF\)](#) work guide to learn what you must include and what’s required for each delivery method.

More Information:

- [Standard Documentation Requirements for All Claims Submitted to DME MACs](#) article
- [Medicare Program Integrity Manual, Chapter 4 \(PDF\)](#), section 4.7.3.1.1–4.7.3.1.3
- [CERT webpage](#)”

[https://www.cms.gov/training-education/medicare-learning-network/newsletter/mln-connects-newsletter-december-4-2025#\\_Toc215666345](https://www.cms.gov/training-education/medicare-learning-network/newsletter/mln-connects-newsletter-december-4-2025#_Toc215666345)

### **Medicare Physician Fee Schedule Final Rule Summary: CY 2026. CMS MLN Connects. December 11, 2025**

“Learn about [payment rates and policies \(PDF\)](#) for CY 2026:

- Telehealth, therapy, behavioral health, and advanced primary care management services
- Evaluation and management visits
- Practice expense and skin substitutes “

<https://www.cms.gov/files/document/mm14315-medicare-physician-fee-schedule-final-rule-summary-cy-2026.pdf>

## OTHER

### **New Reimbursement Policy for Professional Evaluation and Management Services Claims effective October 1, 2025.** Cigna. November 18, 2025

#### **RHW: Cigna's version of auto-downcoding similar to the one used by Aetna and other private payors**

**"At-a-glance:**

- **New Policy:** The new Cigna Healthcare® Evaluation and Management Coding Accuracy (R49) medical reimbursement policy took effect on October 1, 2025, aligning with industry standards and American Medical Association (AMA) coding guidelines.
- **Policy scope:** Applies only to Current Procedural Terminology (CPT®) evaluation and management (E/M) codes 99204-99205, 99214-99215, and 99244-99245, focusing on billing and coding accuracy.
- **Limited provider impact:** The policy only applies to providers who have a consistent pattern of coding at a higher E/M level for routine services compared to their peers. Upon implementation, almost 99 percent of all in-network providers will not be affected, including 97 percent of those who bill level 4 and 5 E/M codes.
- **Claim application:** Applies only to level 4 and 5 E/M claims from affected providers where the submitted billing information does not support level of service billed.
- **Reconsideration and bypass:** Affected providers may submit full encounter records to request reconsideration of individual claims or bypass from the policy if multiple records demonstrate consistent billing aligned with AMA guidelines. ..."

<https://providernewsroom.com/cigna-healthcare/new-reimbursement-policy-for-professional-evaluation-and-management-services-claims-effective-october-1-2025/>

### **You'll Begin Seeing HealthSpring<sup>SM</sup> Members in 2026.** Cigna. November 21, 2025

#### **RHW: Beginning January 1, 2026, all Cigna Medicare Advantage patients will be transferred to HealthSpring. Also note that the well vision benefits will continue to be through EyeMed.**

"As the Medicare annual enrollment period continues, we're adding new members to our HealthSpring plans. Starting in January, you'll begin seeing former Cigna Healthcare Medicare Advantage customers with new HealthSpring benefit plans along with brand-new HealthSpring members. As a contracted provider with Cigna Healthcare Medicare Advantage, **you are contracted with HealthSpring to serve these members.**

In 2026, you'll see fewer references to Cigna Healthcare Medicare Advantage as we fully transition to the HealthSpring brand. For example:

- Our provider manual for 2026 is the HealthSpring provider manual, available on the [HealthSpring provider site](#).
- The Cigna Healthcare Medicare Advantage payer space in [Availity® Essentials](#) will be renamed HealthSpring Medicare Advantage. Our payer ID is **52192**. The HealthSpring payer space is only for [Medicare Advantage contracted](#) providers.
- The [HealthSpring provider site](#) replaces the Cigna Healthcare [Provider Newsroom](#) and [Medicare Advantage website](#) as your primary source of information about serving our members.
- If you're credentialed with Cigna Healthcare Medicare Advantage, you are credentialed for HealthSpring. If your credentialing is due to renew in early 2026, you may receive a reminder from HealthSpring in late 2025.
- The [provider directory](#) currently shows the HealthSpring benefit plans and the corresponding Cigna Healthcare Medicare Advantage plans under your network participation. In 2026, members will use the [HealthSpring directory](#) to find you.
- You'll have access to HealthSpring forms and resources to serve our members on the [HealthSpring provider site](#) as we transition.

#### **What's new for 2026**

- **Our name:** [Health Care Service Corporation](#) purchased Cigna Healthcare Medicare Advantage, Supplemental Benefits and Medicare Part D business earlier this year. We will be serving members under the HealthSpring name.
- **Communication channels:** We're committed to keeping you up to date with the news, processes and resources you need to successfully care for your patients. Our [website](#) will be the primary communication channel for the latest information and tools. We'll also launch a **monthly email newsletter** to which you can subscribe to ensure you have the latest at your fingertips. Complete our [Let's Stay Connected form](#) to subscribe. Your familiar Cigna Healthcare Medicare Advantage contacts will be there to help you navigate the change.
- **The address for submitting paper claims:** PO Box 23456, Chattanooga, TN 37421.

#### **What's not new**

- **Our commitment** to partnering with you in supporting your practice and connecting your patients with care to live vibrant, healthy lives.
- **Many of your patients:** While our name has changed, many of your patients are changing with us. They'll have new member ID cards with their HealthSpring plan. See HealthSpring ID card samples in our frequently asked questions.
- **Your contract with us:** Your contract with Cigna Healthcare Medicare Advantage remains in force. As we renew contracts, we will also update the name on the contracts with HealthSpring.
- **Your value-based arrangements, quality measures and member health care experience surveys:** We continue to be invested in helping our members achieve their health goals through access to quality care. You're at the heart of this experience. Talk to your members about their experiences and remind them about the **Consumer Assessment of Healthcare Providers and Systems (CAHPS®)** survey they may receive in early 2026. For more details, please refer to our [frequently asked questions](#)."

<https://providernewsroom.com/medicare-network-insider/youll-begin-seeing-healthspring%e2%84%a0-members-in-2026/?brand=>

#### **March Vision: New electronic payment option: Optum Financial Services. March Vision. December 11, 2025**

"To enhance and simplify payment transactions for your business, UnitedHealthcare | March Vision Care is excited to announce a new partnership with **Optum Financial** and **ECHO Health, Inc.** Beginning **January 2026**, these new electronic payment solutions will replace our current platform, **PaySpan/Zelis**.

#### **Accessing payment details**

After the transition, providers can continue to view detailed payment explanations by logging in to [providerpayments.com](#).

#### **Important deadline: Jan. 31, 2026**

We strongly encourage all providers to download any necessary payment statements from PaySpan/Zelis **before Jan. 31, 2026**. After this date, historical payment data will not be accessible through the PaySpan/Zelis platform.

**Need help?** For questions or technical support, please contact Optum Financial at **888-686-3260**."

<https://www.uhcprovider.com/vision/marchvision-news-optum-electronic-payment.html?cid=em-provider-news-PCA12502440-dec25>

#### **March Vision: Have you verified your directory information?. March Vision. December 11, 2025**

"Federal and/or state regulations require all our active network providers review and verify their directory demographic information every 90 days.

To help ensure our provider directory reflects accurate information for our members:

- Log into your [providers.eyesynergy.com](#) account
- Select **Provider Demographic Verification** under Resources
- Follow the instructions on the page to start the demographic verification process

Need help? Our [Required Directory Review Attestation Guide](#) walks you through the process."

## **Medicare Telehealth Flexibilities for Wellcare Members Through 2026. Magnolia Health Weekly News and Updates. December 12, 2025**

“Medicare has extended its current telehealth flexibilities through January 30, 2026. At this time, it is unknown whether these flexibilities will be extended further. Regardless of future Medicare decisions, Wellcare Medicare plans will continue to offer expanded telehealth access through 2026 plan years.

Our benefits maintain many of the same flexibilities, ensuring no change in telehealth coverage for Wellcare's Medicare members.

Current Medicare telehealth flexibilities include:

- . Relaxed geographic restrictions
- . No originating-site requirements
- . Expanded list of eligible telehealth providers

Wellcare Medicare plans will continue these allowances even if Medicare ends its flexibilities:

- . Members may receive telehealth services from any location-no rural or originating-site limitations.
- . No restrictions on which types of providers may deliver telehealth.
- . Teladoc services remain available 24/7 at \$0 cost share.
- . Telehealth from in-network providers applies the same cost share as an in-office visit (e.g., PCP or specialist rates). Members should refer to their EOC for full cost-share details.
- . No technology requirement-audio-only telehealth is permitted for certain non-behavioral, non-mental health services.

If you have any questions, please contact your Provider Engagement Representative.”

<https://mailchi.mp/f4b80594ee1c/pooscvsvfh-50648?e=6d63e1c4a4>

## **Health Plans Losing Nearly Half of Cases That Reach Independent Medical Review: Study. Becker's Payer Review. Jakob Emerson. December 12, 2025**

“Nearly half of health plan coverage denials that reached independent medical review were overturned between 2019 and 2023, with significant variation by state, according to a [Health Affairs](#) study published Dec. 10.

Researchers from the University of California San Francisco analyzed publicly available IMR data from California, New York, Washington and Oregon, the four states where such data is available. The study examined 51,236 total IMR cases, with New York contributing the most (33,259) and Oregon the fewest (1,690).

IMR decisions are binding. When a denial is overturned, health plans must cover the previously denied service.

[https://www.beckerspayer.com/research-analysis/health-plans-losing-nearly-half-of-cases-that-reach-independent-medical-review-study/?origin=PayerE&utm\\_source=PayerE&utm\\_medium=email&utm\\_content=newsletter&oly\\_enc\\_id=5767J8016534I8J](https://www.beckerspayer.com/research-analysis/health-plans-losing-nearly-half-of-cases-that-reach-independent-medical-review-study/?origin=PayerE&utm_source=PayerE&utm_medium=email&utm_content=newsletter&oly_enc_id=5767J8016534I8J)

## **United Health Care: Implementation Delay: Remote Physiologic Monitoring (RPM). January 2, 2025**

“The Medical Policy titled Remote Physiologic Monitoring (RPM) will not be effective on Jan. 1, 2026, as previously announced; implementation of the new policy has been postponed until further notice.”

UHC: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/commercial/medical-policy-update-bulletin-january-2026-full.pdf>

Surest: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/surest/surest-medical-policy-update-bulletin-january-2026.pdf>

UMR: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/umr/umr-medical-policy-update-bulletin-january-2026.pdf>

Individual Exchanges: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/exchange/exchange-medical-policy-update-bulletin-january-2026.pdf>

Community Plans: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/comm-plan/community-plan-medical-policy-update-bulletin-january-2026.pdf>

Medicare Advantage: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/mamp/medicare-advantage-medical-policy-update-bulletin-january-2026.pdf>

## **United Health Care-Oxford Administrative Retired Policies. January 2026**

<b>Retired</b>		
<b>Policy Title</b>	<b>Effective Date</b>	<b>Summary of Changes</b>
Participating Providers Using Non-Participating Providers Protocol	Jan. 1, 2026	<ul style="list-style-type: none"><li>Retired policy; refer to the <a href="#">UnitedHealthcare Care Provider Administrative Guide</a></li></ul>

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/oxford/oxford-policy-update-bulletin-january-2026-full.pdf#pp>

## **UHC Medicare Advantage: Surgical Procedures Policy Number: MMP108. Effective Date: January 1, 2026**

**“Implantation of Glaucoma Drainage Devices** Medicare does not have an NCD for the implantation of glaucoma drainage devices. LCDs/LCAs do not exist for implantation of glaucoma drainage devices for CPT code 66180. For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Glaucoma Surgical Treatments](#)”

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-mp/surgical-procedures.pdf>

## **UHC Medicare Advantage HMO and HMO-POS: Specialist services referral requirement for Medicare Advantage plans Jan. 1, 2026. December 19, 2025**

“Starting Jan. 1, 2026, most members enrolled in UnitedHealthcare Medicare Advantage HMO and HMO-POS plans will be required to obtain a referral from their primary care provider (PCP) before accessing certain specialist services in outpatient, office or home settings. Referrals must be submitted by the PCP to UnitedHealthcare prior to the specialist visit.

The new referral requirements will NOT apply to services provided by a:

- Primary care provider
- Mental health provider
- Obstetrician/gynecologist
- Chiropractor
- Audiologist
- Oncologist
- Hematologist
- Nuclear medicine
- Neonatology
- Emergency medicine
- Nutritionist
- Podiatrist
- **Optometrist**
- **Ophthalmologist**
- Optician
- Radiologist
- Therapeutic radiologist
- Infectious disease specialist

<https://www.uhcprovider.com/en/resource-library/news/2025/referral-req-specialist-services-medadv.html?cid=em-providernews-2026nnb2-jan26>