

April 2024 Third Party Changes of Significance

MISSISSIPPI MEDICAID

Resolving Payment Discrepancies on Claims. Magnolia Health. April 5, 2024

Understand what happened and steps we will take to rectify the issue

In Q3 of 2023, we identified members enrolled in Ambetter from Magnolia Health and Magnolia Health (MSCAN) that were not identified in our third-party liability (TPL) claims process, which triggers the Coordination of Benefits (COB). As a result, claims submitted by the provider to Ambetter from Magnolia Health for the impacted members were processed and paid under the member's Magnolia Health (MSCAN) coverage rather than coordinating and adjudicating under the member's Ambetter Marketplace coverage.

Our commitment to resolution

We value our member and provider partnerships and are committed to resolving this in a manner that mitigates member and provider impact. The process was corrected in December of 2023, and claims are coordinating correctly between Ambetter from Magnolia Health and Magnolia Health (MSCAN).

No refunds or rebilling: No need to worry about refunding previously paid claims or rebilling of claims.

Claims repricing and processing: Impacted claims received between 1/1/2022 and December 2023, will be reprocessed and paid by Ambetter according to Ambetter payment rules and applicable reimbursement. Reprocessed claims that result in payment amounts greater than what Magnolia Health (MSCAN) paid will result in payment of the additional amount owed. An Explanation of Payment (EOP) will be provided with the explanation code EXmk and the provider's patient control number from the original paid claim to support with reconciliation to the claim paid on the EOP.

Protecting payments: Should reprocessing result in a denial or lower payout, we will not recoup funds and previous payments will remain unchanged.

Mitigating member impact

Your patients won't face extra financial burdens:

Waived cost shares: We plan to waive any cost share the member may have accrued had the claims processed under Marketplace. This is to minimize any inconvenience to our members.

Provider payments: We intend to reimburse the provider any applicable member cost share amounts when the claim is reprocessed.

Timeline for adjudication

Repricing will begin in early March 2024. Our goal is to adjudicate all impacted claims by June 1, 2024.

Please contact Ambetter Provider Services at 1-833-993-2426 or your Provider Engagement Representative for questions.

Provider Notification. Magnolia Health. April 26, 2024

"Magnolia Health Plan is committed to continuously improving its overall payment integrity solutions to prevent overpayments due to waste or abuse. This is a notification that we will begin performing additional prepayment claim reviews on 6/1/2024 using Optum's Comprehensive Payment Integrity (CPI) tool for Medicaid claims. As a result of these prepayment claim reviews, providers may be asked for medical records and billing documents that support the charges billed.

Magnolia utilizes widely acknowledged national guidelines for billing practices and supports the concept of uniform billing for all payers. These prepayment claim reviews will look for overutilization of services or other practices that directly or indirectly result in unnecessary costs. A provider's order must be present in the medical record to support all charges, along with clinical documentation to support the diagnosis and services or supplies billed.

The provider will receive detailed instructions about how to submit the requested documentation. Providers who do not submit the requested documentation may receive a technical denial, which will result in the claim being denied until the information required to adjudicate the claim is received.

If it is determined that a coding and/or payment adjustment is applicable, the provider will receive the appropriate claim adjudication. Providers retain their right to dispute results of reviews. Please contact your Provider Services representative if you have any questions.”

Increase in Duplicate and Suspect Duplicate Claim Denials. Mississippi Medicaid Late Breaking News. April 26, 2024

“The Mississippi Division of Medicaid (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 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.”

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

MESA Provider Portal Updates – Eligibility Verification. Mississippi Medicaid Late Breaking News. April 19, 2023

“We would like to inform you that the MESA Portal was recently modified to include additional service limit information, as shown in the image below. When a provider logs into their secure portal account to check a member’s eligibility, they can enter a date to search for the service limits under the Limit Details section. They can click on a service limit row, and a new sub-section will display the dates when that service was utilized.

Limit Details

* Only Service limits that have paid claims will be displayed

Note: Dollar Limits and Service Limits information may not reflect recent claims and is subject to change daily as available benefits are used and the information provided is not a guarantee for payment.

Service Date: 05/11/2023 Search Limits

		Limit	Used	Remaining	Last Service Date
Individual	5501 Dental max dollar amount \$2500	\$2,500.00	\$52.88	\$2,447.12	2/24/2023
		Limit	Used	Remaining	Last Service Date
Individual	5516 Eyeglass Lens Limit 4 per SFY - Under 21	4	2	2	3/21/2023
	5517 Eyeglass Frames Limit 2 per SFY - Under 21	2	1	1	1/18/2023
	5532 Mental Health Assessment or Eval Lim	4	1	3	6/23/2023

Dates of Service - 5516 Eyeglass Lens Limit 4 per SFY - Under 21

From Date of Service	To Date of Service	Used Quantity	Used Amount
3/1/2023	3/1/2023	1	-
3/21/2023	3/21/2023	1	-

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 resource document is located at <https://medicaid.ms.gov/wp-content/uploads/2024/03/Provider-Field-Representatives.pdf>."

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

Change Healthcare ready to resume submitting X12 Transactions. Mississippi Medicaid Late Breaking News. **April 23, 2024**

"In effort to assist DOM providers impacted by the Change Healthcare security breach, after thorough security testing by the Change Healthcare team, DOM and Gainwell Technologies have reactivated Change Healthcare's access to once again submit transactions for processing. We appreciate your understanding as we have worked through this issue with Change Healthcare to ensure the protection of data housed in the Gainwell systems. Should further assistance be needed please contact your Change Healthcare account representative for specific information regarding your account."

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

CMS, NOVITAS, RAILROAD MEDICARE

Medical Record Maintenance & Access Requirements — Revised . CMS. April 11, 2024

"Learn [what's changed \(PDF\)](#). CMS added:

Medical record information for teaching physicians and residents

Reminder for providers about signature requirements "

<https://www.cms.gov/files/document/mln4840534-medical-record-maintenance-and-access-requirements.pdf>

CMS Restricts Marketing Companies From Sharing Medicare Beneficiary Data. Manatt Health Highlights.

April 22, 2024

"Half of Medicare beneficiaries are enrolled in Medicare Advantage (MA) plans. This extensive growth, which represents a doubling of MA enrollment since 2010, has been driven in part by an extensive network of insurance agents and brokers, field marketing organizations and lead generators that identify beneficiaries and assist them in selecting and enrolling in plans. Regulators have focused on some segments of this industry, citing marketing tactics that could mislead or confuse Medicare beneficiaries.

To address some of these practices, the Centers for Medicare & Medicaid Services (CMS) released a [final rule](#) on April 4 that puts substantial limits on the ability of a third-party marketing organization (TPMO), including lead generators, to share and sell Medicare leads to insurance carriers, brokers and other TPMOs. TPMOs are organizations and individuals, including agents and brokers, that are compensated to perform lead generation, marketing, sales and enrollment-related functions on behalf of MA plans. TPMOs include first tier, downstream or related entity (FDRs) to MA plans, but can also include entities that may not be considered an FDR under existing rules.

Beginning October 1, 2024, the new rule will require that TPMOs obtain express written consent from a beneficiary prior to sharing the beneficiary's data with other TPMOs for purposes of marketing or enrolling a beneficiary into an MA or Part D plan. Consent must be obtained separately for each TPMO that receives beneficiary data through a clear and conspicuous disclosure. The rule requires that the beneficiary has a clear opportunity to opt in to receiving follow-up from particular organizations; a blanket consent to redisclose contact information will no longer be sufficient. The rule will also prohibit a TPMO from conditioning a beneficiary's access to information on the beneficiary agreeing to have their contact information sold or shared. CMS says beneficiaries expect that their information will be used only by the entity that they have reached out to directly, so the "one-to-one" consent requirement is designed to honor that expectation. ..."

<https://www.manatt.com/insights/newsletters/health-highlights/cms-restricts-marketing-companies-from-sharing-med>

OTHER

United Health Care: Category III CPT Codes Guideline Number: MPG043.39 Approval Date: March 13, 2024

Effective Date: May 1, 2024

RHW: This includes a listing of all the CPT III codes and whether they are covered or not covered.

Below are some of the details in this article.

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/mapg/category-iii-cpt-codes-05012024.pdf>

Evacuation of Meibomian Glands (CPT Codes 0207T and 0563T)

Medicare does not have a National Coverage Determination (NCD). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist. For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Omnibus Codes.

Tear Film Imaging (CPT Code 0330T)

Medicare does not have a National Coverage Determination (NCD). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist. For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Omnibus Codes.

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/omnibus-codes.pdf>

Automated Visual Evoked Potentials (VEPs) for Visual Acuity Screening (CPT Code 0333T) Medicare does not have a National Coverage Determination (NCD). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the references table for Electroretinography (ERG). For coverage guidelines, for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Omnibus Codes.

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/omnibus-codes.pdf>

Drug Eluting Ocular Inserts (CPT Codes 0444T and 0445T)

Medicare does not have a National Coverage Determination (NCD). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist. For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Omnibus Codes.

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/omnibus-codes.pdf>

Visual Evoked Potential Testing for Glaucoma (CPT Code 0464T)

Medicare does not have a National Coverage Determination (NCD). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the references table for Electroretinography (ERG). For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Neurophysiologic Testing and Monitoring.

ERG: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/mapg/category-iii-cpt-codes-05012024.pdf>

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/neurophysiologic-testing.pdf>

Heterochromatic Flicker Photometry (CPT Code 0506T)

Medicare does not have a National Coverage Determination (NCD). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist. For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Omnibus Codes.

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/omnibus-codes.pdf>

Near-Infrared Dual Imaging of Meibomian Glands (CPT Code 0507T) Medicare does not have a National Coverage Determination (NCD). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist. For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Omnibus Codes.

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/omnibus-codes.pdf>

Eye-Movement Analysis without Spatial Calibration (CPT Code 0615T) Medicare does not have a National Coverage Determination (NCD). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist. For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Omnibus Codes.

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/omnibus-codes.pdf>

Iris Prosthesis Insertion (CPT Codes 0616T, 0617T, and 0618T)

Medicare does not have a National Coverage Determination (NCD). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist. For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Omnibus Codes.

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/omnibus-codes.pdf>

Remote, Online and/or Digital Therapy for Amblyopia (CPT Codes 0687T, 0688T, 0704T, 0705T, and 0706T)

Medicare does not have a National Coverage Determination (NCD). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist. For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Visual Information Processing Evaluation and Orthoptic and Vision Therapy.

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/visual-information-processing-evaluation-orthoptic-vision-therapy.pdf>

UnitedHealth Says Hackers Stole Health, Personal Data Of Potentially “Substantial Proportion” Of Americans. AOA First Look. April 23, 2024

“[Reuters](https://www.reuters.com/technology/cybersecurity/unitedhealth-says-hack-could-impact-data-substantial-proportion-americans-2024-04-22/) (4/22, Mishra, Siddiqui) reports, ‘UnitedHealth Group said on Monday that hackers stole health and personal data of potentially a ‘substantial proportion’ of Americans from its systems in February, as the largest U.S. health insurer scrambles to contain the damage.’ The ‘theft on Feb. 21 occurred despite a ransom payment.’ Although “a full analysis of the breached data would take ‘several months,’ there is no evidence to suggest that doctors’ charts or full medical histories of individuals were stolen, UnitedHealth said.”

<https://www.reuters.com/technology/cybersecurity/unitedhealth-says-hack-could-impact-data-substantial-proportion-americans-2024-04-22/>

United Health Care Medicare Advantage: Glaucoma & Other Ophthalmic Surgical Treatments Policy Number: MCS041.08 Approval Date: April 10, 2024 Effective Date: June 1, 2024

RHW: Please review for details on coverage

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/macs/glaucoma-surgical-treatments-06012024.pdf>