June 2024 Third Party Changes of Significance

MISSISSIPPI MEDICAID

Expired Provider License Updates Required. LateBreaking News. May 31, 2024

"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 Division of Medicaid (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."

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

Urgent: Provider Recredentialing Mississippi Medicaid Managed Care Programs. July 2024 Provider Bulletin

"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."

https://medicaid.ms.gov/wp-content/uploads/2024/06/July-2024-Provider-Bulletin.pdf

<u>Fee-for-Service Prior Authorization Resource Document</u>. LateBreaking News. May 29, 2024

"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: https://medicaid.ms.gov/procedure-code-pa-requirement/. The first page of the resource document contains helpful descriptions and the program service area key."

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

<u>Fee-for-Service Prior Authorization Resource Document</u>. July 2024 Provider Bulletin. Page 9

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.

RHW: The following is the abstraction for vision provider codes requiring Prior Approval.

Service Area	DOS From	DOS Thru	Procedure Code	Modifier	PA Rqrd	Place of Service	Member Age
PC_VISN	20140701	22991231	92071		Y		
PC_VISN	20140701	22991231	92072		Y		
PC_VISN	20140701	22991231	92310		Y		
PC_VISN	20140701	22991231	92311		Y		
PC_VISN	20140701	22991231	92312		Y		
PC_VISN	20140701	22991231	92313		Y		
PC_VISN	20140701	22991231	92325		Y		
PC_VISN	20140701	22991231	92326		Y		
PC_VISN	20140701	22991231	92354		Y		
PC_VISN	20140701	22991231	92355		Y		
PC_VISN	20140701	22991231	92371		Y		
PC_VISN	20140701	22991231	V2199		Y		
PC_VISN	20140701	22991231	V2299		Y		
PC_VISN	20140701	22991231	V2399		Y		
PC_VISN	20140701	22991231	V2499		Y		
PC_VISN	20140701	22991231	V2500		Y		
PC_VISN	20140701	22991231	V2501		Y		
PC_VISN	20140701	22991231	V2502		Y		
PC_VISN	20140701	22991231	V2510		Y		
PC_VISN	20140701	22991231	V2511		Y		
PC_VISN	20140701	22991231	V2512		Y		
PC_VISN	20140701	22991231	V2513		Y		
PC_VISN	20140701	22991231	V2520		Y		
PC_VISN	20140701	22991231	V2521		Y		
PC_VISN	20140701	22991231	V2522		Y		
PC_VISN	20140701	22991231	V2523		Y		
PC_VISN	20140701	22991231	V2530		Y		
PC_VISN	20140701	22991231	V2531		Y		
PC_VISN	20140701	22991231	V2599		Y		
PC_VISN	20140701	22991231	V2600		Y		
PC_VISN	20140701	22991231	V2610		Y		
PC_VISN	20140701	22991231	V2630		Y		
PC_VISN	20140701	22991231	V2631		Y		
PC_VISN	20140701	22991231	V2632		Y		
PC_VISN	20140701	22991231	V2782		Y		
PC_VISN	20140701	22991231	V2783		Y		
PC_VISN	20140701	22991231	V2784		Y		
PC_VISN	20140701	22991231	V2799		Y		

https://medicaid.ms.gov/wp-content/uploads/2024/06/WEB-DOM-MESA-Procedure-Code-Prior-Authorization-Required-JUNE-2024.pdf

<u>Telligen Change Request Form—How to Request Changes or Updates to an Existing Prior Authorization</u>. July 2024 Provider Bulletin. Page 9.

"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. …"

https://medicaid.ms.gov/wp-content/uploads/2024/06/July-2024-Provider-Bulletin.pdf

Increase in Duplicate and Suspect Duplicate Claim Denials. July 2024 Provider Bulletin. Page 12.

"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 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/wp-content/uploads/2024/06/July-2024-Provider-Bulletin.pdf

New Email Address for Provider Document Submission. LateBreaking News. June 4, 2024

" 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

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

CMS, NOVITAS, RAILROAD MEDICARE

Medicare Information in Other Languages. CMS MLN Connects Newsletter. June 13, 2024

Your patients can get information in other languages on Medicare.gov:

Search for publications in their language

Switch to Spanish using the "Cambiar a español" link at the top right of any webpage

https://www.cms.gov/training-education/medicare-learning-network/newsletter/2024-06-13-mlnc#_Toc169080977

HHS' Statement on Ascension Health's Cyber Incident. HHS. May 9, 2024

"HHS is aware of a cyber incident involving Ascension Health and is in communication with Ascension Leadership to understand their efforts to minimize any disruptions to patient care.

This incident serves as an important reminder of the urgency of strengthening cybersecurity resiliency in healthcare. HHS encourages all providers, technology vendors, payers, and members of the healthcare ecosystem to double down on cybersecurity. Please visit the HPH Cyber Performance Goals website for more details on steps to stay protected."

https://www.hhs.gov/about/news/2024/05/09/hhs-statement-ascension-healths-cyber-incident.html

CMS Preparing to Close Program that Addressed Medicare Funding Issues Resulting from Change Healthcare Cyber-Attack. CMS MLN Connects Newsletter. June 20, 2024

"CMS announced that payments under the Accelerated and Advance Payment Program for the Change Healthcare/Optum Payment Disruption (CHOPD) will conclude on July 12, 2024. Launched in early March, the CHOPD payments were designed to ease cash flow disruptions experienced by some Medicare providers and suppliers, such as hospitals, physicians, and pharmacists, due to the unprecedented cyberattack that took health care electronic data interchange Change Healthcare offline in February.

More Information:

Full press release

Healthcare and Public Health Cybersecurity Performance Goals webpage"

https://www.cms.gov/training-education/medicare-learning-network/newsletter/2024-06-20-mlnc#_Toc169604561

Medical Records Request Scam: Watch out for Phishing. CMS MLN Connects Newsletter. June 20, 2024

"CMS identified phishing scams for medical records. This may include scammers faxing you fraudulent medical records requests to get you to send patient records in response; see example (PDF).

When you review any requests, look for signs of a scam, including:

Directing you to send records to an unfamiliar fax number or address

Referencing Medicare.gov or @Medicare (.gov)

Indicating they need records to "update insurance accordingly"

A scam request may include:

Poor grammar, misspellings, or strange wording

Incorrect phone numbers

Skewed or outdated logos

Graphics that are cut and pasted

If you think you got a fraudulent or questionable request, work with your Medical Review Contractor to confirm if it's real. Submit medical documentation through the Electronic Submission of Medical Documentation (esMD) system or CMS medical review contractor secure internet portals, when available. "

https://www.cms.gov/training-education/medicare-learning-network/newsletter/2024-06-20-mlnc#_Toc169604563

Provider & Supplier Enrollment Site Visits: CMS has Authority to Conduct. CMS MLN Connects Newsletter. June 20, 2024

"CMS conducts authorized enrollment site visits to verify operational status. Site visit inspectors carry a photo ID and CMS-issued letter of authorization that you may review but not retain or copy.

Enrollment site visits are conducted by our 2 Site Verification Services Contractors:

East: Palmetto GBA and its subcontractors:

Overland Solutions, Inc., an affiliate of EXL

Information Discovery Services

Compliance Review, Inc.

National Creditors Connection, Inc.

West: Deloitte Consulting, LLP and its subcontractors:

Nationwide Management Services, Inc.

CSI Companies, Inc.

Arthur Lawrence Management, LLC

Computer Evidence Specialists, LLC

More Information:

Medicare Provider Enrollment: Click on the Enrollment tab, and scroll to Step 3

Medicare Fee-for-Service Provider Enrollment Contact List (PDF): Contact your Medicare Administrative Contractor to verify that the site visit is valid."

https://www.cms.gov/training-education/medicare-learning-network/newsletter/2024-06-20-mlnc#_Toc169604563

Global Surgery: Bill Correctly , CMS MLN Connects Newsletter. June 20, 2024

"In a report, the Office of the Inspector General found that providers didn't always comply with federal requirements when they bill for surgical services, including missing co-surgery and assistant-at-surgery modifiers. Review the Global Surgery (PDF) booklet, and learn about:

Coding

Billing

Payment"

https://www.cms.gov/training-education/medicare-learning-network/newsletter/2024-06-20-mlnc#_Toc169604563

Diabetes Screening and Definitions Update: CY 2024 Physician Fee Schedule Final Rule. CMS. June 21, 2024

"Make sure your billing staff knows about: the revised definition of diabetes, revised diabetes screening frequency limitations and coverage of the Hemoglobin A1c (HbA1c) test for diabetes screening. …"

https://www.cms.gov/files/document/mm13487-diabetes-screening-definitions-update-cy-2024-physician-fee-schedule-final-rule.pdf

July Railroad Medicare News. Palmetto GBA Railroad Medicare. June 24, 2024

"The July 2024 Railroad Medicare News is now available. This issue is packed full of useful information for submitting claims."

https://www.palmettogba.com/palmetto/providers.nsf/files/July_2024_Railroad_Medicare_News.pdf/$FILE/July_2024_Railroad_Medicare_News.pdf

2024 Virtual National Provider Compliance Conference! CMS. June 25, 2024

"Registration is officially open for the 2024 Virtual National Provider Compliance Conference (NPCC) on Wednesday, August 7, from 12:00 p.m. to 4:00 p.m. and Thursday, August 8, from 12:00 p.m. to 4:00 p.m. ET. Registration closes July 31, 2024!

oin us virtually on Zoom, for the 2024 Virtual National Provider Compliance Conference, featuring expert presentations on Medicare Fee-For-Service (FFS) claims. Do not miss this unique learning opportunity for anyone who processes Medicare Part A and Part B, Home Health and Hospice, and Durable Medical Equipment (DME) claims.

Here are three great reasons to attend:

1. Learn how to improve your Medicare Fee-For-Service claims submissions.
2. Collaborate with colleagues and compliance experts.
3. Hear directly from your Medicare Administrative Contractor (MAC).

If you have any questions, please email us at CPI_Events@cms.hhs.gov."

https://web.cvent.com/event/9b19d216-5426-4b25-99a3-582bb3e74184/summary

OTHER

16 CFR Part 456 Ophthalmic Practice Rule (Eyeglass Rule) - Final Rule - June 2024. Federal Trade Commission. June 26, 2024

RHW: Vitally important information!!! Effective 60 days after June 26, 2024!

"The Federal Trade Commission ("FTC" or "Commission") is publishing a final rule to implement amendments to the Ophthalmic Practice Rules ("Eyeglass Rule" or "Rule"). These amendments ***require that prescribing eye care practitioners obtain a signed confirmation after releasing an eyeglass prescription to a patient and maintain each such confirmation for a period of not less than three years.*** The Commission is permitting prescribers to comply with automatic prescription release via electronic delivery if they first obtain verifiable affirmative consent from the patient and maintain a record of such consent for a period of not less than three years. The amendments further clarify that the presentation of proof of insurance coverage shall be

deemed to be a payment for the purpose of determining when a prescription must be provided. Finally, the Commission amends the term "eye examination" to "refractive eye examination" throughout the Rule."

FTC: https://www.ftc.gov/system/files/ftc_gov/pdf/er_frn.final_.062024.pdf

AOA Link to information: https://www.aoa.org/news/advocacy/federal-advocacy/ftc-issues-10-year-eyeglass-rule-update-as-aoa-renews-demand-for-crackdown-on-medical-device-scammers?utm_campaign=&utm_content=Click%20here&utm_term=&utm_medium=email&utm_source=newsletter&sso=y

United Heath Care Retired Medical Policies. UHC. June 1, 2024

Corneal Hysteresis and Intraocular Pressure Measurement Effective Jun.1, 2024

Retired policy; corneal hysteresis and intraocular pressure measurement no longer require clinical review

UHC Commercial Plans https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/commercial/medical-policy-update-bulletin-june-2024-full.pdf#corneal

UMR Plans https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/umr/umr-medical-policy-update-bulletin-june-2024-full.pdf#corneal

UHC Community Plans: https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/comm-plan/community-plan-medical-policy-update-bulletin-june-2024-full.pdf#corneal

UHC: Now Available: New and Enhanced Claim Submission Process Features. UHC. June 1, 2024

"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.open_in_new For additional contact information, visit our Contact us page."

https://www.uhcprovider.com/en/resource-library/news/2024/claims-updates-improve-submission-process.html?cid=em-providernews-2024nnb2-Jun24

Provider Portal Authentication. UHC. June 1, 2024

RHW: ACTION REQUIRED FOR UHC PORTAL USERS

"To enhance data security, UnitedHealthcare Provider Portal and specialty portal users will be required to make One Healthcare ID sign-in and recovery updates by summer 2024. As an added layer of security, users should add and/or verify their phone number. If these actions aren't taken, eventually you will be prevented from signing in to these portals. View Support Guide

What is authentication?

For our purposes, authentication is the process of securely verifying your identity when accessing the portal. Now, you'll use Authenticator to generate a time sensitive code to enter with your One Healthcare ID instead of a password or security questions that could be shared or compromised.

https://www.uhcprovider.com/en/access/provider-portal-authentication.html?cid=em-providernews-2024nnb2-Jun24