

## MISSISSIPPI MEDICAID

### **New HIM & Medicaid Pharmacy/Medpharm Policies. Magnolia Health. July 5, 2024**

“Providers can now find the new HIM & Medicaid Pharmacy/Medpharm Policies on our website so they can view and to be in compliance with the 7/1 PA Reform Act (SB 2140). This information can be found on [MagnoliaHealthPlan.com](https://magnoliahealthplan.com) under [Provider Resources Clinical and Payment Policies Clinical & Payment Policies](#) | Magnolia Health.

Medicaid policies are listed under “Biopharmacy Policies”

Ambetter policies are listed under “Ambetter Biopharmacy and Pharmacy Policies”

If you have any questions regarding these policies, please contact Member Services and ask to be directed to the Medical Management department.”

### **Health Equity. Magnolia Health. July 5, 2024**

“Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to:

- Address historical and contemporary injustices;
- Overcome economic, social, and other obstacles to health and healthcare; and
- Eliminate preventable health disparities

To achieve health equity, we must change the systems and policies that have resulted in the generational injustices that give rise to racial and ethnic health disparities. For more information about Culturally and Linguistically Appropriate Services (CLAS) Standards, see <https://thinkculturalhealth.hhs.gov/clasExternalLink>.

#### **Language & Interpreter Services**

Together, we must make language assistance services available to people with Limited English Proficiency (LEP) at all points of contact during all hours of operation and at no cost to our members. We are here to help get language assistance to Magnolia Health members and providers without unreasonable delay at all vital points of contact. You can schedule language services, including telephone and face-to-face interpretation for non-English languages and American Sign Language, by calling our Provider Customer Contact Center or by calling the toll-free number on the back of our member’s ID card. Additional resources are found on the website.

Magnolia Health (Medicaid) members speak more than 15 languages. In 2023, 95.4% of Mississippi residents reported English as their preferred language, and 2.5% prefer Spanish according to U.S. Census data. [Visit the Provider Portal External Link](#) to access important member information such as language preferences.

#### **Cultural Humility Resources**

The health plan encourages our providers to engage in Cultural Humility trainings and education to promote positive interaction with diverse cultures.

For more information about the Cultural and Linguistic Competency e-Learning Program from the Office of Minority Health(OMH), see <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=6External Link>. This program is designed to build knowledge, skills, and awareness of cultural and linguistic competency and CLAS as a way to improve quality of care.”

### **Reprocessing Fee-for-Service (FFS) Claims Paid Erroneously should have denied with Edit 2017/EOB 0287.**

#### **DOM Late Breaking News. July 17, 2024**

“The Mississippi Division of Medicaid (DOM) will reprocess fee-for-service (FFS) claims that erroneously paid when they should have denied with edit 2017/EOB 0287 - Member is enrolled in a State-contracted Managed Care Program. This will result in a recoupment of previous incorrect payments impacting claims submitted to MESA prior to 07/22/2024. Providers will need to include supporting documentation from the remittance advice

(RA) that reflects the Medicaid claim recoupment when submitting the claim to the appropriate Coordinated Care Organization (CCO).

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/2024/03/Provider-Field-Representatives-1.pdf>."

### **Mississippi Department of Medicaid. July 2024 Provider Bulletin**

#### **RHW: Contains information about the new pharmacy benefits, provider compliance and recredentialing requirements, expired license updates, and a spotlight on United Health Care under Coordinated Care News**

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

### **New Provider Demographic Update Tool (Updated). Magnolia Health. July 19, 2024**

"Magnolia Health is committed to providing our providers with the best tools possible to support their administrative needs for MSCAN and Ambetter. 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 and Ambetter Delegated Providers will continue to submit rosters to [magnoliacredentialing@centene.com](mailto:magnoliacredentialing@centene.com).

Wellcare Providers will continue to submit rosters and demographic updates to [msproviderupdates@centene.com](mailto:msproviderupdates@centene.com).

Need to review your existing information or have a question? If you are a contracted provider, you can visit our Provider Directory to review your information <https://www.magnoliahealthplan.com/find-a-doctor/find-a-provider-guide.html>."

### **New Provider Demographic Update Tool (Updated). Magnolia Health. July 26, 2024**

"Magnolia Health is committed to providing our providers with the best tools possible to support their administrative needs for MSCAN and Ambetter. 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 and Ambetter Delegated Providers will continue to submit rosters to [magnoliacredentialing@centene.com](mailto:magnoliacredentialing@centene.com).

Wellcare Providers will continue to submit rosters and demographic updates to [msproviderupdates@centene.com](mailto:msproviderupdates@centene.com).

Need to review your existing information or have a question? If you are a contracted provider, you can visit our Provider Directory to review your information <https://www.magnoliahealthplan.com/find-a-doctor/find-a-provider-guide.html>.

## **CMS, NOVITAS, RAILROAD MEDICARE**

### **RARCs, CARCs, Medicare Remit Easy Print, & PC Print: CMS Medlearn Connects. July Update. July 3, 2024**

“Get updated [remittance advice remark codes \(RARCs\)](#) and [claim adjustment reason codes \(CARCs\)](#), and watch for software updates if you use Medicare Remit Easy Print or PC Print.

More Information:

Sections 40.5, 60.2, and 60.3 [Medicare Claims Processing Manual, Chapter 22 \(PDF\)](#)  
[Instruction to your Medicare Administrative Contractor \(PDF\)](#)”

### **Diabetes Screening & Definitions Update: CY 2024 Physician Fee Schedule Final Rule — Revised. CMS MedLearn Connects. July 3 2024**

“Learn [what’s changed \(PDF\)](#). CMS clarified claims processing requirements for ICD-10-CM diagnosis code Z13.1. Medicare Administrative Contractors will adjust claims with dates of service on or after January 1, 2024, that you bring to their attention.”

“Policy Updates Effective January 1, 2024 • Tests: Medicare now covers the HbA1c test for diabetes screening in addition to the FPG and GTT tests already authorized for diabetes screening when you bill with ICD-10- CM diagnosis code Z13.1. ...”

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

### **Takeaways from CMS’ proposed 2025 Physician Fee Schedule. AOA News. July 18, 2024**

The Centers for Medicare & Medicaid Services released its proposed rule changes last week. The proposals recognize the value of vision care and the need for greater access to care for patients.

<https://www.aoa.org/news/advocacy/federal-advocacy/takeaways-from-cms-proposed-2025-physician-fee-schedule?sso=y>

### **HHS Unveils Major Revamp To Shift Health Data, AI Strategy And Policy Under ONC. Emma Beavins. Fierce Health Care. July 25, 2024**

The Officer of the National Coordinator for Health Information Technology (ONC) has been renamed and restructured, the Department of Health and Human Services (HHS) announced this morning. The restructuring will affect technology, cybersecurity, data and artificial intelligence strategy and policy functions.

The agency will be renamed the Office of the Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (ASTP/ONC).

<https://www.fiercehealthcare.com/regulatory/onc-national-health-it-office-now-called-astponc-expands-responsibilities>

## **OTHER**

### **Glaucoma Surgical Treatments Policy Number: VISION 023.32 United Health Care- Oxford. Effective Date: August 1, 2024**

**Coverage Rationale** Replaced language indicating “goniotomy or gonioscopy-assisted transluminal trabeculotomy for pediatric glaucoma a (age 18 years or less) is proven and medically necessary” with “goniotomy or trabeculotomy for pediatric glaucoma (age 18 years or less) is proven and medically necessary”

**Revised list of unproven and not medically necessary indications;** replaced:

-“Combined canaloplasty (ab interno) and gonioscopy-assisted transluminal trabeculotomy (e.g., OMNI® Surgical System)” with “combined; canaloplasty (ab interno) and trabeculotomy (e.g., OMNI® Surgical System, Streamline Surgical System)” Glaucoma Surgical Treatments Page 28 of 28 UnitedHealthcare Oxford Clinical Policy Effective 08/01/2024 ©1996-2024, Oxford Health Plans, LLC Date Summary of Changes

-“Goniotomy or gonioscopy-assisted transluminal trabeculotomy (for all other indications [not listed as proven and medically necessary in the policy])” with “goniotomy or trabeculotomy (for all other indications [not listed as proven and medically necessary in the policy])”

**Applicable Codes Removed** HCPCS code C1889

**Supporting Information**

-Updated Description of Services, Clinical Evidence, FDA, and References sections to reflect the most current information

-Archived previous policy version VISION 023.31

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/oxford/glaucoma-surgical-tx-ohp-08012024.pdf>

**Glaucoma Surgical Treatments Policy Number: 2024T0443HH. United Health Care UMR Commercial and Individual Exchange. Effective Date: August 1, 2024**

Same changes as above with the exception of: “Archived previous policy version 2023T0443GG”

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/commercial/glaucoma-surgical-treatments-08012024.pdf>

**Category III CPT Codes Policy Number: MMP043.40 United Health Care Medicare Advantage. Effective Date: August 1, 2024**

A review of covered and non-covered Category III CPT Codes.

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/mamp/category-iii-cpt-codes-08012024.pdf>

**UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: July 2024**

**Professional/Technical Component Policy, Professional October 1, 2024**

- Effective after October 1, 2024, UnitedHealthcare will enhance the Professional/Technical Component Policy, Professional to align with the Centers for Medicare and Medicaid (CMS): if a radiology service is rendered and the physician or other eligible qualified healthcare professional performs a review rather than the full written interpretation and report, the reimbursement is considered included in the Evaluation and Management (E/M) service.
- The interpretation of a radiology service appended with modifier 26 will not be considered for separate reimbursement when reported on the same date of service as an E/M service unless a copy of the radiology report is attached to support separate reimbursement.

**Rebundling Policy, Professional Policy Reminder September 1, 2024**

- Effective with dates of service on or after September 1, 2024, HCPCS code G2211 will be included within the UnitedHealthcare Commercial Rebundling Policy, Professional.
- UnitedHealthcare’s reimbursement for the services associated with G2211 is included in its reimbursement for outpatient evaluation and management services and therefore G2211 is not separately reimbursable.

**Reimbursement Policy Code Updates – Multiple Policies**

In response to provider feedback and in an effort to provide more transparency, UnitedHealthcare is providing additional information regarding code updates that impact reimbursement policies. These updates are not changing the intent or the coding requirements of the policy, but reflect changes made to industry standard code sets.

- The following UnitedHealthcare policies have recently been updated to include code changes:
  - Add-On Codes, Professional
  - Ambulance Services, Professional
  - Maximum Frequency per Day CPT, Professional
  - National Drug Code (NDC) Requirement Policy, Professional and Facility
  - Obstetrical Services, Professional

- Information regarding these code updates can be found in the history section which is located at the end of the posted policy.
- Code sections/lists/tables within a policy may not be comprehensive but may be provided as examples. Please review the full policy to understand applicability.
- Code updates could include, for example, CPT, HCPCS, ICD-10, Modifiers, Revenue Codes, or other industry standard code sets.
- UnitedHealthcare routinely updates its reimbursement policies in response to code updates made by, for example, Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), and the World Health Organization (WHO). This information is provided as a courtesy and may not include all code updates.

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-reimbursement/rpub/UHC-COMM-RPUB-July-2024.pdf>

### **United Health Care Individual Exchange Reimbursement Update Bulletin, July 2024**

#### **“Professional/Technical Component Policy, Professional**

- Effective after October 1, 2024, UnitedHealthcare Community Plan will enhance the Professional/Technical Component Policy, Professional to align with the Centers for Medicare and Medicaid (CMS): if a radiology service is rendered and the physician or other eligible qualified healthcare professional performs a review rather than the full written interpretation and report, the reimbursement is considered included in the Evaluation and Management (E/M) service.
- The interpretation of a radiology service appended with modifier 26 will not be considered for separate reimbursement when reported on the same date of service as an (E/M) service unless a copy of the radiology report is attached to support separate reimbursement.”

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/exchange-reimbursement/erpub/UHC-Exchange-RPUB-JULY-2024.pdf>

### **United health Care Medicare Advantage Reimbursement Update Bulletin. July 2024**

#### **Professional/Technical Component Policy, Professional**

- Effective after October 1, 2024, UnitedHealthcare Medicare and Retirement (M&R) will enhance the Professional/Technical Component Policy, Professional to align with the Centers for Medicare and Medicaid (CMS): if a radiology service is rendered and the physician or other eligible qualified healthcare professional performs a review rather than the full written interpretation and report, the reimbursement is considered included in the Evaluation and Management (E/M) service.
- The interpretation of a radiology service appended with modifier 26 will not be considered for separate reimbursement when reported on the same date of service as an E/M service unless a copy of the radiology report is attached to support separate reimbursement.

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-reimbursement/rpub/UHC-MEDADV-RPUB-JUL-2024.pdf>

### **Clarification on The UHC Fee Schedule Differences Between OD and OMD. UHC.**

**RHW: If any provider discovers a difference between OD and OMD UHC fee schedules, please let me know ASAP.**

“The provided amendment applied the National Non-Physician Contracting Strategy incorporating a rate differential for Nonphysician Practitioners (NPPs). The MD schedule applies to physicians and the Non-MD schedule applies to non-physicians. Nonphysician Healthcare Professionals are listed below per our current policies. Therefore, both Optometrists and Ophthalmologists would fall under the MD Physician fee schedule.”

**Nonphysician Healthcare Professionals**

Addiction Medicine Specialist	Athletic Trainer Group
Audiology	Behavioral Analyst - Autism Program
Case Management	Certified Diabetic Educator
Child Psychology	Christian Science Practitioner
Counselor, Alcohol & Drug	Crisis Diversion
Doctor of Napropathy	Early Intervention
Employee Assistance Program (EAP) Counselor	Genetic Counselor
Hearing Instrument Specialist	Home Health Aide
Home Health Care Agency	Home Health/Home Infusion/Home IV Therapy
Home Health/Private Duty Nurse	Homemaker Aide
Homeopathic Medicine	Lactation Specialist
Licensed Professional Counselor	Licensed Vocational Nurse
Marriage & Family Therapy/Licensed Marriage & Family Therapy	Massage Therapy
Master of Social Work	Neuropsychology
Nurse, Licensed Practical	Nurse, Registered
Nutritionist (Registered Dietician)	Optician
Other Mental Health	Pastoral Counselor
Pediatric Nutrition	Psychiatric Social Work
Psychoanalyst	Psychology, Clinical (Doctor of Psychology)
Social Worker (Registered Social Worker)	Social Worker, Licensed Clinical/Medical
Social Worker, Marriage & Family	Substance Abuse Services, Alcohol & Drug
Surgical Technician	Visiting Nurse
Waiver Nursing	

**WHO Releases First-Ever Clinical Treatment Guideline For Tobacco Cessation In Adults. World Health Organization. July 2, 2024**

“The World Health Organization (WHO) recommends a comprehensive set of tobacco cessation interventions, including behavioural support delivered by health-care providers, digital cessation interventions and pharmacological treatments in a first guideline on tobacco cessation. ...”

<https://www.who.int/news/item/02-07-2024-who-releases-first-ever-clinical-treatment-guideline-for-tobacco-cessation-in-adults>

**Coverage For A Newborn Child. AmBetter-Magnolia Health. July 5, 2024**

“An eligible child born to an Ambetter member, or a covered family member will be covered from the time of birth until the 31st day after its birth. Each type of covered service incurred by the newborn child will be subject to the cost sharing amount listed in the Schedule of Benefits.

Additional premium will be required to continue coverage beyond the 31st day after the date of birth. The required premium will be calculated from the child's date of birth. If notice of the newborn is given to us by the Health Insurance Marketplace within the 31 days from birth, an additional premium for coverage of the newborn child will be charged for not less than 31 days after the birth of the child. If notice is not given within the 31 days from birth, we will charge an additional premium from the date of birth. If notice is given by the Health Insurance Marketplace within 60 days of the birth of the child, the contract may not deny coverage of the child due to failure to notify us of the birth of the child or to pre-enroll the child. Coverage of the child will terminate on the 31st day after its birth, unless we have received notice by the entity that you have enrolled (either the Health Insurance Marketplace or us).”

**FTC Releases Interim Staff Report on Prescription Drug Middlemen. FTC. July 9, 2024**

“Report details how prescription drug middleman profit at the expense of patients by inflating drug costs and squeezing Main Street pharmacies”

[https://www.ftc.gov/news-events/news/press-releases/2024/07/ftc-releases-interim-staff-report-prescription-drug-middlemen?utm\\_source=govdelivery](https://www.ftc.gov/news-events/news/press-releases/2024/07/ftc-releases-interim-staff-report-prescription-drug-middlemen?utm_source=govdelivery)

## **Ophthalmic Practice Rules (Eyeglass Rule). Federal Trade Commission Federal Registry Publication. July 26, 2024**

**RHW: Please note the effective date of this new FTC Rule is September 24, 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. This rule is effective September 24, 2024.”

<https://www.federalregister.gov/documents/2024/07/26/2024-15620/ophthalmic-practice-rules-eyeglass-rule>

AOA Resource: <https://www.aoa.org/practice/practice-success-resources?sso=y>

## **Mattel Releases Blind Barbie Doll. AOA First Look. July 26, 2024**

“The [New York Times](#) (7/23, Vadukul) reported that on Tuesday, Mattel “released a Barbie designed in partnership with the American Foundation for the Blind.” The new “doll, which comes in a pink box with Braille lettering, has its own special accessories, including a red-and-white cane with a marshmallow roller tip and sunglasses suited for light-sensitive eyes.” The doll’s “satin blouse and ruffled skirt were selected after Mattel tested them for tactile satisfaction with blind and low-vision children.” The [New York Times](#) (7/23, Vadukul) reported that on Tuesday, Mattel “released a Barbie designed in partnership with the American Foundation for the Blind.” The new “doll, which comes in a pink box with Braille lettering, has its own special accessories, including a red-and-white cane with a marshmallow roller tip and sunglasses suited for light-sensitive eyes.” The doll’s “satin blouse and ruffled skirt were selected after Mattel tested them for tactile satisfaction with blind and low-vision children.””

## **Survey Finds Nearly Half Of Respondents Do Not Know Difference Between Medicare And Medicare Advantage. AOA First Look. July 31, 2024**

“[Fierce Healthcare](#) (7/30) reports, “The U.S. healthcare system remains complex and inaccessible, leaving many seniors feeling uninformed, according to a new survey from digital health company DUOS.” This “national consumer survey found 49% of respondents did not know the difference between Medicare and Medicare Advantage, and 77% said they are concerned about the well-being of older family members.” The survey also “found that 75% of adults aged older than 65 are on the internet, and 61% own smartphones.””

<https://www.fiercehealthcare.com/payers/nearly-half-beneficiaries-dont-know-difference-between-medicare-and-medicare-advantage>