Question of the Month November 2026

Question 1: We looking for assistance with a large set of claims that were returned from TrueCare with roughly $400,000 of payments that are being denied / withheld. They have not been able to get an explanation by working within the 'normal' communication channels. These claims are for Well Vision Care provided.

Question 2: Our clinic has two, five figure negative reimbursement EOB's [from TrueCare] this month. It appears to me that claims are being reprocessed due to paying incorrect rates. However, it appears some are not repaying correctly while others are only recouping and not repaying creating a negative balance. Our EOB's also include some recent claims so this is getting in the way of payment on recent claims not just older claims that are being adjusted.

Response:

"TrueCare reviewed the concerns reported by these two practices regarding vision claim reversals, reprocessing, and negative balances.

Based on information provided by EyeMed, the providers' reported recoupment activity is related to retroactive Mississippi Medicaid fee schedule updates directed by DOM. EyeMed clarified that this activity involves previously paid claims being reversed and reprocessed using the updated reimbursement rates, some lower and some higher. As a result, the negative amounts reflected on provider remittance statements are associated with the claim reversal and reprocessing process while replacement claims and corresponding payments are finalized.

EyeMed advised that reprocessing efforts extend back to July 1, 2025, and require impacted claims to be voided and re-adjudicated across multiple payment cycles. Due to the volume and complexity of the impacted claims, EyeMed is working diligently to get those processed appropriately and accurately.

For Practice 1, EyeMed confirmed that the negative disbursement reported by the provider is associated with the reversal and reprocessing activity. EyeMed previously confirmed that a payment of approximately $20,000 was issued on the September 28, 2026 check run for rekeyed claims. Additional reconciliation remains underway as EyeMed continues to process the affected claims.

For Practice 2, EyeMed confirmed that impacted claims continue to undergo adjustment and reprocessing. Replacement payments for reversed claims have not yet been finalized, which is contributing to the negative balances reflected on the provider's remittance statements. EyeMed continues to work through the remaining processing activities.

EyeMed advised that it has been working directly with the provider groups most significantly impacted by these adjustments to keep them informed of the ongoing remediation efforts. TrueCare has also requested that EyeMed conduct outreach directly to the two practices regarding their specific concerns.

Regarding V2410 (aspheric lenses), EyeMed confirmed that V2410 is an eligible covered service and that its review of the reported denials remains ongoing. EyeMed is currently investigating whether the issue may be related to claim submission or provider billing practices. A final cause has not yet been identified."

There have been two recent notices for payment reprocessing from September 2026.

Vision Claims with Procedure Codes V2100-V2499, V2782-V2784. DOM Late Breaking News. September 10, 2026

> "The Mississippi Division of Medicaid (DOM) identified claims potentially paid incorrectly for vision codes: V2100-V2499, V2782-V2784 for claims processed between 10/01/2022 and 4/25/2025. Some of the

policy limitation audits were not configured with correct time unit when counting Units Per Day. The claims were identified and reprocessed, so the correct limitation was applied. Adjustments to reprocess the payment will process and appear on your Remittance Advice (RA) dated 9/14/2026.

Providers impacted by this Mass Adjustment (MA) should submit a corrected claim for payment. In the event that the corrected claim(s) deny for timely filing, providers are reminded that in accordance with Part 200, Rule 1.8(A)(2), providers may request an Administrative Review regarding claims within ninety (90) calendar days of the denial of a claim, when the Division of Medicaid adjusts claims after timely filing and timely processing deadlines have expired. Requests for an Administrative Review must include documentation that explains the facts that support the provider's position as to how the denied claim meets one (1) or more of the requirements in Miss. Admin. Code, Title 23, Part 200, Rule 1.8.A. and the reasons the provider believes he/she complied with Medicaid regulations, and other documentation as required or requested by DOM.

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 Q2-2026-PROVIDER-FIELD-REPRESENTATIVES_Map-and-By-County_v1.0.pdf."

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

Reprocessing and Recouping of FFS Claims Previously Paid in Error for Members Enrolled with a Managed Care Plan. DOM Late Breaking News. September 8, 2026

"The Mississippi Division of Medicaid completed a claim reprocessing project to recoup fee-for-service (FFS) claims that previously paid incorrectly for members enrolled in a managed care plan. The claims 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. Impacted claims were originally processed between 10/01/2022 through 4/20/2025. Adjustments will appear on your Remittance Advice (RA) dated 8/31/2026.

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 Q2-2026-PROVIDER-FIELD-REPRESENTATIVES_Map-and-By-County_v1.0.pdf."

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