

MISSISSIPPI MEDICAID

[CLICK HERE for the listing of regional MS Medicaid representatives](#)

[CLICK HERE for the Categories of Eligibility, for Medicaid Eligibility Verification](#)

Providers – Pharmacy POS Network Cutover. LateBreaking News. September 20, 2023

Providers should be aware that the current network connection being utilized for the Cover My Meds (CMM, formerly Relay Health) and Change Healthcare (CHC) Pharmacy POS transaction processing is going to be moved to a new network connection as follows:

Date: October 1, 2023:

10:00 p.m. Central – Cutover Activity start time.

10:05 p.m. Central (estimated 10-minute duration) – Short down time as the current network connection is transitioned from the current connection to the new connection.

10:15 p.m. Central – the Pharmacy POS transactions that are submitted to MS Medicaid, via either Cover My Meds or Change Healthcare, will be processing through the new network connection.

Pharmacies or Providers who submit through the RedSail switch vendor will NOT be impacted by this change.

Should you need additional information, please contact your Pharmacy POS transaction switch vendor or during this scheduled event you may contact Bruce Dunn (bruce.dunn@gainwelltechnologies.com).

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

Additional Enhancement for Timely Filing: Mesa Edit 512 (EOB 0841). LateBreaking News. September 20, 2023

“We are pleased to announce an additional collaborative effort between the Mississippi Division of Medicaid (DOM) and Gainwell Technologies to create a one-time job to identify all fee-for-service (FFS) claims that processed and denied with edit 512 since go-live (Oct. 1, 2023), through the week of Sept. 15, 2023. The system will actively search for any previously submitted paid or denied claim that meets the matching criteria for that claim. If a timely filed matching claim is found that was submitted within 365 days of the from date of service, and the matching claim that posted 512 is within 365 of the original submissions process date, that claim will be “resubmitted” to bypass the 512 edit. The resubmitted claim will appear on your remittance advice (RA) with the first two digits of 80 and will finalize on the Sept. 25 financial cycle.

Please watch your remittance dated Sept. 25, 2023, for any system resubmitted claims.”

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

Express Scripts Transition. Magnolia Health (MississippiCAN) September 29, 2023

“Effective October 1, 2023, Magnolia Health will transition to Express Scripts as the pharmacy benefits manager for our Medicaid line of business. Providers may continue to submit pharmacy prior authorization requests through the CoverMyMeds online portal at <https://www.covermymeds.com>. Prior authorizations submitted via fax will need to be sent to the new pharmacy fax number at 1-844-205-3387, beginning October 1st. For questions related to pharmacy prior authorizations, please call 1-866-399-0928.”

<https://www.magnoliahealthplan.com/>

CMS, Novitas Solutions, Railroad Medicare

Railroad Medicare: Comprehensive Error Rate Testing Contractor Webinar: October 12, 2023. Palmetto GBA. September 28, 2023

“Register now and join Railroad Medicare on October 12, 2023, at 1:00 PM ET for a mini webinar that's focused on the Comprehensive Error Rate Testing Contractor. Also known as CERT. Please review this information and share it with your staff.”

<https://www.palmettogba.com/palmetto/rr.nsf/DID/Z9Q91080YG#ls>

New Version of CMS.gov. CMS MLN Connects. September 7, 2023

“CMS is excited to share an evolution in the design and navigation of our website, [CMS.gov](https://www.cms.gov). Today, we’re launching a new version of [CMS.gov](https://www.cms.gov) that features an updated information architecture and streamlined navigation, as well as a refreshed home page. We worked with stakeholders throughout the development of these website improvements and their input is reflected in the new website navigation and other updates.

What we need from you: We’d like you to visit [CMS.gov](https://www.cms.gov) and look around. Note: You may need to refresh your browser if you recently visited these webpages. Get comfortable with the redesigned home page and orient yourself to the navigation improvements. Visitors are welcome to provide input via a Feedback button available on every page on the site. This feedback is regularly monitored by our triage team, but we won’t send individual responses.

Thanks in advance for your consideration.

We appreciate your partnership and any further input you’re able to provide regarding the new website organization. “

https://www.cms.gov/training-education/medicare-learning-network/newsletter/2023-09-07-mlnc#_Toc144978954

Physicians & Non-Physician Practitioners: Revised Medicare Enrollment Application Required November 1. CMS MLN Connects. September 7, 2023

“If you don’t use [PECOS](https://www.cms.gov), use the [revised CMS-855I](https://www.cms.gov) (Medicare Enrollment Application - Physicians and Non-Physician Practitioners) to enroll or update your information. Medicare Administrative Contractors will accept current and revised versions of the form through October 31, 2023. Starting November 1, 2023, you must use the revised form.

Form updates:

- Combines the CMS-855I and CMS-855R paper applications and discontinues the CMS-855R
- Removes physician assistant employer arrangements
- Recognizes physicians and non-physicians who provide acupuncture services
- Identifies compact licenses
- Adds new physician specialties
- Expands practice location types to include telehealth

Visit [Medicare Enrollment for Providers & Suppliers](https://www.cms.gov) for more information, including an [CMS-855I instructional guide](https://www.cms.gov). To enroll and update your information more quickly and easily, use PECOS.”

https://www.cms.gov/training-education/medicare-learning-network/newsletter/2023-09-07-mlnc#_Toc144978954

PECOS 2.0 Is Coming Soon. CMS. September 14, 2023

Benefits of [PECOS 2.0](https://www.cms.gov) include:

- Faster application times
- Quick and easy revalidation process
- Real-time status tracking

Watch these videos to learn more:

[Fast Applications Using PECOS](https://www.cms.gov) (4:06)

[Reimagining PECOS for Medicare Enrollment](https://www.cms.gov) (2:09)

CMS will provide updates on the launch in future editions.

https://www.cms.gov/training-education/medicare-learning-network/newsletter/2023-09-14-mlnc#_Toc145581411

Social Determinants of Health: Collect Data with ICD-10-CM Z Codes. CMS MedLearn. September 14, 2023

“Learn about [Improving the Collection of Social Determinants of Health \(SDOH\) Data with ICD-10-CM Z Codes](#). This new CMS infographic helps you understand and use Z codes to improve the quality and collection of health equity data.

Using social determinants of health can:

Enhance quality improvement activities

Track factors that influence people’s health

Provide insight into existing health inequities

More Information:

[Using SDOH Z Codes Can Enhance Your Quality Improvement Initiatives](#) infographic: step-by-step instructions

[Data Highlight](#): Z code usage

[CDC ICD-10-CM Browser Tool](#): Search for current Z codes

[CMS Office of Minority Health](#) webpage: health equity-focused resources”

https://www.cms.gov/training-education/medicare-learning-network/newsletter/2023-09-14-mlnc#_Toc145581411

National Correct Coding Initiative (NCCI) Edit Update Effective October 1, 2023. CMS. September 14, 2023

RHW: The important Procedure to Procedure (PTP) edits for Optometry begin on line 473998 of the edits. If the two procedures have a “0” the two procedures are mutually exclusive and cannot be used together at any time, a “1” indicates the procedures could be coded together with the appropriate modifier when appropriate and a “9” indicates that the NCCI edits do not apply. The Medically Unlikely Edits (MUEs) indicate when there could be a contraction in using a specific code (e.g. hysterectomy on a male), or a limit on the number of procedures that can be performed at a visit (e.g. 5 punctal plugs in one visit. There are several helpful educational material also listed on the NCCI site, including the proper use of Modifier 59.

[Practitioner PTP Edits v293r1 \(669,619 Records\) 61000/0213T – U0003/U0004 \(ZIP\)](#)

[Practitioner Services MUE Table \(ZIP\)](#)

[NCCI Policy Manual](#)

[NCCI Helpful Educational Materials](#) (bottom of the page)

Evaluation and Management Services Guide — Revised. CMS MLN Connects. September 7, 2023

Learn about [what’s changed](#), including information on the 2023 Medicare Physician Fee Schedule final rule. See page 3 for a complete list of updates.

<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/eval-mgmt-serv-guide-icn006764.pdf>

Novitas Smart Edit List - Part B. Novitas Solutions. September 14, 2023

RHW: Link to the notice below for the list of newer Smart Edits.

“This list provides the Smart Edit message descriptions for codes found on the 277CA electronic billing report. Refer to the [Smart Edit](#) web page for the general information on Smart Edits. These edits pertain to all Novitas providers and is intended for use by health care electronic billing personnel.

If your rejection code does not appear on this list, try using the HIPAA 277CA Reject Code Lookup Tool ([JH](#)). For Novitas EDI contact information, click the 'Contact Us' option in the top menu bar of our website.

The Smart Edits shown in the chart below cannot be overridden and must be corrected for resubmission due to a data element limitation.”

<https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00276106>

Limitation on Recoupment of Overpayments. CMS MedLearn. MLN006379 July 2022

“Make sure your staff knows about how:

- Medicare recoups overpayments

- Appeals and reconsiderations affect these recoupments”

<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/overpaymentbrochure508-09.pdf>

Novitas Workshops to Consider. Novitas Solutions. September 26, 2023

- Monday, October 9 at 9:00 a.m. CT “What Happens after Part B Claims are Submitted to Medicare”
- Tuesday, October 10 at 9:00 a.m. CT “Reviewing the Remittance Advice for Part B Claims”
- Wednesday, October 11 at 9:00 a.m. CT “Understanding When and How to Appeal Part B Claims”
- Thursday, October 12 at 12:00 p.m. CT “When and How to Submit Part B Claims Correction”

Register for this event and view the list of upcoming webinars by visiting Novitas [Event Calendar](#).

Upcoming MIPS Important Dates and Deadlines. QPP. September 27, 2023

“October 3, 2023: Last day to begin data collection for a continuous 90-day performance period for the [improvement activities](#) and [Promoting Interoperability](#) performance categories in the 2023 performance period. If you haven’t started your performance period for these categories, you must do so by no later than October 3. Note: Most, but not all, improvement activities have a continuous 90-day performance period, but several improvement activities require completion of modules where there’s a year-long or alternate performance period. The performance period is 90 days unless otherwise stated in the activity description.

October 9, 2023: Final day to request a [MIPS targeted review \(PDF, 1.4MB\)](#) for your 2022 performance year feedback, including your MIPS final score and payment adjustment factor(s). Only submit a targeted review request if you believe there’s an error in your MIPS performance feedback.

Note: CMS will only consider targeted review requests submitted by 8 p.m. ET.

November 30, 2023: Last day to register to report a MIPS Value Pathway (MVP) for the 2023 performance year. Learn more about [MVP registration](#).

December 2023: MIPS eligibility for the 2023 performance year will be finalized after the release of the August 31 APM snapshot data.

QP determinations and MIPS APM participation information will be available on the [QPP Participation Status Tool](#). Initial eligibility to participate in MIPS for the 2024 performance year will be released on the [QPP Participation Status Tool](#).

December 31, 2023: Last day of the 2023 performance year, after which clinicians will no longer be able to collect data for the year. 2024 performance year virtual group election period closes at 11:59 p.m. ET, after which prospective applicants will no longer be able to submit, revise, or retract their elections.

January 2, 2024: QPP Exception Application window closes at 8 p.m. ET for [MIPS eligible clinicians](#) reporting [traditional MIPS](#), an [MVP](#), or the [APM Performance Pathway \(APP\)](#) who want to submit a [MIPS Extreme and Uncontrollable Circumstances Exception Application](#) or [MIPS Promoting Interoperability Performance Category Hardship Exception Application](#) for the 2023 performance year.

Data submission period opens for the 2023 performance year.

Medical Review TPE Reviews: April 2023 to March 2024 Planned Reviews. Railroad Medicare (Palmetto). September 27, 2023

RHW: Click the link for the entire article. Below, I have excerpted the targeted reviews applicable to many Optometrists.

“Railroad Medicare’s Medical Review (MR) department is currently conducting both postpayment and pre-payment Targeted Probe and Educate (TPE) reviews. ...

Resources on the Palmetto GBA/Railroad Website: [Evaluation and Management Articles](#)”

Evaluation and Management	99213	Office/outpatient visit, established, (Usually 20–29 minutes time)
Evaluation and Management	99214	Office/outpatient visit, established (Usually 30–39 minutes time)
Evaluation and Management	99215	Office/outpatient visit, established, (Usually 40–54 minutes time)

<https://www.palmettogba.com/palmetto/rr.nsf/DID/19BU1E31Y5#ls>

OTHER

Cigna: Digital ID Cards Are Here. Cigna HealthCare News, Page 8. Third Quarter 2023

RHW: Article has more details

“Have you noticed that more of your patients are presenting their Cigna Healthcare ID to you digitally? We are in the process of fully transitioning to digital-only ID cards* by 2024 as we strive to offer more digital-first solutions for our customers and providers. Digital ID cards are not new to Cigna Healthcare They’ve been available for several years. Some of your patients may already be presenting their digital ID card to you from their smart phone using the myCigna® App or the myCigna.com® customer website. But in 2023, even more of your patients may begin sharing their ID card digitally. ...”

<https://cdn.coverstand.com/33093/798386/3ef73eebd5f41df89cf52bbb5f9af6360d4800ed.11.pdf>

Cigna: Request Participating Provider Agreements Online. Cigna HealthCare News, Page 9. Third Quarter 2023

RHW: Article has more details

“Did you know you can request participating provider agreements on the Cigna for Health Care Professionals website (CignaforHCP.com)? It’s easy when you’re a registered user of the website* and have the appropriate entitlement. Who can request a participating provider agreement? If you have one of the following access entitlements on CignaforHCP.com, you can request a participating provider agreement:

- Claim search
- Delegate access and view delegation history report
- Enroll and manage electronic funds transfer (EFT)
- Patient reviews
- Directory updates ... “

<https://cdn.coverstand.com/33093/798386/3ef73eebd5f41df89cf52bbb5f9af6360d4800ed.11.pdf>

Cigna: Timely Referrals: The Important Role Of PCPS. Cigna HealthCare News, Page 9. Third Quarter 2023

RHW: Article has more details

“Timely referrals are essential to help your patients receive needed care and experience optimal outcomes. But sometimes the referral process can be confusing to patients, resulting in missed appointments and incomplete patient information. For these reasons, we recommend having a clearly defined referral process.

Referral requirements: Depending on your patient’s benefit plan, primary care provider (PCP) referrals may be required for specialty services to be covered at the highest benefit level. Please log in to the Cigna for Health Care Professionals website (CignaforHCP.com) for patient-specific information.

The general referral requirements for Cigna Healthcare plans include the following:

- Health maintenance organization (HMO) and network plans PCPs must make referrals for specialty care. Only network-participating providers are covered.
- Point of service (POS) plan PCPs are not required to make referrals; both participating and nonparticipating providers are covered. However, we strongly encourage providers to make referrals to network-participating providers, as this will help to ensure their patients receive the highest benefit level for covered services and pay the lowest out-of-pocket expenses.
- Open access, preferred provider organization (PPO), and indemnity plan PCPs never need to make referrals. Patients may visit any doctor for primary or specialty care. However, we strongly encourage providers to make referrals to network-participating providers, as this will help to ensure their patients receive the highest benefit level for covered services and pay the lowest out-of-pocket expenses. ... “

<https://cdn.coverstand.com/33093/798386/3ef73eebd5f41df89cf52bbb5f9af6360d4800ed.11.pdf>

Humana: Ophthalmic Prostaglandins (Commercial) - Pharmaceutical Policy. Humana. September 6, 2023

“Reviewed with change(s) to applicable drugs, criteria, supplementary information, and formatting.
Added Iyuzeh to applicable drugs;
Removed criteria regarding approval forms for members not meeting criteria in policy;
Removed coverage limitations; Updated supporting information; Updated policy template.”

<https://dctm.humana.com/Mentor/Web/v.aspx?objectID=09000929878a8aa5>

Humana: Code Compendium (Ophthalmology). Policy Number: HUM-0571-009. October 1, 2023

“Reviewed with change(s) to coding.
Added code A9292, effective 10/01/2023 (not covered).
No changes to criteria.”

<https://dctm.humana.com/Mentor/Web/v.aspx?objectID=09000929879ff110>

UHC- Brow Ptosis and Eyelid Repair Policy Number: MP.002.23. UHC Commercial and Individual Exchanges. Effective Date: October 1, 2023

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/commercial/brow-ptosis-eyelid-repair-10012023.pdf>

UHC - Macular Degeneration Treatment Procedures Policy Number: CS072.P. UHC Community Plan. Effective Date: November 1, 2023

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/comm-plan/macular-degeneration-treatment-procedures-cs-11012023.pdf>

UHC - Vision Services, Therapy, and Rehabilitation Policy Number: MCS104.04. Medicare Advantage Plans. Approval Date: August 9, 2023

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-coverage-sum/vision-services-therapy-rehabilitation.pdf>

FedEx employees will have UnitedHealthcare, Surest and Optum benefits on Jan. 1. United Health Care. September 25, 2023

“We’re excited to announce that, as of Jan. 1, 2024, we’ll be providing benefits for FedEx and their employees nationwide. This means that you may notice an influx of patients who can access the suite of UnitedHealthcare, Surest and Optum benefits.

We understand how important your patients are to you and want to help you give them the best experience possible. To do that, you need to be well-informed. That’s why we’re sending you information to help you prepare.

Beginning Jan. 1, 2024, you may see an increase in patients who now have access to the following benefits and products:

[UnitedHealthcare traditional health plan offerings](#)

[Optum behavioral health](#)

[Optum pharmacy](#) and [Optum specialty pharmacy](#)

[Surest \(Your Choice\)](#)

[Level 2](#) (a product designed to support the unique needs of patients with Type II diabetes)

You can learn more about our products at [UHCprovider.com](#)”

Not familiar with Surest? United Health Care. September 25, 2023

“We understand there’s been some confusion around patients with Surest plans, formerly known as Bind. Here’s some key information to help you understand your participation in this plan:

Surest is now a UnitedHealthcare company

Patients with a Surest plan are in network with UnitedHealthcare and can access care at your practice

Surest plans fall under your UnitedHealthcare commercial contract and payment appendix”

[Learn more about Surest](#)

Surest Members Are Growing. Make Sure Your Office Is Surest-Ready. Surest-A UHC Company. September 28, 2023

Starting Jan. 1, 2024, Surest will be a health plan option for FedEx employees nationwide. As this group transitions to new health plans, below are a few tips to help your office effectively process new Surest members and their claims:

- To submit claims, use the Surest payer ID number on the member’s ID card. If you use the UnitedHealthcare payer ID, errors can occur, and we may not pay the claims.
- Advance notification and prior authorization of services for Surest are the same as UnitedHealthcare, except for MRI and physical therapy services.
 - To request a prior authorization, visit the [UnitedHealthcare Provider Portal](#) or call 877-237-0006

There are several ways to determine the correct copay for a visit:

- Check the [UnitedHealthcare Provider Portal](#)
- Complete an advanced 270/271 transaction
- Call Provider Services at 844-368-6661

We’ll send more information about FedEx employees transitioning to the Surest health plan in the coming weeks. If you have questions about how to prepare for new members, please visit the [Surest Benefit Plan Overview](#) interactive training or [surest.com/providers](#) for more details.

VSP Vision Sued By Optometrists Alleging Company Abused Its Market Power. AOA First Look. September 28, 2023

“[Reuters](#) (9/27, Scarcella) reports, “Insurer VSP Vision was sued in U.S. court on Tuesday by optometrists alleging the health company has abused its market power to curb industry competition and to force independent eye practices to buy products and services at artificially high prices.” This “lawsuit from San Diego, California-based Total Vision P.C. and affiliated business entities accused VSP, the country’s largest vision insurance provider, of unlawful ‘tying’ arrangements requiring Total Vision to purchase glasses, frames and practice management software.” Also, VSP “was accused of abusing its ‘enormous leverage’ in trying to limit Total Vision’s ability to grow, as the two ‘have gone head-to-head in bidding for independent optometry practices in California.”

Reuters Article: <https://www.reuters.com/legal/litigation/vision-insurer-vsp-accused-market-power-abuse-optometrists-lawsuit-2023-09-27/>

A CAUTIONARY TALE:

A Nurse Practitioner Is Facing Up To 75 Years In Prison For Wrongfully Billing Medicare: Can You Accidentally Commit Billing Fraud?. Claire Wolters. MDLink. February 28, 2023

- “A Florida nurse practitioner faces up to 75 years in prison for conspiracy in a Medicare scheme.
- Healthcare providers can face extreme consequences for billing fraud—from fines to jail time.
- To be convicted of billing fraud, a jury must prove intent.

A Florida nurse practitioner has been convicted of healthcare conspiracy in a \$200 million Medicare fraud scheme. She wrongfully billed Medicare for medically unnecessary treatments and pocketed \$1.6 million of stolen money. “

<https://medicaid.ncdhhs.gov/6b-routine-eye-examination-and-visual-aids-beneficiaries-21-years-age-and-older/download?attachment>