

August 2025 Third Party Changes of Significance

MISSISSIPPI MEDICAID

New Provider Demographic Update Tool -CHIP/ Ambetter. Magnolia Health. August 2025

“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 magnoliacredentiaing@centene.com

Wellcare Providers will continue to submit rosters and demographic updates to 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>.”

TrueCare/EyeMed Plan Implementation

RHW: MOA and TrueCare/EyeMed, in conjunction with the Mississippi Department of Medicaid, have been in conversations about any outstanding issues that providers may have becoming credentialed with TrueCare or/and EyeMed for the new DOM plan that became active on July 1, 2025. If your office has been experiencing any issues regarding credentialing or any other challenges, please let the MOA office know so all concerns are known and can be addressed.

CMS, NOVITAS, RAILROAD MEDICARE

Evaluation & Management Services: Prevent Claim Denials. CMS MNL Connects. August 7, 2025

“In 2023, the improper payment rate for evaluation and management codes was 10.7%, with a projected improper payment amount of \$3.7 billion (see [2023 Medicare Fee-for-Service Supplemental Improper Payment Data \(PDF\)](#)). Learn how to bill correctly for these services. Review the [Evaluation & Management Services](#) provider compliance tip for more information, including:

- Denial reasons and how to prevent them
- Coding
- Resources

https://www.cms.gov/training-education/medicare-learning-network/newsletter/mln-connects-newsletter-august-7-2025#_Toc205285430

Medicare Preventive Services — Revised. CMS MNL Connects. August 14, 2025

“CMS [added information](#):

- Alcohol misuse screening and counseling:
 - Crisis support contact information
 - Safety planning for patients at risk for suicide
 - Follow-up contacts intervention

- Counseling to prevent tobacco use: ICD-10 code Z72.0 effective October 1, 2024
- Depression screening:
 - Crisis support contact information
 - Safety planning for patients at risk for suicide
 - Follow-up contacts intervention
- Hepatitis C screening: HCPCS code G0567 effective June 27, 2024
- PrEP using antiretroviral therapy to prevent HIV infection: information about lenacapavir
- **FAQ: billing the office and outpatient evaluation and management visit complexity add-on HCPCS code G2211 with Medicare Part B preventive services”**

<https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

Combating Medicare Parts C & D Fraud, Waste & Abuse — Revised. CMS MNL Connects. August 14, 2025

“CMS [updated this web-based training course](#), including:

- Penalties for violating specific laws
- Real-world fraud, waste, and abuse examples”

<https://www.cms.gov/Outreach-and-Education/MLN/WBT/MLN3995723-MLNPartsCD/FWA/story.html>

AOA Advocacy Yields Medicare Pay, Tax Fairness Wins. AOA First Look. August 15, 2025

“[Optometry’s advocates achieved key wins as part of the multi-trillion-dollar budget reconciliation bill, H.R. 1, known as the One Big Beautiful Bill Act](#), including a Medicare physician pay increase and small business tax deductions. These key provisions were secured in the final package, signed into law on July 4:

- A 2.5% physician pay increase for 2026, included after intense, last-minute advocacy by the AOA and other physician organizations.
- Reversal of planned Medicare physician pay cuts for 2026, as well as laying the groundwork for longer-term reforms that would mandate annual positive pay updates.
- A full suite of tax benefits aimed at boosting small and mid-sized optometry practices, including a permanent extension of the 20% small business pass-through tax deduction, originally set to expire in 2026. Also, AOA fought against a provision to bar optometry practices and others from deducting state and local taxes at the pass-through entity level, preserving a critical financial tool for practices.

The AOA notes that it is monitoring future impact on patient access under federal health programs, health research and education loans, as well as important health care middlemen reforms.

Download the AOA’s 2025 tax law resource

[The AOA offers a fact sheet](#) with actionable strategies and tips for practices to consider because of this 2025 tax law. “

Important Tax Information: 1099 Forms. Railroad Medicare-Palmetto GBA. August 13, 2025

“Please review your 1099 document closely and contact us immediately if you notice any discrepancies in your name, tax identification number or dollar amount reported. All corrections must be processed by mid-March of the current year. To ensure that we meet all Internal Revenue Service (IRS) regulations regarding the issuance of these forms, any requests received after their deadline will not be processed. Please review this updated article and share it with your staff.”

<https://palmettogba.com/rr/did/bl5qkv7850#ls>

Evaluation and Management Services — Revised. CMS MLN Matters. August 21, 2025

“CMS [updated billing and coding information \(PDF\)](#) for:

- Office or outpatient evaluation and management visits
- Critical care services
- Hospital outpatient clinic visits
- Telehealth services”

<https://www.cms.gov/files/document/mln006764-evaluation-management-services.pdf>

Understanding the Railroad Medicare Medical Review Program. Railroad Medicare-Palmetto GBA. August 28, 2025

"Date: Thursday, October 16, 2025 **Time:** 1 to 2 PM ET

Do you have questions about Railroad Medicare's Medical Review (MR) Process? If so, register now for this informative session. We will provide you with an overview of our MR process for traditional postpayment, traditional prepayment, and Targeted Probe and Educate (TPE) reviews; review the process for additional documentation requests; identify service-specific codes that will be reviewed by our MR department this option year; and, finally, provide you with helpful resources."

<https://palmettogba.com/rr/did/evm3vm7eai4v6n1016>

OTHER

RHW: Two updates regarding Humana from the AOA Third Party Center. I will post the official statements from Humana once they are received.

1. Humana will no longer be using their automatic downcoding program. The change is official as of 8/24. We are going to have a follow up meeting with Humana to discuss how doctors previously impacted can have those downcoded claims addressed.
2. Humana has connected with EyeMed regarding issues related to medically necessary contact lens claims and Medicare Advantage. Impacted doctors are going to have to rebill those claims that were processed incorrectly. Humana indicated that the EyeMed provider manual is also going to be updated with more information regarding how to submit those claims. We expect an official message from Humana and EyeMed on this too.

Humana Paper Check Transaction Fee - Medicare Advantage Policy Number: CP2023010. Humana. April 2024

"Overview: The use of electronic payments and remittances reduces the administrative costs associated with paper checks and remittances, eliminates the risk of lost paper mail, enables easier reconciliation of payments and provides quicker access to funds.

This policy establishes Humana's transaction fee for paper checks.

Medicare Advantage Payment Policy

In addition to the policy, claims payments are subject to other plan requirements for the processing and payment of claims, including, but not limited to, requirements of medical necessity and reasonableness and applicable referral or authorization requirements.

Humana encourages providers to elect electronic claims payment options rather than paper checks. Humana offers electronic funds transfer (EFT) and virtual credit card (VCC) programs. To learn more about these programs, visit Humana's electronic claims payment website available in the References section of this policy. Humana assesses a fee of \$5.00 for each envelope containing a paper check for medical claims reimbursement.

This only applies when an envelope contains a paper check for an amount equal to or greater than \$5.00."

<https://dctm.humana.com/Mentor/Web/v.aspx?chronicleID=090009298913bf20&searchID=ba31bcc2-ddba-4202-b06c-a16250f5eee8&dl=1>

Avoid Vision Claim Denials. UHC-March Vision Outlook. August 21, 2025

"Prevent delays and denials by following the tips in our [Claim Denial Quick Reference Guide](#).

- Verify eligibility and benefits
- Use correct codes and modifiers
- Submit claims on time
- Check for required authorizations"

https://www.uhcprovider.com/content/dam/provider/vision/MVC_Claim-Denial-QRG.pdf?cid=em-providernews-PCA12501588-aug25

Lab Spotlight: Expanded Frame Selection. UHC March Vision Outlook. August 21, 2025

“We added 29 new frames to our Freedom of Choice program. Explore more styles and order new frames through [providers.eyesynergy.com](https://www.uhcprovider.com/vision/marchvision-news-spotlight-frame-selection-expanded.html?cid=em-providernews-PCA12501588-aug25).”

<https://www.uhcprovider.com/vision/marchvision-news-spotlight-frame-selection-expanded.html?cid=em-providernews-PCA12501588-aug25>

Entire UHC - March Vision Outlook Edition. August 21, 2025

<https://view.provideremail.uhc.com/?qs=626293968a4cfda44f478b29f6360febe785e7e88b92b5b8424c48e4f54dc1b2aa9a47ee5367baef05171255669d78dfdc5958a162b9f67c48fb531eb4dff0b69ef5a7349d7d600fb47614e0920557fff0a426de2cd31ad9>

New Reimbursement Policy for Professional Evaluation and Management Services Claims effective October 1, 2025. Cigna Health. July 1, 2025

“Cigna Healthcare® will implement a new reimbursement policy, Evaluation and Management Coding Accuracy (R49), to review professional claims billed with Current Procedural Terminology (CPT®) evaluation and management (E/M) codes 99204-99205, 99214-99215, and 99244-99245 for billing and coding accuracy in alignment with American Medical Association (AMA) E/M services guidelines.

Effective for dates of service on or after October 1, 2025, services may be adjusted by one level to reflect the appropriate reimbursement when the AMA guidelines are not met.

What this means to you

Cigna Healthcare will conduct periodic claim reviews to verify compliance. Based on that review, providers may be eligible to be removed from the program. Supporting documentation will be requested should we determine the established guidelines were not followed.

Reconsideration requests

Providers who believe their medical record documentation supports reimbursement for the originally submitted level for the E/M service should follow the reconsideration and appeals processes.

To request a reconsideration, please submit the customer’s full record of the encounter to the secure Cigna Healthcarefax number **833.392.2092**. Should the original determination be overturned, claims will be adjusted, and an updated explanation of payment will be issued.

Administrative appeal rights are available if the original determination is upheld.

Additional information

For more information, view the [Evaluation and Management Coding Accuracy \(R49\)](#) reimbursement policy on the Cigna for Health Care Professionals portal ([CignaforHCP.com](https://www.cignaforhcp.com)).

Please note that you must log in to access the policy. If you are not a registered user, go to [CignaforHCP.com](https://www.cignaforhcp.com) and click Register.”

<https://providernewsroom.com/cigna-healthcare/new-reimbursement-policy-for-professional-evaluation-and-management-services-claims-effective-october-1-2025/>

New Drug with Ocular Side Effects - RHW

“EBGLYSS™ is an interleukin-13 antagonist... indicated moderate-to-severe atopic dermatitis

Ocular Side Effects: [Conjunctivitis and Keratitis](#)

Conjunctivitis and keratitis adverse reactions have been reported in clinical trials.

Conjunctivitis and keratitis occurred more frequently in atopic dermatitis subjects who received EBGLYSS compared to those who received placebo. Conjunctivitis was the most frequently reported eye disorder. Most subjects with conjunctivitis or keratitis recovered during the treatment period ...”

<https://uspl.lilly.com/ebglyss/ebglyss.html#s13>

Eye Consultants of Pennsylvania, PC Agrees To Pay \$790,000.00 To Settle False Claims Act Allegations. DOJ.

July 21, 2025

RHW: Another cautionary tale:

“The United States Attorney’s Office for the Middle District of Pennsylvania announced that Eye Consultants of Pennsylvania, PC (ECOP) has agreed to pay \$790,000.00 to resolve False Claims Act allegations of civil liability for submitting claims to Medicare for Evaluation & Management (E&M) services that violated Medicare rules and regulations.

According to the Acting United States Attorney John C. Gurganus, between September 1, 2018, and April 7, 2025, ECOP submitted claims to Medicare Part B for E&M services on the same date of service for beneficiaries receiving bilateral eye injections in violation of the applicable Medicare rules and regulations. ...

<https://www.justice.gov/usao-mdpa/pr/eye-consultants-pennsylvania-pc-agrees-pay-79000000-settle-false-claims-act>

COVID VACCINE INFORMATION

RHW: This notice DOES NOT include Mississippi

“CVS pharmacy will [not offer COVID vaccines](#) in 16 states until the CDC's Advisory Committee on Immunization Practices gives them a stamp of approval. (*New York Times*)”

https://www.nytimes.com/2025/08/28/well/cvs-pharmacy-covid-vaccine-16-states.html?unlocked_article_code=1.h08.xvi.wcXkyPhyz58&smid=url-share

“In related news, insurers are still likely to [cover the updated COVID shots](#) this year for most Americans despite narrower federal recommendations, industry sources suggested, but all bets are off for 2026. (*Reuters via MSN*)”

<https://www.msn.com/en-us/health/other/us-insurers-likely-to-cover-updated-covid-shots-this-year-industry-sources-say/ar-AA1LroQs>