Office of the Governor | Mississippi Division of Medicaid

MississippiCAN & CHIP

Provider Workshops

2015

MISSISSIPPI DIVISION OF MEDICAID

DOM Office of Coordinated Care

The DOM Office of Coordinated Care manages two statewide programs designed to improve beneficiary access to needed medical services, and to improve the quality of care.

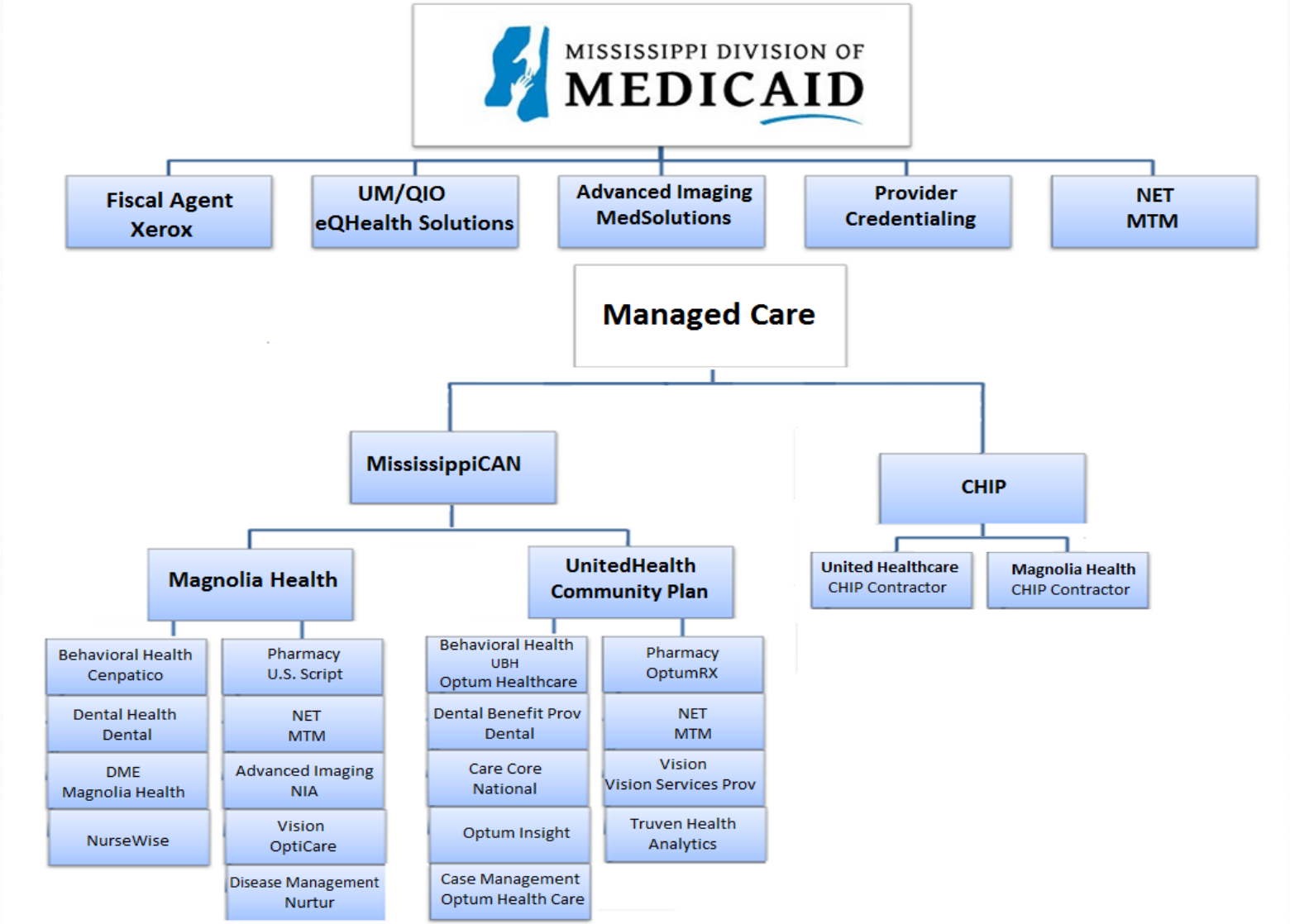
- Mississippi Coordinated Access Network (**MississippiCAN**)
- Children's Health Insurance Program (**CHIP**)

There are two coordinated care organizations (CCOs) which provide services for MississippiCAN and CHIP are:

- **Magnolia Health**
- **UnitedHealthcare Community Plan**

For questions regarding MississippiCAN, call 601-359-3789 or email MississippiCAN.Plan@medicaid.ms.gov or view the website at www.medicaid.ms.gov

Medicaid Organizational Chart



Contact Information

MISSISSIPPI DIVISION OF MEDICAID

Division of Medicaid
Toll Free: 1-800-421-2408
Local: 601-359-6050
www.medicaid.ms.gov/

UM/QIO
eQHealth Solutions
Toll Free: 1-866-740-2221
Local: 601-352-6353

Advanced Imaging
MedSolution
Toll Free: 1-877-791-4106

Fiscal Agent and
Provider Credentialing
Xerox
Toll Free: 1-800-884-3222

Non-Emergency Transportation
MTM
Toll Free: 1-866-331-6004

magnolia health

Magnolia Health Plan
Toll Free: 1-866-912-6285
www.magnoliahealthplan.com

Behavioral Health
Cenpatico
Toll Free: 1-866-912-6285

Pharmacy
US Script
Toll Free: 1-866-399-0928

Dental
Dental Health and Wellness
Toll Free: 1-866-912-6285

Non-Emergency Transportation
MTM
Toll Free: 1-866-331-6004

Vision
OptiCare
Toll Free: 1-844-404-5636

Disease Management
Nurtur
Toll Free: 1-866-912-6285

DME
Magnolia
Toll Free: 1-866-912-6285

Advanced Imaging
NIA
Toll Free: 1-888-642-7649

NurseWise
Toll Free: 1-866-912-6285

Provider Credentialing
Toll-free: 866-574-6088

UnitedHealthcare Community Plan

UnitedHealthcare Community Plan
Toll Free: 1-877-743-8731
www.uhccommunityplan.com

Behavioral Health
UBH-Optum Healthcare
Toll Free: 1-877-673-6315

Pharmacy
Optum RX
Toll Free: 1-877-305-8952

Dental
Dental Benefit Prov
Toll Free: 1-800-508-4862

Non-Emergency Transportation
MTM
Toll Free: 1-866-331-6004

Vision
Vision Services Prov
Toll Free: 1-800-877-7195

Case Management
Optum Health Care
Toll Free: 1-877-743-8731

Care Core National
Toll Free: 1-866-889-8054

Nursewise
1-877-743-8731

Provider Credentialing
Toll-free: 866-574-6088
or 877-743-8731

CHIP
Children's Health Insurance Plan

UnitedHealthcare
Toll Free: 1-800-992-9940
Provider Credentialing
Toll-free: 866-574-6088
or 800-992-9940

Magnolia Health
Toll Free: 1-866-912-6285

MISSISSIPPICAN

Goals of MississippiCAN Program

Mississippi Coordinated Access Network (MississippiCAN) implemented on January 1, 2011 is a statewide care coordination program designed to:

- Improve beneficiary access to needed medical services;
- Improve the quality of care; and
- Improve program efficiencies as well as cost effectiveness

Evolution of MississippiCAN Program

- **Mississippi House Bill 71** – 2009 Second Extraordinary Session
- **Mississippi House Bill 421** – 2012 Regular Session
- **Mississippi House Bill 1275** – 2014 Regular Session

- The MississippiCAN program has evolved from January 2011 to present.
  - Increased limit to the greater of:
    - 45% of total enrollment of Medicaid beneficiaries, or
    - All categories of eligible beneficiaries as of January 1, 2014, plus the categories of beneficiaries composed primarily of persons younger than nineteen (19) years of age
  - All Medicaid services included except Inpatient Hospital Services as of July 2014

MississippiCAN Program Changes

Uniform Preferred Drug List (PDL)

Effective January 1, 2015, instead of a different PDL for DOM and each CCO, there will be one Uniform PDL for those specific drugs.

Non-Emergency Transportation (NET)

Effective July 1, 2014, each CCOs will contract with MTM for MississippiCAN beneficiaries.

Prior Authorizations (PA)

Prior authorization requests will be approved/disapproved within 3 calendar days or 2 business days, if all documentation provided.

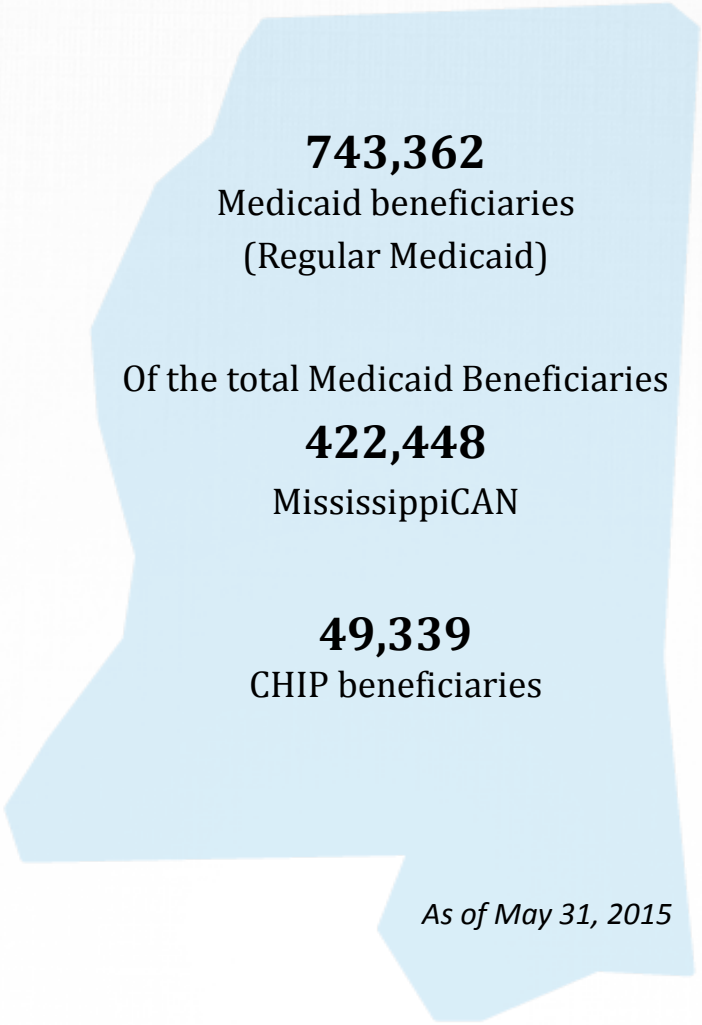
Provider Credentialing

The CCO shall credential all completed application packets within ninety (90) calendar days of receipt.

Claims

Timely filing within 180 days of date of service. Reconsidered claims within 90 days of timely filing adjudication.

MississippiCAN and CHIP Enrollment Statistics



743,362
Medicaid beneficiaries
(Regular Medicaid)

Of the total Medicaid Beneficiaries

422,448
MississippiCAN

49,339
CHIP beneficiaries

As of May 31, 2015

MississippiCAN Enrollment Changes

Quasi-CHIP Population Transitioning to Medicaid MississippiCAN

- December 1, 2014
- Children in families with income at or below 133% of the federal poverty level are now eligible for Medicaid rather than CHIP and will be moved from CHIP and enrolled in the MississippiCAN program.

CHIP

- January 1, 2015
- Children enrolled in the CHIP program beginning CY2015 will receive services from the two Coordinated Care Organizations (CCOs) rather than one contracted vendor.

Their CHIP coverage and services will remain the same.

MississippiCAN Expansion - Children

- May through July 2015
- Children ages 1 to 19 will be enrolled in the MississippiCAN program, except those excluded as members on Medicare, on waivers, or in institutions.

Increased MississippiCAN Enrollment

- Between May 1 and July 31, 2015, Medicaid-eligible children up to the age of 19 are set to be transitioned from regular Medicaid to the managed care program, Mississippi Coordinated Access Network (MississippiCAN).

- One third of the 300,000 children are being enrolled in three monthly phases:
  - May 1, 2015
  - June 1, 2015
  - July 1, 2015

- Children not included in this expansion are those who are on Medicare, waivers or reside in institutions.
- For the children being transitioned, this does not change their coverage and there is no loss of benefits.

Why is the transition happening?

- Of the nearly 800,000 Mississippians enrolled in Medicaid or the Children's Health Insurance Program (CHIP), children are the largest population we serve. Authorized by the Mississippi Legislature in 2011, MississippiCAN was established to create more efficiency and provide better access to health services, making Mississippi one of at least 26 other states to adopt a managed-care approach.

Transition Children (Beginning SFY 2015)	085 - 091	072 – 073	1 - 19***
Children (TANF)	085	071 – 073	1 - 19
Children (< age 6) (< 143% FPL)	087, 085	072	1 - 5
Children (< age 19) (<100% FPL)	091, 085	073	6 - 19

How do providers know to which program beneficiaries have been assigned?

- Health-care providers should verify their patients' eligibility and plan at each date of service, and make sure patients are in their provider network. This is essential to receive proper reimbursement for services.

To check eligibility information, contact us by:

Xerox AVRS toll-free: 800-884-3222 Xerox Web Portal: ms-medicaid.com

- Note: Mississippi Medicaid health benefits encompass multiple programs administered by DOM: Medicaid, MississippiCAN and CHIP.
- The MississippiCAN and CHIP programs are administered by two coordinated care organizations (CCOs).
- Providers voluntarily enroll with the programs and with these CCOs. However, DOM encourages all providers to enroll ensuring that your patients remain under your care, and you receive payment from the proper source.

How do providers obtain prior authorizations?

- For children being transitioned, there will be a 90-day grace period for all existing prior authorizations received from DOM and eQHealth.

- If beneficiary is enrolled May 1, then the existing prior authorization will expire in 90 days or July 30, then a separate 90 days for those with effective dates June 1 and July 1.

  Within the 90-day grace period, providers should contact CCOs for a new prior authorization or for a renewal beyond this period

- If PA ends during the 90 day grace period, then a new PA must be obtained by the provider. PAs will not automatically be extended during that 90 day period if they were to expire during the 90-day grace period.

  For example: *PA period is January 1, 2015 to June 20, 2015, and beneficiary is enrolled May 1; then provider would need a new PA by June 20, 2015. However, if the PA was January 1, 2015 to October 1, 2015, then provider would need a new PA by August 1, 2015.*

Is the primary care provider (PCP) on MississippiCAN card the only PCP that member can see?

- No, the PCP on the member card is simply to direct them to an enrolled PCP, rather than seeking emergency treatment.
- Many members have their own PCPs, but they are not reflected in our records. Members should continue to be treated by their own PCPs, and call the CCOs to update their record with their actual treating provider.
- The beneficiaries can contact the CCO and get an updated card with the PCP of their choice, as long as the PCP is in the CCOs network.

Medicaid Requirements for Provider Reimbursement

- In accordance with State law, CCOs are required to reimburse all providers in those organizations at rates **no less** than what Medicaid reimburses Fee-For-Service Providers, if in-network providers.

- All claims for services covered by the CCOs for MississippiCAN members **must** be submitted to the designated CCO in order to receive payment.

- Claims for services not covered by MississippiCAN must be submitted to Medicaid, specifically Inpatient Hospital stays, or any other non-covered services.

Medicaid Requirements for Provider Networks

- All CCO contracted MississippiCAN providers must be Mississippi Medicaid providers.
- CCO networks must include **all** types of Medicaid providers and the full range of medical specialties necessary to provide covered benefits.
- Access standards for the network require primary care services be available within 30 minutes or 30 miles in rural regions and 15 minutes or 15 miles in urban regions.

Beneficiaries Eligible for MississippiCAN

MississippiCAN
Optional Populations

These beneficiaries may return to regular Medicaid.

Category of Eligibility	COE	New COE	Age
SSI - Supplemental Security Income	001	001	0 - 19
Disabled Child Living at Home	019	019	0 - 19
DHS – Foster Care Children- IV-E	003	003	0 - 19
DHS – Foster Care Children- CWS	026	026	0 - 19

Note: **Always check eligibility** on the Date of Service
to ensure submission to correct payer by methods below:

Telephone 1-800-884-3222

Envision Web Portal at new address www.ms-medicaid.com

MississippiCAN
Mandatory Populations

Category of Eligibility	COE	New COE	Age
SSI -Supplemental Security Income	001	001	19 - 65
Working Disabled	025	025	19 - 65
Breast and Cervical Cancer	027	027	19 - 65
Parents and Caretakers (TANF)	085	075	19 - 65
Pregnant Women (below 194% FPL)	088	088	8 - 65
Newborns (below 194% FPL)	088	071	0 - 1
Transition Children (Beginning SFY 2015)	085 - 091	072 – 073	1 - 19***
Children (TANF)	085	071 – 073	1 - 19
Children (< age 6) (< 143% FPL)	087, 085	072	1 - 5
Children (< age 19) (<100% FPL)	091, 085	073	6 - 19
Quasi-CHIP (100%-133% FPL) (age 6- 19) (previously qualified for CHIP)	099	074	6 - 19
CHIP (age 0-19) (<209% FPL)	099	099	1 - 19

Mississippi Department Of Human Services (MDHS) Beneficiaries

- Currently Foster Care children under MDHS custody are primarily enrolled with MississippiCAN – Magnolia Health

- Adoptive Assistance Parents may select their choice of MississippiCAN CCO, either Magnolia or UnitedHealthcare

  (therefore, case workers should always check eligibility)

- Now beginning May 1, 2015, children under age 19 will be mandatorily enrolled in MississippiCAN, except those not eligible for MississippiCAN.

Beneficiaries Not Eligible for MississippiCAN

Who is not eligible for MississippiCAN

- **Waiver program enrollees** (ex. HCBS, TBI, ID/DD, IL, etc.)
- **Dually eligibles** (Medicare/Medicaid)
- **Institutionalized Residents** (ex. Nursing Facility, ICF-MR, Correctional Facilities, etc.)

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- **Hemophilia diagnosis**
- **American Indians** ***(They may choose to opt into the program)***
- **Beneficiaries currently with inpatient hospital stays**

MississippiCAN Enrollment

MississippiCAN Enrollment

When can Beneficiaries enroll in MSCAN?

- Beneficiaries not already enrolled may enroll throughout the year.

When are Newborns enrolled?

- Newborns born to a Medicaid mom who is currently enrolled in MississippiCAN will automatically be placed in the same plan as the mother.

When is Enrollment effective?

- Enrollment is always effective at the beginning of the month and disenrollment is effective the last day of the month.
  - *The exception is when beneficiary is transferred to a nursing home or waiver program.*

When can Members choose a CCO?

- After receiving initial notification letter, beneficiaries may choose a plan within 30 days, or they will be automatically assigned to a CCO. Members may be added each month to Medicaid and MississippiCAN.

When can Members change CCOs?

- After initial enrollment with a CCO, every member will have a 90-day window to make changes
- During the 90-day window, mandatory members may only switch **once** between CCOs.
- During the 90-day window, optional members may switch **once** between the CCOs or return to regular Medicaid.
- The open enrollment period each year (October – December) to allow members to make changes.

  Effective January 1.

Beneficiary Notification and Choice of Coordinated Care Organization (CCO) for MississippiCAN or MississippiCHIP

- **Initial Notification Letter (MSCAN-005 Mandatory or CHIP-002)**
  - The letter is mailed to beneficiaries advising them that they have 30 days to choose a CCO. Beneficiaries are recommended to ask their doctors with which CCO they are enrolled. Enrollment Form is on the back of the letter.
- **Auto-Assignment Letter (MSCAN-002 or CHIP-003)**
  - The letter is mailed to beneficiaries advising them that they did not choose a CCO, therefore, one has been assigned for them. However, beneficiaries may switch CCOs once within the initial 90 days. The next time that beneficiaries may switch CCOs is during Annual Open Enrollment from October 1 to December 15

    (effective January 1 of following year)
- **Selection Forms**
  - Beneficiaries may complete the form mailed to their home, or they may go online to the Envision web portal and select CCO.
    - https://www.ms-medicaid.com/msenvision/mschipInfo.do
  - Go to the DOM website and select form.
    - http://www.medicaid.ms.gov/programs/mississippican/mississippican-enrollment/

Benefits for Members

- CCOs connect enrollees to a medical home through PCPs, and offer case management to all enrollees.

- CCOs implemented comprehensive care management programs which include coordinating services with mental health providers, social service agencies and out-of-state providers to improve care and quality outcomes

- CCOs were required to develop disease management programs which include, but are not limited to:

  -Diabetes
  -Organ Transplants
  -Congestive Heart Disease
  -Obesity
  -Asthma
  -Hypertension
  -Hemophilia to 11-30-2012

Both CCOs have Nurses available 24 hours, seven days per week to address beneficiary or provider issues:

- **Magnolia Health** 1-866-912-6285 24/7 NurseWise
- **UnitedHealthcare** 1-877-743-8731 NurseLine 24/7

MississippiCAN CARDS

magnolia health™

magnolia health

Rx US Script
BIN: 008019

Member Name: Jane Doe

Medicaid ID#: XXXXXXXXXX

PCP Name: John Doe

PCP Number: XXX-XXX-XXXX

If you have an emergency, call 911 or go to the nearest emergency room (ER). You do not have to contact Magnolia for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Magnolia NurseWise® toll-free at 1-866-912-6285 (TDD/TTY 1-877-725-7753 or Mississippi Relay Services at 711). NurseWise is open 24 hours a day.

MEMBERS:
Member Services line 1-866-912-6285
TDD/TTY 1-877-725-7753
Mississippi Relay Services 711
24/7 NurseWise 1-866-912-6285
Dental/Vision 1-866-912-6285
Transportation 1-866-912-6285
PROVIDERS:
IVR Eligibility inquiry - Prior Auth 1-866-912-6285
US Script Help Desk 1-800-460-8988
Behavioral Health 1-866-912-6285
Medical claims:
Magnolia
Attn: CLAIMS
PO Box 3090
Farmington, MO 63640-3825

Provider/claims information via the web: MagnoliaHealthPlan.com.

Magnolia Address
111 East Capitol Street
Suite 500
Jackson, MS 39201

UnitedHealthcare® Community Plan

UnitedHealthcare Community Plan

Health Plan (80840) 911-87726-04

Member ID: 999999999

Member:
SUBSCRIBER M BROWN

PCP Name:
PROVIDER BROWN

Payer ID
87726

Effective Date
99/99/9999

COPAY: Office / ER
$0 / $0

OPTUMRx™
Rx Bin: 610494
Rx Grp: ACUMS
Rx PCN: 9999

0501

United Healthcare Community Plan Access
Administered by UnitedHealthcare of Mississippi, Inc.

795 Woodlands Parkway, Suite 301, Ridgeland, MS 39157

This card does not guarantee coverage. To verify benefits or to find a provider, visit the website www.uhccommunityplan.com or call.

For Members: 877-743-8731 TDD 711
NurseLine 24-7: 877-370-4009 TYY 711
In an emergency, care may be obtained from the closest medical care provider. Notify member services at 1-877-743-8731 within 48 hours of receiving such care.

For Providers: www.unitedhealthcare-mississippi.com 877-743-8734
Medical Claim Address: P.O. Box 5032, Kingston, NY 12402-5032
For use of non-participating providers, prior authorization is required: 1-866-604-3267

Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903
For Pharmacist: 877-305-8952

MississippiCHIP
Children's Health Insurance Program

Evolution of Children's Health Insurance Program (CHIP)

- Mississippi House Bill 1275 – 2014 Regular Session
- The CHIP program and contract for insurance services was transferred from School Employees Health Insurance Management Board (DFA) to the Division of Medicaid (DOM) as of January 1, 2013. 41-86-9
- The CHIP program is now authorized to operate under a managed care delivery system as of January 1, 2015. 43-13-117(H)

The CHIP Program is not changing. "There are now 2 vendors."

What is changing?

- Effective January 1, 2015, the CHIP program is now operated by 2 vendors, instead of 1 vendor:

  - **UnitedHealthcare** and **Magnolia Health**

- Effective January 1, 2014, CHIP income level begins at 133% instead of 100% of the Federal Poverty Level per ACA.

What is the same?

- Same Benefits
- Same Co-Payments
- Providers must be enrolled as a CHIP provider to receive payment.

Providers with CHIP children enrolled with both CCOs, must be enrolled with both CCOs to receive payment.

Who is eligible for CHIP?

-Uninsured children up to age 19 years old
- Children not eligible for Medicaid
- Children of families that meet the income requirements
- Children with no other primary insurance coverage (at the time of application)

Category of Eligibility	COE	New COE	Age
CHIP	**099**	**099**	**0 - 19**** (19th year birth month)

MississippiCHIP CARDS

magnolia health™

magnolia health
Mississippi Children's Health Insurance Program

Rx US Script
BIN: 008019
PCN: MSCHIP

Physicians Care
HEALTH LINK

Member Name: Jane Doe
CHIP ID#: XXXXXXXXXX
PCP Name: John Doe
PCP Number: XXX-XXX-XXXX
Effective Date of Coverage: XX/XX/XXXX
Out of Pocket Maximum: $XXX

COPAY: Provider Visit / ER Visit
($XX / $XX)

If your child has an emergency, call 911 or go to the nearest emergency room (ER). You do not have to contact Magnolia for an okay before your child gets emergency services. If you are not sure whether your child needs to go to the ER, call your child's PCP or Magnolia NurseWise® toll-free at 1-866-912-6285 (TDD/TTY 1-877-725-7753 or Mississippi Relay Services at 711). NurseWise is open 24 hours a day.

MEMBERS:
Member Services line 1-866-912-6285
TDD/TTY 1-877-725-7753
Mississippi Relay Services 711
24/7 NurseWise 1-866-912-6285
Dental/Vision 1-866-912-6285

Magnolia Address
111 East Capitol Street
Suite 500
Jackson, MS 39201

PROVIDERS:
IVR Eligibility inquiry - Prior Auth 1-866-912-6285
US Script Help Desk 1-800-460-8988
Behavioral Health 1-866-912-6285
Prior Authorization 1-866-912-6285

Medical claims:
Magnolia
Attn: CLAIMS
PO Box 5040
Farmington, MO 63640-3825

Provider/claims information via the web: MagnoliaHealthPlan.com.

UnitedHealthcare®
Community Plan

UnitedHealthcare

Health Plan (80840) 911-95378-08

Member ID: 999999999

Member:
SUBSCRIBER M BROWN

Payer ID
95378

OPTUMRx

Rx Bin: 610494
Rx Grp: ACUMS
Rx PCN: 9999

Effective Date
99/99/9999

COPAY: Office / ER
$0 / $0

0501

MSCHP 01
Administered by UnitedHealthcare Insurance Company

Printed: 04/23/12

This card does not guarantee coverage. To verify benefits or to find a provider, visit the website www.uhccommunityplan.com or call.

For Members: 800-992-9940 TDD 711
NurseLine: 877-410-0184 TDD 800-855-2880
In an emergency, care may be obtained from the closest medical care provider. Notify member services at 1-800-992-9940 within 48 hours of receiving such care.

For Providers: www.uhccommunityplan.com 800-557-9933
Medical Claim Address: P.O. Box 5032, Kingston, NY 12402-5032
For use of non-participating providers, prior authorization is required: 1-866-604-3267

UnitedHealthcare Choice Plus Network Outside MS
MultiPlan

Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903
For Pharmacist: 888-306-3243

What is the difference between programs?

	Medicaid Fee-for-Service	MississippiCAN	CHIP
Beneficiary Eligibility	Beneficiaries qualify based on income, resources, age and/or medical disability. Coverage for children, families, pregnant women, elderly and disabled persons.	Beneficiaries in certain Medicaid categories of eligibility (SSI, Disabled Children at Home, Working Disabled, Breast/Cervical, Newborns and Children)	Children ages 0-19 whose income exceeds Medicaid maximum, up to 209% Federal Poverty Level.
Beneficiary Enrollment Site	Division of Medicaid Regional Office	Division of Medicaid Regional Office	Division of Medicaid Regional Office
Beneficiary Enrollment	Members can only receive services from one program at a time, no overlap.	Members can only receive services from one program at a time, no overlap.	Members can only receive services from one program at a time, no overlap.
Beneficiary Services	Medicaid services MississippiCAN Inpatient Hospital	Medicaid services, plus additional services such as case management	CHIP services
Provider Enrollment	Enroll with Medicaid	Enroll with Medicaid and MSCAN vendor (Magnolia or UnitedHealthcare)	Enroll with CHIP vendor (UnitedHealthcare and/or Magnolia)
File Claims	Division of Medicaid Xerox	Vendors (Magnolia or UnitedHealthcare)	Vendors (UnitedHealthcare or Magnolia –DOS after 1-1-15)
Website	www.medicaid.ms.gov www.ms-medicaid.com	www.medicaid.ms.gov/programs/mississippican magnoliahealthplan.com uhccommunityplan.com	uhccommunityplan.com magnoliahealthplan.com

Xerox/DOM Presentation

Summer 2015

MISSISSIPPI DIVISION OF MEDICAID

xerox

CONTENTS

Verifying Eligibility

It is the responsibility of the Medicaid Provider to verify a Medicaid beneficiary's eligibility each time the beneficiary presents for a service.

Providers may verify beneficiary eligibility using one of the following:

- Calling the fiscal agent at **1-800-884-3222,**
- Calling the Automated Voice Response System (AVRS),
- Accessing the Point of Service eligibility verification system or
- Accessing the Envision Web Portal at www.ms-medicaid.com

Taxonomy Code Placement

The Taxonomy Code is required when there exists a one-to-many link with the Medicaid Provider Numbers. The fields utilized for claims are as follows:

- CMS 1500 Claim – The taxonomy code should be entered in field **33b** when required.
- UB-04 Claim – The taxonomy code should be entered in field **3b** when required.
- State Specific Part A Crossover Claim form for Medicare Advantage Plans – The taxonomy code should be entered in field **3c** when required.
- State Specific Part B Crossover Claim form for Medicare Advantage Plans – The taxonomy code should be entered in field **2c** when required.
- American Dental Association (ADA) Dental Claim Form – The taxonomy code should be placed in field **56A** and is indicated as a require field for this form only.

Medicare Advantage Plans – Part C

The Mississippi Medicaid Part A & B Crossover Claim forms are state specific forms and must be used when billing for Medicare Part C Advantage Plans only.

- A copy of the Medicare EOMB (Explanation of Medicare Benefits) must be attached to each Medicare Part C Advantage Plan claim.

- The claim forms and instructions are available on DOM's website at www.medicaid.ms.gov. Select Resources link then the Forms link.

Prior Authorization

The Division of Medicaid has contracted with two Utilization Management/Quality Improvement Organizations (UM/QIO) for the purpose of evaluating medical necessity of medical services and services for certain advanced imaging procedures. Services per Contractor are:

eQ Health Solutions

- Inpatient Medical/Surgical
- Acute Psychiatric
- Swing Bed
- Psychiatric Residential Treatment Facilities
- Private Duty Nursing
- Home Health Visits beginning with visit 26 for beneficiaries under age 21
- Durable Medical Equipment, Prosthetics, Orthotics, and Diapers/Under pads (Other Medical Supplies excluded)
- Outpatient Hospital Mental Health Services
- Outpatient Physical, Occupational, and Speech Therapy
- Transplant Services
- Mississippi Youth Programs Around the Clock Waiver (MYPAC)
- Dental / Oral Surgery / Orthodontics
- Vision
- Hearing

Prior Authorization

MedSolutions

Provides medical necessity reviews for all out-patient, non-emergent imaging services:

- Magnetic Resonance Imaging (MRI/MRA)
- Computed Tomography (CT)
- Positron Emission Tomography (PET)
- Nuclear Cardiac Studies

A list of CPT codes which requires prior authorization located at www.medicaid.ms.gov (click on Resources then Helpful Links, and then the MedSolutions link). The link also includes a provider procedure manual to assist providers with policy and guidelines for the authorization process.

Timely Filing

Claims for covered service must be filed within 12 months from the through/ending dates of service.

Claims filed within the first 12 months and denied can be resubmitted with the original transaction control number (TCN). The appropriate field for placement of the TCN for each corresponding claim form is as follows:

Forms	Fields
CMS-1500	Field 22
UB-04	Field 64
ADA Dental	Field 35
Crossover Part A	None
Crossover Part B	None

Timely Filing

- Claims over 12 months can be processed if the beneficiary's Medicaid has been retroactively approved by DOM or Social Security Administration.
- The 12 month filing limit for newly enrolled provider begins with the date of issuance of the provider's Welcome Letter.

- Medicare crossover claims for co-insurance and/or deductible must be filed with the Division of Medicaid within 180 days of the Medicare paid date. This is also applicable to Medicare Part C claims.
  NOTE: *Claims filed after the 180 day limit will be denied.*

- Crossover claims over 180 days old can be processed if the beneficiary's Medicaid eligibility is retroactive. Paper crossovers must be filed within 180 days of the Medicaid retroactive eligibility determination date.

Resources

Important Web Addresses

- DOM website
  - http://www.medicaid.ms.gov
- eQ Health Solutions
  - www.ms.eqhs.org
- MedSolutions
  - www.medsolutionsonline.com
- Mississippi Envision Web Portal
  - https://ms-medicaid.com
- Xerox EDI website
  - www.acs-gcro.com

Web Portal/Envision

MISSISSIPPI DIVISION OF MEDICAID

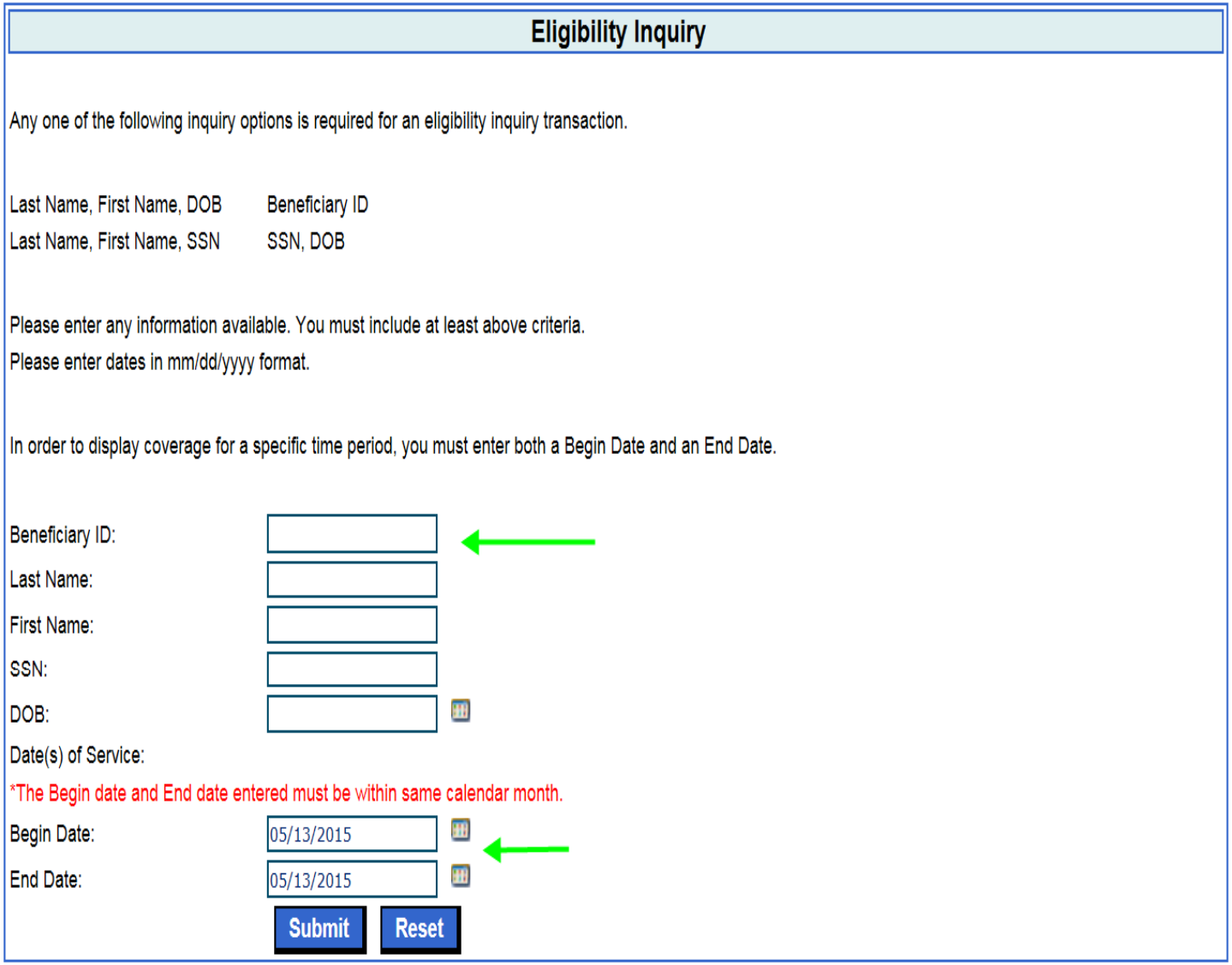
xerox

Web Portal Eligibility

MISSISSIPPI DIVISION OF MEDICAID

xerox

Web Portal Eligibility



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Web Portal Eligibility

Beneficiary Eligibility Response

Name:

Beneficiary ID:

Beneficiary Address:

Gender: Female

Date Of Birth:

Eligibility Information

Eligibility or Benefit Information: 1-Active

Begin date: 05/01/2014

End date: 12/31/9999

Plan Coverage: SSI Individual
This beneficiary has Full Medicaid Benefits Coverage.

Lock-In Information

Lock-In Type: CAN

Begin Date: 12/01/2014

End date: 12/31/9999

Lock-In Provider ID: 09253560

Lock-In Status Description: MississippiCAN

This Beneficiary is enrolled in the Mississippi Coordinated Access Network (MississippiCAN). All services except inpatient hospital service should be coordinated through the plan sponsor listed above. While enrolled in MississippiCAN, only claims for inpatient hospital services should be submitted to Xerox for processing.

Plan Sponsor: MAGNOLIA HEALTH PLAN INC 1-866-912-6285

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Web Portal Eligibility

Beneficiary Eligibility Response

Name:

Beneficiary ID:

Beneficiary Address:

Gender: Female

Date Of Birth:

Eligibility Information

Eligibility or Benefit Information: 1-Active

Begin date: 12/01/2013

End date: 12/31/9999

Plan Coverage: CHIP, under 200%

Lock-In Information

Lock-In Type: CHP

Begin Date: 01/01/2015

End date: 12/31/9999

Lock-In Provider ID: 09974046

Lock-In Status Description: MississippiCHIP

This Beneficiary is enrolled in the Mississippi Child Health Insurance Program (MississippiCHIP).

Plan Sponsor: UNITED HEALTHCARE OF MISSISSIPPI IN 1-800-992-9940

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Web Portal

Available Service Limits

For chiropractic service limits and orthodontia limits, please call the AVRS or the Xerox call center
Screenings are available at age appropriate intervals ONLY

Physician Office Visits	12
Hospital Inpatient Days	9993
Physician Inpatient Days	9999
Home Health Visits	25
Hospital Outpatient Visits	9999
Physician Long Term Care Visits	36
Blood Units	9999
LTC Home Leave Days	58
MentalHealth Meds Check	72
MentalHealth Individual Therapy	36
MentalHealth Family Therapy	24
MentalHealth Group Therapy	40
MentalHealth Case Management	260
Dental Exams Limit	4
Waiver282 ProdCodeW3117	30
Psych Office Visits 908XX	12
MentalHealth ProcedureW3027	100
Pharm Disease Management	12
Extended Home Health Visits	99999
Waiver282 ProdCodeW3126	720
NonEmergency Transport	99999
MentalHealth Nursing	144
Periodontal Right Upper Quad	1
Periodontal Left Lower Quad	1
Periodontal Left Upper Quad	1
Periodontal Right Lower Quad	1
Dental Money Limit	2500
ICFMR Home Leave Days	90
Phys Annual Assessment	1

Other Eligibility Information

Dental Coverage | Vision Coverage

New Inquiry | Back

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Edit 1109

Edit 1109: Service not authorized for MississippiCAN Beneficiary

Ways to avoid this edit:

- Verify eligibility through AVRS (800-884-3222) Option 3
- Verify MSCAN information with beneficiary.
- Verify eligibility through Envision/Web Portal.

Helpful Hints

Make sure you periodically update provider information as needed:

- Addresses
- Contact information
- Phone numbers
- E-mail addresses
- Banking information
- Fax number

*Make sure to check “Late Breaking News” and review quarterly Medicaid bulletins

Provider Field Reps Area by County

PROVIDER FIELD REPRESENTATIVE AREAS BY COUNTY		
AREA 1 **Cynthia Morris (601.572.3237)** **cynthia.morris2@xerox.com**	**Area 2** **Prentiss Butler (601.206.3042)** **prentiss.butler@xerox.com**	**AREA 3** **Clint Gee (662.459.9753)** **clinton.gee@medicaid.ms.gov**
County	**County**	**County**
Desoto	Alcorn	Bolivar
Lafayette	Benton	Coahoma
Marshall	Itawamba	Leflore
Panola	Lee	Quitman
Tate	Pontotoc	Sunflower
Tunica	Prentiss	Tallahatchie
	Tippah	Yalobusha
	Tishomingo	
***Memphis**	Union	
AREA 4 **Charleston Green (601.359.5500)** **charleston.green@medicaid.ms.gov**	**AREA 5** **Ekida Wheeler (601.572.3265)** **ekida.wheeler@xerox.com**	**AREA 6** **TBA (601.206.3013)**
County	**County**	**County**
Attala	Holmes	Kemper
Calhoun	Humphreys	Lauderdale
Carroll	Issaquena	Lowndes
Chickasaw	Madison	Neshoba
Choctaw	Sharkey	Newton
Clay	Washington	Noxubee
Grenada	Yazoo	Winston
Monroe		
Montgomery		
Oktibbeha		
Webster		

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Provider Field Reps Area by County

AREA 7 Candice Granderson (601.206.3019) candice.granderson@xerox.com	AREA 8 Justin Griffin (601.206.2922) Zip Codes (39041-39215) justin.griffin@xerox.com Randy Ponder (601.206.3026) Zip Codes (39216-39296) randy.ponder@xerox.com	AREA 9 Joyce Wilson (601.359.4293) joyce.wilson@medicaid.ms.gov
County	**County**	**County**
Adams	Hinds	Copiah
Amite		Leake
Claiborne		Rankin
Franklin		Scott
Jefferson		Simpson
Warren		
Wilkinson		
AREA 10 **Nadia Shelby (601.206.2961)** **nadia.shelby@xerox.com**	**AREA 11** **Pamela Williams (601.359.9575)** **pamela.williams@medicaid.ms.gov**	**AREA 12** **Connie Mooney (601.572.3253)** **connie.mooney@xerox.com**
County	**County**	**County**
Clarke	Covington	George
Forrest	Jefferson-Davis	Hancock
Greene	Lawrence	Harrison
Jasper	Lincoln	Jackson
Jones	Marion	Pearl River
Lamar	Pike	Stone
Perry	Walthall	
Smith		
Wayne		**Mobile, AL**
OUT OF STATE PROVIDERS	**Lashundra Othello (601.206.2996) lashundra.othello@xerox.com** **Jonathan Dixon (601.206.3022) jonathan.dixon@xerox.com**	

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Program Integrity

Mission

- To identify and stop fraud and abuse in the Medicaid Program and MSCAN;
- To identify weak areas in policy and the MES;
- To make recommendations for change and improvement; and
- To investigate cases of possible provider and beneficiary fraud or abuse by analyzing provider records, medical charts, eligibility records and payment histories as well as conducting interviews with provider staff and Medicaid beneficiaries.

Fraud

Fraud - an intentional material deception or misrepresentation made by a person with the knowledge that the deception could result in any unauthorized benefit to him or some other person. It also includes any act that constitutes fraud under applicable Federal or Mississippi law.

Examples may include:

- Knowingly billing for services that were not furnished and/or supplies not provided, including billing Medicaid for appointments that the patient failed to keep; and
- Knowingly altering claims forms and/or receipts to receive a higher payment amount.

Abuse

Abuse - practices that are inconsistent with sound fiscal, business or medical practices and result in unnecessary costs to the Medicaid program. Abuse also includes claims for reimbursement for services that fail to meet professionally recognized standards for health care.

Examples may include:

- Misusing codes on a claim;
- Charging excessively for services or supplies; and
- Billing for services that were not medically necessary.

Investigations

Performs Provider and Beneficiary fraud/abuse investigations:

- Reviews provider records;
- Interviews beneficiaries;
- Conducts on-site investigations;
- Monitors provider utilization in the Medicaid Program and MSCAN;
- Provider oversight of the activities conducted by the MCO's Special Investigative Units.

Divisions

- Investigations
- Medical Review
- Medicaid Eligibility Quality Control (MEQC)
- Data Analysis

Medical Reviews

Nurses analyze data histories and provider files for:

- Qualified Medical decisions
- Policy adherence
- Ensuring quality of care
- Medical necessity
- Appropriate coding

Medicaid Eligibility Quality Control (MEQC)

- Federally mandated program
- Determine the accuracy of Medicaid eligibility decisions
- Handles complaints alleging the improper receipt of Medicaid benefits

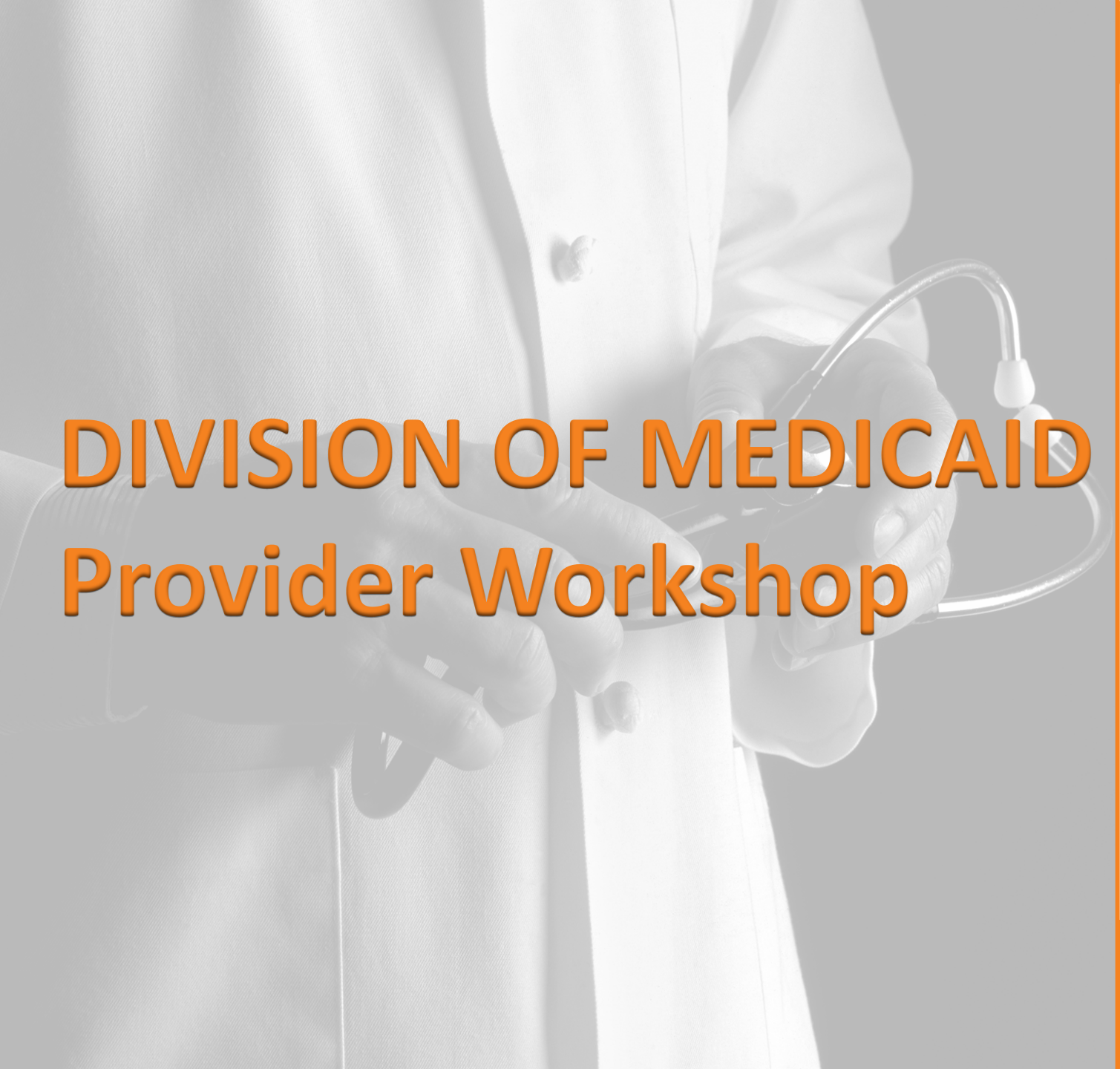
Data Analysis

- Creates algorithms that uncover areas of fraud and abuse in the Medicaid Program
- Develops analysis reports for use in investigations
- Works closely with multiple contracted agencies
- Collects data for internal and external program integrity analysis reports
- Documents the recovery and recoupment of funds from Program Integrity cases

Credible Allegation of Fraud

Credible allegation of fraud - an allegation of fraud, which has been verified by the State, from any source, including but not limited to the following:

- Fraud hotline complaints;
- Claims data mining; and
- Patterns identified through provider audits, civil false claim cases and law enforcement investigations. Allegations are considered to be credible when they have indicia of reliability, and DOM has reviewed all allegations, facts and evidence carefully and acts judiciously on a case-by-case basis.



DIVISION OF MEDICAID
Provider Workshop

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Mississippi Children's Health Insurance Program

2015 MSCAN & CHIP
Session 1

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Mississippi Children's Health Insurance Program

Magnolia Health MississippiCAN Overview

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Mississippi Children's Health Insurance Program

Magnolia Health
Mississippi CHIP Overview

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- Magnolia Health Mississippi Children's Health Insurance Program (MS CHIP) became effective January 1, 2015.
- MS CHIP is designed to provide health care insurance for children in families without health insurance or with inadequate health insurance.
- MS CHIP covers children from birth to age 19.
- MS CHIP is administered by the Mississippi Division of Medicaid (DOM).
- Section 4901 of the Balanced Budget Act of 1997 (BBA) amended the Social Security Act by adding a new title XXI, the State Children's Health Insurance Program (SCHIP).
- Title XXI provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children.
- The MS CHIP provider network is primarily delegated through a contractual agreement with Mississippi Physicians Care Network (MPCN)

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Mississippi Children's Health Insurance Program

Magnolia Health Services

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Disease/Care Management

- Case Managers offer TANF kids with complex medical conditions such as sickle cell, kidney or renal disease, HIV/AIDS and organ transplant with education and assistance with services.
- Disease Management Health Coaches empower members to take control of conditions like asthma, diabetes, high blood pressure, heart disease and weight management.
- Health Coaches listen to concerns and offer expert advice.
- Our Social Services Specialists provide coordination with third party vendors and community agencies to supplement provider care as well as coordinate/assist with transportation to and from doctor visits.

NurseWise

Magnolia Health offers the following services to members after your clinic has closed and on weekends when they call NurseWise® at (866) 912-6285:

- Medical advice about a sick child
- Health information library
- Answers to questions about the child's health
- Help scheduling doctor visits

Quality Improvement Coordinators

Magnolia Health assigns a Quality Improvement Coordinator to work with you to provide education on preventive measures and help with any quality initiatives within your clinic to include Patient panel management, care gaps, HEDIS guidance, and ER usage are some examples of assistance we can provide.

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Mississippi Children's Health Insurance Program

Magnolia Health Services

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Provider Network Relations

We appoint a Provider Network Specialist to enhance communication between our company and your practice.

Our specialists provide the following:

- On-site or online education and in-services about new programs/procedures
- Timely webinars
- Answers to your questions
- Provider workshops and e-newsletters

Find My Representative – www.magnoliahealthplan.com

Provider Services (Call Center)

We understand that your time is dedicated to your patients, which is why we have devoted staff members to assist you with:

- Questions concerning Member eligibility status
- Prior Authorization and referral procedures
- Claims payment procedures and handling provider disputes and issues
- Navigating and troubleshooting issues on the Provider Secure Portal
- Provides Phone Support
- Available Monday through Friday, 8am to 5pm CST **1-866-912-6285**

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Magnolia Health Services

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Vendor Services

- Cenpatico (Behavioral Health)
  - Full scope management for Behavioral Health services
- Dental Health & Wellness (Dental)
  - Effective 01/01/2015
- Opticare (Vision)
  - Routine and Medical
- MTM (Transportation)
  - Non-Emergent transportation benefits are excluded for MS CHIP
- National Imaging Associates (Radiology Management)
  - Radiology management for high tech imaging (MRI, CT Scan, PET Scan)

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Verify Eligibility

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It is highly recommended to verify member eligibility on the date services are rendered due to changes that occur throughout the month, using one of the following methods:

- **Log on to the Medicaid Envision website at:**
  - www.ms-medicaid.com/msenvision
- **Log on to the secure provider portal at**
  - www.MagnoliaHealthPlan.com
- **Call our automated member eligibility interactive voice response (IVR) system at**

  1-866-912-6285
- **Call Magnolia Provider Services at:**

  1-866-912-6285

Member ID Cards Are NOT a Guarantee of Eligibility

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Prior Authorization (PA)

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Prior Authorization (PA):

- PA is a request for a review of medical necessity for a non-emergent service.
- Requests are submitted to the Magnolia Health Utilization Management (UM) department.
- Emergency room and Urgent Care services do not require PA.
- PA must be approved before service is rendered.
- Out of Network providers (non-participating) must receive PAs for **all services except** basic lab chemistries and basic radiology.
- Find the current PA form, PA form tutorial, and PA list at **www.magnoliahealthplan.com**.

PA Processing:

- Magnolia Health does not process incomplete requests. The requestor will automatically receive a fax-back form requesting the missing information.
- We will make two (2) attempts to obtain any necessary information, after which our Medical Director will make a review determination based on the information received.
- We will make a PA determination and notify the requestor within three (3) calendar days and/or two (2) business days of receipt of all necessary information, not to exceed 14 calendar days from receipt of request.

We highly recommend that you initiate the PA process at least five (5) calendar days prior to service date.

(Urgent request may be made if service is medically necessary to treat non-life threatening injury, illness or condition within 24 hours to avoid complications, unnecessary suffering or severe pain. Urgent request must be signed by requesting provider to receive priority.)

PA Denial Questions? Call 1-866-912-6285, ext. 66814 (MSCAN), 66992 (MSCHIP)
Claims Denial Questions? Call 1-866-912-6285, ext. 66402

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HEDIS/EPSDT/WELL CHILD

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HEDIS (Healthcare Effectiveness Data and Information Set):

- One of the most widely-used set of health care performance measures in the United States
- Includes 81 measures, focusing on prevention, screening, and maintenance of chronic illnesses
- Information is collected via claims or through medical record review.
- HEDIS scores are used to compare health plans. They show us how well we educate our membership and provide access to quality care.
- Members and providers can see our yearly HEDIS scores on our website **www.magnoliahealthplan.com**.
- Providers can get information on how well they (or their practice) are managing their member panels in comparison to their peers.

EPSDT (Early Periodic Screening, Diagnosis, and Treatment)/WELL CHILD CARE:

- Comprehensive and Preventive Child Health Program for individuals under the age of 21 years
- EPSDT/WELL CHILD CARE services must be documented in the member's medical record.
- Please bill vaccines with specific antigen codes, **even if** you participate in the Vaccines For Children (VFC) program. This will ensure we receive HEDIS information and the child is up-to-date on immunizations. It will also help improve Magnolia Health HEDIS rates. (Please note, payment will be made for the accompanying administration code **only**.)

For information on proper documentation of EPSDT/WELL CHILD CARE services, please contact
Sai Kota at 601-863-0906 or skota@centene.com

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Claims Filing

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ALL Claims must be filed within 180 days from the Date of Service (DOS)

All requests for correction, reconsideration or adjustment must be received within 90 days from the date of notification or denial

Providers should include a copy of the Explanation of Payment (EOP) when other insurance is involved or provide information when billing electronically

Option to file electronically through clearinghouse

Option to file directly through Magnolia website

Claims must be completed in accordance with Division of Medicaid billing guidelines

All member and provider information must be complete and accurate

FILE ONLINE AT WWW.MAGNOLIAHEALTHPLAN.COM!

Option to file on paper claim – 1ST time paper claims, mailed to:

Magnolia Health

Attn: CLAIMS DEPARTMENT

P.O. Box 3090 (MSCAN)

P.O. Box 5040 (MS CHIP)

Farmington, MO 63640-3825

Paper claims are to be filed on approved CMS 1500 (NO HANDWRITTEN OR BLACK AND WHITE COPIES)

To assist our mail center in improving the speed and accuracy to complete scanning please take the following steps when filing paper claims:

- Remove all staples from pages
- Do not fold the forms
- Make sure claim information is dark and legible
- Please use a 12pt font or larger
- Please use the CMS 1500 printed in red (***Approved OMB-0938-1197 Form CMS-1500 (02-12)***
- Red and White approved claim forms are required when filing paper claims as our Optical Character Recognition ORC scanner system will put the information directly into our system. This speeds up the process and eliminates potential sources for errors and helps get your claims processed faster

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Mississippi Children's Health Insurance Program

Common General Issues

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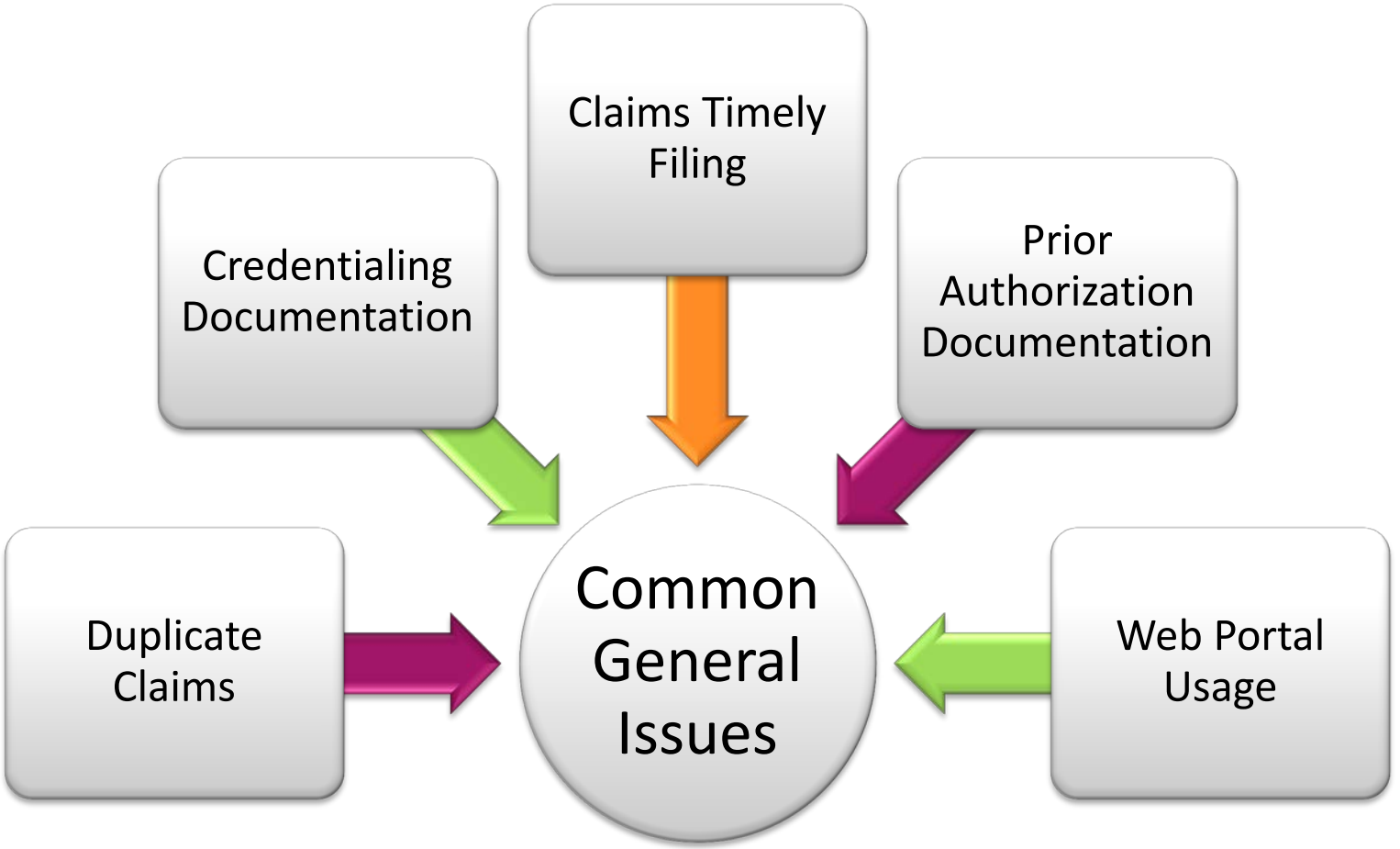

UnitedHealthcare Community Plan of Mississippi

Provider Education Session

“Helping People Live Healthier Lives”

UnitedHealthcare Community Plan

UnitedHealthcare Community Plan of Mississippi in Action

UnitedHealthcare Community Plan

- **Just Have A Ball:** We work with the Partnership for A Healthy Mississippi and SUBWAY® to promote physical activity to 6,000+ school-aged children across the state and help reduce childhood obesity.
- **Adopt-a-Floor:** We adopted a floor at Blair E. Batson Hospital for Children and provided healthy snacks to families of hospitalized children.
- **Farm to Fork:** We distribute free bags of produce to members and their families at events throughout the state. 500+ turkeys were also donated at Thanksgiving.
- **Community Activism:** We participate in health fairs and partner with community organizations to promote health awareness.

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Important Updates

UnitedHealthcare Community Plan

Effective March 1, 2015: Migration to new claims/IT platform

- UnitedhealthcareOnline.com is now the website to use for secure transactions. *You may also continue to use UHCCommunityPlan.com.*
- Provider remittance advice has been streamlined to include clearer explanation codes and help simplify administrative tasks.
- Electronic Payments & Statements is available.

Effective July 1, 2015: Primary care provider (PCP) designation for CHIP members

- A preferred PCP is identified for each member either through member self-selection or auto-assignment.
- PCPs are identified on member ID cards.
- Members can request a PCP change at any time and will then receive a new ID card.
- PCP designation is an existing requirement for MississippiCAN.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Appointment Initiative

- To help reduce no-show and canceled appointments, we developed a form you can fax to us to report when members miss their ESPDT appointments.
- We will contact the members you report to educate them about scheduling responsibilities and help reschedule appointments.
- Please submit completed fax forms by the third business day of the next month. For example, March 2015 missed visits would be faxed to UnitedHealthcare on or before April 3.
- For more information, please contact Kenisha Potter, UnitedHealthcare ESPDT Coordinator, at 601-718-6609 or kenisha_potter@uhc.com

Reminder

UnitedHealthcare Community Plan

Provider Medicaid ID number requirement for MississippiCAN

- Existing requirement
- Claim denial edit triggered if there is no Mississippi Medicaid ID number on file
- Please call provider services at 877-743-8734 if you need to update your contact information or adjust claims.
- If you do not have a current Mississippi Medicaid ID number, you can download the Provider Enrollment application at https://www.ms-medicaid.com/msenvision/downloadenrollPackage.do.
- Does not apply to Mississippi CHIP

Check Eligibility and Assigned PCP

To check member eligibility

- Go to UnitedHealthcareOnline.com > Patient Eligibility & Benefits
- Go to Medicaid's Envision website at msmedicaid.acs-inc.com
- Call UnitedHealthcare Community Plan Provider Services:
  - MississippiCAN: 877-743-8734
  - Mississippi CHIP: 800-557-9933

To verify PCP affiliation, please call Provider Services

- A preferred PCP is identified for each member either through member self-selection or auto-assignment.
- PCPs are identified on member ID cards.
- PCP designation is an existing requirement for MississippiCAN.
- PCP designation is **new** for Mississippi CHIP, effective July 1, 2015.
- Members can request a PCP change at any time and receive a new member ID card.

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Prior Authorization & Case Management

UnitedHealthcare Community Plan

Prior Authorization

- Call 866-604-3267 (Mon-Fri, 8am-5pm; or 24/7 for emergencies)
- Fax prior authorizations to 888-310-6858
- Online: **UnitedHealthcareOnline.com > Notifications/Prior Authorizations**
- For a complete list of services requiring prior authorization, go to **UHCCommunityPlan.com > For Health Care Professionals > Mississippi**

Radiology/Cardiology Prior Authorization

- CareCore National manages our Rad/Card prior authorization process
- Tools and resources are available on:

  UHCCommunityPlan.com > For Health Care Professionals > Mississippi > Radiology
  UHCCommunityPlan.com > For Health Care Professionals > Mississippi > Cardiology
- Request and verify prior auth with CareCore the following ways:
  - Online: (URL web address above)
  - Phone: 866-889-8054
  - Fax: 866-889-8061

Utilization Management/Case Management

- Call 877-743-8731 (Mon-Fri, 8am-5pm; or 24/7 for emergencies)
- Staff can assist with routine prior authorizations, admissions, discharges and coordination of members' care.

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Pharmacy Benefits

UnitedHealthcare Community Plan

Our Preferred Drug List (PDL) is defined by the Division of Medicaid and updated quarterly

- Access the PDL at UHCCommunityPlan.com > For Health Care Professionals > Mississippi > Pharmacy Program.
- Definitions for prior authorization, quantity level limits, step therapy, and specialty medications can be found in the PDL.

Requesting Prior Authorization for non-preferred medications or for those requiring prior authorization (turnaround time is typically < 24 hours)

- Phone: 800-310-6826
- Fax: 866-940-7328 (Forms can be found at the website above)

An Emergency Five-Day Supply is available for immediate need of a new non-preferred medication or a medication requiring prior authorization

- Direct communication is provided to network pharmacies on how to process

Pharmacy Network Finder under Find a Pharmacy link on website

Medical Injectables most commonly given in provider-based settings are processed as medical claims.

Rx Provider Services: 877-842-3210

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How Do We Communicate?

UHCCommunityPlan.com or UnitedHealthcareOnline.com

- Key contact information, provider directory, benefit plan details, claims filing, prior authorization procedures and more

Administrative Guide

- Updated annually; available at UHCCommunityPlan.com > For Health Care Professionals > Mississippi > Provider Administrative Manual

Practice Matters Newsletter

- Provider newsletter for UnitedHealthcare Community Plan of Mississippi

Network Bulletin Newsletter:

- Monthly newsletter that alerts you to changes in policies or procedures and updates to the Administrative Guide
- UnitedHealthcareOnline.com > Tools & Resources > News & Network Bulletin, or sign up to receive the newsletter at www.uhc-networkbulletin.com/registration

Emails, Faxes and Mailings

- As needed for any significant changes or updates

Network Management Resource Team

- 866-574-6088 or swproviderservices@uhc.com

Provider Services Service Model

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Provider Relations Service Model

Your Provider Advocate is an important resource. They can help make your interactions with us easier and more efficient across all lines of business and benefit plans.

Please follow the Provider Relations Service Model before contacting a Provider Advocate about claim payment decisions:

1. Check the status of a claim by logging on to UHCCommunityPlan.com.
2. If you disagree with a claim payment decision, please contact the UnitedHealthcare Community Plan Provider Service Team:
    - MississippiCAN: 877-743-8734
    - Mississippi CHIP: 800-557-9933
3. Be sure to obtain a **tracking number** for future reference. This is a 15-digit number beginning with a “C.”
4. If the issue remains unresolved after 30 days, please send your Provider Advocate the member name, member ID number, date of service and tracking number or a copy of the claim.
5. Your Provider Advocate will work with Market Service Agents and others to determine the cause and resolve your issue.

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MS Provider Advocates

Provider Advocates

Celeste Love
North MS
901-921-0956
celestine_love@uhc.com

Teresa Morris
Central MS
601-718-6594
teresa_morris@uhc.com

Pam Hogan
South MS
601-296-6733
pamela_hogan@uhc.com

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Behavioral Health Contact Information

- **Behavioral Health**
  - For information on benefits, prior auth, referrals, appeals and grievances:
    MississippiCAN Provider Services: 877-743-8734
    Mississippi CHIP Provider Services: 800-980-7393
- **Behavioral Health Provider Relations**
  - For information on contracting, credentialing and unresolved claims issues:

Michael Strazi
Mississippi Network Manager,
Mississippi CHIP
612-632-5727
michael.strazi@optum.com
Fax: 877-331-5852

Ricardo Fraga
Mississippi Network Manager,
MississippiCAN
601-718-6631
ricardo.fraga@optum.com
Fax: 888-960-3835

- **Mississippi CHIP & MississippiCAN Behavioral Health Team**
  - Lisa Seaton, LCSW: Mississippi CHIP Field Care Advocate
  - Meredith Clemmons, LCSW: MS CAN Field Care Advocate

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Network Management Resource Team

UnitedHealthcare Community Plan

The Network Management Resource Team can help with:

- Status of credentialing
- Your contract
- Demographic changes
- Basic network questions

For help with contracting information or credentialing status, please contact 866-574-6088 or swproviderservices@uhc.com.

If your issue cannot be resolved by the Network Management Resource Team, it will be forwarded to your Network Account Manager.

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Questions?


MISSISSIPPI DIVISION OF
MEDICAID


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UnitedHealthcare®
Community Plan

MississippiCAN & CHIP

Provider Workshops

MISSISSIPPI DIVISION OF MEDICAID

Afternoon Session

UnitedHealthcare Community Plan of Mississippi

Provider Education Session

UnitedHealthcare®
Community Plan

Welcome/Agenda

UnitedHealthcare Community Plan

- Mission/Vision
- Important Updates
- Benefits
- Check Eligibility and Assigned PCP
- Prior Authorizations
- Claims Submission
- Pharmacy Benefits
- Online Care Provider Resources
- Communicating with Us
- Provider Relations & Service Model
- Behavioral Health
- Network Management
- SFY2015 Program Changes
- Questions

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Mission and Vision

Our Mission

Helping people live healthier lives

Our Vision

To be the premier health care delivery organization in the eyes of our state partners, providing health plans that meet the unique needs of our Medicaid members as well as our members in other government-sponsored health care programs, and an effective partner with physicians, hospitals and other health care professionals in serving their patients.

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Important Updates

UnitedHealthcare Community Plan

Effective March 1, 2015: Migration to new claims/IT platform

- UnitedhealthcareOnline.com is now the website to use for secure transactions. *You may also continue to use UHCCommunityPlan.com.*
- Provider remittance advice has been streamlined to include clearer explanation codes and help simplify administrative tasks.
- Electronic Payments & Statements is available.

Effective July 1, 2015: Primary care provider (PCP) designation for CHIP members

- A preferred PCP is identified for each member either through member self-selection or auto-assignment.
- PCPs are identified on member ID cards.
- Members can request a PCP change at any time and will then receive a new ID card.
- PCP designation is an existing requirement for MississippiCAN.

•Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Appointment Initiative

- To help reduce no-show and canceled appointments, we developed a form you can fax to us to report when members miss their ESPDT appointments.
- We will contact the members you report to educate them about scheduling responsibilities and help reschedule appointments.
- Please submit completed fax forms by the third business day of the next month. For example, March 2015 missed visits would be faxed to UnitedHealthcare on or before April 3.
- For more information, please contact Kenisha Potter, UnitedHealthcare ESPDT Coordinator, at 601-718-6609 or kenisha_potter@uhc.com.

Reminder

UnitedHealthcare Community Plan

Provider Medicaid ID number requirement for MississippiCAN

- Existing requirement
- Claim denial edit triggered if there is no Mississippi Medicaid ID number on file
- Please call provider services at 877-743-8734 if you need to update your contact information or adjust claims.
- If you do not have a current Mississippi Medicaid ID number, you can download the Provider Enrollment application at https://www.ms-medicaid.com/msenvision/downloadenrollPackage.do.
- Does not apply to Mississippi CHIP

Program Benefits

- MississippiCAN and administers the Medicaid benefit package, as defined by the state of Mississippi, to Medicaid beneficiaries. The Mississippi CHIP benefit package is also defined by the state of Mississippi.
- UnitedHealthcare Community Plan provides additional benefits to MississippiCAN and Mississippi CHIP plan members:
  - Unlimited visits
  - Case management
  - Member outreach
  - Health education
  - And more
- View benefit details at:
  - medicaid.ms.gov
  - UHCCommunityPlan.com > For Health Care Professionals > Mississippi

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Check Eligibility and Assigned PCP

- To check member eligibility:
  - Go to UnitedHealthcareOnline.com > Patient Eligibility & Benefits
  - Go to Medicaid's Envision website at msmedicaid.acs-inc.com
  - Call UnitedHealthcare Community Plan Provider Services:
    - MississippiCAN: 877-743-8734
    - Mississippi CHIP: 800-557-9933
- To verify PCP affiliation, please call Provider Services at 877-743-8734 for MississippiCAN, or 800-557-9933 for Mississippi CHIP.
  - A preferred PCP is identified for each member either through member self-selection or auto-assignment.
  - PCPs are identified on member ID cards.
  - PCP designation is an existing requirement for MississippiCAN.
  - PCP designation is **new** for Mississippi CHIP, effective July 1, 2015.
  - Members can request a PCP change at any time and receive a new member ID card.

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Prior Authorization

Prior Authorization

- Call 866-604-3267
  - Monday-Friday 8 a.m. – 5 p.m. CST
  - 24 hours a day for emergencies
- Fax prior authorizations to 888-310-6858
- Online: UnitedHealthcareOnline.com > Notifications/Prior Authorizations
- For a complete list of services requiring prior authorization, go to UHCCommunityPlan.com > For Health Care Professionals > Mississippi.

Utilization Management/Case Management

- Call 877-743-8731
  - Monday through Friday, 8 a.m. to 5 p.m. EST
  - On-call staff is available 24/7 for emergency prior authorization
- Staff can assist with routine prior authorizations, admissions, discharges and coordination of members' care.

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Radiology Prior Authorization

- Prior authorization is required for the following radiology services performed in an outpatient hospital location, freestanding imaging center or physician office:
  - MRI
  - MRA
  - CT
  - PET
  - Nuclear medicine
  - Select nuclear medicine studies, including nuclear cardiology.
- Prior authorization is not required for radiology services provided in an emergency room, urgent care center, observation unit or during an inpatient stay.
- CareCore National manages the UnitedHealthcare Community Plan prior authorization process. Physicians may request, and if approved, verify prior authorization with CareCore National the following ways:
  - Online: UHCCommunityPlan.com > For Health Care Professionals > Mississippi > Radiology
  - Phone: 866-889-8054
  - Fax: 866-889-8061

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Radiology Prior Authorization

Radiology Prior Authorization tools are available on UHCCommunityPlan.com > For Health Care Professionals > Mississippi > Radiology:

- FAQ
- Quick Reference Guide
- Prior Authorization Fax Form
- CPT Code List
- Crosswalk Table
- Imaging Criteria
- Radiology Prior Authorization List

If you do not follow the Radiology Prior Authorization protocol, administrative claim denials will result. Claims denied for failure to request prior authorization may not be balanced billed to the patient.

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Cardiology Prior Authorization

- All care providers, facilities and other health care professionals are required to obtain authorization before performing select inpatient, outpatient and office-based cardiac procedures.
- Cardiac procedures ordered through an emergency room treatment visit, while in an observation unit, when performed at an urgent care facility, or during an inpatient stay do not require prior authorization. **One exception is EP implants, which require prior authorization in an inpatient setting.**
- A complete list of services that require prior authorization is available at UnitedHealthcareOnline.com > Clinician Resources > Cardiology > UnitedHealthcare Community Plan Cardiology Prior Authorization Program.
- CareCore National manages the UnitedHealthcare Community Plan prior authorization process. Physicians may request, and if approved, verify prior authorization with CareCore National the following ways:
  - Online: UHCCommunityPlan.com > For Health Care Professionals > Mississippi > Cardiology
  - Phone: 866-889-8054
  - Fax: 866-889-8061

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Cardiology Prior Authorization

If a cardiology procedure is required on an urgent basis, or if prior authorization cannot be obtained because it is outside of our normal business hours, the service can be performed and authorization requested retrospectively.

- Retrospective authorization requests for Electrophysiology Implants and Diagnostic Catheterizations must be made within 15 calendar days of service.
- Retrospective authorization requests for Echocardiograms and Stress Echocardiograms must be made within two business days of service.

If you do not follow the Cardiology Prior Authorization Program protocol, administrative claim denials will result. Claims denied for failure to request prior authorization may not be balanced billed to the patient.

Cardiology prior authorization tools are available on UHCCommunityPlan.com:

- Cardiology Prior Authorization CPT Code Crosswalk
- Cardiology Prior Authorization FAQs
- Cardiology Prior Authorization Quick Reference Guide
- Cardiology Evidence Based Guidelines
- Live Recording Radiology & Cardiology Prior Authorization Provider Education
- Radiology & Cardiology Provider Authorization Provider Education

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Claims Filing

UnitedHealthcare Community Plan

Electronic vs. Paper

- Electronic claims can help reduce errors and shorten payment cycles.
- Learn more about electronic claims submission at UnitedHealthcareOnline.com > Tools & Resources > EDI Education for Electronic Transactions or call 800-842-1109.
- If a claim must be submitted on paper, please use the following address:

  UnitedHealthcare
  P.O. Box 5032
  Kingston, NY 12402-5032

Format

- All claims must be submitted using the standard CMS-1500, CMS-1450/UB04 or respective electronic format.
- Please include all appropriate secondary diagnosis codes for line items.

Timely Filing

- MississippiCAN: Effective July 1, 2014, claims must be filed within six months from the date of service.
- Mississippi CHIP: Effective Jan. 1, 2015, claims must be filed within six months from the date of service.

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Defining a Corrected Claim

UnitedHealthcare Community Plan

What is a corrected claim?

We follow the industry definition of a **corrected claim,** which is a bill that has altered, removed or replaced the same data elements that were submitted on the original claim.

Claim Data Elements

- Place of service
- Date of service
- Charge
- Procedure code
- Diagnosis
- Addition/deletion of a modifier or units
- Primary carrier's explanation of benefits indicating allowed or paid amounts different from original submission

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Submitting a Corrected Claim Electronically

UnitedHealthcare Community Plan

- When correcting or submitting late charges on a CMS-1500, CMS-1450. UB-04 or 837 institutional claim, resubmit all original lines and charges as well as the corrected or additional information.
- For CMS-1450/UB-04 or 837 institutional claims, use bill type Xx7.
- For CMS-1500 claims, use box 19 to indicate “Corrected Claim.”

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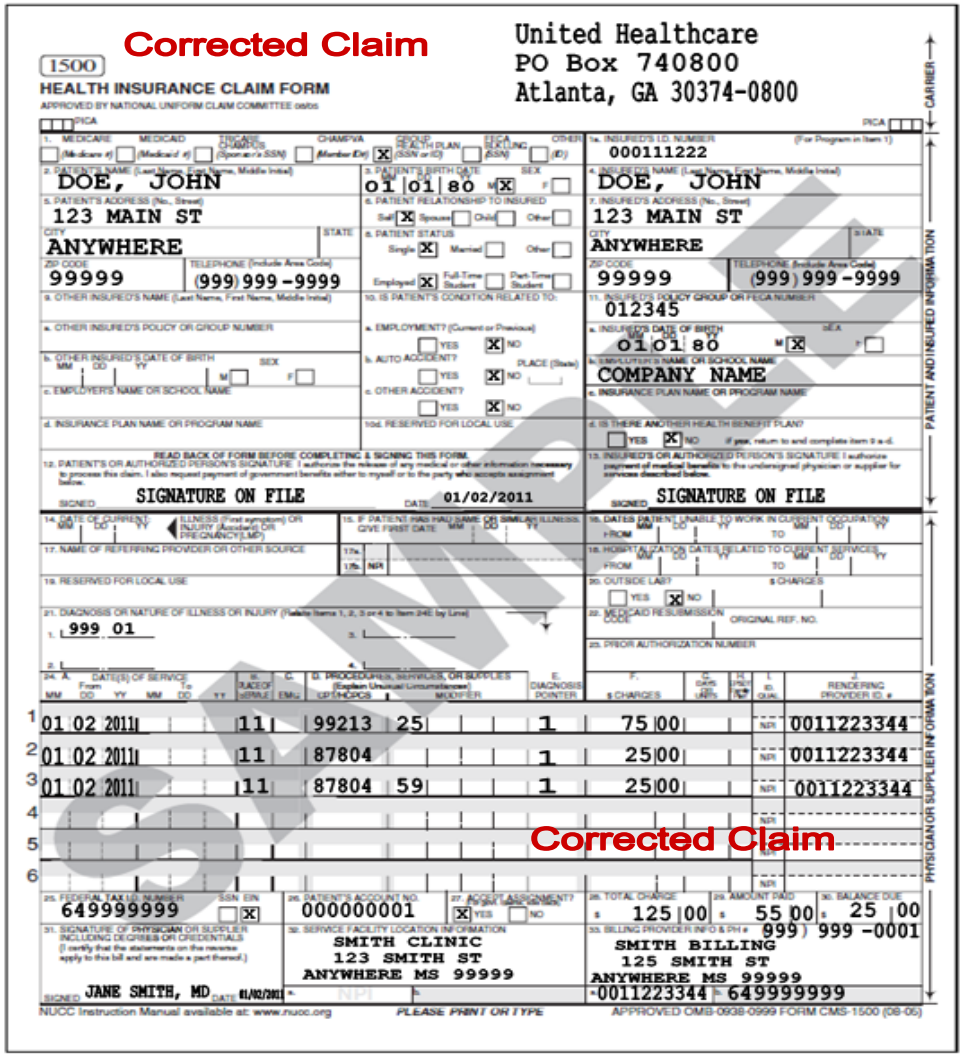
Submitting a Corrected Claim by Paper

UnitedHealthcare Community Plan

1. Make any necessary corrections to the claim in the practice management system.
2. Print the **entire** claim, including corrections and previously paid line items.
3. Stamp the CMS-1500 form with “Corrected Claim.”



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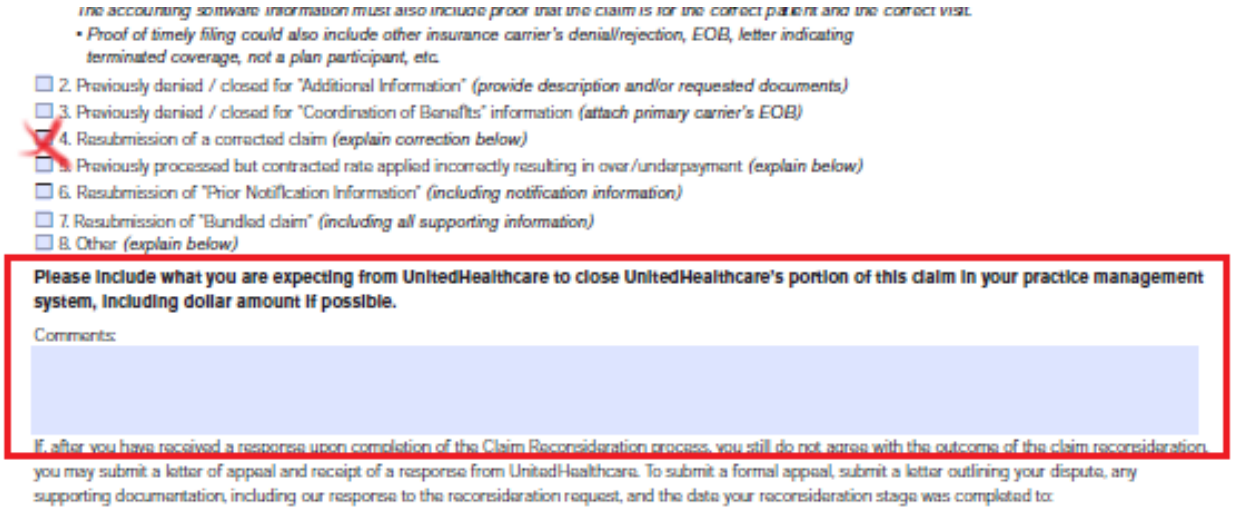
Submitting a Corrected Paper Claim

- The Claim Reconsideration Request Form is available at UnitedHealthcareOnline.com > Claims & Payments > Claim Reconsideration.
- Check box #4, *Resubmission of a corrected claim*.
- Complete the Comments section, clearly stating what data elements have been corrected and why.



The accounting software information must also include proof that the claim is for the correct patient and the correct visit.

- *Proof of timely filing could also include other insurance carrier's denial/rejection, EOB, letter indicating terminated coverage, not a plan participant, etc.*

☐ 2. Previously denied / closed for "Additional Information" *(provide description and/or requested documents)*
☐ 3. Previously denied / closed for "Coordination of Benefits" information *(attach primary carrier's EOB)*
☒ 4. Resubmission of a corrected claim *(explain correction below)*
☐ 5. Previously processed but contracted rate applied incorrectly resulting in over/underpayment *(explain below)*
☐ 6. Resubmission of "Prior Notification Information" *(including notification information)*
☐ 7. Resubmission of "Bundled claim" *(including all supporting information)*
☐ 8. Other *(explain below)*

Please include what you are expecting from UnitedHealthcare to close UnitedHealthcare's portion of this claim in your practice management system, including dollar amount if possible.

Comments:

If, after you have received a response upon completion of the Claim Reconsideration process, you still do not agree with the outcome of the claim reconsideration, you may submit a letter of appeal and receipt of a response from UnitedHealthcare. To submit a formal appeal, submit a letter outlining your dispute, any supporting documentation, including our response to the reconsideration request, and the date your reconsideration stage was completed to:

- Send the claim and Claim Reconsideration Request Form to the address on the explanation of benefits or back of the member ID card.

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Pharmacy Benefits

- **Our Preferred Drug List (PDL)** is defined by the Division of Medicaid and updated quarterly
  - Access the PDL at UHCCommunityPlan.com > For Health Care Professionals > Mississippi > Pharmacy Program.
  - Definitions for prior authorization, quantity level limits, step therapy, and specialty medications can be found in the PDL.
- **Requesting Prior Authorization** for non-preferred medications or for those requiring prior authorization (turnaround time is typically < 24 hours)
  - Phone: 800-310-6826
  - Fax: 866-940-7328 (Forms can be found at the website above)
- **An Emergency Five-Day Supply** is available for immediate need of a new non-preferred medication or a medication requiring prior authorization
  - Direct communication is provided to network pharmacies on how to process
- **Pharmacy Network Finder** under Find a Pharmacy link on website
- **Medical Injectables** most commonly given in provider-based settings are processed as medical claims.
- **Rx Provider Services:** 877-842-3210

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Secure Care Provider Tools on UnitedHealthcareOnline.com

UnitedHealthcare Community Plan

Register at UnitedHealthcareOnline.com for secure access to use the following tools:

- Claims inquiry/status/remittances
- Request claims adjustments
- Review and request demographic changes
- Verify member eligibility
- Submit prior notifications/authorizations
- Check prior authorization status
- View PCP panel roster
- View member care plans and health risk assessment data
- Review EPSDT and preventive health screening reports
- Review claim trend reports
- Link to Continuing Education website
- View online help topics
- Manage group access

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UHCCommunityPlan.com

UnitedHealthcare Community Plan

Use UHCCommunityPlan.com to access the following information:

- Physician directory
- Pharmacy program information
- Provider administrative guides
- Reimbursement policies
- Newsletters
- Bulletins
- Medicare Part D educational materials
- Provider forms
- Clinical practice guidelines
- EDI information
- Radiology/cardiology prior authorization information

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How Do We Communicate?

UHCCommunityPlan.com or UnitedHealthcareOnline.com

- Key contact information, provider directory, benefit plan details, claims filing, prior authorization procedures and more

Administrative Guide

- Updated annually; available at UHCCommunityPlan.com > For Health Care Professionals > Mississippi > Provider Administrative Manual

***Practice Matters* Newsletter:**

- Provider newsletter for UnitedHealthcare Community Plan of Mississippi

***Network Bulletin* Newsletter:**

- Monthly newsletter that alerts you to changes in policies or procedures and updates to the Administrative Guide
- UnitedHealthcareOnline.com > Tools & Resources > News & Network Bulletin, or sign up to receive the newsletter at www.uhc-networkbulletin.com/registration

Emails, Faxes and Mailings

- As needed for any significant changes or updates

Network Management Resource Team

- 866-574-6088 or swproviderservices@uhc.com

Provider Advocates

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Provider Relations Service Model

Your Provider Advocate is an important resource. They can help make your interactions with us easier and more efficient across all lines of business and benefit plans.

Please follow the Provider Relations Service Model before contacting a Provider Advocate about claim payment decisions:

1. Check the status of a claim by logging on to UHCCommunityPlan.com.
2. If you disagree with a claim payment decision, please contact the UnitedHealthcare Community Plan Provider Service Team:
    - MississippiCAN: 877-743-8734
    - Mississippi CHIP: 800-557-9933
3. Be sure to obtain a **tracking number** for future reference. This is a 15-digit number beginning with a “C.”
4. If the issue remains unresolved after 30 days, please send your Provider Advocate the member name, member ID number, date of service and tracking number or a copy of the claim.
5. Your Provider Advocate will work with Market Service Agents and others to determine the cause and resolve your issue.

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MS Provider Advocates

Provider Advocates

Celeste Love
North MS
901-921-0956
celestine_love@uhc.com

Teresa Morris
Central MS
601-718-6594
teresa_morris@uhc.com

Pam Hogan
South MS
601-296-6733
pamela_hogan@uhc.com

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Behavioral Health Contact Information

- **Behavioral Health**
  - For information on benefits, prior authorization, referrals, and appeals and grievances:
    MississippiCAN Provider Services: 877-743-8734
    Mississippi CHIP Provider Services: 800-980-7393
- **Behavioral Health Provider Relations**
  - For information on contracting, credentialing and unresolved claims issues:

Michael Strazi
Mississippi Network Manager,
Mississippi CHIP
612-632-5727
michael.strazi@optum.com
Fax: 877-331-5852

Ricardo Fraga
Mississippi Network Manager,
MSCAN
601-718-6631
ricardo.fraga@optum.com
Fax: 888-960-3835

- **Mississippi CHIP & MississippiCAN Behavioral Health Team**
  - Lisa Seaton, LCSW: Mississippi CHIP Field Care Advocate
  - Meredith Clemmons, LCSW: MS CAN Field Care Advocate

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Network Management Resource Team

UnitedHealthcare Community Plan

The Network Management Resource Team can help with questions about:

- Status of credentialing
- Your contract
- Demographic changes
- Basic network questions

For help with contracting information or credentialing status, please contact 866-574-6088 or swproviderservices@uhc.com.

If your issue cannot be resolved by the Network Management Resource Team, it will be forwarded to your Network Account Manager.

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SFY2015 Program Changes

UnitedHealthcare Community Plan

Quasi-CHIP Population Transitioning to Medicaid MississippiCAN

•As of Dec. 1, 2014, children in families with income at or below 133 percent of the federal poverty level are eligible for Medicaid instead of CHIP and are enrolled in the MississippiCAN program.

Mississippi CHIP

•As of Jan. 1, 2015, children enrolled in CHIP may choose to receive services from one of the two Coordinated Care Organizations instead of one contracted vendor.
•CHIP coverage and services remain the same.

MississippiCAN Expansion – Children

•May through July 2015: Approximately 300,000 children ages 1 to 19 will be enrolled in the MississippiCAN program (except those excluded as members on Medicare, on waivers or in institutions).
•Beneficiaries started receiving notification in March 2015.

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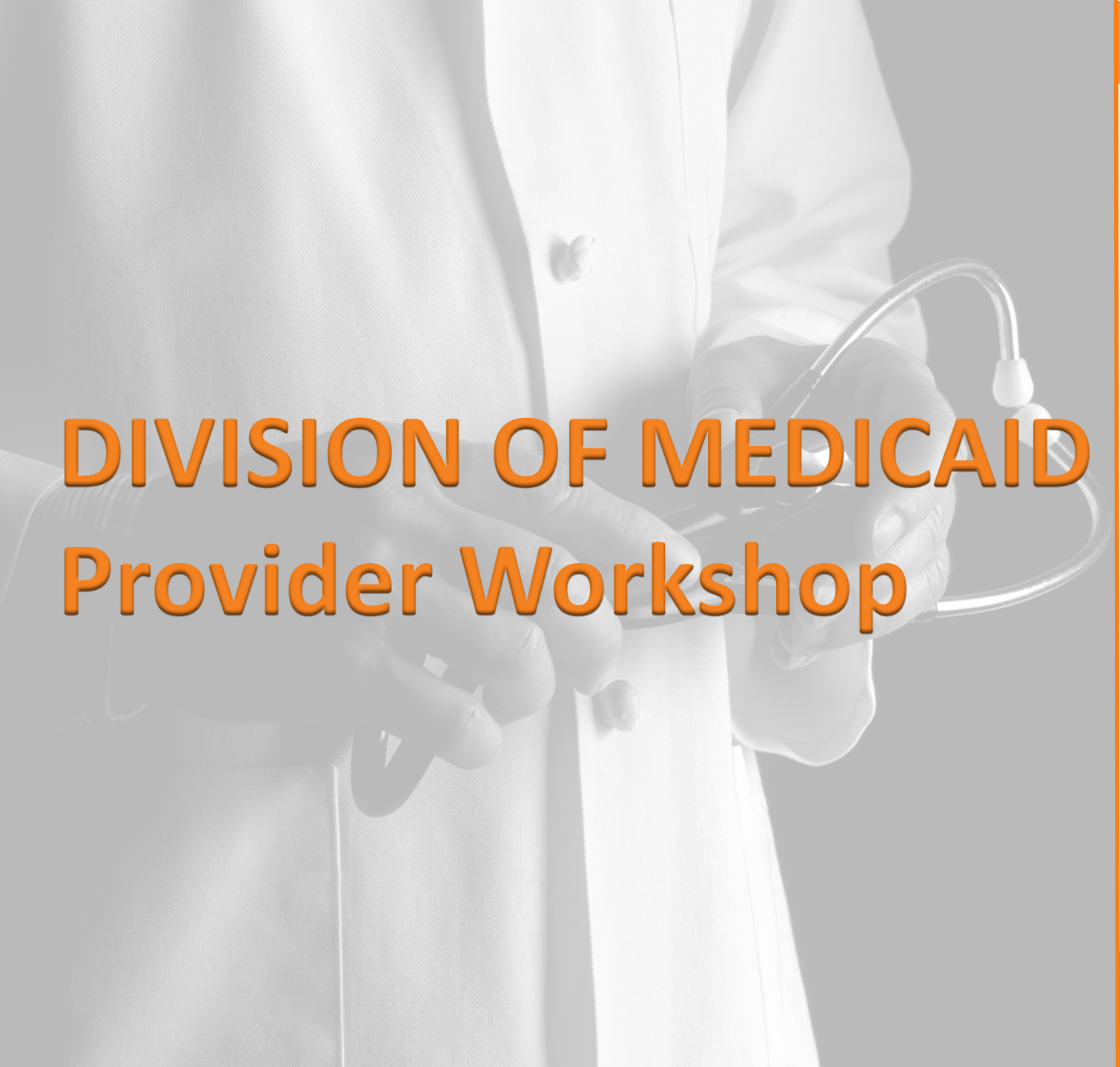

DIVISION OF MEDICAID
Provider Workshop

magnolia health

magnolia health
Mississippi Children's Health Insurance Program

2015 MSCAN & CHIP
Session 2

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Mississippi Children's Health Insurance Program

Magnolia Focus Topics

magnolia health

- Credentialing
- Claim Denials
- Web Portal
- Prior Authorizations

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The Credentialing Process

magnolia health

The Credentialing process exists to ensure that participating providers meet the criteria established by Magnolia Health, as well as government regulations and standards of accrediting bodies. All providers who participate in the **MississippiCAN program** and choose to participate with Magnolia Health must also be a Medicaid provider in good standing with a **VALID MISSISSIPPI MEDICAID NUMBER**.

Magnolia Health Mississippi CHIP does **NOT** require a MISSISSIPPI MEDICAID NUMBER to initiate credentialing.

- Magnolia has a contractual agreement with Mississippi Physicians Care Network (MPCN) to utilize their network of physicians and facilities statewide for the Magnolia Health Mississippi CHIP
- For additional information regarding contracting for MS CHIP through MPCN, please contact MPCN's Customer Service at 1-800-931-8533
- To contract directly with Magnolia Health for MS CHIP, please call 866-912-6285

EXCEPTION:
Federally Qualified Health Clinics (FQHC) and Rural Health Centers (RHC) that are currently contracted with Magnolia Health are automatically amended to participate in the Magnolia MS CHIP product. FQHC's or RHC's that are NOT contracted with Magnolia Health can contact a representative in our Network Development and Contracting Department at 1-866-912-6285.

Credentialing may take up to 90 days upon receipt of a complete application

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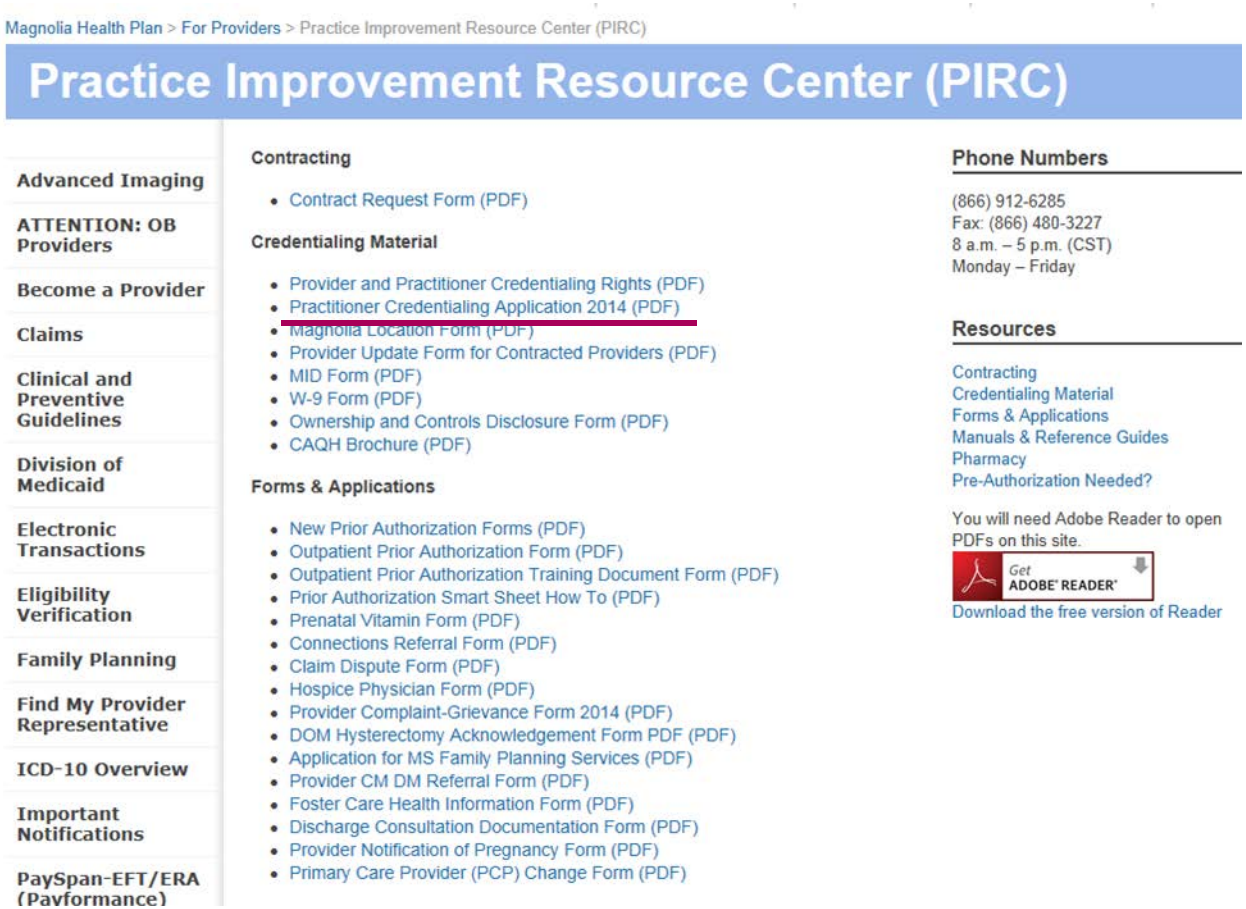
Credentialing Application

magnolia health

The Practitioner Credentialing Application is located at www.magnoliahealthplan.com under the ***Practice Improvement Resource Center*** (PIRC)



Magnolia Health Plan > For Providers > Practice Improvement Resource Center (PIRC)

Practice Improvement Resource Center (PIRC)

- Advanced Imaging
- ATTENTION: OB Providers
- Become a Provider
- Claims
- Clinical and Preventive Guidelines
- Division of Medicaid
- Electronic Transactions
- Eligibility Verification
- Family Planning
- Find My Provider Representative
- ICD-10 Overview
- Important Notifications
- PaySpan-EFT/ERA (Payformance)

Contracting

- Contract Request Form (PDF)

Credentialing Material

- Provider and Practitioner Credentialing Rights (PDF)
- Practitioner Credentialing Application 2014 (PDF)
- Magnolia Location Form (PDF)
- Provider Update Form for Contracted Providers (PDF)
- MID Form (PDF)
- W-9 Form (PDF)
- Ownership and Controls Disclosure Form (PDF)
- CAQH Brochure (PDF)

Forms & Applications

- New Prior Authorization Forms (PDF)
- Outpatient Prior Authorization Form (PDF)
- Outpatient Prior Authorization Training Document Form (PDF)
- Prior Authorization Smart Sheet How To (PDF)
- Prenatal Vitamin Form (PDF)
- Connections Referral Form (PDF)
- Claim Dispute Form (PDF)
- Hospice Physician Form (PDF)
- Provider Complaint-Grievance Form 2014 (PDF)
- DOM Hysterectomy Acknowledgement Form PDF (PDF)
- Application for MS Family Planning Services (PDF)
- Provider CM DM Referral Form (PDF)
- Foster Care Health Information Form (PDF)
- Discharge Consultation Documentation Form (PDF)
- Provider Notification of Pregnancy Form (PDF)
- Primary Care Provider (PCP) Change Form (PDF)

Phone Numbers

(866) 912-6285
Fax: (866) 480-3227
8 a.m. – 5 p.m. (CST)
Monday – Friday

Resources

Contracting
Credentialing Material
Forms & Applications
Manuals & Reference Guides
Pharmacy
Pre-Authorization Needed?

You will need Adobe Reader to open PDFs on this site.

Get ADOBE READER

Download the free version of Reader

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Completing the Forms

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- Please follow the instructions located on page 1 of the "Credentialing Application Packet".
- **If you would like to register with CAQH (Council for Affordable Quality Healthcare),** please contact your Contract Negotiator or Provider Relations Representative for a CAQH Provider Application and information on CAQH sponsorship.
- Credentialing documents should be forwarded directly to: magnoliacredentialing@centene.com

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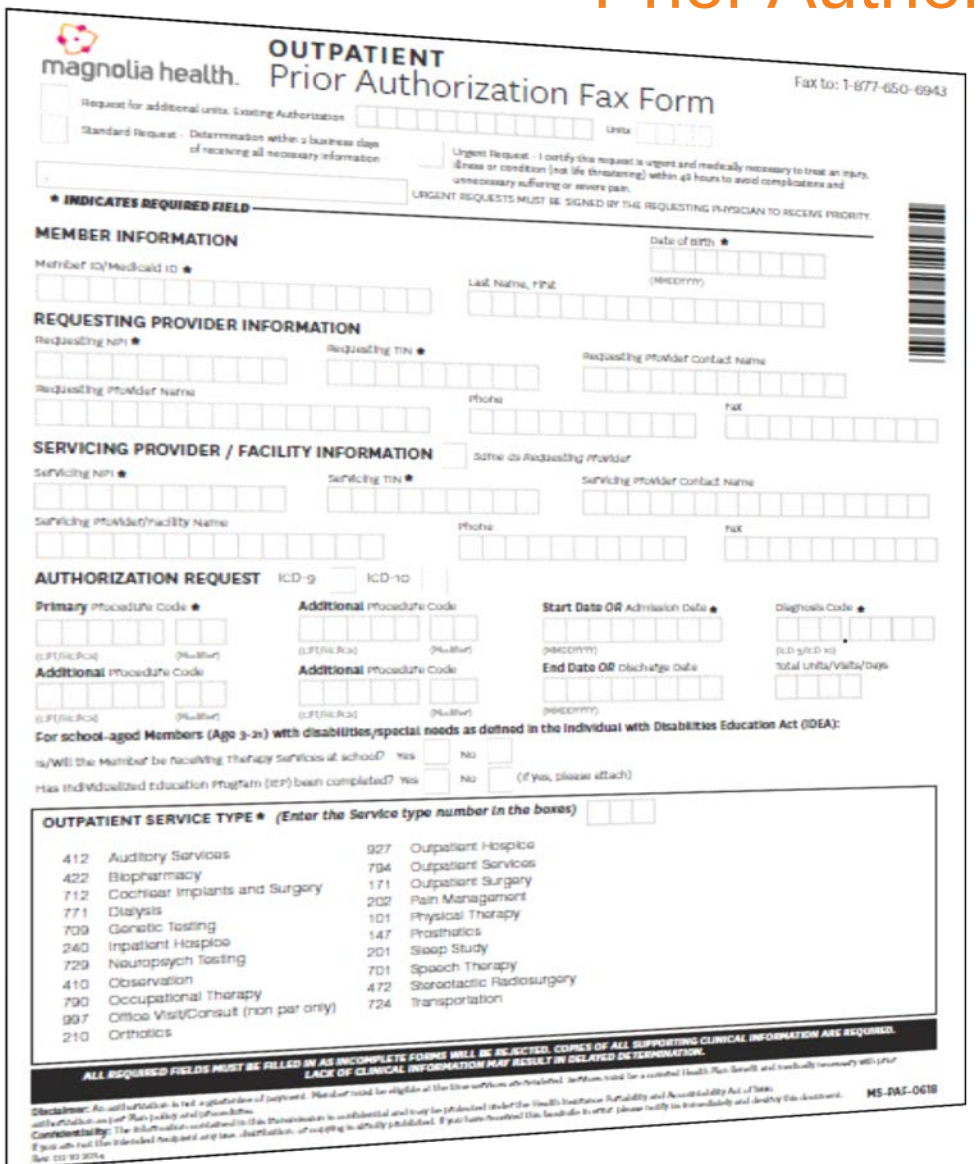
Mississippi Children's Health Insurance Program

Credentialing Process: Prior Authorizations

magnolia health



magnolia health

OUTPATIENT
Prior Authorization Fax Form

Fax to: 1-877-650-6943

Request for additional units: Existing Authorization ____ Units ____

Standard Request - Determination within 2 business days of receiving all necessary information

Urgent Request - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 48 hours to avoid complications and unnecessary suffering or severe pain.

URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

★ INDICATES REQUIRED FIELD

MEMBER INFORMATION

Member ID/Medicaid ID ★ | Last Name, First | Date of birth ★ (MM/DD/YYYY)

REQUESTING PROVIDER INFORMATION

Requesting NPI ★ | Requesting TIN ★ | Requesting Provider Contact Name | Requesting Provider Name | Phone | Fax

SERVICING PROVIDER / FACILITY INFORMATION — Same as Requesting Provider

Servicing NPI ★ | Servicing TIN ★ | Servicing Provider Contact Name | Servicing Provider/Facility Name | Phone | Fax

AUTHORIZATION REQUEST ICD-9 ICD-10

Primary Procedure Code ★ | Additional Procedure Code | Start Date OR Admission Date ★ (MM/DD/YYYY) | Diagnosis Code ★

Additional Procedure Code | Additional Procedure Code | End Date OR Discharge Date (MM/DD/YYYY) | Total Units/Visits/Days

For school-aged Members (Age 3-21) with disabilities/special needs as defined in the Individual with Disabilities Education Act (IDEA):

Is/Will the Member be receiving Therapy Services at school? Yes No

Has Individualized Education Program (IEP) been completed? Yes No (If yes, please attach)

OUTPATIENT SERVICE TYPE ★ (Enter the Service type number in the boxes)

412	Auditory Services	927	Outpatient Hospice
422	Biopharmacy	794	Outpatient Services
712	Cochlear Implants and Surgery	171	Outpatient Surgery
771	Dialysis	202	Pain Management
709	Genetic Testing	101	Physical Therapy
240	Inpatient Hospice	147	Prosthetics
729	Neuropsych Testing	201	Sleep Study
410	Observation	701	Speech Therapy
790	Occupational Therapy	472	Stereotactic Radiosurgery
997	Office Visit/Consult (non par only)	724	Transportation
210	Orthotics		

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED. COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan benefit and medically necessary. Prior

Confidentiality: The information contained in this Determination is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient of this information, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

MS-PAF-0618

Practitioners in the credentialing process are able to see Magnolia members but MUST obtain Prior Authorizations for all services rendered in order for claims to be considered for payment.

The Prior Authorization Form can be located on our website.

Go to www.MagnoliaHealthPlan.com > Select Medicaid >For Providers > Practice Improvement Resource Center (PIRC)

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Mississippi Children's Health Insurance Program

Recredentialing

magnolia health

- Recredentialing occurs every 36 months from the month of initial credentialing approval.
- Providers and Practitioners failing to comply with requests for recredentialing documentation are automatically administratively terminated at the end of their current credentialing cycle.
- Recredentialing is taking place now. Please verify with your practitioners if they have received any recredentialing request(s) from Magnolia's credentialing team.
- Once all items are received and verified, credentialing may take up to 90 days. Please notify your local Provider Network Specialist of any new practitioners that will be joining your facility prior to rendering services to Magnolia Health members.

*Magnolia uses VerifPoint, an NCQA-certified company, to assist with obtaining missing and expired documentation for credentialing purposes.

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Top Claim Denials

magnolia health

- Duplicate claims
- Not filed timely (within **180** days of date of service/**90** days of notice of adjudication)
- No authorization obtained
- Services not covered

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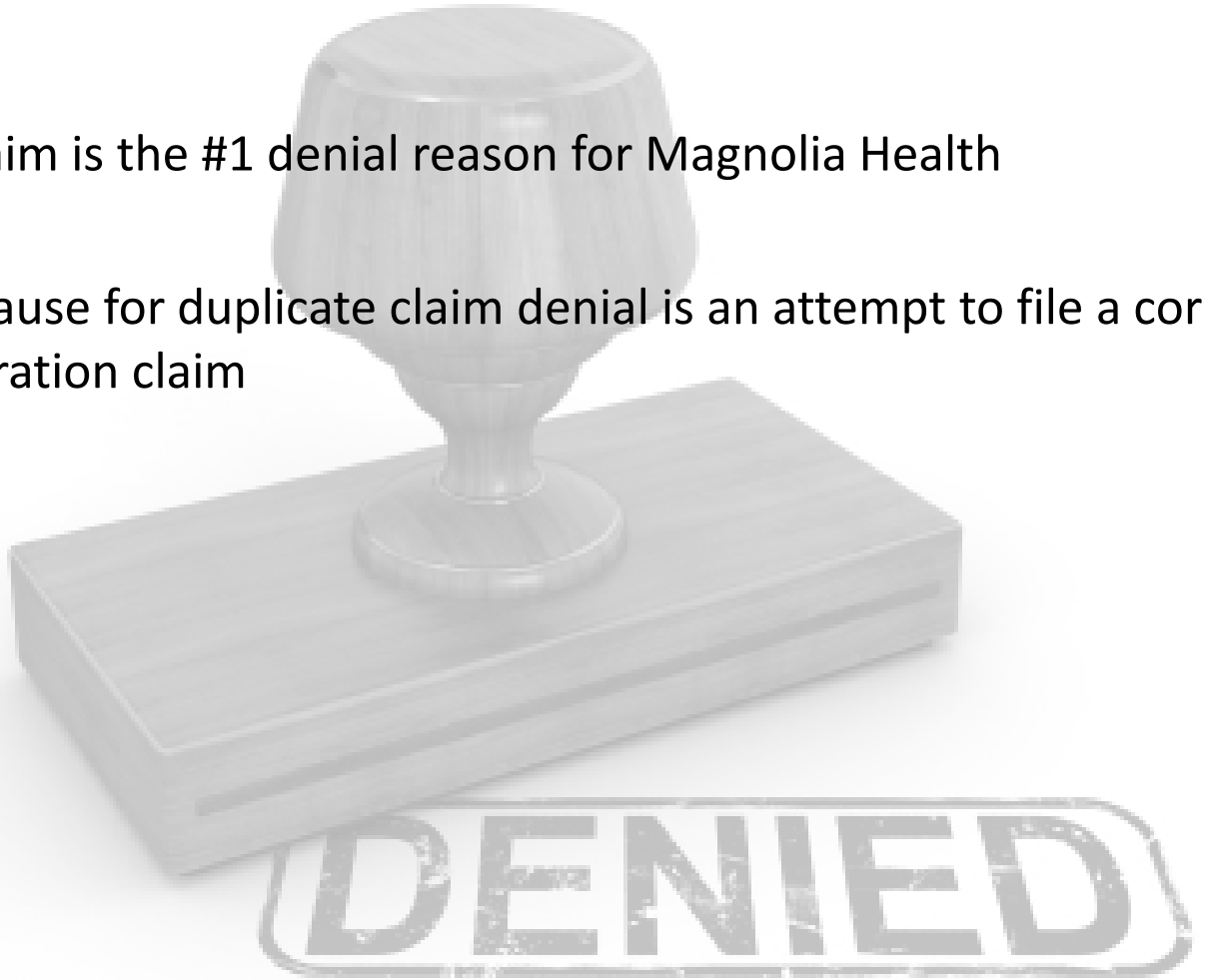
Duplicate Claims

magnolia health

- Duplicate Claim is the #1 denial reason for Magnolia Health
- A common cause for duplicate claim denial is an attempt to file a corrected or reconsideration claim



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Corrected Claim, Reconsideration, Claim Dispute

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All Requests for corrected claims, reconsiderations or claim disputes must be received within 90 days of the original Plan notification (i.e. EOP). Original Plan determination will be upheld for requests received outside of the 90-day timeframe, unless justification is provided to the Plan to consider.

Corrected Claims

- Submit via Secure Web Portal
- Submit via an EDI Clearinghouse
- Submit via paper claim:

Magnolia Health
PO BOX 3090
Farmington, MO 63640-3825
(Include original EOP)

Magnolia Health MS CHIP
PO BOX 5040
Farmington, MO 63640

Reconsideration

- Written communication *(i.e., letter)* outlining disagreement of claim determination
- Indicate "Reconsideration of *(original claim number)*"
- Submit reconsideration to:

Magnolia Health
Attn: Reconsideration
PO BOX 3090
Farmington, MO 63640-3825

Magnolia Health MS CHIP
Attn.: Reconsideration
PO BOX 5040
Farmington, MO 63640

Claim Dispute

- ONLY used when disputing determination of Reconsideration request
- Must complete Claim Dispute form located on **MagnoliaHealthPlan.com**
- Include original request for reconsideration letter and the Plan response
- Send Claim Dispute form and supporting documentation to:

Magnolia Health
Attn: Claim Dispute
PO BOX 3090
Farmington, MO 63640-3825

Magnolia Health MS CHIP
Attn.: Claim Dispute
PO BOX 5040
Farmington, MO 63640

Must be submitted within 90 days of adjudication

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Magnolia Timely Filing

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- All claims for Magnolia Health for the MississippiCAN and Mississippi CHIP products must be filed within **180 days** from the date of service (DOS)
- Options are available to file claims electronically through a clearinghouse, the Magnolia secure portal, or via paper submission
- All claims must be completed in accordance with accepted billing guidelines
- All member and provider information must be complete and accurate

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Prior Authorization Process

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- **ALL OUT OF NETWORK SERVICES REQUIRE AN AUTHORIZATION**
- **Services that require authorizations can be found on Magnolia's website. www.magnoliahealthplan.com**
- **It is highly recommended to initiate the Authorization process at least 5 calendar days in advance for non-emergent services**
- **The PCP should contact the UM department via telephone, fax, secure email, or through our website with the appropriate clinical information to request an authorization**
- **Urgent requests can be requested from the Medical Management department as needed**

(Emergency room and urgent care services never require prior authorization)

Prior Authorization Phone Requests:
MSCAN/MS CHIP – 1-866-912-6285

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Prior Authorizations

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A prior authorization form must be submitted prior to services being rendered for services that require authorization. Providers should ensure to complete the applicable form for Inpatient and Outpatient services.

It is highly recommended that providers utilize Magnolia's "Smart Sheet" to assist with Prior Authorization requests.

http://www.magnoliahealthplan.com/files/2010/11/PA-Smart-Sheet-How-To-PDF.pdf

Prior authorization lists are located at:

http://www.magnoliahealthplan.com/files/2010/11/Prior-Authorization-List-PDF1.pdf

Forms can be located on our websites at the following addresses:

http://www.magnoliahealthplan.com/for-providers/provider-resources/

Requests can be faxed to:
1-877-650-6943 (Magnolia)
1-855-684-6747 (MS CHIP)

Requests can be emailed securely to:
MagnoliaAuths@Centene.com

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Verify Non Covered Services

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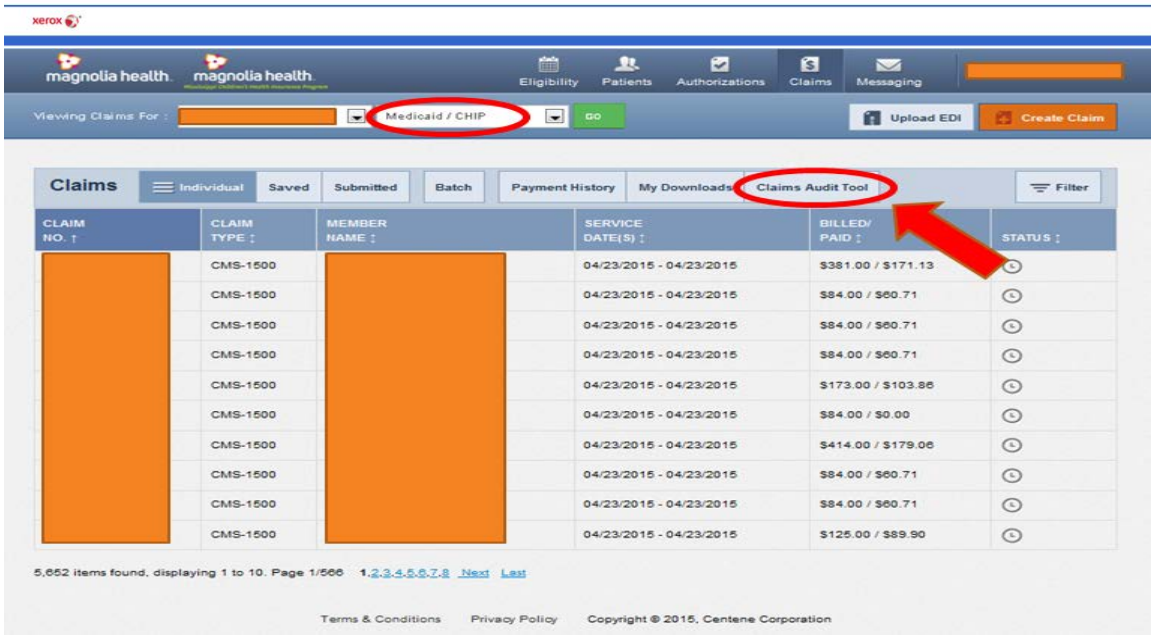
- Services can be verified for coverage via the Mississippi Envision website **www.ms-medicaid.com/msenvision**

- Magnolia Health's Secure Provider Portal can also be utilized for service allowable and guidance



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Magnolia Health Website

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Submit:

- Claims
- Provider Complaints
- Demographic Updates

Verify:

- Eligibility
- Claim Status

View:

- Provider Directory
- Important Notifications
- Provider Training Schedule
- Practice Improvement Resource Center (PIRC)
- Claim Editing Software
- Provider Newsletter
- Member Roster for PCPs
- Member Care Gaps

www.magnoliahealthplan.com

Magnolia Health Plan

Mississippi CHIP

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Find a Provider

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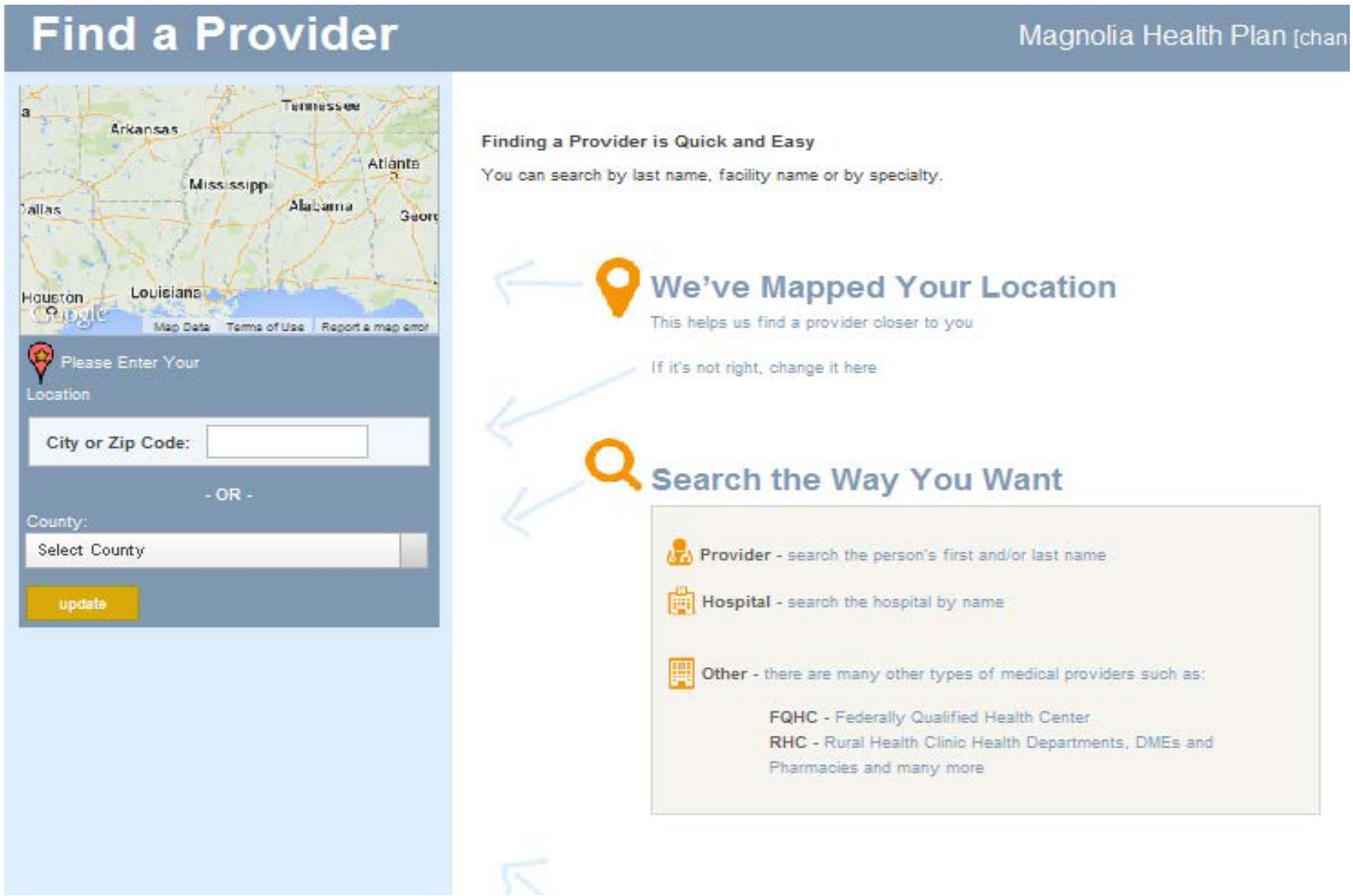

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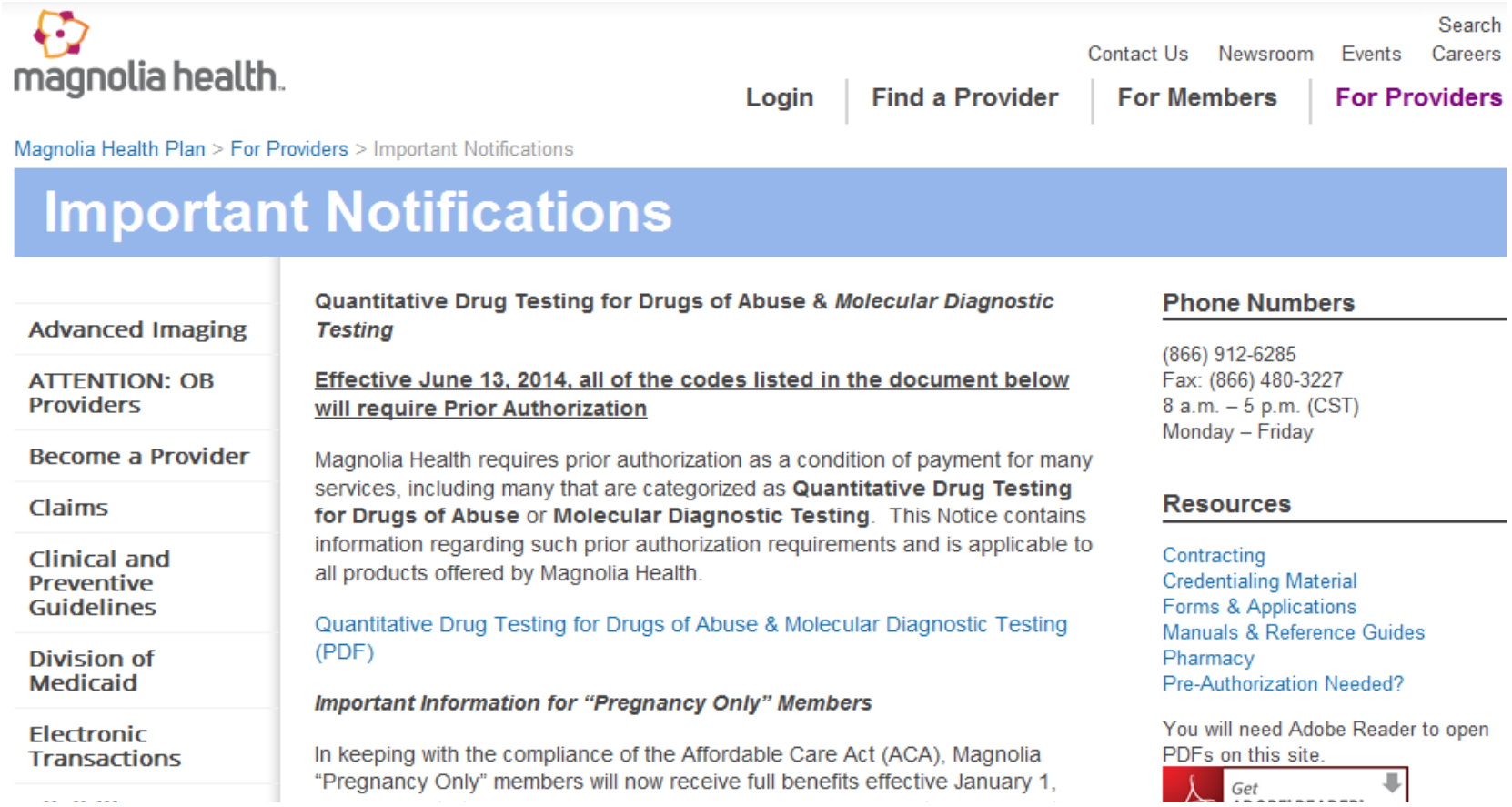
Important Notifications



Important Notifications are also sent to providers via e-blast. If you do not currently receive our e-blast communication, but are interested, please advise your Provider Network Specialist.

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Practice Improvement Resource Center (PIRC)

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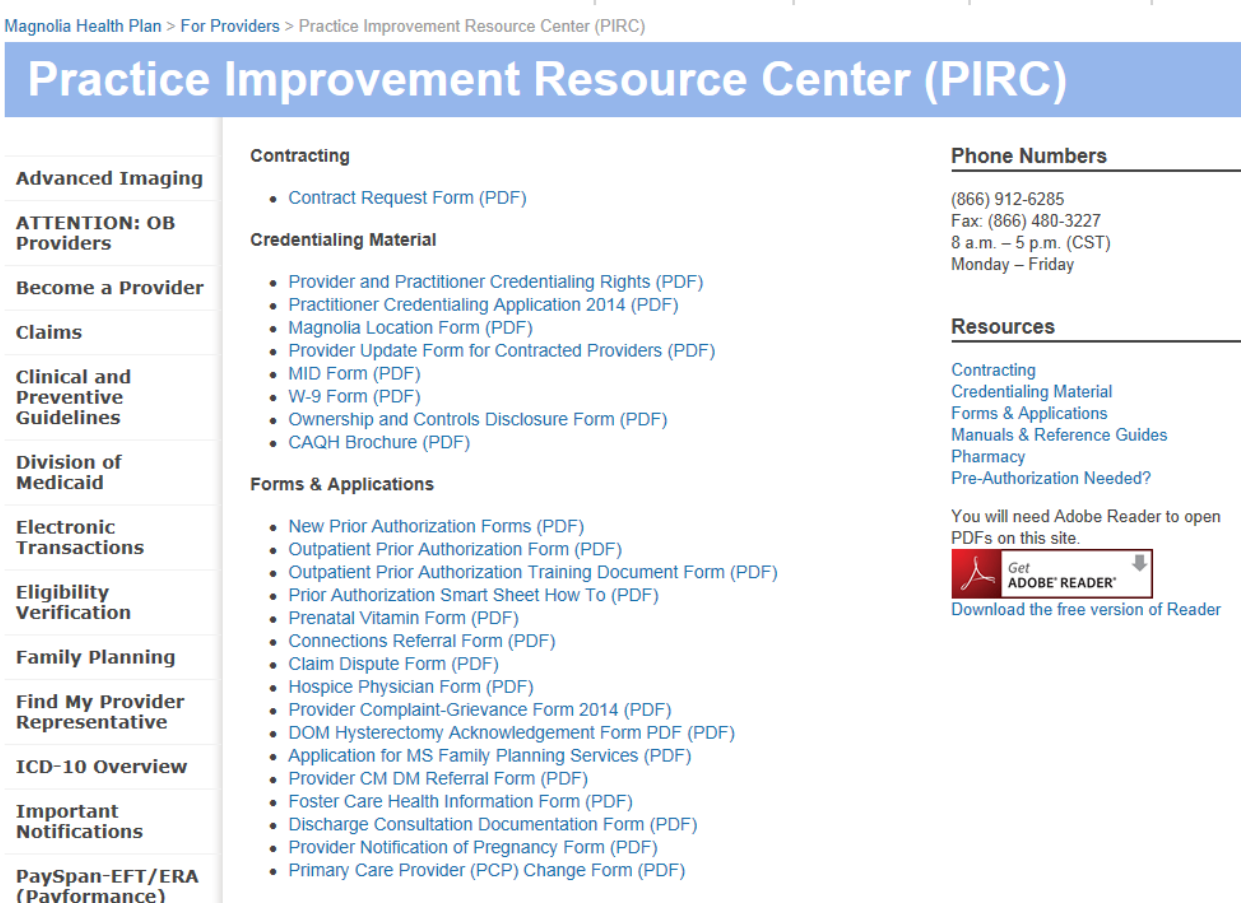
Resources are available 24 hours a day and include:

Forms and Guides for the following:

- Contracting/Credentialing
- Prior Authorizations
- Claims
- Provider Manual
- Magnolia Vendors
- HEDIS Reference Guides
- Pharmacy PDL's and Guides
- Provider Training
- Clinical Practice Guidelines
- Updates….. and more!!



Magnolia Health Plan > For Providers > Practice Improvement Resource Center (PIRC)

Practice Improvement Resource Center (PIRC)

- Advanced Imaging
- ATTENTION: OB Providers
- Become a Provider
- Claims
- Clinical and Preventive Guidelines
- Division of Medicaid
- Electronic Transactions
- Eligibility Verification
- Family Planning
- Find My Provider Representative
- ICD-10 Overview
- Important Notifications
- PaySpan-EFT/ERA (Payformance)

Contracting

- Contract Request Form (PDF)

Credentialing Material

- Provider and Practitioner Credentialing Rights (PDF)
- Practitioner Credentialing Application 2014 (PDF)
- Magnolia Location Form (PDF)
- Provider Update Form for Contracted Providers (PDF)
- MID Form (PDF)
- W-9 Form (PDF)
- Ownership and Controls Disclosure Form (PDF)
- CAQH Brochure (PDF)

Forms & Applications

- New Prior Authorization Forms (PDF)
- Outpatient Prior Authorization Form (PDF)
- Outpatient Prior Authorization Training Document Form (PDF)
- Prior Authorization Smart Sheet How To (PDF)
- Prenatal Vitamin Form (PDF)
- Connections Referral Form (PDF)
- Claim Dispute Form (PDF)
- Hospice Physician Form (PDF)
- Provider Complaint-Grievance Form 2014 (PDF)
- DOM Hysterectomy Acknowledgement Form PDF (PDF)
- Application for MS Family Planning Services (PDF)
- Provider CM DM Referral Form (PDF)
- Foster Care Health Information Form (PDF)
- Discharge Consultation Documentation Form (PDF)
- Provider Notification of Pregnancy Form (PDF)
- Primary Care Provider (PCP) Change Form (PDF)

Phone Numbers

(866) 912-6285
Fax: (866) 480-3227
8 a.m. – 5 p.m. (CST)
Monday – Friday

Resources

Contracting
Credentialing Material
Forms & Applications
Manuals & Reference Guides
Pharmacy
Pre-Authorization Needed?

You will need Adobe Reader to open PDFs on this site.

Get ADOBE READER

Download the free version of Reader

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Magnolia Secure Web Portal

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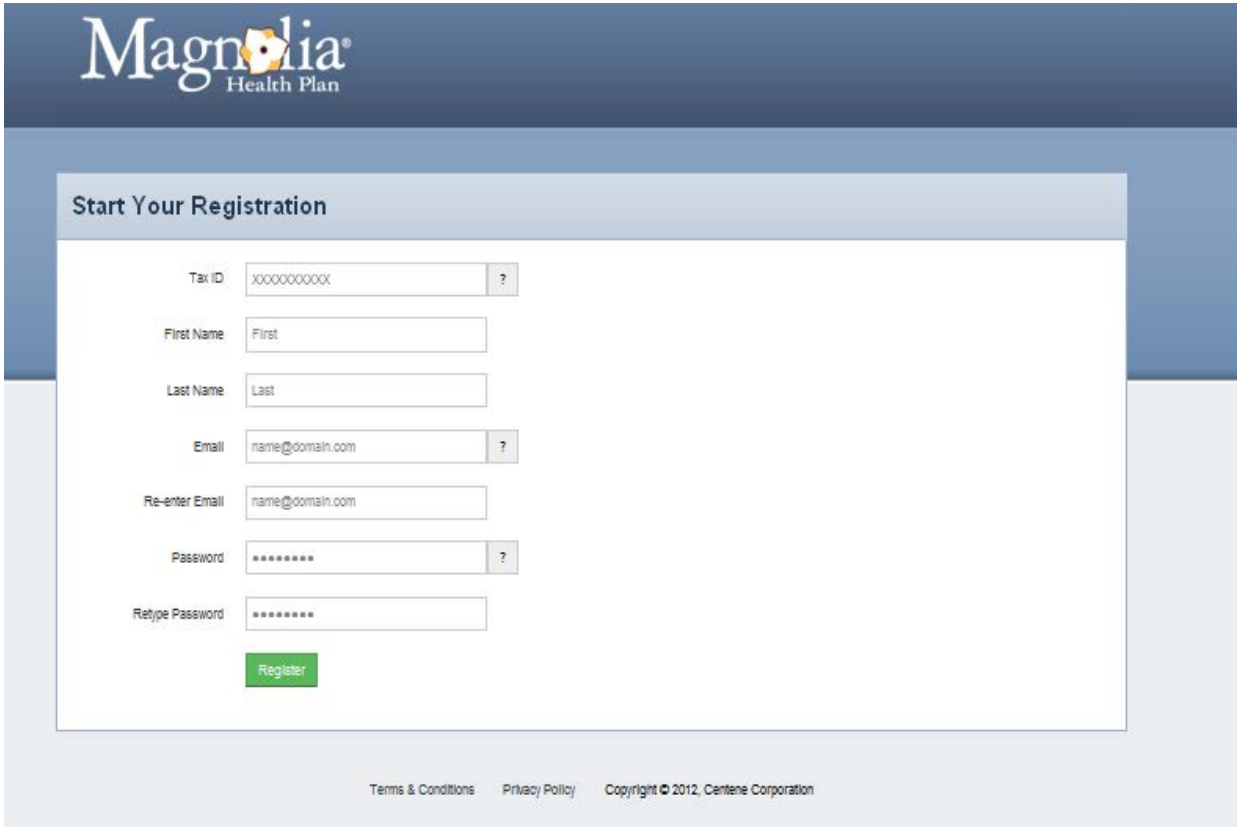
Register for the Secure Web Portal TODAY!

Benefits include:

- Claim submission/corrections and status
- Prior Authorizations submission and status
- Patient Panel listing
- Care Gap identification
- Member eligibility verification
- Updates….. and more!!



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Behavioral Health

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Behavioral Health Services are managed on behalf of Magnolia Health by Cenpatico.

Obtain authorization:

- Complete an authorization online at **www.cenpatico.com**
- Request an Outpatient Treatment Request (OTR) form from Utilization Management at **1-866-912-6285**
- Find the Covered Services/Authorization Grid and OTR online at **www.cenpatico.com/provider/mississippi/ms-provider-tools**

Prior Auth required for the services below: (For CHIP-all services below , including Inpatient and Observation)

- Psychological Testing
- Crisis Residential
- Intensive Outpatient Program (IOP)
- Partial Hospitalization Program (PHP)
- Certain Injectable Medications
- Electroconvulsive Therapy (ECT)

Cenpatico®
Improving Lives

- Authorization is **no longer required** for *participating* providers to provide psychotherapy services (Individual, Family or Group Therapy), due to mental health parity. Authorization ***is*** required for non-participating providers.
- **Provider/Customer Service and Utilization Management: 1-866-912-6285 chose Mental Health**
- Want to become a provider?-Visit our website at www.cenpatico.com/providers/provider-application-request and complete a Join Our Network application.

Angela Stewart, Network Manager
601-863-0738
anstewart@cenpatico.com

Nakisha Montgomery, Provider Network Specialist
601-863-0745
nmontgomery@cenpatico.com

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Dental

magnolia health

Dental Services are managed on behalf of Magnolia Health by Dental Health & Wellness effective 01/01/2015.

DHW Provider Services
1-844-464-5636

Claims Questions: 1-844-464-5636

Eligibility or Benefit Questions: 1-866-912-6285

Fax numbers:
Claims to be Processed: **1-855-609-5154**
Claims/payment issues: **1-855-609-5154**

Mail Claims to:
Dental Health and Wellness
Claims: MS
PO Box 160
Milwaukee, WI 53201

Provider Relations
Reshemia Ratcliff
Rratcliff@dentalhw.com
1-601-559-2268

Dental
HEALTH & WELLNESS

Submit Electronic Claims to:
Direct entry on the web –
https://portal.dentalhw.com//pwp
Or Via Clearinghouse –
Payer ID 46278

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Vision - OptiCare

magnolia health

All eye care claims (Routine and Medical) with dates of service on or after September 1, 2014 must be remitted to OptiCare. OptiCare will assume duties and obligations to your current provider contract agreement with Magnolia Health.

There are three options for submitting your Magnolia Health MS CHIP claims to OptiCare:

Electronic Claim Submission

Emdeon Payer ID: 56190

Paper Claim Submission

OptiCare Managed Vision
PO Box 7548
Rocky Mount, NC 27804

OptiCare's Online Web Portal – *Eye Health Manager*

Go to https://secure.opticare.com/logon.aspx

OptiCare® Managed Vision

Additional Tools Available through the Eye Health Manager:
Member Benefits and Eligibility Verification
Claims Status Check
Download, Research, & Reprint EOB's
Authorization Requests

Should you have any questions, please contact OptiCare's Network Management Department at (800) 531-2818.

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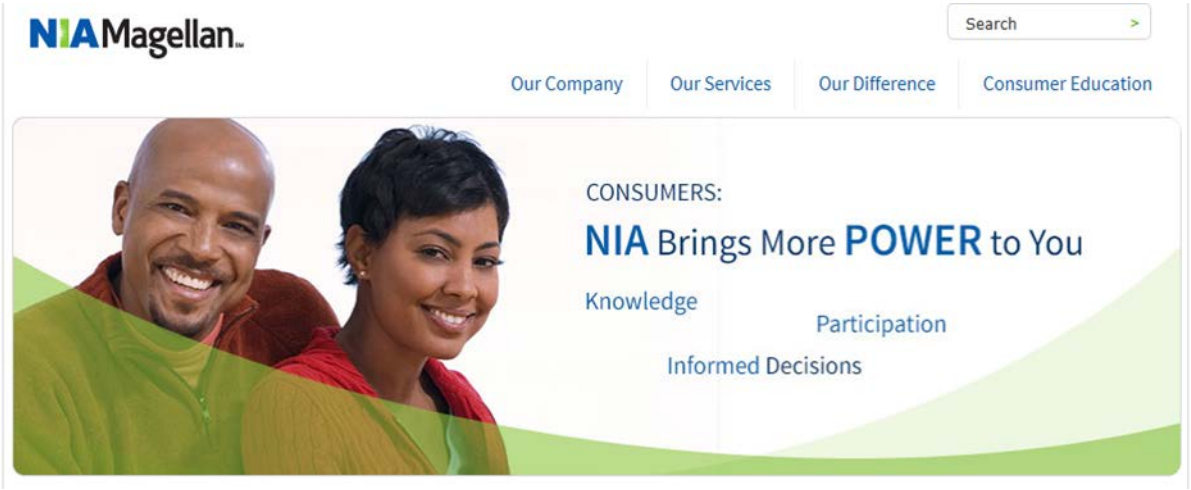

- An authorization is required for MRI-CT SCAN-PET SCANS
- National Imaging Associates (NIA) is selected by MHP to administer the program
- **The servicing provider (PCP or Specialist) will be responsible for obtaining authorization for the procedures**
- Servicing providers may request authorization and check status of an authorization by:
  - Accessing www.radmd.com
  - Utilizing the toll free number 1-800-642-7554
- **Inpatient and ER procedures will not require authorization**

- All claims should be submitted to MHP through the normal processes, www.magnoliahealthplan.com, electronic submission or paper claim submission

- *Providers can contact Charmaine Gaymon, Provider Relations Manager at 410-953-2615 or via email at Gaymon@magellanhealth.com*

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Magnolia has partnered with PaySpan Health to offer expanded claim payment services:

- Electronic Claim Payments (EFT)
- Online remittance advices (ERA's/EOPs)
- HIPAA 835 electronic remittance files go download directly to HIPAA-compliant Practice Management or Patient Accounting System
- Register at: **www.PaySpanHealth.com**

ABOUT PAYSPAN

We are the largest healthcare payments and reimbursement network in the US. Serving both Payers and Providers we provide payment automation services that improves administrative efficiency, meets regulatory requirements, and enables payers and providers to manage new reimbursement strategies. We bring together healthcare expertise with proven financial services technology to empower a new generation of sustainable healthcare economics.

PaySpan

OUR PRODUCTS

Solutions for Payers

- Patient Centered Financial Home™
- Alternative Reimbursement Management
- Audit AMP™
- ClaimPay Card™
- Communicator
- Member Payments Automation
- Provider Payments Automation
- Quality Notices
- Unified Benefits Card™
- Voice

Solutions for Providers

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Provider Services/Provider Network

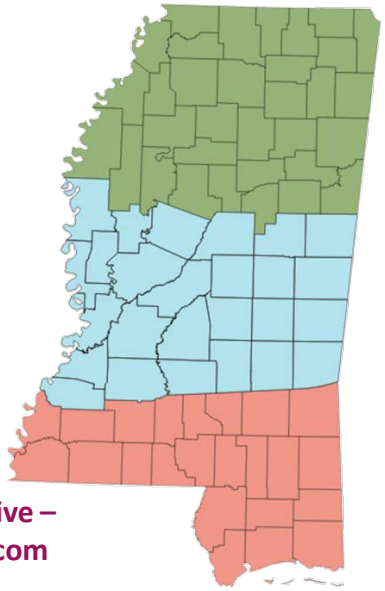
magnolia health

Provider Services Call Center:

- Provides Phone Support / FIRST LINE OF COMMUNICATION
- Available Monday through Friday, 8am to 5pm CST at **1-866-912-6285**

Provider Network Relations:

- Provides a local point of contact for Providers
- Assists Providers with any Magnolia operational issues they may have, including: prior authorizations, claims, policy and procedure clarifications, credentialing, web portal demonstrations, contract clarification, on-site training, etc.



Go to: Find My Representative – www.magnoliahealthplan.com

North Territory – Ashley Armstrong
662.372.0209
AARMSTRONG@CENTENE.COM

Central Territory – Senita Miller
601.863.2442
SEMILLER@CENTENE.COM

South Territory – Tina Price
228.239.3490
CHEPRICE@CENTENE.COM

FQHCs – Earl Robinson
601.863.0787
EAROBINSON@CENTENE.COM

Director, Provider Relations – Walter Pawlak
601.863.0717
WPAWLAK@CENTENE.COM

Questions?