

Office of the Governor | Mississippi Division of Medicaid

Mississippi Division Of Medicaid Provider Workshops

Tuesday, April 23, 2024
10:30 a.m. - 12:00 p.m.



Purpose of the Managed Care Provider Workshop

The purpose of today's Managed Care Provider webinar training is to provide clarity and understanding for Mississippi Division of Medicaid, MississippiCAN and CHIP processes for both member and providers.

Mission Statement: The Mississippi Division of Medicaid responsibly provides access to quality health coverage for vulnerable Mississippians.

Agenda

Welcome & Introductions

Medicaid Overview

Provider Contracting & Provider Enrollment
(Gainwell, Molina, United, & Magnolia)

Webinar Resources

Questions & Answer Session

Division of Medicaid Managed Care Team



Lucretia Causey

Deputy Director of Managed Care



Patricia Collier

Managed Care – Provider Services



Michelle Robinson

Managed Care – Member Service



Charlotte McNair

Managed Care Enrollment & Eligibility



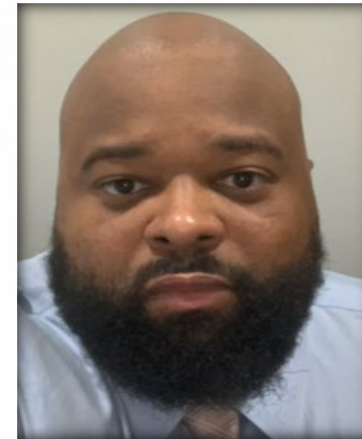
Ajanda Thomas

Webinar Navigator



Takia Robinson

Managed Care – Document Review



Justin Griffin

Gainwell Technologies – Provider Services

Molina Health Provider Service Team



Robin Thomas



Cody Greer



Terri Smith



LaShundra Lewis



Chris Cauthen

UnitedHealth Provider Service Team



Rhona Waldrep



Curtis Burroughs

Magnolia Health Provider Service Team



Angela Brown
Senior Utilization Management

Anna Owens
Provider Network Specialist

Katherine St. Paul
Provider Engagement Administrator

Leslie Cain
Behavioral Health Unitization Management

Tarkan Weston
Provider Engagement Administrator



Bethany Peters
Provider Engagement Administrator



Brittany Cole
Provider Network Support Specialist



Kiri Parson
Provider Engagement Administrator



Stacy McGrew
Provider Engagement Administrator


How Providers can Access the Provider Workshop Resources

2024 Provider Workshops set for April, May

> 2024 Provider Workshops set for April, May

Workshops to be held both in-person and as virtual webinars

Mississippi Medicaid is holding a series of provider workshops throughout April and May designed to educate providers on issues such as contracting, prior authorizations and claims. For convenience, three of the workshops will be offered as virtual webinars, and two will be held in-person. To learn more about the sessions and to register, open the [flyer](#) or click on the image below.



2024 MANAGED CARE PROVIDER WORKSHOP TRAININGS

The Division of Medicaid, in cooperation with its contractors, Gainwell Technologies, Trilogix Inc, USIGS, and the MSOC plan - Regional Health Managed HealthCare and the MSOC plan - Priority Health, will conduct a series of Medicaid Provider Workshops.

These workshops are designed to provide detailed information and changes related to Medicaid and managed care programs. Other directors, office managers, coders, practitioners, and billing staff are encouraged to attend.

Topics will include:

- CONTRACTING & ENROLLMENT, PRIOR AUTHORIZATION, & CLAIMS PROCESSING

REGISTER TODAY!!!

Click the QR code to go to the registration page. [www.ms.gov/medicaid](#)

VIRTUAL WEBINAR	IN-PERSON WORKSHOP TRAINING
THURSDAY, APRIL 25, 2024 10:30 a.m. - 12:00 p.m. New Providers Contracting & Enrollment	WEDNESDAY, MAY 8, 2024 8:00 a.m. - 9:00 p.m. General Practitioner Office 102 E. Perry Street Oxford, MS 38655
THURSDAY, APRIL 25, 2024 10:30 a.m. - 12:00 p.m. Prior Authorization	THURSDAY, MAY 9, 2024 8:00 a.m. - 9:00 p.m. Labor/Terrace Government Center 1 Government Center Plaza Hattiesburg, MS 39402
WEDNESDAY, MAY 1, 2024 2:00 p.m. - 3:30 p.m. Claims Processing	ON-SITE CONTRACTOR TRAINING An call to (800) 345-7463 www.ms.gov/medicaid Log in Information to the users Dr. JAL, M.D., M.P.H.

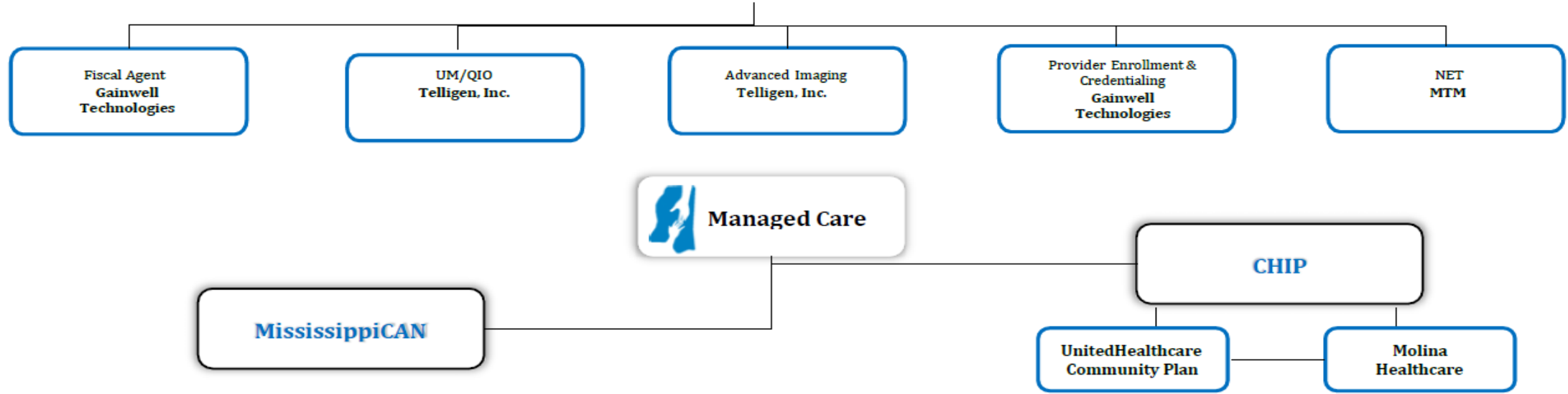
2024 Provider Workshop Resources

1. MSCAN Org Chart Vendors
2. Eligibility Resource Document

- 2024 Provider Workshop Presentation
 - Provider Contracting & Enrollment
 - Prior Authorizations
 - Claims
- Mississippi Medicaid Eligibility
- Comparison Chart
 - MississippiCAN
 - CHIP
- Managed Care Org Chart
- Managed Care Contact List
- Gainwell & CCO Provider Reps

<https://medicaid.ms.gov/2024-provider-workshops-set-for-april-may/>

Managed Care Overview



Behavioral Health Magnolia Health	Pharmacy Envolve Pharmacy - Express	Behavioral Health Molina Healthcare	Pharmacy CVS Caremark	Behavioral Health UBH - Optum Healthcare	Pharmacy Optum Rx
Dental Envolve Benefit	Non-Emergency Transportation MTM	Dental Molina Dental Service-Skygen	Non-Emergency Transportation MTM	Dental Skygen	Non-Emergency Transportation MTM
DME Magnolia Health	Vision Envolve Benefit	DME Molina Healthcare	Vision March Vision	DME UnitedHealthcare	Vision March Vision
24/7 Nurse Advice Line	Advanced Imaging NIA	Nurse Advice Line Behavioral Health Crisis	Advanced Imaging Molina Healthcare	Nurse Line	Advanced Imaging EviCore
Care Management Magnolia Health	Disease Management Envolve PeopleCare	Care Management Molina Healthcare	Disease Management Molina Healthcare	Care Management Optum Healthcare	Disease Management UnitedHealthcare
Hearing Magnolia Health	Therapy - OT, PT, Speech NIA	Hearing Molina Healthcare	Therapy, OT, PT, Speech Molina	Hearing UnitedHealthcare	Therapy, OT, PT, Speech UHC

Medicaid Fee For Service Enrollment Statistics

Medicaid Enrollment

- Total Children - 429,164 (Medicaid and CHIP)
- Total Adults - 371,375

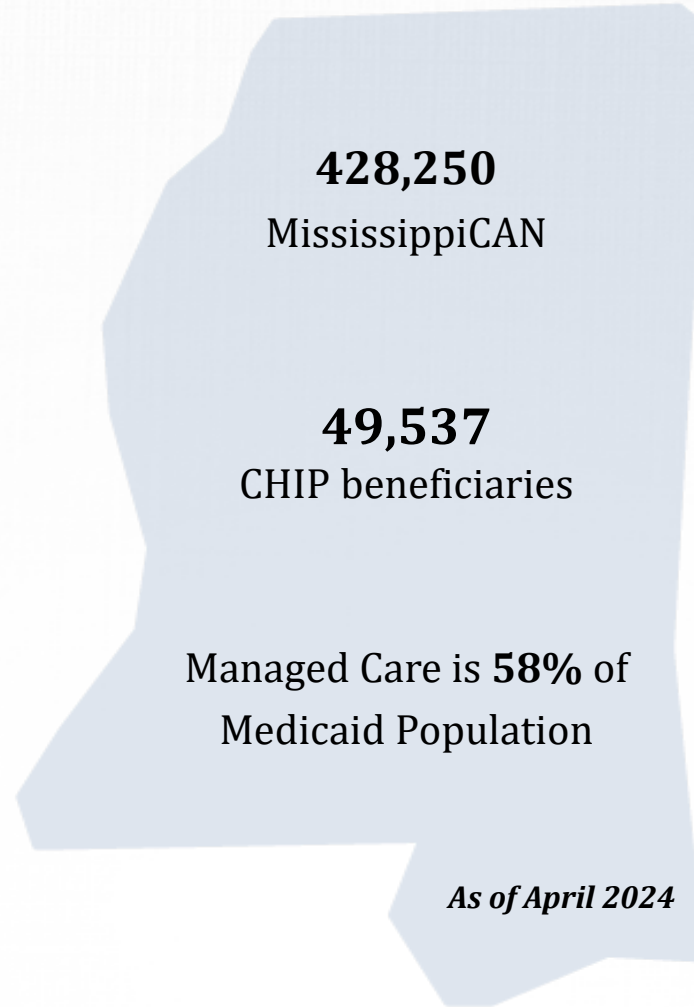
Total Enrollment - 800,539 (includes Medicaid and CHIP)

Medicaid Beneficiaries

- 381,494 - below age 19
- 371,375 - 19 and above in age

Medicaid Beneficiaries – 752,869 (excluding CHIP)

MississippiCAN and CHIP Enrollment Statistics



Managed Care Eligibility

Category of Eligibility	Age	Population
SSI – Supplemental Security Income	19 – 65	Mandatory
SSI – Supplemental Security Income	0-19	Optional
DCLH Disabled Child Living at Home	0-19	Optional
CPS – Foster Care Children IV-E	0-19	Optional
CPS – Foster Care Children CWS	0-19	Optional
Working Disabled	19 – 65	Mandatory
Breast and Cervical Cancer	19 – 65	Mandatory
Parent and Care Takers (TANF)	19 – 16	Mandatory
Pregnant Women	8 - 65	Mandatory
Newborns	0 - 1	Mandatory
Children	1 - 19	Mandatory
CHIP	0 - 19	Mandatory

MississippiCAN Enrollment

Mandatory Population:

- Beneficiaries in the mandatory population **are required** to enroll in the program.
- Beneficiaries are encouraged to check with their doctor to see which plan they accept. Then the beneficiary's selection is made on the back of the enrollment letter of the CCO of his/her choice.
- If DOM does not receive the enrollment form within 30 days of the member's enrollment, a CCO will be picked for them. Beneficiaries will have 90 days from the initial enrollment date into MSCAN, to switch CCOs.
- After 90 days, they will be locked into the program and will not be able to change from CCOs or "opt-out", except during the annual open enrollment.

MississippiCAN Enrollment

Optional Population:

- Beneficiaries in the optional population **do not have to join** the MississippiCAN program. They may choose to keep regular Medicaid.
- Beneficiaries that do not want to join, they must put a **check mark by “Opt Out”** on the form on the back of their letter.
- If DOM does not receive an enrollment form in **30 days selecting a choice**, a CCO will be picked for them.
- Beneficiaries will have **90 days to pick a different CCO or to “opt out”** of the program.
- After the **90 days they will be locked** into the program and will not be eligible to change from CCOs or “opt out” except during annual open enrollment.

Open Enrollment MississippiCAN & CHIP

- MississippiCAN and CHIP Open enrollment is available to members annually from October 1 to December 15. Members may choose 1 of 3 CCOs.
- Beneficiaries can only switch once. DOM will only acknowledge the first open enrollment form submitted.
- Members can only change health plans during their initial 90-day window or during open enrollment.
- If a Medicaid beneficiary is at your office requesting to change or needing an enrollment form, direct them to Office of Coordinated Care:

Toll Free: 1-800-421-2408

Local: 601-359-3789

Member Recertification and How it Effects Eligibility

- Mississippi Medicaid Members **are required to respond to recertification** and redetermination requests from DOM annually to ensure continued Medicaid coverage for health services.
- Mississippi Medicaid Members **are required to provide updated address information**, as well as demographic, household, and income changes to the DOM.
- This is to ensure that accurate information is on file, and notices are mailed to correct member address.
- If a member does not complete their recertification this will lead to the member losing Medicaid eligibility and their managed care CCO plan.

How Can a Members Plan Change?

- If a member loses Medicaid coverage, then they will also lose MississippiCAN coverage.
 - If a beneficiary has a temporary **loss of eligibility of less than 60 days**, then DOM will automatically re-assign the member back to the CCO they were previously assigned to.
 - If a beneficiary has a temporary **loss of eligibility of more than 60 days**, then DOM will not automatically re-assign the beneficiary to the CCO they were previously assigned to.
 - The beneficiary will be sent a new enrollment form to select a CCO. The beneficiary will may or may not choose to select the CCO they were previously with.
 - Each managed care member/beneficiary has 90 days to make a change from their initial enrollment.
- Providers are required to **verify member eligibility** at the time of service and verify payer because members may be terminated or retroactively enrolled.

Services covered by the Health Plan

The health plans will pay for the following:

All services currently covered by Medicaid are included but the limits may be different for some services.

- Physician Office Visits (more than what Medicaid provides)
- Durable Medical Equipment (DME)
- Vision (more than what Medicaid provides)
- Dental (limited over 21)
- Therapy Services
- Hospice Services
- Pharmacy Services
- Mental Health Services
- Outpatient hospital services (Chemotherapy, ER visits, x-rays, etc.)

All MississippiCAN beneficiaries must always present your new health plan card and your Blue Medicaid card for all health plan services.

Beneficiaries Not Eligible for MississippiCAN

Not Eligible for MSCAN

Dual Eligible (Medicare/Medicaid)

Waiver Program Enrollees (ex. HCBS, TBI, IL, etc.)

Institutionalized Residents (ex. Nursing Facility, ICF-MR, Correctional Facilities)

American Indians (They may choose to opt into the program)

Pregnant Women

As of April 2023, any child born to a Medicaid eligible mother will automatically receive benefits for one subsequent year.

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

- **Deemed Newborns** - Retroactively enroll newborn to the first of the month in which Medicaid at the time of birth.
- **Non-Deemed Newborns** – Newborns whose mothers are not enrolled in Medicaid, may be retroactively enrolled up to 3 months from date of application.

Public Health Emergency

Medicaid Continuous Coverage and Enrollment

Near the start of the COVID-19 pandemic, Congress enacted a federal requirement that states continue to cover every person who became eligible for Medicaid on or after March 18, 2020, until the federal public health emergency (PHE) ended, even if the person's income or other circumstances changed. This requirement became known as the continuous coverage or continuous enrollment condition.

Medicaid members remained enrolled during the PHE, and were not terminated from coverage, even though no longer qualified.

Medicaid members could only be disenrolled from Medicaid for the following reasons:

- Death,
- Moved Out of State, or
- Member asked to be removed from Medicaid.

May 11, 2023 - The federal government declared under the Public Health Service (PHS) Act to end the PHE on this date, May 11, 2023.

Member Rights and Responsibilities

Member Payments

- As of May 1, 2023, Medicaid FFS members are not required to pay a co-pay to providers. **MississippiCAN members are also not required to pay a co-pay for covered services.** DOM encourages the member to contact their CCO for further assistance.
- If a member receives an **outstanding bill for covered services**, DOM encourages the member to contact the provider to verify whether claims were filed correctly. If not, member must contact CCO or Division of Medicaid for assistance.
- The **member cannot be balance billed for any covered charges**, including but not limited to, failure to obtain a notification or prior authorization, either prospectively or retrospectively, clinical or administrative denial of the claim or service.

Please refer to DOM Administrative Code, General Provider Information. Rule 3.8

Charges Not Beneficiary's Responsibility states:

the Medicaid Provider agrees to accept as payment in full the amount paid by the Medicaid program for Medicaid covered services with the exception of authorized deductibles, co-insurance, and co-payments.

MississippiCAN Provider Enrollment

Difference between Credentialing and Contracting

Credentialing

Credentialing is the process of review and verification of the information of a health care provider who is interested in participating with a managed care organization.

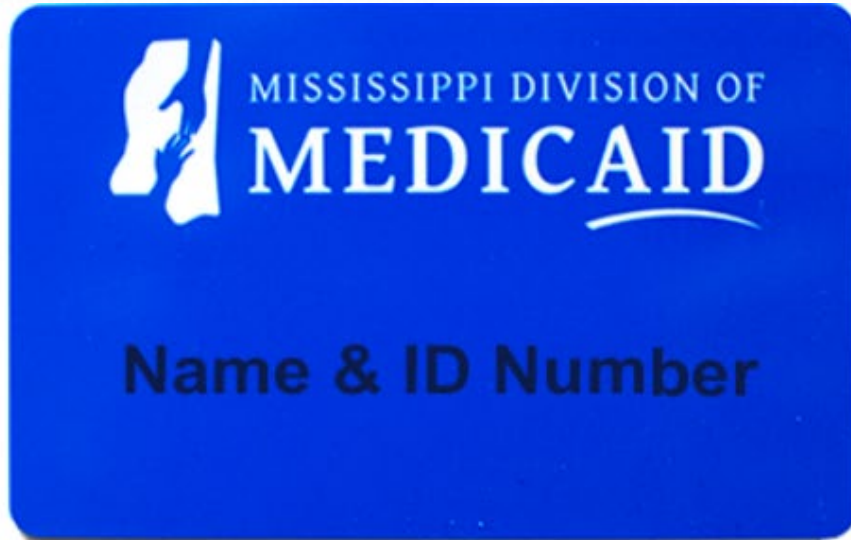
- Review and verification includes: current professional license(s), current DEA certificates, verification of education, post-graduate training, hospital staff privileges and levels of liability insurance.
- Delegated Credentialing Providers include large health systems, who contract with DOM and managed care organizations to perform credentialing for their providers. These Delegated Credentialing Providers are audited annually by the managed care organizations.

Contracting

A managed care contract is an agreement between a healthcare professional and a managed care organization that defines the relationship (both financially and care-wise).

- Healthcare professionals contracting include, individual practitioners, private practices, FQHCs, RHCs, Hospitals, and individual practitioners.
- The Mississippi CCOs primarily contract with groups and facilities, and require

Medicaid Member Cards



New Blue Medicaid ID Card



New Yellow Family Planning Waiver ID Card


Identifying MississippiCAN Member Cards



Note: Providers are required to check eligibility for each date of service. DOM encourages all beneficiaries to present their blue Medicaid card and CCO card.

Identifying CHIP Member Cards




MOLINA HEALTHCARE
 188 E. Capitol Street, Suite 700
 Jackson, MS 39201

Member: John Doe
 Member ID #: 0000999999999999 Program: MHMS CHIP

Primary Care Provider (PCP)
 Name: John Doe
 Phone: (999) 999-9999
 Effective Date of Coverage: 10/01/2019
 Copay: Office/ER Out of Pocket Maximum: \$xxx
 \$xx/\$xx
 RXBIN: 004336 RXPCN: MCAIDMSCP RXGRP: RX6949

EMERGENCY SERVICES: Call 911 or go to the nearest emergency room or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your Primary Care Provider (PCP). Follow up with your PCP after all emergency room visits.

MEMBERS
 Member Services: (844) 826-8438
 24-Hour Nurse Advice Line: (844) 794-3638
 24-Hour Behavioral Health Crisis Line: (844) 794-3638
 For Dental, Transportation, Vision: (844) 809-8438
 For Deaf and Hard of Hearing: TTY/TDD 711

PROVIDERS
 Medical Claims | PO Box 22518 | Long Beach, CA, 90801
 For prior authorizations, eligibility, claims or benefits call (844) 826-4335 or visit the Provider Portal at provider.molinahealthcare.com.
www.molinahealthcare.com




 Community Plan
 Health Plan (80842) 911-87726-04
 Member ID: 999999929657 Group: MSCHIP
 Member: REISSUE ENGLISH Payer ID: 87726
 PCP Name: DOUGLAS GETWELL
 Copay: OFFICE/ER \$0/\$0
 Effective Date: 12/19/2014

 Rx Br: 810494
 Rx Grp: ACUMS
 Rx PCN: 4747
 Administered by UnitedHealthcare of Mississippi, Inc.

In an emergency go to nearest emergency room or call 911. Please see reverse.

This card does not guarantee coverage. To verify benefits or to find a provider, visit the website myuhc.com/communityplan or call. If you receive emergency services, notify Member Services within 48 hours of receiving such care.
 For Member Service: 800-992-9940 TTY 711
 Hours: 24-7 877-410-1184 TTY 800-855-2890
 Website: myuhc.com/communityplan
 Health Plan: 795 Woodlands Parkway, Suite 301, Ridgeland, MS 39157
 For Providers: UHCprovider.com 800-557-9633
 Medical Claim Address: PO Box 5032, Kingston, NY, 12402-5032
 For use of non-participating providers, prior authorization is required: 1-866-804-3207
 Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903
 For Pharmacists: 877-305-8952

Note: Providers are required to check eligibility for each date of service. DOM encourages all beneficiaries to present their blue Medicaid card and CCO card.

Provider Enrollment

Agenda

1 Provider Recredentialing

2 Verisys

3 Credentialing Information

4 Initial Enrollment

5 Liability Insurance

06 Hospital Admittance

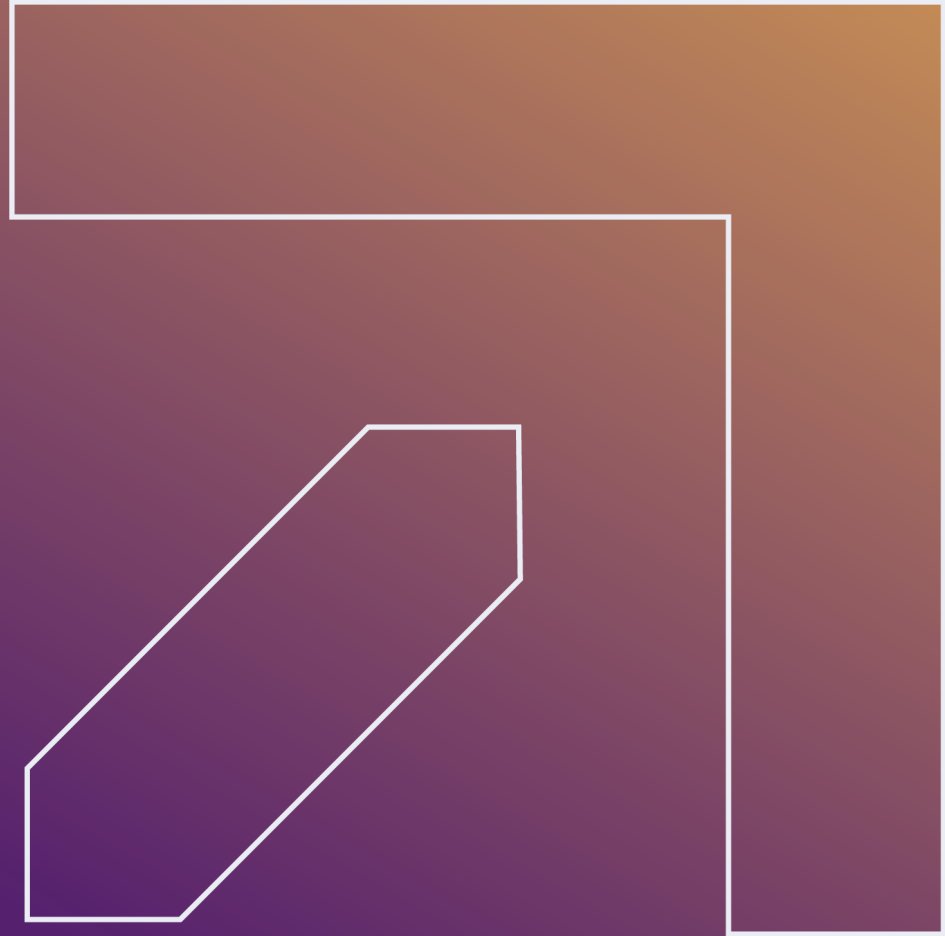
07 Supporting Documentation

08 Revalidation/Rec credentialing

09 Questions



Provider Recredentialing



Provider Recredentialing

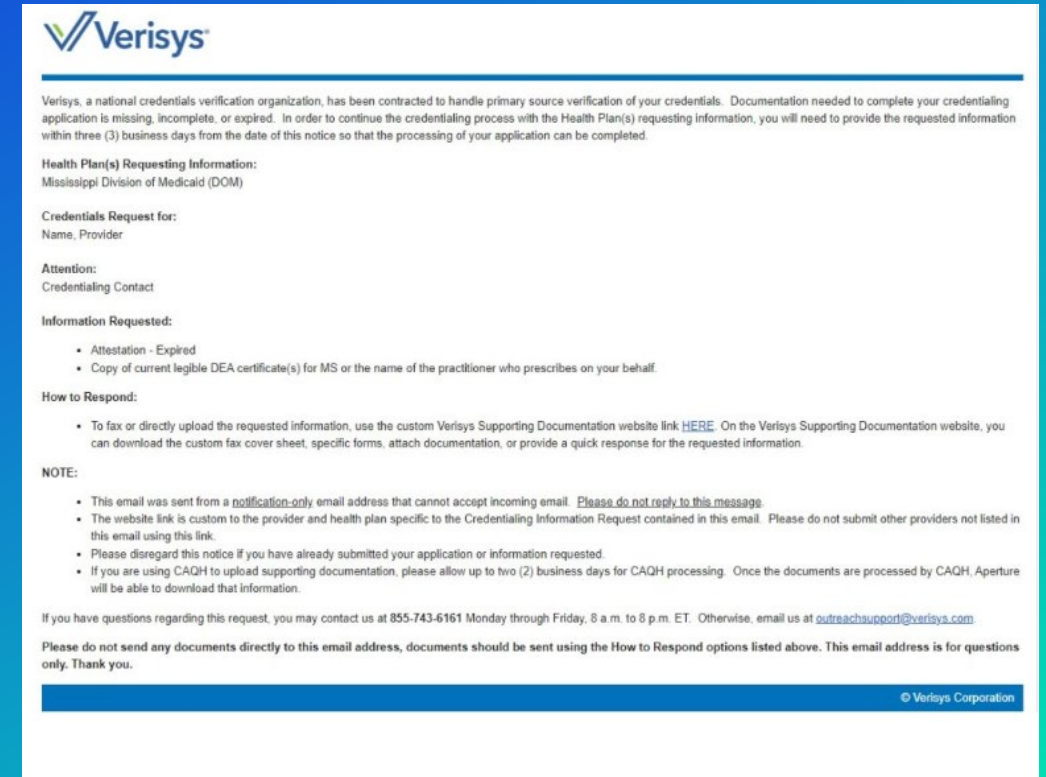
Beginning October 1, 2022, providers seeking participation in MississippiCAN and/or CHIP are now required to be enrolled, credentialed, and screened by DOM and subsequently contract with their CCO of choice.

The CVO will perform recredentialing for both current providers and new providers every three (3) years unless the provider is credentialed by a DOM-approved Delegated Credentialing Entity. Providers identified for recredentialing will receive notification from Gainwell Technologies by letter, which is sent to the provider's "mail to" address on their provider record. This letter is generated six months in advance of the recredentialing due date on the provider's record in MESA, and a link will be available in the portal to start the process.

Verisys



- For providers enrolling with any MississippiCAN or Children's Health Insurance Program (CHIP) for our Coordinated Care Organizations, providers will choose during the MESA application process for both credentialing and recredentialing if they are currently credentialed through a Mississippi Division of Medicaid-approved delegated credentialing entity or if they will credential through the state's Credentials Verification Organization (CVO). Verisys is contracted to perform credentialing for DOM's Fiscal Agent, Gainwell Technologies.
- The side image is an example of an email notification a provider will receive from Verisys if additional information is required. Please contact Verisys directly if you have any questions pertaining to the information being requested at 855-743-6161, Monday-Friday, 8 a.m. to 8 p.m. ET, or via email at outreachsupport@verisys.com.



Credentialing Information



Credentialing Information



You will be able to enter a CAQH ID or choose a Delegated Credentialing Agency from the dropdown list.



If CAQH ID is entered, Gainwell must have the provider's authorization to be added to our roster for credentialing purposes and the profile must be complete and attested.



If you choose Delegated Credentialing Agency, you must enter your last credentialing date.



Select **Continue**, to the CCO Information page.

Provider Enrollment: Credentialing Information

Welcome

Credentialing Information

Request Information

Either enter Credentialing Delegate Agency Name and Date or your CAQH ID.

Credentialing Delegate Agency Name Credentialing Date

CAQH ID

AGENCY 11
HATTIESBURG CLINIC
HUBHEALTH
LSU HEALTHCARE NETWORK - NEW ORLEANS
MEMORIAL GULFPORT
MISSISSIPPI PHYSICIANS CARE NETWORK
NORTH MISSISSIPPI HEALTH LINK
OCHSNER FOUNDATION
RUSH HEALTH
RIVER REGION HEALTH SYSTEM
ST. JUDE CHILDREN'S RESEARCH HOSPITAL
SINGING RIVER PREMIER NETWORK
UNIVERSITY PHYSICIANS-UNIVERSITY OF MS MEDICAL CENTER

Cancel

Credentialing Information

CCO Information

Taxonomies

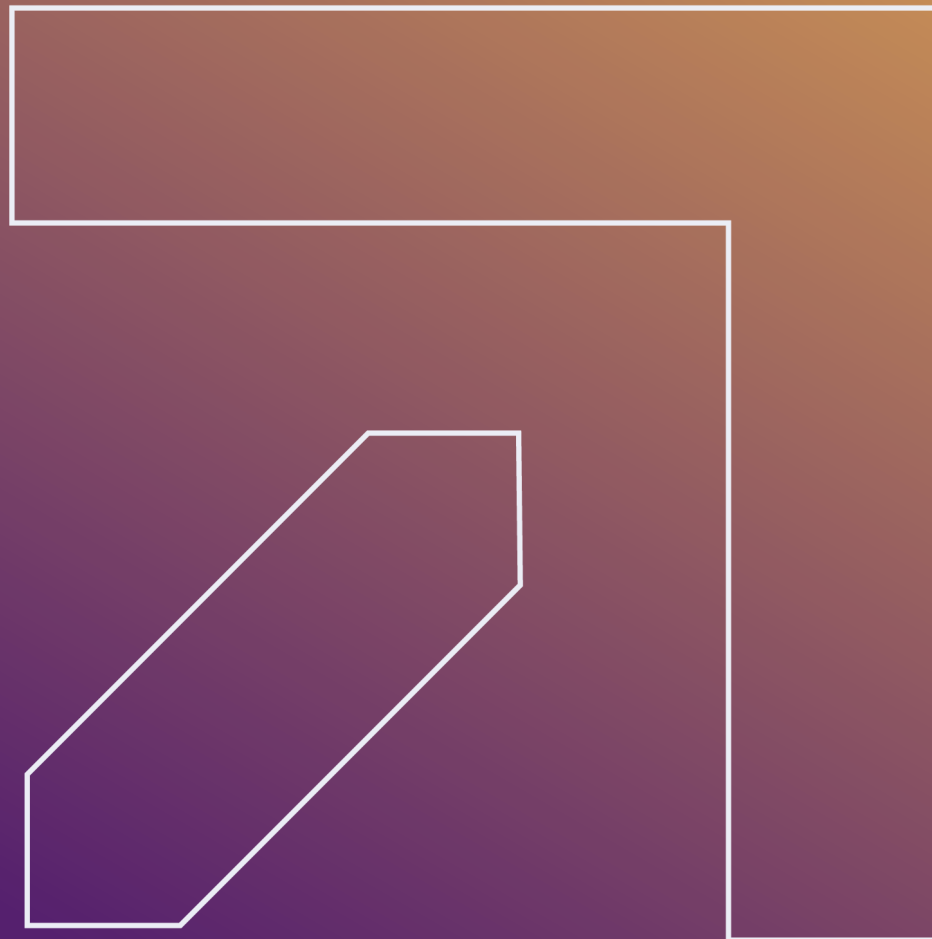
Provider Identification

Addresses

Affiliated Providers

Languages

Initial Enrollment



Initial Enrollment: Request Information

- When choosing your Program Enrollment, you have the option to enroll in Fee-For-Service (FFS), Managed Care programs MSCAN and/or MSCHIP.
- If MSCAN is chosen, you must choose FFS.
- Choosing MSCAN or MSCHIP means the application will require credentialing.

Initial Enrollment Information
<p>Click the Additional Enrollment Requirements Checklist link to select a taxonomy.</p> <p>Additional Enrollment Requirements Checklist (Must View)</p> <p>Enrollment Type <input type="text"/></p> <p>Taxonomy <input type="text"/></p> <p>*Requesting Enrollment Effective Date <input type="text" value="02/29/2024"/></p>
Provider Information
<p>The provider identification numbers listed below are additional identifiers for the enrolling providers. Not all fields are required.</p> <p>*NPI <input type="text"/> *NPI Zip + 4 <input type="text"/></p> <p>*Tax ID Number <input type="text"/> *Tax ID Type <input checked="" type="radio"/> EIN <input type="radio"/> SSN</p> <p>*Are you currently enrolled as a Provider? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>*Were you previously enrolled as a Provider? <input type="radio"/> Yes <input checked="" type="radio"/> No</p>
Program Enrollment
<p>Please choose a selection below (at least one is required). Note: When choosing MSCAN, Fee-For-Service (FFS) must also be chosen.</p> <p>Click Here, to view taxonomies excluded from MSCAN and/or MSCHIP enrollments.</p> <p>Fee-For-Service (FFS) <input type="checkbox"/> MSCAN <input type="checkbox"/> MSCHIP <input type="checkbox"/></p>

CVO Professional Liability Insurance

Effective immediately, the Minimum Malpractice Coverage Requirement for the Mississippi Division of Medicaid are as follows:

- Physician (MD/DO), Nurse Practitioner, Certified Nurse Midwife, Oral Surgeon, Physician Assistant, Podiatrist, all non-physician Behavioral Health practitioners, Naturopaths, and Optometrists - \$500,000 per occurrence/\$1,000,000 per aggregate.
- Acupuncture, Chiropractor, Massage Therapy, Occupational Therapy, Physical Therapy, and Speech Language Pathology remain unchanged at \$200,000 per occurrence and \$600,000 per aggregate.

Provider Enrollment: Other Information

Welcome

Request Information

Credentialing Information

Taxonomies

Addresses

Provider Identification

Languages

EFT Enrollment

Other Information

Hospital Admittance

Applicant History

Disclosure

Supporting Documentation / Attachments and Fees

Agreement

Summary

* Indicates a required field.

Insurance

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "Remove" link to remove the entire row.

Information regarding professional (malpractice) liability insurance coverage is required.

Please refer to the [CVO Professional Liability Insurance Policy](#) for coverage requirements.

Note: The Provider is required to upload proof of liability insurance.

Name	Policy #	Effective Date	Expiration Date	Action
Click to collapse.				

*Carrier or Self-Insured Name *Policy Number

*Address

*City *County

*State *Zip Code

*Effective Date *Expiration Date

*Do you have unlimited coverage with this insurance carrier? Yes No

*Amount of Coverage Per Occurrence *Amount of Coverage Per Aggregate

Add Reset

Hospital Admittance

- If the provider selects Hospital Admittance, they must show proof of such. The provider must upload supporting documentation in the supporting documentation section.

The screenshot shows the 'Provider Enrollment: Hospital Admittance' form. The header includes the Mississippi Division of Medicaid logo, a search bar, and a 'Text Size' control. The breadcrumb trail is 'Home > Online Provider Enrollment > Provider Enrollment Hospital Admittance'. The date and time are 'Wednesday 06/08/2022 09:08 AM CST'. The left sidebar contains a navigation menu with items like 'Welcome', 'Request Information', 'Credentialing Information', 'Taxonomies', 'Addresses', 'Provider Identification', 'Languages', 'EFT Enrollment', 'Other Information', 'Hospital Admittance' (selected), 'Applicant History', 'Disclosure', 'Supporting Documentation / Attachments and Fees', 'Agreement', and 'Summary'. The main content area is titled 'Hospital Admittance' and includes instructions: 'Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "Remove" link to remove the entire row.' Below this is a table with columns: 'Admitting Type', 'Hospital', 'Address', 'City', 'State', and 'Action'. A checkbox labeled 'Click to collapse.' is present. The form contains several sections: 1. 'Do you have Admitting Privileges, an Admitting Plan or Neither?' with radio buttons for 'Admitting Privileges', 'Admitting Plan / Alternate Arrangement', and 'Neither'. 2. 'Admitting Privileges' section with fields for 'Primary Hospital' (Yes/No), 'Hospital Name', 'Hospital Affiliation NPI', 'Address', 'City', 'State', 'Office Phone', 'Effective Date', 'Department Director Name', 'County', 'Zip Code', 'Fax', and 'End Date'. 3. 'Full, Unrestricted Access?' (Yes/No) and 'Are Privileges Temporary?' (Yes/No). 4. 'Admitting Privileges Status' (e.g., None, Full Unrestricted, Provisional, Temporary) and 'Of Total Annual Admissions, What Percentage is to this Hospital?' (with a percentage field). 5. 'Terminated Affiliation Information' (with a text area). 6. 'Admitting Plan / Alternate Arrangement' section with fields for 'Who will admit on your behalf?' and 'Admitting Physician NPI'. 7. A note: 'Please submit documentation of the agreement between you and the admitting physician.' At the bottom are 'Add' and 'Reset' buttons. The footer of the form has 'Continue', 'Finish Later', and 'Cancel' buttons.

Supporting Documentation

Select	<p>You must select the “Instructions = Privacy Notice Link.” A separate window will open to the Mississippi Division of Medicaid website. Once you have read the notice the window can be closed. If this is not selected, you cannot move to the next page.</p>
Drop-down	<p>Select “Choose File” to locate the appropriate file to be added. Select the “Attachment Type” drop-down that matches your file attachment. If your documents are saved in one document, select “All” for the type. If not, select the appropriate type.</p>
Add	<p>Select “Add” to attach the document. It must be in PDF format to be added. If additional documents need to be attached, select “+ Click to add attachment”.</p>
Attest	<p>Select the box for the Attachment Attestation statement. Select “Continue” on the Agreement page.</p>

Supporting Documentation

The following actions need to be taken to complete the enrollment process. If you need to submit attachments, please follow the instructions in the Attachments panel below.

Instructions : [Privacy Notice \(Must View\)](#)

Checklist of General Provider Information Needed
[Important Check List Items can be found](#)

* Indicates a required field.

Attachments

To add an attachment, complete the required fields and click the **Add** button. Use the 'Other' selection to upload attachments not in the list.

Individual providers are required to upload a proof of Professional Liability Insurance and Facility/Other Providers are required to upload a proof of General Liability Insurance when enrolling/adding Managed Care Program(s) MSCAN and/or MSCHIP) and requiring credentialing by the DOM CVO.

Note: if you choose to "Upload" attachments by "File Transfer", a maximum of 20 MBs of information can be uploaded. The allowable file types are: .gif, .jpg, .jpeg, .pdf, .png, .tif, .tiff, .txt.

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Attachment Type	Action
<input type="checkbox"/> Click to collapse.				
	*Transmission Method	FT-File Transfer		
	*Upload File	Choose File	No file chosen	
	*Attachment Type			
<input style="border: 2px solid red;" type="button" value="Add"/> <input type="button" value="Cancel"/>				

Attachment Attestation

I have verified that I have uploaded all documentation for this enrollment application. I understand that any missing documentation will delay processing of the submitted application.

Recredentialing/ Revalidation Tips

- Letters for revalidations and recredentialing go out 180 days prior to the due dates.
- Letters are sent out early to allow providers ample time to submit and to allow processing time so provider contracts do not terminate for failure to recredential or revalidate.
- Providers that are Fee-For-Service (FFS) or Medicaid Only do not recredential.
- Providers with MSCAN or MS CHIP will recredential
- Providers with FFS, MSCAN and CHIP will revalidate.
- Revalidation is every 5 years.
- Recredentialing is every 3 years.
- Groups do not recredential.
- If a provider fails to recredential **ONLY the MSCAN and CHIP contracts will terminate. The FFS contract remains active.** They will need to submit an add program app to have the MSCAN/CHIP added back. *Note: A provider must be FFS to add MSCAN.

Recredentialing/ Revalidation Tips

- If you recredential a provider ID, the revalidation due date is extended 3 years.
- Recredentialing can take up to 30 days because the applications go to our credentialing vendor, Verisys.
- Unless you are a CHIP provider, for revalidations, we require minimal documents, such as a provider's license, to be uploaded. CHIP providers still need to upload W-9 and Civil Rights Compliance forms.
- For recreds and revals, the portal will list the documents you need to upload on the supporting documents page. Click the dropdown to see each type.
- Information on recreds and revals are posted on the division of Medicaid's website under late-breaking news
- Here are job aids on how to complete both.
 - <https://medicaid.ms.gov/wp-content/uploads/2023/10/Provider-Recredentialing-v.1.pdf>
 - <https://medicaid.ms.gov/wp-content/uploads/2023/10/Provider-Revalidation-Process-v.1.pdf>
 - https://medicaid.ms.gov/wp-content/uploads/2023/08/Partial-Save-Identify-and-Resolve-Errors-on-an-Enrollment-App_v1.0.pdf



MOLINA HEALTHCARE OF MISSISSIPPI

2024 Medicaid Provider Workshop

About Molina

For over 40 years, Molina Healthcare has been a purpose-driven company committed to improving the lives and well-being of our members, while making a positive impact in the communities we serve. Our mission, vision and values help lead every decision we make – from the office of the CEO to our valued call center representatives



Our Mission

To improve the health and lives of our members by delivering quality government-sponsored healthcare.

Location

1020 Highland Colony Pkwy

Suite 602

Ridgeland, MS 39157

Molina Values



Integrity First

We always do the right thing.



Absolute Accountability

You can hold us accountable.



Open & Honest Communication

We listen and we respond.

Provider Contact Center

- **The Provider Contact Center is the first line of communication for providers.**
- **Provider Contact Center can verify eligibility, answer claims related questions, check Prior Authorizations status, etc.**
- **Phone: (844) 826-4335**
- **Hours of Operations**
7:30 am - 6:00 pm CST

Provider Website - MSCAN & CHIP

<https://www.molinahealthcare.com/providers>

- Provider Manual
- COVID-19 Updates
- Provider News
- Provider Training and Resources
- Contracting and Credentialing Forms
- Prior Authorization Guide and Forms
- Clinical Practice and Preventive Health Guidelines
- Health Management Programs for Asthma, Diabetes, Hypertension, CAD, CHF & Pregnancy
- Quality Improvement Programs
- Member Rights & Responsibilities
- Privacy Notices
- Claims/Denials Decision Information
- Current Preferred Drug List & Updates
- Pharmaceutical Management Procedures
- How to Contact UM Staff & Medical Reviewer
- How to access language services
- Prior Authorization Tool
- And more!

Available to You 24/7!

The screenshot shows the Molina Healthcare provider website interface. At the top, there are navigation links for 'For Molina Members', 'About Molina', and 'Showing Information For Mississippi'. A dropdown menu is set to 'Mississippi' and another to 'Medicaid/CHIP'. A search bar is present with a 'Go' button. The main navigation menu includes: Home, Manual, Forms, Policies, HIPAA, EDI ERA/EFT, Pharmacy, Health Resources, Communications, and Contact us. The main content area features a large banner with the text 'Would you like to become a Molina Medicaid provider?' and 'Click the below button for step-by-step instructions.' Below this is a 'Join Our Network' button. A carousel of images shows healthcare professionals wearing masks. Below the banner, there is a 'Welcome, Mississippi Healthcare Providers' section with text about the partnership and a 'Code LookUp Tool' button. To the right, there is a 'Quick Links' section with links for Prior Authorizations, Where to send my PA?, Avesis (Dental & Hearing), MarchVisionCare (Vision), MTM (Transportation), Provider News, and Join Our Network. Below that is an 'Important Reminder' section stating that provider directory demographics are accurate and directing users to the Provider Online Directory.

Contact Information - MS CAN & CHIP

Contact Information

Molina Healthcare of Mississippi, Inc.

1020 Highland Colony Pkwy Suite 602

Ridgeland, MS 39157

Phone Numbers

Main Line Toll Free	(844) 826-4333
Member Eligibility Verification	(844) 809-8438
Member Services	(844) 809-8438
Provider Services	(844) 826-4335
Behavioral Health Authorizations	(844) 826-4335
Pharmacy Authorizations	(844) 826-4335
Radiology/Transplant/NICU Authorizations	(855) 714-2415

Fax Numbers

Main Fax	(844) 303-5188
Prior Auth – Inpatient Fax	(844) 207-1622
Prior Auth – All Non-Inpatient Fax	(844) 207-1620
Behavioral Health - Inpatient Fax	(844) 207-1622
Behavioral Health - All Non-Inpatient Fax	(844) 206-4006
Pharmacy Authorizations Fax	(844) 312-6371
Physician Administered Drugs	(844) 312-6371
Radiology Authorizations Fax	(877) 731-7218
Transplant Authorizations Fax	(877) 813-1206
NICU Authorizations Fax	(833) 734-1509

Claims Department

The Claims Department is located at our corporate office in Long Beach, CA. All hard copy (CMS-1500, UB-04) claims must be submitted by mail to the address listed below. Electronically filed claims must use EDI Claims/ Payor ID number - 77010. To verify the status of your claims, please call our Provider Claims Representatives at the numbers listed below. For Dental Claim information, please [click here](#).

Vendors

- **MTM (Non Emergent Transportation)**
Toll Free: (888) 597-1206
Toll Free: (844) 826-4335
<https://memberportal.net/?planCode=MOL>
- **CVS Caremark (Pharmacy)**
Toll Free: (844) 826-4335
PA submissions Fax: (844) 312-6371
- **March Vision (Vision)**
Toll Free: (844) 606-2724
Toll Free: (844) 826-4335
www.marchvisioncare.com

Contracting

How To Join Our Network

MOLINA HEALTHCARE PROVIDER CONTRACT REQUEST FORM

Thank you for your interest in becoming a Molina Healthcare Provider. To ensure the proper contract and credentialing packet is generated, please complete this Contract Request Form and return along with a current W-9 to MHMSProviderContracting@molinahealthcare.com or fax to (644) 303-5388.

If you are adding providers to a participating group or PPO/PO, please submit a Provider Information Update Form to MHMSProviderContracting@molinahealthcare.com.

PLEASE SELECT PROVIDER TYPE

<input type="checkbox"/> Individual	<input type="checkbox"/> Medical Group	<input type="checkbox"/> ASC	<input type="checkbox"/> Urgent Care	<input type="checkbox"/> FQHC	<input type="checkbox"/> BHC
<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Home Health	<input type="checkbox"/> DME	<input type="checkbox"/> Dental	<input type="checkbox"/> Other	

LINE OF BUSINESS

<input type="checkbox"/> MDCAM	<input type="checkbox"/> CHIP	<input type="checkbox"/> Marketplace		
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CONTACT INFORMATION

Requestor Name	Requestor Phone
Requestor Email	Requestor Fax

PROVIDER INFORMATION

Legal Entity Name	
Business/Service Address: (If additional locations please attach notes)	Mailing address: (Contract will be emailed)
City, State, Zip	City, State, and Zip
Office Phone	Contact Phone
Office Fax	Contact Fax
Office Email	Contact Email

PROVIDER IDENTIFICATION

Group Specialty	Tax ID (TRN)
Group Billing NPI(s)	*List all Group NPI(s) applicable to the corresponding Tax ID

** Mississippi Medicaid ID Number: _____
If MDCAM is selected under LOB, a Medicaid ID is required. If you do not have a group/individual Medicaid ID issued from the Mississippi Division of Medicaid, we will not be able to proceed with a group/individual agreement for MDCAM.

Hospital Affiliation(s): _____

Once the completed form is submitted please allow 10 business days for a contract packet to be emailed to the contact email you provided above. The contract packet will allow you an opportunity to provide us with additional details about your practice/services to ensure proper contracting and enrollment setup. Application status requests can be emailed to MHMSProviderContracting@molinahealthcare.com.

To join our network, please complete and follow instructions given on the Contract Request Form found on our website:

<https://www.molinahealthcare.com/providers/ms/medicaid/com/Join-Molina-Healthcare-of-Mississippi-Network.aspx>

After completing, a representative from our Provider Contracting Department will reach out to you regarding the enrollment process.

For additional information, email:
MHMSProviderContracting@MolinaHealthCare.Com

How To Join Our Network FAQ

- What is needed to become a contracted provider?

To become a contracted provider with Molina for the MSCAN & CHIP Products, a Provider Group must have an active MESA ID and be credentialed through Gainwell. A completed credentialing packet will be necessary only if the group decides to join Molina's Marketplace Product.

- What will be my effective date?

The effective date of a new group contract will be 30 days after the Provider Group signs the Contract. Any providers submitted during the original contract loading process shall receive the same effective date. Any claims submitted before your contractual effective date will be considered out of network.



**Please notate that the effective date given by Gainwell will not be the effective date of the newly contracted group.*

How to Add a Practitioner/Make an Update

In order to add a Practitioner to an existing Molina Contract or make an update, please complete a Provider Information Update Form, which can be found at the following link:

<https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ms/medicaid/provider-information-update-form.pdf>

After completion, please send the form to:

MHMSProviderUpdates@molinahealthcare.com and a representative will make outreach to you regarding next steps.



Guide to Provider Forms

ACTION	YOU WILL NEED TO COMPLETE THE SECTIONS IDENTIFIED BELOW ON THE PROVIDER INFORMATION UPDATE FORM (PIF) AND ANY ADDITIONAL DOCUMENTS LISTED. ALL DOCUMENTS MUST BE COMPLETED AND RETURNED
Add a Provider to the group	<ul style="list-style-type: none">PIF – Complete Section A, Section N**Section N can be copied when adding multiple providers
Terminating a provider	<ul style="list-style-type: none">PIF – Complete Section A and Section JTerm letter on your organization's letterhead
Closing a service location(s)	<ul style="list-style-type: none">PIF – Complete Section A and Section H
Change Phone/Fax	<ul style="list-style-type: none">PIF – Complete Section A, Section F
Change the Pay-To/ Billing Address	<ul style="list-style-type: none">PIF – Complete Section A and Section IW-9Sample Claim Form (de-identified)
Change or add a service location	<ul style="list-style-type: none">PIF – Complete Section A, Section G
Add a new group to the same Tax Identification Number (TIN)	<ul style="list-style-type: none">PIF – Complete Section AW-9Sample Claim Form (de-identified)
Change Group Name Only	<ul style="list-style-type: none">PIF – Complete Section A and Section DSample Claim Form (de-identified)W-9
Change TIN only	<ul style="list-style-type: none">PIF – Complete Section A and Section BW-9Sample Claim Form (de-identified)

FAQs on How To Add A Practitioner or Make and Update



- **What credentialing information is needed?**
In order to become an in-network practitioner with Molina for the MSCAN & CHIP Products, a practitioner must have an active MESA ID and be credentialed through Gainwell. A completed credentialing packet may be necessary only if the practitioner is joining Molina's Marketplace Product.
- **Demographic Updates:**
Please timely submit demographic updates such as: banking information, address changes, phone number changes, etc.
- **What will be my effective date of a newly added practitioner?**
The effective date given by Gainwell will not be the effective date given by Molina. The effective date of a new practitioner addition will be the date in which it is received by Molina.





Managed Care Provider Workshops

Mississippi Division of Medicaid

2024

United
Healthcare



Contracting

Contact Us

As a health care professional, you can get the support and information you need from UnitedHealthcare in a variety of ways. You can choose from chat, the UnitedHealthcare Provider Portal and more to help you find the information you need. From technical support and provider network management to a specific state's health plan, you can select the options that work best for your needs.



UnitedHealthcare Community Plan

- **Provider Services (MSCAN):** 877-743-8734
- **Provider Services (CHIP):** 800-557-9933
- **Online:** uhcommunityplan.com
- **Physical Address:**
795 Woodlands Parkway, Suite 301
Ridgeland, MS 39157



UHCprovider.com

- [UHCprovider.com/join-our-network](https://uhcprovider.com/join-our-network)



Chat with Us, for Real Time Answers!

- To start a chat, sign in to the Provider Portal.
- Credentialing
- Onboarding Processes



[Home](#) > [Contact Us](#)

Contact Us

We're here to help with United Healthcare Provider Portal self-service tools and a new live chat option using your One Healthcare ID. Don't have one? Get one [now](#).

Self-service options



Want answers quickly?

The Provider Portal provides patient and practice-specific information for:

- Eligibility and coverage
- Claims and payments
- Prior authorizations
- Referrals, reports and more

[Sign in](#) [↗](#)



Need contracting or credentialing help?

Use your One Healthcare ID to:

- Update your application to join our network
- Access self-service tools
- Check your credentialing status
- Chat with an advocate

[Connect now](#) [↗](#)

Feedback

Frequently requested contacts

I'm looking for....	Contact us
Members	Myuhc.com ↗

Pharmacy	<p>OptumRx fax (non-specialty medications) 800-527-0531</p> <p>OptumRx fax (specialty medications) 800-853-3844</p>
24/7 behavioral health and substance use support line	877-614-0484
Technical support for providers and staff	<p>UnitedHealthcare Provider Portal support Provider portal help for login, access, and functionality questions is available 7 am – 7 pm CT, Monday – Friday via chat. Sign in ↗ with your One Healthcare ID to chat with an advocate. Support is also available by calling 866-842-3278, option 1.</p> <p>Electronic Data Interchange (EDI) support For Electronic Data Interchange (EDI) inquiries, complete automated transaction support form ↗ or email supportedi@uhc.com</p> <p>Community Plan EDI support ac_edi_ops@uhc.com 800-210-8315</p> <p>API support General API support APIconsultant@uhc.com API Extended X12 support supportedi@uhc.com</p> <p>Optum Technical support ↗</p>
Payment assistance	<p>Optum Pay Sign in ↗ or learn how to enroll ↗</p>
UnitedHealthcare Premium® Program designation	UnitedHealthPremium.uhc.com ↗
Clinical assistance	866-889-8054
General provider assistance	877-842-3210



How to Request a Contract – Medical Provider

- **Step 1:** You must successfully complete Centralized Credentialing through the Mississippi Division of Medicaid’s fiscal agent Gainwell.
 - Applies to all MississippiCAN and CHIP providers
 - Gainwell Provider Portal: [Medicaid Enterprise System Assistance](#) (MESA)
- **Step 2: All MississippiCAN and CHIP Providers:** Once your Medicaid credentialing is complete with the Mississippi Division of Medicaid and you have an active MS Medicaid ID number, please submit your practice’s letter of intent or request for participation by email to hpdemo@uhc.com.
 - **Please include the following with your request:**
 - A statement that the practice is requesting a new medical group agreement
 - Medical group specialty,
 - Practice roster
 - Copy of Form W-9
- **Step 3:** [Set up](#) your online tools, paperless options and complete your training.



Federally Qualified Health Centers (FQHC) Rural Health Clinics (RHC)

UnitedHealthcare Community Plan must have these items when completing a contract with a FQHC/RHC.

1. You must successfully complete Centralized Credentialing through the Mississippi Division of Medicaid's fiscal agent Gainwell.
2. The following items are contracting requirements for FQHC/RHC:
 - Provider Roster (***This is a specific Roster Template for FQHC/RHCs.***)
 - W9
 - General and Professional Liability Insurances
 - Rate Letter for Medicaid

FQHC/RHC Email Box: MS-FQHC-RHC@uhc.com

- Request the Provider Roster Template
- Submit questions
- Submit Updates, Changes, Additions to your Physician Roster





Behavioral Health Providers

Learn how to join the Behavioral Health Network, review Community Plan Behavioral Health information, or submit demographic changes at [Community Plan Behavioral Health](#).



March Vision Care

Once your credentialing is complete with the Mississippi Division of Medicaid and you have an active MS Medicaid ID, please go to [March Vision Care/become provider](#) where you will complete the form by filling in the requested information. Once submitted, you will be contacted by a representative from our Network team.



Optum Physical Health

Current Participating Providers – Send Letter of Interest by email to netdevpubsec@optum.com or Fax: 855–277–9173. **Include:** Group/Provider Name – Tax ID – NPI – POS Address – Phone – Fax – Email

Non-Participating Providers – Please submit your request for participation on our website. myoptumhealthphysicalhealth.com and select “Interested in becoming a Provider” or **Call:** 800–873–4575



Dental

Once your credentialing is complete with the Mississippi Division of Medicaid (Gainwell) and you have your welcome letter for your provider(s) and/or office(s); please follow the below steps to submit your request for participation with UnitedHealthcare Dental:

- Please visit us online: www.uhcdental.com
- Once on the website, please click on “Join Our Network”.
- On the Join Our Network page, under “Get Started”, number 2 (Southeast Region); click on “Contact us”.
- This should bring up your email, please make sure to fill this out in its entirety and include a copy of your Provider’s Gainwell Welcome Letter. Please make sure to identify that this is for MS Medicaid (MSCAN/MSCHIP).





Value Based Incentives

PATH Program

The PATH program includes resources that assist the Providers with meeting their quality scores which will also increase their earning potential with the measures tied to the incentive program.

- UHCprovider.com/PATH Program
 - **Includes the following resources for Providers:**
 - PCOR (Patient Care Opportunity Report)
 - Coding Resources
 - HEDIS® Reference Guides
- **Provider Services: 877-743-8734**



Provider Incentive Program – CP PCPI

UnitedHealthcare Community Plan Primary Care Professional Incentive Program

- Rewards qualifying physician practices for performance tied to addressing patient care opportunities for members attributed to their panel. Measures targeted for this program are in the table below.

Health Equity

- This program offers an additional opportunity to earn bonuses by closing care gaps and reducing health inequities sorted by race, ethnicity, and gender identity.

CP PCPI Target Measures 2024	
Antidepressant Medication Management (Effective Acute)	Asthma Medication Ratio (Total)
Blood Pressure Control for Diabetic Patients	Eye Exam for Diabetic Patients
HbA1C Control for Diabetic Patients	Immunizations for Adolescents (Combo 2)
Well Child Visits- First 15 Months	Well Child Visits- Ages 12-17
Well Child Visit- Ages 3-11	General SDOH Assessment



Provider Incentive Program – CP PCPI

Social Determinants of Health (SDOH) are non-clinical societal and environmental conditions, such as lack of access to:

- Adequate food and health care
 - Housing
 - Transportation
 - Adequate social support that prevent individuals from accessing health care they need.
-
- Identifying these non-clinical barriers to care allow health care providers and insurers to identify non-clinical conditions that present obstacles for patients' access to the health care they need.
 - Health care providers are strongly encouraged to routinely screen, document, and submit the appropriate ICD-10 code(s) when a patient is impacted by SDOH.
 - Providers participating in CP PCPI can earn an incentive by documenting a completed SDOH assessment with use of a Z code (max incentive \$5 per member per year).

Social Drivers of Health Z-Code Provider Guide found at link below:

[Social Drivers of Health Z-code Provider Guide - UnitedHealthcare \(uhcprovider.com\)](https://www.uhcprovider.com)





Recredentialing

Recredentialing

All Credentialing and recredentialing activities will be conducted by the Division of Medicaid and Gainwell Technologies.

- Medicaid Status must remain active to maintain an In Network Status with the CHIP and MSCAN benefit plans.
- Contract is valid through the agreed upon date (see signed contract.)

• To access a credentialing application through Gainwell:

- MESA Portal: [Mississippi Medical Assistance Portal for Providers](#)  Home





2024 Division of Medicaid
Provider Workshops

Contracting and Enrollment

“Transforming the health of the community one person at a time.”

4/23/2024

A decorative footer consisting of a series of vertical orange bars of varying heights, creating a wavy, abstract shape at the bottom of the slide.

Contracting

To join Magnolia Health’s network, please click on the link below to complete the contract request form:

Medical - [Join Our Network](#)

BH - [Behavioral Health - Join our Network](#)

Applicants will receive an email from the Contracting Department within **approximately 1 week** of receipt of the contract request containing an application packet to complete and submit back to the Health Plan. Once the complete application is received, a draft contract will be sent to the provider within **30 days**.

Providers must be enrolled as a Medicaid Provider and have an active Mississippi Medicaid ID #. Providers must also be properly credentialed by Gainwell Technology or other delegated authority.

Magnolia Health
ATTN: Contracting Department
1020 Highland Colony PKWY Suite 502
Ridgeland, MS 39157

A screenshot of the Magnolia Health website's "Join Our Network" page. The page features a navigation menu with options like "Find a Provider", "For Members", "For Providers", and "Eligibility". A sidebar on the left contains a "For Providers" menu with links such as "Login", "Become a Provider", "Join Our Network", "Behavioral Health Join Our Network", "Pre-Auth Check", "Pharmacy", "Provider Resources", "QI Program", "Provider News", "Coronavirus Information for Providers", and "Email Sign Up". The main content area is titled "Join Our Network" and includes a note about completing a Behavioral Health Contract Request Form. It also contains a "Required fields are marked with an asterisk (*)" section with checkboxes for "New applicant or current participating provider requesting to join product networks managed by Magnolia Health" and "Current Participating Provider requesting to change name or Tax Identification Number (TIN)". Below this are sections for "Contact Information" (with fields for First and Last name, Contact Phone Number, and Contact E-Mail Address) and "Provider Information" (with fields for Legal Entity Name, ATTN, Street Address, Address Line 2, City, State, and ZIP Code).

FQHC New Group Contract Process



Magnolia requires an FQHC contract be accompanied by:

- IRS Form W-9
- PPS Encounter Rate Letter
- Provider Data Form*
- Ancillary/Clinic Credentialing Application* (1st section only)

* These forms are available at www.magnoliahealthplan.com on the Provider Resources page.

Rates:

- FQHCs can obtain their current “per visit rate” by reviewing <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#> .Please make sure to submit updated rate letter or changes timely to ensure proper claims reimbursement.
- Payment rates may be adjusted by the Division of Medicaid pursuant to changes in federal and/or state laws or regulations.
- In-network providers/schools will be reimbursed at 100% of their current encounter rate, unless otherwise stated in your contract
- All services provided in an inpatient hospital setting, outpatient hospital setting or a hospital’s emergency room will be reimbursed on a fee-for-service basis.

For information on EPSDT services, please click [here](#). For additional questions, please contact Provider Services at 1-866-912-6285

RHC New Group Contract Process



Magnolia requires an RHC contract be accompanied by:

- IRS Form W-9
- PPS Encounter Rate Letter
- Provider Data Form*
- Ancillary/Clinic Credentialing Application* (1st section only)

*These forms are available at www.magnoliahealthplan.com on the Provider Resources page.

Rates:

Service Limits Reimbursement to an RHC is limited to no more than four (4) encounters, also referred to as a “visit”, per beneficiary per day, provided that each encounter represents a different provider type. <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>

Medically necessary services rendered by an RHC employee or contractual worker for an RHC beneficiary can be billed as an RHC encounter in multiple sites:

- Rural Health Clinic
- Skilled Nursing Facility
- Nursing Facility
- Residential Facility

For information on EPSDT services, **click [here](#)**. For additional questions, please contact Provider Services at 1-866-912-6285

Provider Value Based Contracting



Value Based Contracts are partnerships between providers and the health plan to incentivize high quality care, cost effectiveness, while emphasizing the use of preventative services.

Magnolia's current Value Based Program focuses on Primary Care Providers.
New VBC incentive programs will be made available to additional providers later this year.

For more information on Value base Contracting,
magnoliacontracting@centene.com

Contracting Issue Resolution



- ✓ Magnolia contracts at the Tax ID level. Magnolia does not contract with individual physicians.
- ✓ Providers must be credentialed with Gainwell and have an active Medicaid ID with a MississippiCAN designation before the contracting process can begin.
- ✓ Contract effective dates are **30** days from the date of the provider's signature on the contract.
- ✓ If a provider wishes to enroll practitioners with their new contract, each practitioner must be credentialed with Gainwell and have an active Medicaid ID with a MississippiCAN designation at the time of contract execution in order to receive the same effective date as the contract effective date.
- ✓ For any practitioners or locations that are added/enrolled in the future (after contract execution), the effective date will be the date the request was received by the Health Plan, given the specific location and/or practitioners are registered as a MississippiCan provider with Gainwell.
- ✓ If a provider is contracted as a physician group and later converts to an RHC or FQHC, the provider must notify the Health Plan and request a contract amendment by emailing Magnolia's Contracting Department at MagnoliaContracting@centene.com.
- ✓ To change a contracted provider's name or tax ID number, complete the *Provider Update Form* located on <https://www.magnoliahealthplan.com/providers/resources/forms-and-resources.html>
Note: Request for a change of tax ID or legal name may require a contract amendment, which may take up to 30 days to complete.

Effective October 1, 2022, providers seeking participation in MississippiCan and/or CHIP are required to be enrolled, credentialed, and screened by DOM, and subsequently contract their Group with their CCO of choice. **Please note**, however, that Magnolia may require that you credential separately if you choose to participate in a different line of business that Magnolia offers outside of Medicaid. Find more details visit [Recredentialing and Revalidation - Mississippi Division of Medicaid \(ms.gov\)](https://www.ms.gov)

Important Recredentialing Information

- Each provider must register for access to the MESA Provider Portal to recredential electronically.
- Recredentialing is required every three years.
- Provider should review information on file with Gainwell for accuracy and make any necessary updates
- Providers will receive a letter 180 days prior to their recredential due date and their recredentialing link will be available on the Home Page of the MESA Provider Portal.
- **Providers will have 60 days to submit your recredentialing application.**
- Providers who fail to recredential or submit supporting documentation by the deadline **will be terminated** and will no longer be able to participate in a Coordinated Care Organization (CCO) network.

Enrollment



An **enrollment request** is when the group has an existing agreement/contract with Magnolia Health and wishes to add additional practitioners or facilities to an existing agreement. This requires data updates to ensure claims, portal, and directory recognize this practitioner as participating and affiliated with the appropriate group contract.

Providers should contact Magnolia's Provider Data Management department at magnoliacredentiaing@centene.com after receiving approval from the Gainwell's Credentialing Committee. Providers are considered **out of network** and may receive a lower reimbursement rate or denial until entering into a **contract or enrolling** with Magnolia Health.

To link a new practitioner and/or new Group NPI to your existing contract or additional locations to an existing practitioner and/or existing Group NPI, please email the following documents to magnoliacredentiaing@centene.com.

- **Provider Data Form (Practitioner)**
- **Hospital/Ancillary Cred App (Provider)**

These documents can be found at www.magnoliahealthplan.com For Providers > Provider Resources > Become a Provider

Please note:

- Groups and practitioners **MUST** have an active Medicaid ID and been credentialed through Gainwell and selected Magnolia as a CCO, prior to submitting an enrollment request.
- Delegated providers should continue to utilize the established roster process.
- If you select multiple lines of business on the Provider Data Form or Hospital/Ancillary Cred App, you will be required to complete all of the requested documentation to be credentialed for our other lines of business. For the practitioner, you will need to complete the Magnolia Credentialing Application Packet under the link referenced above.
- **Magnolia Enrollment Guidance Reminder**
 - ✓ Practitioner's start date cannot precede the contract effective date
 - ✓ Practitioner's contracted payment eligibility cannot precede state Medicaid eligibility
 - ✓ Practitioner's start date should be the date the provider group or practitioner notified the health plan that they have joined a contracted group via a roster submission or enrollment process. Magnolia will not grant retro effective participation or credentialing request.
 - ✓ **Important Note for Roster Submitters:** Roster submission which include Medical and Behavioral Health Practitioners must include an indicator to ensure practitioner will be enrolled properly.

Enrollment Issue Resolution



Prior to contacting Magnolia Health for Contracting and/or enrollment, make sure you are credentialed through Gainwell and have requested to be a Magnolia provider.

Ensure that the taxonomy you utilized to enroll with Gainwell matches what is submitted on the request to Magnolia and NPPES.

If you are not an active Fee-for-Service and/or MississippiCan provider at the time of claim submission, your claim will be denied regardless of your network status with Magnolia. Please contact Gainwell to discuss further.

- EX1T: RENDERING PROV INACTIVE / NOT REGISTERED W/ STATE ON DOS
- EX1n: BILLING PROV INACTIVE / NOT REGISTERED W/ STATE ON DOS

If your group has multiple Group NPIs and your practitioners will be practicing under each Group NPI, you must submit a request to link them to each Group NPI or it may result in a non-par payment or claim denial.

To be reimbursed for EPSDT, services, you must complete the appropriate application with Medicaid to receive reimbursement

If you are a medical group that has switched to an RHC or FQHC, once your contract has been amended, you will be required to file corrected claims with the appropriate place of treatment to receive proper reimbursement.

If you need to make changes to any of the following, **please submit your request to magnoliacredentiaing@centene.com:**

- ✓ Office relocation, Change Primary Location
- ✓ Change Primary Location, Service Location Office Hours, Phone Number
- ✓ Updating a Financial Address – W9 required
- ✓ Updating Member Assignment Limitations
- ✓ Panel Size (PCP only), Age Restrictions, Accepting New Patients, etc.
- ✓ Add an additional location to a practitioner or group - Complete the Provider Update Form located on <https://www.magnoliahealthplan.com/providers/resources/forms-and-resources.html>
- ✓ Remove practitioner from existing location – Include reason for termination and effective date

Enrollment and Contracting Contacts



Medical - [Join Our Network](#)

BH - [Behavioral Health - Join our Network](#)

Magnolia Health Provider Services- 1-866-912-6285

Contracting Department- magnoliacontracting@centene.com

Credentialing- magnoliacredentialing@centene.com

The screenshot shows the Magnolia Health website interface. At the top, there is a navigation bar with the Magnolia Health logo, a search bar, and dropdown menus for 'Find a Provider', 'For Members', 'For Providers', and 'Eligibility'. A left-hand navigation menu lists various options: 'For Providers', 'Login', 'Become a Provider', 'Join Our Network', 'Behavioral Health Join Our Network', 'Pre-Auth Check', 'Pharmacy', 'Provider Resources', 'QI Program', 'Provider News', 'Coronavirus Information for Providers', and 'Email Sign Up'. The main content area is titled 'Join Our Network' and contains a paragraph about behavioral health services, a note about required fields, and a form with sections for 'Contact Information' and 'Provider Information'. The form includes fields for contact name (first and last), phone number, email address, legal entity name, attention, street address, address line 2, city, state (with 'Alabama' selected), and ZIP code.

Managed Care Inquiries and Complaints

HELP US, HELP YOU

Please forward all provider issues and complaints to:

<https://forms.office.com/g/WXj92sN1MH>

Managed Care Provider Inquiries and Issues Form

Providers should report all issues to the respective CCO and exhaust their review processes prior to reporting the issue/inquiry to the Division of Medicaid.

* Required

GENERAL INFORMATION

Please Complete 2024 Provider Survey

2024 MississippiCAN and CHIP Provider Survey

We need your help!

Please tell us how well the MississippiCAN and CHIP programs are performing. Please take a few minutes to complete this survey by selecting the below link for your response. If you have any questions, please contact the Office of Coordinated Care (601) 359-3789.

1. Name

Enter your answer

2. Facility

Enter your answer

3. Contact Number

Enter your answer

If you have not heard anything from the CCO in seven (7) business days, please contact **Office of Coordinated Care: Provider Services at (601) 359-3789.**

<https://forms.office.com/g/aEU1J1jM6k>


How Providers can Access the Provider Workshop Resources

2024 Provider Workshops set for April, May

> 2024 Provider Workshops set for April, May

Workshops to be held both in-person and as virtual webinars

Mississippi Medicaid is holding a series of provider workshops throughout April and May designed to educate providers on issues such as contracting, prior authorizations and claims. For convenience, three of the workshops will be offered as virtual webinars, and two will be held in-person. To learn more about the sessions and to register, open the [flyer](#) or click on the image below.



2024 MANAGED CARE PROVIDER WORKSHOP TRAININGS

The Division of Medicaid, in cooperation with its contractors, Gainwell Technologies, TruBridge, Inc. (TGT), and the MCOs (Blue Cross of Mississippi, United HealthCare and UnitedHealthcare Community Plan, and UnitedHealthcare UnitedHealthcare Community Plan) is conducting "MCO" Medicaid Provider Workshops.

These workshops are designed to provide detailed information and changes related to Medicaid and managed care programs. Other directors, office managers, coders, practitioners, and billing staff are encouraged to attend.

Topics will include:

- CONTRACTING & ENROLLMENT, PRIOR AUTHORIZATION, & CLAIMS

REGISTER TODAY!!!

Click the QR code to go to the registration page. [www.ms.gov/medicaid](#)

VIRTUAL WEBINAR	IN-PERSON WORKSHOP TRAINING
THURSDAY, APRIL 25, 2024 10:00 a.m. - 12:00 p.m. New Providers Contracting & Enrollment	WEDNESDAY, MAY 8, 2024 8:00 a.m. - 9:00 p.m. General Practitioner Office 102 E. Perry Street Oxford, MS 38655
THURSDAY, APRIL 25, 2024 10:00 a.m. - 12:00 p.m. Prior Authorization	THURSDAY, MAY 9, 2024 8:00 a.m. - 9:00 p.m. Labor/Terrace Conference Center 1 Convention Center Plaza Hattiesburg, MS 39402
WEDNESDAY, MAY 1, 2024 2:00 p.m. - 3:30 p.m. Claims Processing	ON-SITE CONTRACTOR TRAINING An call to (662) 343-1111 www.ms.gov/medicaid Look for information in the course for "CALL TO ACTION"

2024 Provider Workshop Resources

1. MSCAN Org Chart Vendors
2. Eligibility Resource Document

- 2024 Provider Workshop Presentation
 - Provider Contracting & Enrollment
 - Prior Authorizations
 - Claims
- Mississippi Medicaid Eligibility
- Managed Care Comparison Chart
 - MississippiCAN
 - CHIP
- Managed Care Org Chart
- Managed Care Contact List
- Gainwell & CCO Provider Reps

<https://medicaid.ms.gov/2024-provider-workshops-set-for-april-may/>

Questions & Answers

Division of Medicaid

Lucretia Causey

Thank you attending the 2024 Provider Webinars.