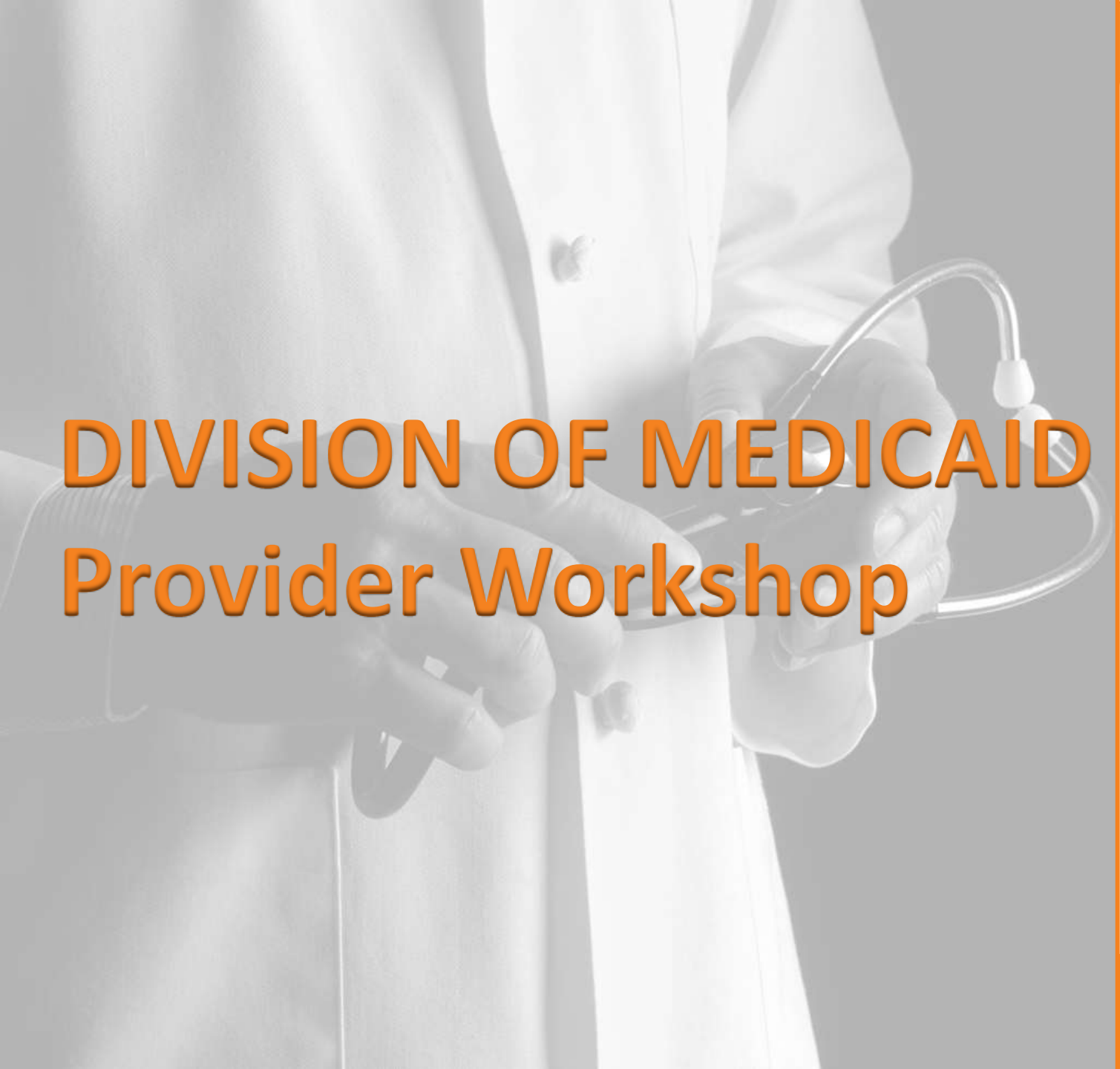

DIVISION OF MEDICAID
Provider Workshop

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2016 MSCAN & CHIP

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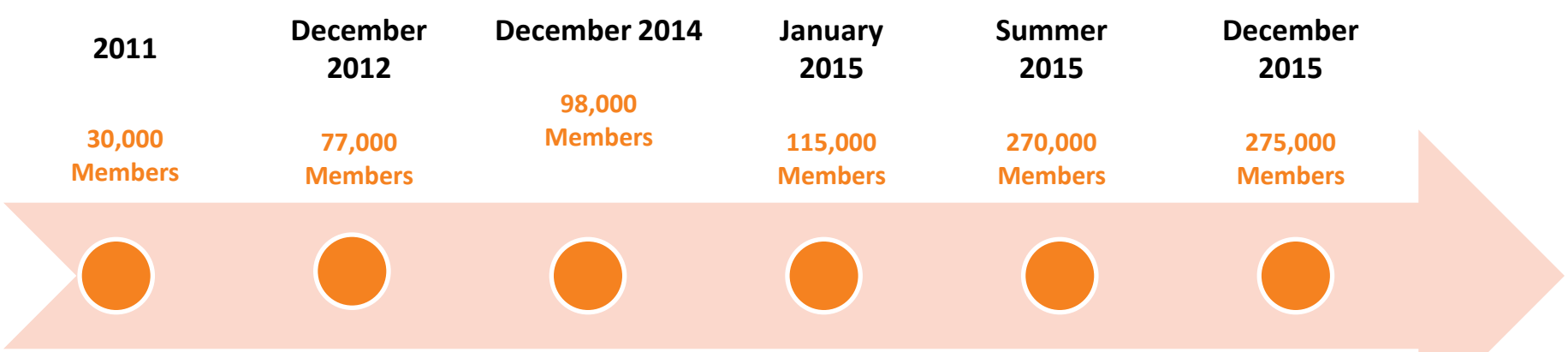
Magnolia Health MississippiCAN Overview



2011

30,000 Members

- SSI – Supplemental Security Income
- DHS - Foster Care
- Women with Breast/Cervical Cancer
- Disabled Child Living at Home
- Working Disabled

December 2012

77,000 Members

- SSI – Supplemental Security Income
- DHS - Foster Care
- Women with Breast/Cervical Cancer
- Disabled Child Living at Home
- Working Disabled
- TANF Adults
- Pregnant Women
- Infants Ages 0-1
- Behavioral Health

December 2014

98,000 Members

- SSI – Supplemental Security Income
- DHS - Foster Care
- Women with Breast/Cervical Cancer
- Disabled Child Living at Home
- Working Disabled
- TANF Adults
- Pregnant Women
- Infants Ages 0-1
- Behavioral Health
- Quasi-CHIP

January 2015

115,000 Members

- SSI – Supplemental Security Income
- DHS - Foster Care
- Women with Breast/Cervical Cancer
- Disabled Child Living at Home
- Working Disabled
- TANF Adults
- Pregnant Women
- Infants Ages 0-1
- Behavioral Health
- Quasi-CHIP
- CHIP

Summer 2015

270,000 Members

- SSI – Supplemental Security Income
- DHS - Foster Care
- Women with Breast/Cervical Cancer
- Disabled Child Living at Home
- Working Disabled
- TANF Adults
- Pregnant Women
- Infants Ages 0-1
- Behavioral Health
- Quasi-CHIP
- CHIP
- TANF Kids

December 2015

275,000 Members

- SSI – Supplemental Security Income
- DHS - Foster Care
- Women with Breast/Cervical Cancer
- Disabled Child Living at Home
- Working Disabled
- TANF Adults
- Pregnant Women
- Infants Ages 0-1
- Behavioral Health
- Quasi-CHIP
- CHIP
- TANF Kids
- Inpatient Hospital

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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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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.

After-Hours Support & Nurse Advice Line

Magnolia Health offers the following services to members after your clinic has closed and on weekends when they call the After-Hours Support & Nurse Advice Line 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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Provider Network Relations

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

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

Envolve PeopleCare

Through our family of companies, we provide behavioral health, nurse advice, telehealth, and health, wellness and disease guidance programs, which allow for a focus on individual health management through education and empowerment.

Envolve Pharmacy Solutions

Through our family of companies, we transform the traditional pharmacy benefit delivery model through innovative, flexible solutions and customized care management.

Envolve Benefit Options

Through our family of companies, we go beyond traditional medical benefits to offer fully integrated health services, including dental and vision. Our benefits are fully customizable to reduce costs while delivering quality care.

Cenpatico (Behavioral Health)

- Full scope management for Behavioral Health services

MTM (Transportation)

- Non-Emergent transportation benefits are excluded for MS CHIP

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Verify Eligibility

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It is the provider's responsibility to verify member eligibility on the date services are rendered 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 and/or Payment.

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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 – MSCAN

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- ALL Claims must be filed within six (6) months of date of service.
- ALL requests for correction, reconsideration, retroactive eligibility, or adjustment must be received within ninety (90) days from the date of notification of denial.
- Option to file electronically through the clearinghouse
- Option to file directly through the Magnolia website
- All member and provider information must be complete and accurate.

File online at
www.magnoliahealthplan.com

- Option to file on paper claim, please mail to:
  Magnolia Health Plan MSCAN
  Attn: CLAIMS DEPARTMENT
  P.O. Box 3090
  Farmington, MO 63640
- Paper claims are to be filed on approved UB-04 (CMS 1450) claim forms (No handwritten or black and white copies)
- To assist our mail center improve the speed and accuracy of 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
  - ✓ 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

Claims Filing – CHIP

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- ALL Claims must be filed within six (6) months of date of service.
- ALL requests for correction, reconsideration, retroactive eligibility, or adjustment must be received within ninety (90) days from the date of notification of denial.
- Option to file electronically through the clearinghouse
- Option to file directly through the Magnolia website
- All member and provider information must be complete and accurate.

File online at
www.magnoliahealthplan.com

- Option to file on paper claim, please mail to:
  Magnolia Health Plan MSCAN
  Attn: CLAIMS DEPARTMENT
  P.O. Box 5040
  Farmington, MO 63640
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Cenpatico® Specific Information

1/13/2017

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Behavioral Health

- Cenpatico is the behavioral health vendor for Magnolia Health. Cenpatico is a wholly-owned subsidiary of Centene Corporation, which has been nationally recognized for innovative service programs and contemporary approach in handling the needs of the diverse populations in the markets proudly served. We have managed Medicaid and other public sector benefits since 1994, and operate in multiple states with an active local presence. Our members receive care from **local teams** that truly understand the specific needs of their communities.

- To partner with Cenpatico or for more information, please call 866-324-3632 or visit www.cenpatico.com .

Cenpatico®
Improving Lives

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Prior Authorization

The authorization process ensures that members are receiving the proper treatment and intensity of services on the inpatient unit while addressing their ongoing outpatient needs.

CLINICAL DECISIONS: Magnolia affirms that utilization management decision-making is based only on appropriateness of care and service and existence of coverage. The treating provider, in conjunction with the member, is responsible for making all clinical decisions regarding the care and treatment of the member.

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Cenpatico Prior Authorizations Process

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- Prior Authorizations (PA) :
  - PA is a request for a review of medical necessity for a non-emergent service.
  - Requests are submitted to the Cenpatico Utilization Management (UM) department by fax at 1-866-694-3649 or our secure web portal (web portal requires registration process and training).
- PA must be approved before service is rendered.
- Out of Network providers (non-participating) must receive PAs for **all services.**
- PA forms may be found at http://www.cenpatico.com/providers-states/mississippi/?state=Mississippi
- PA processing:
  - Once Cenpatico receives your PA through the submission of the outpatient treatment request form (OTR), we will make a PA determination and notify the provider within three (3) calendar days and/or two (2) business days of receipt of all necessary information.
- Please initiate the PA process at least five (5) calendar days prior to service date. You may request a PA up to (14) days before the service begins.

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Cenpatico T&E Services
Prior Authorizations (PA)

- The following mental health services for expanded EPSDT services require prior authorization through Cenpatico:

• Psychological Evaluation	96101
• Developmental Evaluation	96111
• Neuropsychological Evaluation	96118
• Behavior Identification Assessment (effective 01/01/17)	0359T

PA or Claims Question? Please call 1-866-912-6285

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Autism Spectrum Disorder (ASD) Services (Effective 01/01/17)

ASD therapy is the application of behavioral principles, to everyday situations, that is intended to increase or decrease targeted behaviors. ASD therapy has been used to improve areas such as language, self-help, and play skills, as well as decrease behaviors such as aggression, self-stimulatory behaviors, and self-injury. For children with Autism Spectrum Disorder (ASD), therapy can range from 25 to 40 hours per week and requires active parent/guardian involvement to increase the potential for behavior improvement.

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Autism Spectrum Disorder (ASD) Services Admission Criteria

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- Age birth to twenty-one (21) years; and all EPSDT eligible beneficiaries with an ASD diagnosis

- A licensed Psychologist or MD has evaluated the beneficiary within the last 6 months for current validation of the ASD diagnosis using a comprehensive diagnostic evaluation. The evaluation should indicate evidence-based ASD services that are medically necessary.

- There is a reasonable expectation on the part of a qualified treating health care professional who has completed an initial evaluation of the beneficiary that the individual's behavior will improve significantly with ASD therapy.

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Common General Issues

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