July 2026 Third Party Changes of Significance

MISSISSIPPI MEDICAID

<u>Provider Standards for Appointment Scheduling</u>. Magnolia Health. July 17, 2026

We want to ensure appointments for medical services and behavioral health services are available to our members on a timely basis. Below are the Appointment Availability standards, which can also be found in the provider manuals. Please ensure these standards are implemented accordingly by your practice.

After Hours - All Providers (All Products)

After Hours (Passing Standards):

- **24/7 Coverage:** Primary Care Providers (PCPs) must ensure that they, or another qualified medical professional, are available or accessible to members 24 hours a day, 7 days a week.
- **Prompt Response:** Calls to the after-hours number must be returned by a practitioner within a specific timeframe, typically **30 minutes**.
- **Live Contact Option:** Voicemail systems alone are not acceptable. There must be a means to reach a live person or an on-call physician/medical professional.
- **Emergency Instructions:** The after-hours message or answering service must clearly instruct patients with life-threatening conditions to dial 911 or go to the nearest emergency room.
- **Language Accessibility:** Recorded messages or answering services should be available in languages appropriate to the practice's patient population (e.g., English and Spanish)

MSCAN and MSCHIP Health Plans (Medicaid)

PCPs

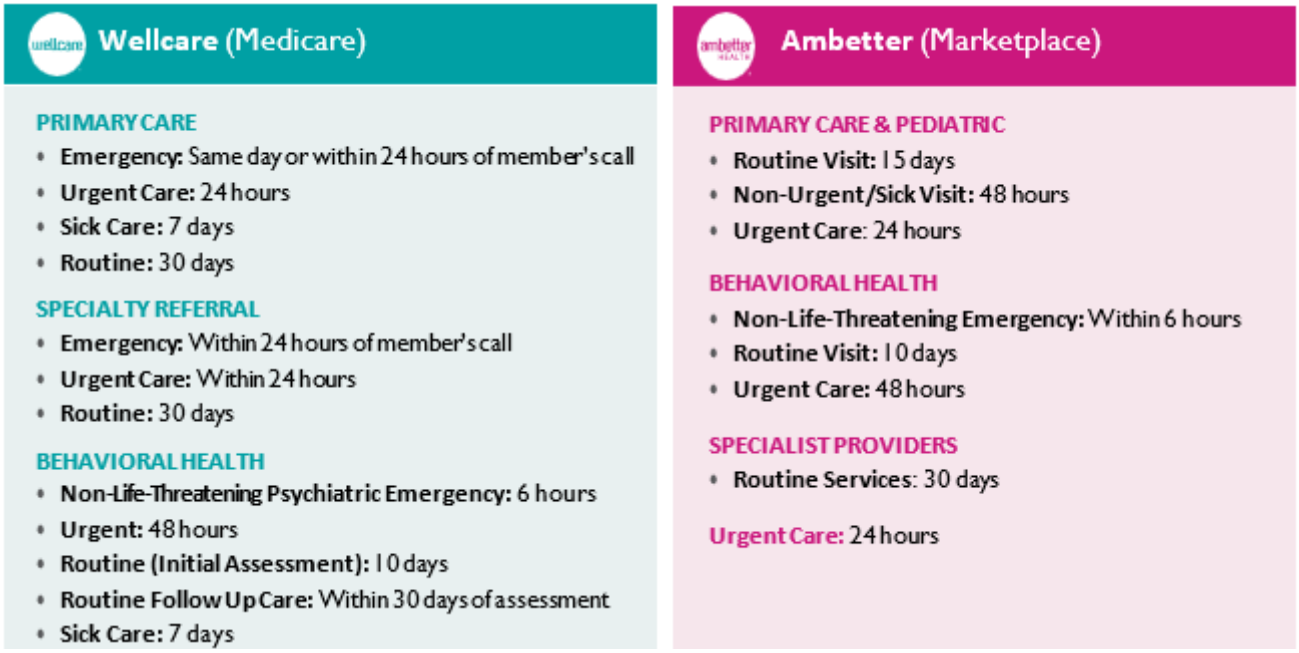
- **Urgent Visit:** 24 hours
- **Sick Visit:** 7 days
- **Routine Visit:**-15 business days

BEHAVIORAL HEALTH

- **Urgent Visit:** 24 hours
- **Routine Visit:** 10 business days
- **Post Discharge:** 7 days

SPECIALIST PROVIDERS

- **Routine Services:** 45 days



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CMS, NOVITAS, RAILROAD MEDICARE

Domestically Acquired Cyclosporiasis Cases in Multiple U.S. States, 2026. CMS MLN Matters. July 16, 2026

CMS MLN Matters. July 16, 2026: "CDC is notifying clinicians, public health practitioners, and laboratorians of cases of domestically acquired cyclosporiasis in multiple U.S. states. Since May 1, 2026, CDC has received reports of 1,645 confirmed domestic cases of cyclosporiasis and is aware of more than 5,100 cases that require further analysis to confirm the illness as domestically acquired cyclosporiasis. This is substantially higher than the 249 cases reported nationally by this same time last year. Of the 1,645 case-patients with available information, 141 (9%) were hospitalized, and none have died. CDC, FDA, and state and local health departments are working together to investigate multistate outbreaks of Cyclospora infections and to identify the sources of illness. Because cyclosporiasis is often underdiagnosed and underreported, the true number of illnesses is likely higher than what has been reported to CDC.

Read the full Health Advisory for information on disinfecting Cyclospora in health care settings and recommendations for:

- Clinicians
- Laboratories
- Health departments
- The public"

https://www.cms.gov/training-education/medicare-learning-network/newsletter/mln-connects-newsletter-july-16-2026#_Toc235004140

CDC Health Alert Network Notice. July 14, 2026 "… HCP should always use Standard Precautions, including wearing gloves when there might be direct contact with feces. A gown, facemask, and eye protection, or face shield should be used if splashing might occur. Hand hygiene should be performed before and after every patient contact. If hands are visibly soiled, HCP should wash them with soap and water, scrubbing vigorously for 15-20 seconds. If hands are not visibly soiled, alcohol-based hand sanitizer may

be used. For patients with gastroenteritis who are diapered or incontinent of stool, HCP should use Contact Precautions when providing direct patient care in healthcare settings. …"

https://www.cdc.gov/han/php/notices/han00531.html?ACSTrackingID=DM156722&ACSTrackingLabel=HAN%20531%20-%20Health%20Advisory%20(General%20Public)&deliveryName=DM156722

RARCs, CARCs, Medicare Remit Easy Print & PC Print: July Update. CMS MLN Matters. July 2, 2026

"Get updated remittance advice remark codes (RARCs) and claim adjustment reason codes (CARCs). Watch for software updates if you use Medicare Remit Easy Print or PC Print.

More Information:

- Medicare Claims Processing Manual, Chapter 22, sections 40.5, 60.2, and 60.3
- Instruction to your Medicare Administrative Contractor (PDF)"

RRB Top Medical Review Denials Module: Q1 2026. Railroad Medicare – Palmetto GBA. July 7, 2026

"The goal of Palmetto GBA's Railroad Retirement Board Specialty Medicare Administrative Contractor (RRB SMAC) medical review program is to ensure that payment is only made for services that meet all Medicare coverage, coding and medical necessity requirements. Please review the most common provider errors in the first quarter of 2026. Please review this information and share it with your staff."

https://palmettogba.com/rr/did/qs7wqb6bbs?cat=rr-events-and-education

PECOS: Protect Your Application. CMS MLN Matters. July 16, 2026

"Did you know that PECOS will automatically delete inactive enrollment applications? See the PECOS Inactivity Deletion Policy (PDF) to understand key timelines and best practices to keep your enrollment on track—don't let your hard work disappear."

https://www.cms.gov/training-education/medicare-learning-network/newsletter/mln-connects-newsletter-july-16-2026#_Toc235004140

Optometry Services at Nursing Facilities: Bill Correctly. CMS MLN Matters. July 16, 2026

"In a report, the Office of Inspector General found that Medicare improperly paid optometrists for high-level evaluation and management (E/M) services at nursing facilities. These E/M services aren't usually billed by optometrists and don't meet Medicare requirements.

Optometrists visit nursing facilities to provide services like:

- Eye exams for residents with diabetes and those at high risk for glaucoma
- Diagnostic tests and treatment for residents with age-related macular degeneration

During the audit, OIG determined that claims didn't meet the E/M service criteria for moderate to high complexity level subsequent nursing facility care.

Learn how to bill correctly for optometry services at nursing facilities:

- Medicare Vision Services (PDF) booklet
- Items & Services Not Covered Under Medicare (PDF) booklet
- Medicare Preventive Services educational tool"

https://www.cms.gov/training-education/medicare-learning-network/newsletter/mln-connects-newsletter-july-16-2026#_Toc235004140

Medicare Fraud & Abuse: 2 Updated Resources. CMS MLN Matters. July 16, 2026

"Learn how to prevent, detect, and report Medicare fraud and abuse:

- Booklet (PDF)
- Web-based training course"

https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/fraud-abuse-mln4649244.pdf

VA Payments: Enroll in Direct Deposit. CMS MLN Matters. July 16, 2026

Veterans Affairs (VA) requires all community care providers to receive payment through direct deposit (electronic funds transfer). This includes those billing Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) and other VA programs.

Providers must enroll in direct deposit or update existing banking information using VA Form 10091 through the VA-FSC Customer Engagement Portal. For instructions, see the Vendor Webform User Guide.

https://www.cms.gov/training-education/medicare-learning-network/newsletter/mln-connects-newsletter-july-16-2026#_Toc235004140

DMEPOS. Railroad Medicare-Palmetto GBA. April 7, 2026 (republished July 23, 2026)

"The July 2026 Durable Medical Equipment Prosthetics, Orthotics and Supplies (DMEPOS) Jurisdiction list of which Healthcare Common Procedure Coding System (HCPCS) codes are under DME MAC-only jurisdiction or dual DME MAC/Part B MAC jurisdiction is now available. Any other codes not listed as DME MAC-only or dual DME MAC/Part B MAC jurisdiction will be considered to be A/B MAC (Part B)-only jurisdiction. This list of the HCPCS codes is updated on an as needed basis (usually quarterly) to reflect codes that have been added or discontinued (deleted) as part of the quarterly HCPCS update. Please share with appropriate staff."

https://palmettogba.com/rr/did/7gyg851325?cat=rr-specialties

Pre-Payment Review Results for Evaluation and Management (E/M) Services: Established Office and other Outpatient Visits for Q1 2026. Railroad Medicare-Palmetto GBA. July 24, 2026

RHW: The denial reasons were due to no Response to additional documentation request and lack of provider signature. Providers must always respond to such requests and always sign their records.

"The Railroad Retirement Board's Specialty Medicare Administrative Contractor's (RRB SMAC) Medical Review (MR) department conducted pre-payment reviews from January 2026 to March 2026 for Evaluation and Management (E/M) services, Established Office and Other Outpatient Visits. Please review and share with your staff."

https://palmettogba.com/rr/did/hc2snkdbxt?cat=rr-medical-review

OTHER

Ambetter Secure Provider Portal New Claims Page Layout. Magnolia New. July 10, 2026

Ambetter has an updated Claims page layout within the Secure Provider Portal designed to make claim management more intuitive and user-friendly. The redesigned experience helps providers quickly locate claims, monitor claim status, submit new claims, and access key claim details with fewer clicks and improved navigation.

Key Benefits for Providers

✅ The new layout shifts users from a long claims list to status-based tiles

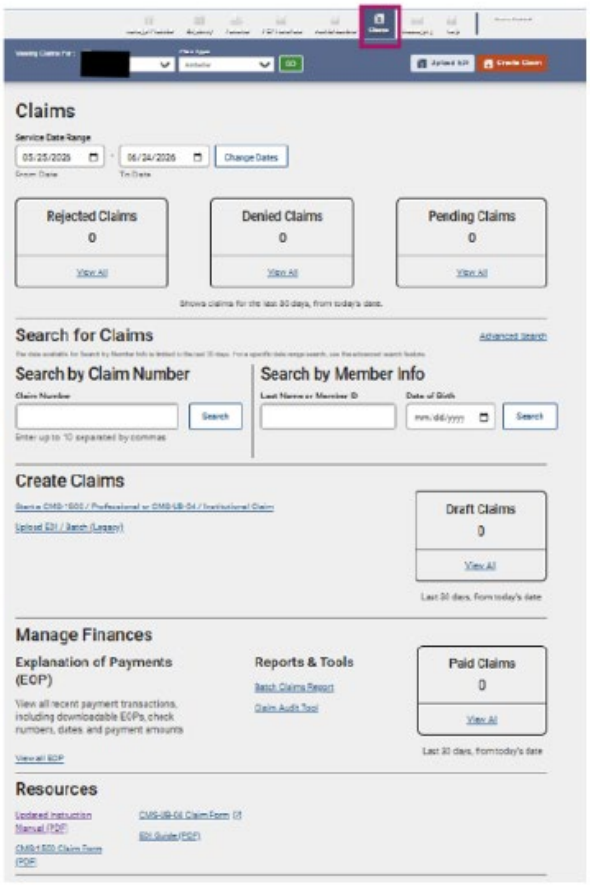
✅ Seach function is easier to find and use

✅ Create Claim section has the links listed on the main screen and allows providers easy access to drafted claims

✅ Core claims details remain available, with a cleaner layout

✅ Individual claims page shows clearer status tiles which also includes the submission date

✅ The new page ties the original and reconsideration claims numbers together



https://mailchi.mp/9212dd7d0ad1/pooscgsvfh-60462?e=6d63e1c4a4

Aetna: Glaucoma Surgery: (Commercial) Clinical Policy 0484. Effective July 14, 2026

"This CPB has been revised with the following changes to the medical necessity criteria for glaucoma surgery:

(i) to specify laser trabeculoplasty as first-line treatment of primary open angle glaucoma

(ii) goniotomy or 'ab interno' trabeculotomy, to specify use with selection requirements for:

a. pediatric or congenital glaucoma

b. open angle glaucoma, including normal tension glaucoma, performed as a standalone procedure or combined with cataract surgery,

c. use of any of the following trabecular meshwork tissue cutting and/or removing devices (e.g., Gonioscopy-assisted transluminal trabeculotomy [GATT], iAccess Precision Blade, Kahook Dual Blade [KDB], SION Surgical Instrument, Trabectome) for goniotomy or ab interno trabeculotomy; and

(iii) to add use of ab interno canaloplasty (e.g., iTrack, OMNI Surgical System, Streamline Surgical System) for the treatment of mild-to-moderate open angle glaucoma including low or normal-tension glaucoma, and pseudoexfoliative glaucoma with selection requirements.

This CPB has been revised to state that the replacement of the Xen gel stent is considered not medically necessary.

This CPB has been revised with the following changes to the experimental, investigational, or unproven indications:

(i) to add:

(a) goniotomy or ab interno trabeculotomy for all other indications, such as ocular hypertension and angle-closure glaucoma

(b) iStent Infinite combined with cataract surgery for the treatment of open-angle glaucoma

(ii) to remove select glaucoma treatments from this designation."

https://www.aetna.com/cpb/medical/data/400_499/0484.html

Aetna: Nasolacrimal Duct Obstruction: (Commercial) Treatments Clinical Policy 0420

"This CPB has been revised to state that nasolacrimal duct probing is considered medically necessary for nasolacrimal duct obstruction."

https://www.aetna.com/cpb/medical/data/400_499/0420.html

BCBS Federal Employee Plan: Genetic Testing for Macular Degeneration - Medical Policy. BCBS Federal. July 1, 2026

https://www.fepblue.org/-/media/PDFs/Medical-Policies/2026/July-2026/Medical-Policies/Remove-and-Replace/204103-Genetic-Testing-for-Macular.pdf

BCBS Federal Employee Plan: Ophthalmologic Techniques That Evaluate the Posterior Segment for Glaucoma - Medical Policy. BCBS Federal.

https://www.fepblue.org/-/media/PDFs/Medical-Policies/2026/July-2026/Medical-Policies/Remove-and-Replace/90306-Ophthalmologic-Techniques-That.pdf

BCBS Mississippi Corneal Collagen Cross-Linking. Policy Number A.9.03.28.BCBS MS. July 1, 2026

"Policy description updated regarding corneal collagen cross-linking treatments. Policy statements unchanged. Policy Guidelines updated regarding corneal collagen cross-linking products. Code Reference section updated to revise the code description for HCPCS code J2787."

https://www.bcbsms.com/policy-search/medical/policy-detail/corneal-collagen-crosslinking

Centene (Commercial, HIM/ICHRA, Medicaid) Clinical Policy: Oxymetazoline (Rhofade, Upneeq) Reference Number: CP.PMN.86. Effective Date: 06.01.19

"2Q 2022 annual review: no significant changes; added 60 g tube and 30 and 60 g pump formulations of Rhofade; references reviewed and updated."

https://portal.policyreporter.com/redirect/email/23388/11a1c01b9f911f07/5428765

Cigna Healthcare ID Card Quick Guide. Cigna. June 25, 2026

"We pack a lot of important information on our ID cards. When your patients with Cigna Healthcare® coverage present you with their ID card, either a physical or digital version, having the plan information you need at your fingertips allows you to quickly and efficiently serve them.

Our ID card brochure defines and clarifies the information that appears on our most common ID cards and outlines the requirements associated with our various plans, including managed care, Individual & Family Plans, Cigna Global Health Benefits®, Cigna Choice Fund®, Shared Administration Repricing, strategic alliance, Payer Solutions, and indemnity. …"

https://static.cigna.com/assets/chcp/pdf/resourceLibrary/usingIdCards/CignaHealthcareIDCard_2026_Brochure.pdf

Cigna Pharmacy Coverage. Ophthalmology – Qlosi Policy Number IP0738. Cigna Health. July 15, 2026

"New Policy"- minor name change

https://static.cigna.com/assets/chcp/pdf/coveragePolicies/pharmacy/ip_0738_coveragepositioncriteria_qlosi.pdf

AOA Members Can Utilize Health Plan Exclusion Toolkit. AOA First Look. July 7, 2026

Health plan exclusion of doctors of optometry negatively impacts patient care by creating unnecessary barriers to timely treatment, continuity of care and early disease detection. A plan's decision to limit the number of providers participating in a particular network is ultimately a business decision. One of the most effective ways to combat such decisions is for the employers and patients utilizing the plan to advocate directly to request that a specific provider be added to the network.

The AOA created a toolkit to help doctors of optometry and their patients with patient-directed letters to health plans, as well as doctor-targeted outreach to employers and HR leaders who influence coverage decisions within their organizations. The AOA understands this process is frustrating and complex; this toolkit aims to simplify the steps involved and equip doctors and patients with practical resources to support clear, effective advocacy.

Access the toolkit here.

Update On Centene Interpretation of Eye Exam Code Reporting. AOA First Look. July 7, 2026

Doctors in some states have received warning letters for their use of CPT 92004 and CPT 92014. Doctors are being warned of future audits based on code use. AOA believes Centene is misinterpreting CPT coding requirements and is in active discussions with Centene to address this issue.

Read more about this issue

Humana- Medicare: Ocular Surface Disease Diagnosis and Treatments (Medicare) - Medical Policy HUM-1174-005. July 1, 2026

Changes to criteria, coding, and supplementary information
https://mcp.humana.com/tad/tad_new/Search.aspx?searchtype=beginswith&docbegin=O&policyType=medical

Humana: Cequa, Restasis, Vevye (Medicare) - Pharmaceutical Policy. July 1, 2026
https://mcp.humana.com/tad/tad_new/Search.aspx?criteria=restasis&searchtype=freetext&policyType=both

Humana: Ophthalmic Prostaglandins (Medicare) - Pharmaceutical Policy. June 24, 2026
https://mcp.humana.com/tad/tad_new/Search.aspx?sortfield=reviewdate&policyType=pharmacy#:~:text=Ophthalmic%20Prostaglandins

Humana: Tyrvaya (Medicare) - Pharmaceutical Policy. July 1, 2026
https://portal.policyreporter.com/link/urlupdate/23388/1654f278ac06ad18/301199-5528181.pdf

UHC: Intracanalicular and Intravitreal Corticosteroid Implants Policy Number: CS2026D00107K. UHC Community Plan. August 1, 2026

Coverage Rationale Revised list of applicable intracanalicular and intravitreal corticosteroid implant products; removed Yutiq® (fluocinolone acetonide intravitreal implant)

Removed language indicating Yutiq is proven and medically necessary when all of the following criteria are met:

- o Diagnosis of chronic non-infectious uveitis affecting the posterior segment of the eye
- o Prescribed by or in consultation with an ophthalmologist
- o Dose does not exceed one implant per eye o Authorization is for no more than 60 days

https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/comm-plan/intravitreal-corticosteroid-implants-cs-08012026.pdf

Feel Good Story

At 91, He's Hiking the Appalachian Trail. Again. NY Times Morning. July 15, 2026

RHW: Dale Sanders is an OPTOMETRIST!

Dale "Grey Beard" Sanders once set the record as the oldest person to complete the roughly 2,190-mile trail. Now, he's back for his title.

https://www.nytimes.com/2026/07/14/well/appalachian-trail-hiking-record-grey-beard.html?campaign_id=9&emc=edit_nn_20260715&instance_id=178767&nl=the-morning&regi_id=131823494&segment_id=223122&user_id=f53db120bc541aa345a1e6b052861c11