

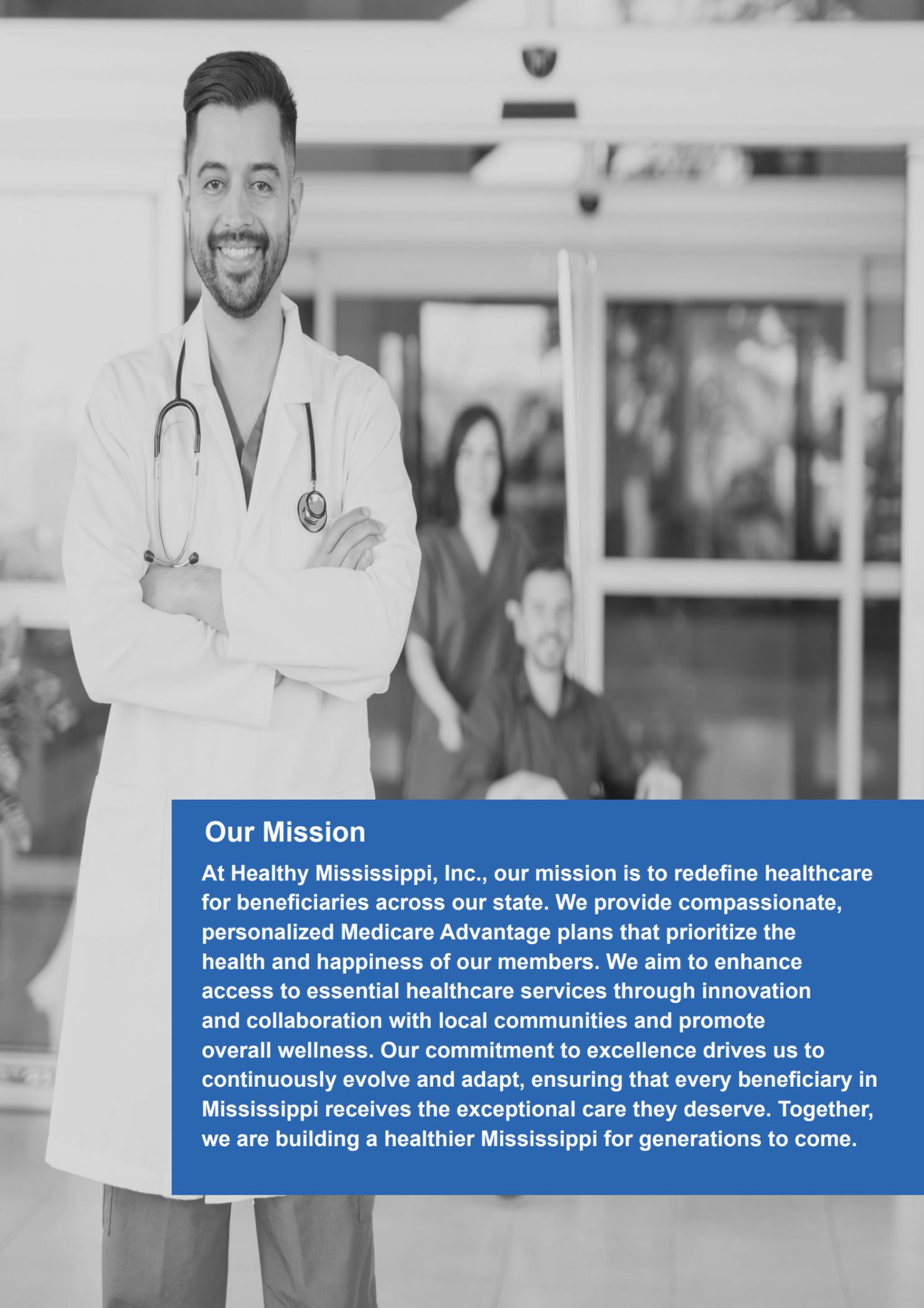


Provider Guide

2026

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Our Mission

At Healthy Mississippi, Inc., our mission is to redefine healthcare for beneficiaries across our state. We provide compassionate, personalized Medicare Advantage plans that prioritize the health and happiness of our members. We aim to enhance access to essential healthcare services through innovation and collaboration with local communities and promote overall wellness. Our commitment to excellence drives us to continuously evolve and adapt, ensuring that every beneficiary in Mississippi receives the exceptional care they deserve. Together, we are building a healthier Mississippi for generations to come.

Who We Are

At Healthy Mississippi, Inc., our goal is to improve the health and well-being of our members by offering comprehensive, accessible, and cost-effective healthcare services. We are dedicated to delivering personalized, high-quality care through an extensive network of providers - ensuring our members receive the right care, at the right time.



Benefits at a Glance

Benefits/ Services	Tier 1	Tier 2	OON-POS
Maximum Out-of-Pocket (MOOP)	\$3,850	\$3,850	\$3,850
Premium	\$0	\$0	\$0
Transportation	48 one-way trips, up to 75 miles	48 one-way trips, up to 75 miles	Must use Nations Benefits
Inpatient Hospital/ ACUTE	\$0 Copay, per stay	\$295 Copay per day, days 1-6, \$0 Copay per day, days 7-90	\$295 Copay per day, days 1-6, \$0 Copay per day, days 7-90
Emergency	\$110 Copay, Copay is waived if admitted within 24 hours	\$110 Copay, Copay is waived if admitted within 24 hours	\$110 Copay, Copay is waived if admitted within 24 hours
Primary Care	\$0 Copay	\$0 Copay	\$0 Copay
Fitness	\$50 Monthly Allowance	\$50 Monthly Allowance	\$50 Monthly Allowance
Specialist	\$0 Copay	\$30 Copay	\$30 Copay
Outpatient Diagnostic Procedures/ Tests	\$0 Copay	\$50 Copay	\$50 Copay
X-Rays	\$0 Copay	\$15 Copay	\$15 Copay
Ambulance Services	\$295 Copay per one-way trip	\$295 Copay per one-way trip	\$295 Copay per one-way trip
Over-The-Counter (OTC) Allowance	\$115 Quarterly Benefit Allowance	\$115 Quarterly Benefit Allowance	\$115 Quarterly Benefit Allowance

Allowances		
Dental: \$3,000	Vision: \$300	Hearing: \$1,950

SSBCI	
Grocery and General Supports for Living (Food and Produce - SSBCI)	\$90 combined quarterly benefit for qualifying members (SSBCI) - Chronic alcohol and other drug dependence, Autoimmune disorders, Cancer, Cardiovascular disorders, Chronic heart failure, Dementia, Diabetes, End-stage liver disease, End-stage renal disease (ESRD), Severe hematologic disorders, HIV/AIDS, Chronic lung disorders, Chronic and disabling mental health conditions, Neurologic disorders, Stroke, Overweight, obesity, and metabolic syndrome, Chronic gastrointestinal disease, Post-organ transplantation, Immunodeficiency and Immunosuppressive disorders, Conditions associated with cognitive impairment, Conditions with functional challenges, Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell, and Conditions that require continued therapy services in order for individuals to maintain or retain functioning.

Pharmacy Tiers	Preferred Retail and Mail Cost-Sharing (In-Network) (up to a 30-day supply)	Standard Retail and Mail Cost-Sharing (In-Network) (up to a 30-day supply)
Cost-Sharing Tier 1 (preferred generic)	\$0 Copay	\$0 Copay
Cost-Sharing Tier 2 (generic)	\$0 Copay	\$10 Copay
Cost-Sharing Tier 3 (preferred brand)	\$0 Copay	\$47 Copay
Cost-Sharing Tier 4 (non-preferred drug)	\$0 Copay	\$100 Copay
Cost-Sharing Tier 5 (specialty)	33% Coinsurance	33% Coinsurance

Medicare Advantage Provider Guide to Wellness Visits and Annual Physical Exam

	Initial Preventive Physical Exam (IPPE) Welcome to Medicare Exam	Annual Wellness Visit	Annual Preventive Physical Exam
Rationale	Promotes good health through disease prevention and early detection	Promotes early management of chronic conditions, modifiable risk factors, and preventive services	Adding the Physical Exam to the IPPE/ AWV enhances data collection and review leading to better identification of conditions, treatment planning, and risk adjustment documentation
Eligibility	One IPPE is covered per lifetime and must occur within the first 12 months after Part B coverage starts	One AWV is covered each year after the member has been eligible for Part B coverage for 12 months or longer	The physical exam is not covered by Medicare; however, Healthy Mississippi covers it as a supplemental benefit and encourages it to be performed in conjunction with the AWV
Coverage	Medicare Covers	Medicare Covers	Supplemental Benefit for Healthy Mississippi Members
Exam Components	<p>Review of medical and social history</p> <ul style="list-style-type: none"> • Functional Ability and Safety Assessment: Use standardized tools to assess ADLs, IADLs, Fall Risk, Hearing, vision, Home and community safety, driving ability, cognition, mental health, support services • SDOH needs and Social Risk Factors: Use a standardized tool to assess (must address needs identified) • Measure: Height, weight, BMI, blood pressure, balance and gait, visual acuity, others based on medical and social history as appropriate • End of Life Planning: Discuss Advanced Care Planning and Advanced Directives including psychiatric advanced directives • Review opioid use and Screen for potential substance use disorder • Education and counseling, refer for other preventive services appropriate for condition and age • Perform an ECG screening as appropriate (once in a lifetime covered service as preventive – establish baseline) 	<ul style="list-style-type: none"> • Establish/ Update medical and family history • Health Risk Assessment (HRA) gather self-reported information either prior to or during the AWV using a standardized tool • Review current providers and suppliers (Specialist, DME, etc.) • Measure height, weight, BMI, and Blood Pressure • Evaluate for <ul style="list-style-type: none"> • Cognitive impairment • Behavioral / mental health • Depression risk • Functional assessment • Safety assessment • Fall Risk • Hearing and Visual impairment 	<ul style="list-style-type: none"> • Vital Signs (T, P, R, B/P, O2 sat) • History of Present Illness • Comprehensive Review of Systems • Past Medical/Surgical History (shared with AWV component) • Immunization History • Medication Review and Reconciliation • Social History (Tobacco, ETOH, Drug) • Comprehensive Physical Exam (HEENT, Cardiovascular/ Distal Pulses, Pulmonary, Abdominal, Musculoskeletal, Neurologic, Dermatologic) • Other Exam components as clinically indicated

Provider Guide to Wellness Visits and Annual Physical Exam

Initial Preventive Physical Exam (IPPE)

Welcome to Medicare Exam

Exam Components

- Review of medical and social history
- Functional Ability and Safety Assessment: Use standardized tools to assess ADLs, IADLs, Fall Risk, Hearing, vision, Home and community safety, driving ability, cognition, mental health, support services
 - SDOH needs and Social Risk Factors: Use a standardized tool to assess (must address needs identified)
 - Measure: Height, weight, BMI, blood pressure, balance and gait, visual acuity, others based on medical and social history as appropriate
 - End of Life Planning: Discuss Advanced Care Planning and Advanced Directives including psychiatric advanced directives
 - Review opioid use and Screen for potential substance use disorder
 - Education and counseling, refer for other preventive services appropriate for condition and age
 - Perform an ECG screening as appropriate (once in a lifetime covered service as preventive – establish baseline)

Billing Codes

G0402
G0403
G0404
G0405
G0468* (FQHC Only)

USE modifier 25 to add Physical Exam and/or E&M services (Does not apply to Rural Access Clinics)

Annual Wellness Visit

- Provide health advice and referrals based on assessed needs in a written plan
- Provide Advanced Care Planning services at the member's discretion
- Establish list of risk factors and conditions
- Recommendation for interventions
- Social Determinants of Health Screening (can be part of the HRA process, see notes below)
- Review of medications
 - Prescribed medications
 - OTC medications
 - Opioid use
 - Other substance use
- Provide health advice and referrals based on assessed
- Provide Advanced Care Planning services at the member's discretion

G0438
G0439
G0468*(FQHC Only)

USE modifier 25 to add Physical Exam and/or E&M services (Does not apply to Rural Access Clinics)

Annual Preventive Physical Exam

- Lab work as appropriate for the evaluation and clinically indicated
- Appropriate specialty referral based on exam findings, continuity of care and/or clinical need.
- Assessment/Diagnosis, Status and Treatment Plan (DSP for Risk adjustment)
- Patient education and follow up instructions related to medications and treatment plan

Age 18 – 39
Initial 99385
Subsequent 99395

Age 40 – 64
Initial 99386
Subsequent 99396

Age 65+
Initial 99387
Subsequent 99397

Provider Guide to Wellness Visits and Annual Physical Exam

HEDIS, HOS, and Medicare Star Rating Measures that may be addressed in these visits:

- Blood Pressure Control
- Colorectal Cancer Screening
- Breast Cancer Screening
- Diabetic Measures
- A1c Control <9 for Medicare populations
- Diabetic eye exam
- Kidney Health Evaluation
- Use of Statins for Diabetes
- Depression Screening
- Care of Older Adults Medication Review (SNP)
- Care of Older Adults Functional Assessment (SNP)
- SDOH Screening and Intervention
- Cardiovascular Disease – use of a statin
- Adherence to blood pressure medications, Diabetic oral meds, and/or statins as prescribed
- Opioid and Benzodiazepine concurrent use
- Polypharmacy Use of Multiple Anticholinergic Meds
- Adult immunization status
- Advanced Directives
- Fall Risk Prevention
- Improving Bladder Control
- Monitoring of Physical Activity
- Improving Mental and Physical Health (2 measures)

Notes

- SDOH is important in assessing patient histories; in assessing patient risk; and in guiding medical decision making, prevention, diagnosis, care, and treatment. In the CY 2024 Medicare Physician Fee Schedule final rule, [CMS] added a new SDOH Risk Assessment as an optional, additional element of the AWV. At both yours and the patient's discretion, you may conduct the SDOH Risk Assessment during the AWV. Use this HCPCS code to file SDOH Risk Assessment claims as an optional AWV element. Use G0136- Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5-15 minutes. Bill with modifier 33.
- Using Modifier 25 is acceptable as a significant, separately identifiable, medically necessary service being performed in the same visit as the IPPE/ AWV and is covered by HMI as well as Medicare.
- Use CPT codes to bill for Advanced Care Planning along with the IPPE/ AWV. Use 99497 for the first 30 minutes of discussion and 99498 for each additional 30 minutes.

Provider Guide to Wellness Visits and Annual Physical Exam

Differences between the AWV and Physical Exam

- Physical exam is more comprehensive than AWV
- AWV mainly consists of assessments and screenings that do not require a physical exam and focuses on patient's self-reporting
- The physical exam requires information included in the AWV screenings but needs additional information for a comprehensive evaluation
- Annual physical will likely include labs and other test requiring physical contact

Component	AWV	Physical Exam
Medical and Family History	X	X
Health Risk Assessment (HRA)	X	
Personal Preventive Plan including Risk Factor modification	X	
Treatment Plan		X
Vital Signs	X	X
Height, Weight, BMI	X	
Fall Risk Assessment	X	
Safety Assessment	X	
SDOH Screening	X	
Risk Factor Screening	X	
Education and Counseling	X	X
Medication Review	X	
ADL and Functional assessment	X	
Advanced Care Planning	X	
Comprehensive review of Systems		X
Lab work or other testing based on exam findings		X
Referrals for further treatment		X

Resources



• Medicare Learning Network: <https://hms.healthy-ms.com/MLN>



• CDC: A Framework for patient-centered health risk assessments, providing health promotion and disease prevention services to Medicare beneficiaries at <https://hms.healthy-ms.com/CDC>



• American College of Physicians Medicare's Annual Wellness Visit: Coding and Billing a Medicare AWV at <https://hms.healthy-ms.com/ACPAWV>



• [Healthy Mississippi Provider Manual](#)

Provider Attestation for SSBCI Eligibility

To qualify for SSBCI, members must meet the following criteria:

- Has one or more comorbid and medically complex chronic conditions that is life threatening or significantly limits the overall health or function of the enrollee
- Has a high risk of hospitalization or other adverse health outcomes
- Requires intensive care coordination

Please complete the form attesting that the patient meets the above criteria and document qualifying conditions the patient had been diagnosed with. The form can be accessed for download by scanning the QR code below or clicking here:

<https://hms.healthy-ms.com/SSBCIform>



SSBCI Attestation Form

Qualifying conditions: Chronic alcohol and other drug dependence, Autoimmune disorders, Cancer, Cardiovascular disorders, Chronic heart failure, Dementia, Diabetes, End-stage liver disease, End-stage renal disease (ESRD), Severe hematologic disorders, HIV/AIDS, Chronic lung disorders, Chronic and disabling mental health conditions, Neurologic disorders, Stroke, Overweight, obesity, and metabolic syndrome, Chronic gastrointestinal disease, Post-organ transplantation, Immunodeficiency and Immunosuppressive disorders, Conditions associated with cognitive impairment, Conditions with functional challenges, Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell, and Conditions that require continued therapy services in order for individuals to maintain or retain functioning.

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Healthy Mississippi, Inc.
10 Canebrake Boulevard, Suite 110
Flowood, MS 39232
1-833-201-6413 TTY: 711