

## **MSCAN Claims (Medical Only) – Frequently Asked Questions**

1. What is the timely filing limit for original claim submissions? Within 180 days of the date of service.
2. What is the timely filing limit for Corrected Claims, Reconsiderations, and Claim Appeals?
  - Corrected Claims - 90 days from the date of notification of payment or denial issued
  - Claim Reconsiderations - 90 days from the date of notification of payment or denial issued
  - Claim Appeals – 30 days from the date of receiving Magnolia’s notice of Adverse Benefit Determination

3. If I choose to submit an original claim via paper, where should I send it?

Magnolia Health  
Attn: Claim Department  
PO Box 3090  
Farmington, MO 63640-3825

4. If I choose to submit my Corrected Claims, Reconsiderations, and Claim Appeals via paper where should I send it?

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| Magnolia Health<br>Attn: Corrected Claim<br>PO Box 3090<br>Farmington, MO 63640-3800 | Magnolia Health<br>Attn: Reconsideration<br>PO Box 3090<br>Farmington, MO 63640-3800 | Magnolia Health<br>Attn: Appeal<br>PO Box 3090<br>Farmington, MO 63640-3800 |
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5. What is the difference between a Corrected Claim, Reconsideration, and Claim Appeal?
  - Corrected Claim – A corrected claim is a replacement of a previously submitted claim (e.g., changes or corrections to charges, diagnosis or procedure codes, dates of service, member information, etc.).
  - Reconsideration – A request for reconsideration is a written communication from the provider about a disagreement in the way a claim was processed but does not require a claim to be corrected and does not require medical records.
  - Claim Appeal - A claim Appeal is to be used only when a provider has received an unsatisfactory response to a request for reconsideration. \*The Claim Appeal Form must be used in this step and can be located on the provider resource section at [www.MagnoliaHealthPlan.com](http://www.MagnoliaHealthPlan.com).\*



6. What is the difference between a claim rejection and a claim denial?
- Claim Rejection - An unclear claim that contains invalid or missing data elements required for acceptance of the claim into the claim processing system. These data elements are identified in the Companion Guide located on the website at [www.MagnoliaHealthPlan.com](http://www.MagnoliaHealthPlan.com). Please refer to our Provider Manual for a list of common upfront rejections. A rejected claim is not received in our processing system and timely filing does not stop if the claim is rejected.
  - Claim Denial - A claim that has passed minimum edits and is entered into the system, but has been billed with invalid or inappropriate information causing the claim to deny. Please refer to our Provider Manual for a list of common denials.
7. If I contact Provider Services regarding a claim where I received an unsatisfactory response, should I still file a claim reconsideration? Yes, most claims require supporting documentation for the claim to be reconsidered.
8. Can I submit reconsiderations through your web portal?
- Yes, to register for the secure portal, please click on this link. <https://www.magnoliahealthplan.com/providers/login.html>. Once access has been granted, you will have the ability to submit reconsiderations via the portal. Note: Appeals cannot be submitted via the portal at this time.
9. What are the definitions of Complaint and Grievance?
- Complaint – A complaint is any provider expression of dissatisfaction expressed by a complainant to the Plan orally or in writing that is of a less serious or formal nature that is resolved within one (1) business day of receipt, about any matter related to the Plan other than a determination of Medical Necessity for a service. A complaint also includes matters of misunderstanding or misinformation that can be promptly resolved by clearing up the misunderstanding, or providing accurate information to the provider.
  - Grievance – An expression of dissatisfaction expressed by a grievant to the Plan orally or in writing about any matter or aspect of the Plan or its operation, other than a Plan Action or determination of Medical Necessity for a service. A grievance does not include matters of misunderstanding or misinformation that can be promptly resolved by clearing up the misunderstanding or by providing accurate information to the provider. A grievance includes, but is not limited to, the quality of care or services provided, or aspects of interpersonal relationships.



10. When should a Complaint or Grievance be filed?

- Complaint – A complaint can be filed within thirty (30) calendar days of the date of the event causing the dissatisfaction.
- Grievance - A grievance can be filed within thirty (30) calendar days of the date of the event causing the dissatisfaction.

11. How should I submit a Complaint or Grievance?

- Complaint/Grievance – A complaint or grievance can be filed through Provider Services at 1-866-912- 6285; Relay 711 or mailed to the following address:

Magnolia Health  
Attn: Provider Services Complaints/Grievances  
111 East Capitol St., Suite 500  
Jackson MS 39201

12. What is the process for updating our financial address?

- Fax - Fax your request on company letterhead to 1-866-480-3227. The request must include the TIN, Group NPI, and accompany a W9 with the appropriate financial address OR
- Email – Email your request on company letterhead to [Magnoliacredialing@centene.com](mailto:Magnoliacredialing@centene.com). The request must include the TIN, Group NPI, and accompany a W9 with the appropriate financial address.

13. Where can I obtain a copy of my EOP?

- Payspan – to register for EFT/ERA, please click here:  
<https://www.magnoliahealthplan.com/content/dam/centene/Magnolia/medicaid/pdfs/How-to-Register-for-PaySpan-PDF.pdf>
- Our Secure Web portal – to register, please click here:  
<https://www.magnoliahealthplan.com/providers/login.html>
- Mail – If you are not signed up for Payspan, your EOPs will be issued through the mail. You will still be able to locate them via our Secure Web portal



14. What documentation is required to be included in an invoice or quote for DME equipment/supplies?

- Date (The invoice must not be older than one (1) year prior to the date of the request)
- Manufactures name
- MSRP or provider cost of the DME
  - i. Magnolia also accepts price lists and catalog pages of the product. They must also include the items reference above.

