Web Portal Presentation



🚱 magnolia health.		Login Find a Prov	vider	Contact Contact	Search Js Newsroom Events Careers For Providers CHIP
Magnolia Health Plan > For Providers					
					20
Levie					
Login		Eligibility Verification		2,	
Become a Provider		Important Notifications		e	
ICD-10 Overview		PaySpan-EFT/ERA (Payformance)			
Practice Improvemen Resource Center (PIF	t RC)	Provider Training			
Pre-Auth Needed?					-5

Provider Tutorial - Public & Secure Sites - 2015





Public Website



For Members



A health insurance company for Mississippi's Medicaid population, and now participating in the new healthcare Market Place Exchanges.

HE WITE

Find Health Plans

Medicaid

MississippiCAN

Ambetter *Health Insurance Marketplace*

CHIP

Mississippi Children's Health Insurance Program

S Medicaid

Transforming the health of our community one person at a time.

earn More



Read More ...

Mississippi CHIP Program

Magnolia and MPCN Partner for MS CHIP

Read More ...

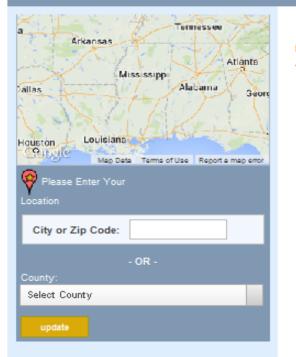
Transportation - MTM, Inc. (866) 331-6004

Find a Provider



Magnolia Health Plan [chan

Find a Provider



Finding a Provider is Quick and Easy You can search by last name, facility name or by specialty.

We've Mapped Your Location

Search the Way You Want

- Reprovider search the person's first and/or last name
- Hospital search the hospital by name
 - Other there are many other types of medical providers such as:

FQHC - Federally Qualified Health Center RHC - Rural Health Clinic Health Departments, DMEs and Pharmacies and many more

Important Notifications



😥 magnolia health	C Login Find a Provider	Search ontact Us Newsroom Events Careers For Members For Providers
Magnolia Health Plan > For P	roviders > Important Notifications	
Importan	t Notifications	
Advanced Imaging	Quantitative Drug Testing for Drugs of Abuse & <i>Molecular Diagnostic</i>	Phone Numbers (866) 912-6285
ATTENTION: OB Providers	Effective June 13, 2014, all of the codes in the document below will require Prior Authorization	Fax: (866) 480-3227 8 a.m. – 5 p.m. (CST) Monday – Friday
Become a Provider Claims	Magnolia Health requires prior authorization as a condition of payment for many services, including many that are categorized as Quantitative Drug Testing for Drugs of Abuse or Molecular Diagnostic Testing. This Notice contains	Resources
Clinical and Preventive Guidelines	information regarding such prior authorization requirements and is applicable to all products offered by Magnolia Health. Quantitative Drug Testing for Drugs of Abuse & Molecular Diagnostic Testing	Contracting Credentialing Material Forms & Applications
Division of Medicaid	(PDF)	Manuals & Reference Guides Pharmacy Pre-Authorization Needed?
Electronic Transactions	In keeping with the compliance of the Affordable Care Act (ACA), Magnolia "Pregnancy Only" members will now receive full benefits effective January 1,	You will need Adobe Reader to open PDFs on this site.

Pre-Auth Needed?



Magnolia Health offers a Pre-Authorization tool to assist providers with determining what services may or may not require a pre-authorization by HCPCS code.

Note: All non-participating providers require a preauthorization.

-	Contact Us Login Find a Provider For Members I Providers > Pre-Auth Needed? > Medicaid Pre-Auth Needed? Pre-Auth Needed? Pre-Auth Needed?	Newsroom For Provi	
Advanced Imaging ATTENTION: OB Providers Become a Provider Claims Clinical and Preventive	DISCLAIMER: All attempts are made to provide the most current information on the Pre-Auth New NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provide billing practices. For specific details, please refer to the provider manual. If you are uncertain that please submit a request for an accurate response. Vision Services and all services performed by an Ophthalmologist or Optometrist needs to Dental Services need to be verified by Dental Health & Wellness. Behavioral Health/Substance Abuse need to be verified by Cenpatie Non-participating providers must submit Prior Authorization for all services for non-participating providers, Join Our Network.	r contracts at prior auth o be verified co.	, correct coding orization is nee
Guidelines Division of Medicaid Electronic Transactions Eligibility	Basic laboratory chemistries and basic radiology do NOT require prior authorizatio participating providers. Are Services being performed in the Emergency Department or Urgent Care Cent Planning services billed with a V25 to V25.9 diagnosis? YES 디 NO I코	er, FQHC (
Suidelines Division of Medicaid Electronic Transactions Eligibility /erification	participating providers. Are Services being performed in the Emergency Department or Urgent Care Cent Planning services billed with a V25 to V25.9 diagnosis?	er, FQHC (
Suidelines Division of Medicaid Electronic Transactions Eligibility /erification Family Planning	participating providers. Are Services being performed in the Emergency Department or Urgent Care Cent Planning services billed with a V25 to V25.9 diagnosis? YES 디 NO I코	er, FQHC o	or RHC, or Far
Suidelines Division of Medicaid Electronic Transactions Eligibility Verification Family Planning Find My Provider	participating providers. Are Services being performed in the Emergency Department or Urgent Care Cent Planning services billed with a V25 to V25.9 diagnosis? YES 디 NO 더 Types of Services	er, FQHC o YES	NO
Guidelines Division of Medicaid Electronic Transactions Eligibility Verification Family Planning Find My Provider Representative	participating providers. Are Services being performed in the Emergency Department or Urgent Care Center Planning services billed with a V25 to V25.9 diagnosis? YES IN NO IN Types of Services Is the member having observation services between 8 and 24 hours?	er, FQHC (YES	NO
Guidelines Division of Medicaid Electronic Transactions Eligibility Verification Family Planning Find My Provider Representative IICD-10 Overview Important	participating providers. Are Services being performed in the Emergency Department or Urgent Care Centre Planning services billed with a V25 to V25.9 diagnosis? YES NO Types of Services Is the member having observation services between 8 and 24 hours? Are anesthesia services being rendered for pain management or dental surgeries?	YES	NO ie ie
Preventive Guidelines Division of Medicaid Electronic Transactions Eligibility Verification Family Planning Find My Provider Representative ICD-10 Overview Important Notifications PaySpan-EFT/ERA (Payformance)	participating providers. Are Services being performed in the Emergency Department or Urgent Care Centre Planning services billed with a V25 to V25.9 diagnosis? YES NO Types of Services Is the member having observation services between 8 and 24 hours? Are anesthesia services being rendered for pain management or dental surgeries?	YES	NO ie ie

To submit a prior authorization Login Here.

Practice Improvement Resource Center (PIRC)

Provider Training



- Provider Training Documents
- Presentations
- Instructional Guides

😥 magnolia health.	Login Find a Provider For Men	Contact Us Newsroom Events Careers Definition For Providers CHIP
Provider		
Advanced Imaging	Training Vignettes for Provider Secure Portal	Phone Numbers
ATTENTION: OB Providers	Provider Secure Website Vignettes (PDF) Creating and view g Prior Authorizations on the Provider Secure	(866) 912-6285 Fax: (866) 480-3227 8 a.m. – 5 p.m. (CST)
Become a Provider	Portal	Monday – Friday
Claims	Please open the link below to learn how to create a Prior Authorization on the Provider Secure Portal as well as view an existing Prior Authorization.	Resources
Clinical and Preventive Guidelines	Instructions for PA on Secure Portal	Contracting Credentialing Material Forms & Applications Manuals & Reference Guides
Division of Medicaid	See the link below for upcoming provider workshops:	Pharmacy Pre-Authorization Needed?
Electronic Transactions	Outpatient Imaging Webinars (PDF)	You will need Adobe Reader to open PDFs on this site.
Eligibility Verification		Get ADOBE' READER' Download the free version of Reader
Family Planning		



Provider Secure Website Vignettes

Function	Description of Demo	Link to Demo
Intro for the Web Demos	A brief introduction to the demos.	This is part of the New Account Registration demo
1) New Account Registration	Steps to register for a new account.	New Account Registration
2) Logging In and Out	Demonstrates logging in and out of the account.	Logging in and out demo
3) Account Management	Demonstrates updating an accovery's security questions, changing password and adding a TIM.	Account Management
4) User Management	Demonstrates how to manage users who have access to the account and their permissions.	User Management
5) Quick Eligibility Check	Demonstrates how to check patient eligibility from the quick eligibility search on the landing page.	Ouick elizibility check demo
6) Patient Eligibility	Demonstrates how to check patient eligibility from the eligibility link. Also, accessing the patient record from the patient list.	Checking patient eligibility Access patient record from patient list
7) Patient List and Download	Demonstrates accessing the patient list, how to download it to a local server or hard drive and finding a patient from the patient list.	Patient list download and finding a patient

Practice Improvement Resource Center (PIRC)

The Practice Improvement **Resource Center (PIRC) offers** information to assist providers be more efficient and make resources available 24 hours a day:

Forms and Guides for the following:

- Contracting/Credentialing
- **Prior Authorizations**
- Claims
- Provider Manual
- Magnolia Vendors
- **HEDIS Reference Guides**
- Pharmacy PDL's and Guides
- **Provider Training**
- **Clinical Practice Guidelines**
- Updates..... and more!!



5 Search Contact Us Newsroom Events Careers magnolia health. Login Find a Provider Magnolia Health Plan > For Providers > Practice Improvement Resource Center (PIRC)

Practice Improvement Resource Ce

Advanced Imaging ATTENTION: OB Providers

Become a Provider

Claims

Clinical and Preventive Guidelines

Division of Medicaid

Electronic Transactions

Eligibility Verification

Family Planning

Find My Provider Representative

ICD-10 Overview

Important Notifications

PaySpan-EFT/ERA (Payformance)

Pharmacy

Practice Improvement **Resource Center** (PIRC)

Newsletters

Contracting

Contract Request Form (PDF)

Credentialing Material

- · Provider and Practitioner Credentialing Rights (PDF)
- Practitioner Credentialing Application 2014 (PDF) Magnolia Location Form (PDF)
- · Provider Update Form for Contracted Providers (PDF)
- MID Form (PDF)
- W-9 Form (PDF)
- Ownership and Controls Disclosure Form (PDF) CAQH Brochure (PDF)

Forms & Applications

- New Prior Authorization Forms (PDF)
- Outpatient Prior Authorization Form (PDF)
- Outpatient Prior Authorization Training Document Form (PDF)
- · Prior Authorization Smart Sheet How To (PDF) Provider Notification of Pregnancy Form (PDF)
- Prenatal Vitamin Form (PDF)
- Connections Referral Form (PDF)
- · Claim Dispute Form (PDF)
- Hospice Physician Form (PDF)
- Provider Complaint-Grievance Form 2014 (PDF)
- DOM Hysterectomy Acknowledgement Form PDF (PDF)
- · Application for MS Family Planning Services (PDF)
- Provider CM DM Referral Form (PDF)
- Foster Care Health Information Form (PDF)
- Discharge Consultation Documentation Form (PDF)

Manuals & Reference Guides

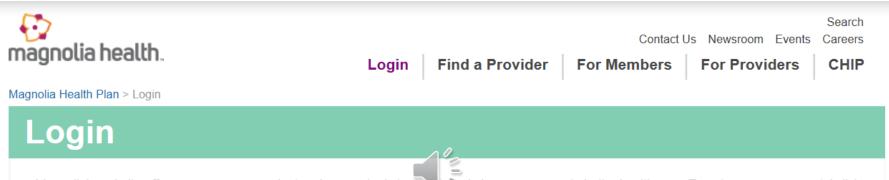
- Provider Manual (PDF)
- Prior Authorization List (PDF)
- Provider Reference Card (PDF)
- PaySpan (PDF)
- HEDIS Quick Reference Guide Adult (PDF)
- HEDIS Quick Reference Guide Pediatric (PDF)
- HEDIS Quick Reference Guide Women (PDF)
- Quick Reference Guide for EPSDT Codes (PDF)

magnolia health.

For Members	For Providers CHIP
nter (F	PIRC)
	Phone Numbers 866) 912-6285 ax: (866) 480-3227 a.m. – 5 p.m. (CST) Ionday – Friday
F	lesources
F	redentialing Material orms & Applications Ianuals & Reference Guides harmacy re-Authorization Needed?
F	ou will need Adobe Resder to open DFs on this site.
	ownload the free version of Reader

Secure Website Login





Magnolia's website offers you many convenient and secure tools to assist and give you-access to better health care. To enter our secure portal click on the login button. A new browser window will open where you can login or register.

Member Secure Login/Registration

- Information about your current PCP
- Request to change your PCP
- Important forms available for you

Provider Secure Login/Registration

- Verify member eligibility
- Check and submit claims
- Submit and confirm authorizations
- View detailed patient list





Secure Web portal



+	IEALTH PLAN SHOWCASE	Features Join Our Network CREATE ACCOUNT
	ols You Need Now! been designed to help you get your job done.	Login User Name (<i>Email</i>) Password
	Check Eligibility Find out if a member is eligible for service. Authorize Services	Login Forgot Password / Unlock Account
✓✓	See if the service you provide i	e An Account. Account? I simple, give it a try. Create Ar, Account

Verifying Eligibility



HEALTH PL/	A N E		Eligibility	L Patients	Authorizations	S Claims	Messaging	Bi
iewing Dashboard For :								
Quick Eligibility Ch						Welco	me	
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<mark>©</mark>	John369448 Do	e369448	MO	50ILE0050	5			
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If you are registered under more than one TIN, please select the appropriate TIN.

Verifying Eligibility



HEA SH	LTH PLAN OWCASE		Eligibility	L Patients	Z Authorizations	S Claims	Messaging	Billing Rep
fiewing Eligibility Fo	r:							
-liath life	Cheek							
Eligibility	Member ID or Last Name	DOB		10				
03/11/2013			Check El	0				🖨 Print
ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKE	Đ	CARE GAPS			
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Submitting an Authorization



Viewing Eligibility For							
Eligibility	Check						
Date of Service 04/18/2013	Member ID or Last Name	DOB	ettec Efgibili	ty			e Print
ELIGIBLE	DATE OF SERVICE	PATIENT NAME DATE	CHECKED				
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Verwing Eligibility for : Back to Eligibility Check John269 Doe205 Overview Cost Sharing Action 1 formation PCP Information PCP Information Health Record Name John1589 Doe205 Care Plan Authorizations Ordination of B Click the Authorizations Page 39 years old Coordination of B Click the Authorizations Paident Information PCP Information PCP Information Address 95458 Main Street Address 95458 Main Street Address 95459 Main Street Authorizations Practice Type INTERNAL MEDICINE Phone Number (555) 555-1234 Dispone State Type PCP History Name Stat Date End Date Ording State Type State Type (State Type INTERNAL MeDICINE Name Stat Date End Date							

Create a New Authorization



HEALTH PLAN SHOWCASE		Eligibility	L Patients	Z Authorizations	(\$ Claims	Messaging	Billing Rep 🚽
Viewing Eligibility For :	The patient's autho	orizatio	ns for	the past 1	12 mo	nths are	1
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Back to Eligibility Check John2	269 Doe205						
Overview	Authorizations						
Cost Sharing	STATUS AUTH NBR	RON	I DATE	TO DATE	AUTH T	YPE	SERVICE
Assessments	APPROVE OP0048390147	10/0	3/2012	10/31/2012	OUTP	ATIENT	Office Visit
Health Record							
Care Plan	Create a New Authorization						
Authorizations							
Coordination of Benefits							
Claims							

Authorizations – Step 1



Viewing Authorizations For :		Smart Sheets	te Authorization
Authorizations for <u>John269 Doe205</u>	Your Progress	\rightarrow \rightarrow \rightarrow	
THIS SECTION: Service Type Please s	elect a service type.		
Service Type	There are six steps to creating a are tracked in the pro	n authorization. These step ogress bar above.	S
Service Type	Select a Service Type		
Contact Information Please list the individual to contact for questions	related to this Authorization		
Name	Billing Rep		
Phone			
Fax			
		1	Next →

Step 1 Continued



	•	Smart Sheets	Create Authorization
Authorizations for <u>John269 Doe205</u>	Your Progress	\rightarrow	•
THIS SECTION: Service Type Please se	elect a service type.		
Service Type			
Service Type Contact Information Please list the individual to contact for questions r Name Phone	Select a Service Type Medical Outpatient Biopharmacy Cochlear Implants & Surgery DME Genetic Testing & Counseling Home Health Hospice Neuropsych Testing Observation Office Visit Orthotics Outpatient Serv Outpatient Serv Outpatient Serv Outpatient Serv Dutpatient Serv Dutpatient Serv Dutpatient Serv Cother Servation Office Visit Orthotics Outpatient Serv Cother Servation Office Visit Outpatient Serv Cother Servation Other Servation Outpatient Servation Cother Servation Cother Servation Outpatient Servation Cother Servation Cother Servation Outpatient Servation Cother Servation Servation Servation Cother Servation Cother Serv	priate Service authorization, fice Visit.	

Step 1 Continued



Octvice Type Please	select a service type.				
Service Type					
Service Type	Office Visit	•			
Contact Information					
Contact mormation					
Please list the individual to contact for questions	related to this Authorization				
Name	Billing Rep				
Name	Billing Rep				
Phone	(555) 555-5555				
			Jha		
Phone	(555) 555-5555		ĥ		

Authorizations – Step 2



Viewing Authorizations For :		Smart Sheets	Create Authorization
Authorizations for <u>John269 Doe205</u>	Your Progress	\rightarrow \rightarrow \rightarrow \rightarrow	
THIS SECTION: General These are general I	nedical questions.		
Service Dates	The first step is completed step per the progress generation of the step per the progress generation of the step per the progress of the step per th	ted and this screen begins ss bar above. This section al medical questions.	the second contains
Start Date			
End Date			
Total Units/Visits/Days			
Diagnosis			
Primary Diagnosis	Find		
Additional Diagnosis	Find		

Smart Sheets



Authorizations for <u>John269 Doe205</u>	Your Progress		>	\rightarrow	>	
THIS SECTION: General These are general	medical questions.					
Service Dates						
Start Date						
End Date						
Total Units/Visits/Days						
Diagnosis						

Smart Sheets Continued



Display Terms and Conditions

InterQual SmartSheets

SmartSheets for procedures or DME are available for your use. The use of SmartSheets is recommended as they provide us with the information we can use to complete your request.

Instructions: Find the appropriate SmartSheet, complete and add as an attachment to your web authorization request.

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eroso	I Deli	very D	Devices	Contr	olled d	ose inh	alation	drug o	deliver	y syste	em													
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Authorizations Step 3



Viewing Authorizations For :	Smart Sheets Create Authorization
Authorizations for <u>John269 Doe205</u>	Your Progress
THIS SECTION: Select Providers The	se are provider selections.
Requesting Provider Information	Step three, provider information section. Note: Provider can be found using their NPI or Last Name . This demo uses the NPI .
Provider NPI	Find Provider
Provider First Name	
Provider Last Name	Find Provider
Provider TIN	
Provider Phone	
Provider Fax	
Servicing Provider Information	

Authorizations – Step 4



HEALTH PLAN SHOWCASE	Image: Second state Image: Second state Image: Second state Billing Rep Eligibility Patients Authorizations Claims Messaging
Viewing Authorizations For :	Smart Sheets Create Authorization
Authorizations for John269 Doe205	Your Progress
THIS SECTION: Questionnaire Thes	se are questions specific to Office Visit.
Office Visit	Step four, additional information section. This section is required. The box is free form text.
Additional Information:	
← Previous	Next →

Step 4 Continued



Authorizations for <u>John269 Doe205</u>	Your Progress	\rightarrow \rightarrow \rightarrow	
THIS SECTION: Questionnaire These	are questions specific to Office Vi	sit.	
Office Visit			
Additional Information:	Please see attached Smart Sheet.	Turne energiadatione l'int	
		Type any additional inf appropriate.	ormation as
← Previous			Next →
			5

Authorizations – Step 5



Authorizations for John26	69 Doe205	$\rightarrow \rightarrow $	
THIS SECTION: Attachments		Step five, attachments section.	
Attachiments	Upload any relevant attachments. (5Mb limit)	Note: There is a 5MB limit on the file size	
Attachments Brows	e Attach		
← Previous		Next -	

Authorizations – Step 6



Authorizations for	John269 Doe205 Your Progress	
come back here an	an authorization. If you need to review your information, please do so now.	ke them and then
← Previous	Step six, if you need to review the authorization before submitting, now is the time to do it. Click the Previous button to review previous steps.	Submit Authorization

Review & Submit



Authorizations for John269 Doe205	Your Progress	$\rangle \rangle \rangle$		
Review and Submit Ple come back here and hit submit.	view your information, please to sonow.	ny corrections need to be	e made, make them and th	en
← Previous			Submit Authoriza	ation
	Click th	ne Submit Auth button.	orization	ħ
Instruction Manual (PDF)	Terms & Conditions Privacy Policy	Copyright © 2012, Centene C)

Authorization Complete



Viewing Authorizations For :			Sma	rt Sheets	Create Authorization
Authorizations for <u>John269 Doe205</u>	Your Progress				
THIS SECTION: Congratulations! Your aut	horization has been submitted.			_	
Thanks for submitting your authorization. Please check	back in 24 hours for an approx				
Authorization for Member for Office Visit					
Your confirmation number is #1002361 .	number provided at this as a search filter.	point ca	n be used		\mathbf{k}
Instruction Manual (PDF)	Terms & Conditions Privacy Policy	Copyright © 2	2012, Centene Co	 rporation	

Searching for Authorizations



Viewing Authoriz	ations For : 292090695	•			Smart Sheets	Create Authorization
Authoriz	ations Processed	Errors Important	Ф			Q Search
Authorizatio	on Number: 1002361	Sea	rch			
STATUS	AUTH ID	MEMBER	Click the Searc	h button	AUTH TYPE	SERVICE
APPROVE	IP0080390157	John150 Doe550	02/20/2013	12/31/9999	INPATIENT	Medical
APPROVE	IP0080398128	John6756 Doe1256	02/20/2013	02/21/2013	INPATIENT	Medical
PEND	IP0079509332	John1070 Doe9469	02/15/2013	12/31/9999	INPATIENT	Medical
APPROVE	IP0080468777	John716 Doe44	02/10/2013	12/31/9999	INPATIENT	SNF-Custodial
APPROVE	IP0078031157	John3263 Doe12218	02/10/2013	02/15/2013	INPATIENT	Medical
APPROVE	IP0078029029	John3514 Doe11986	02/09/2013	02/13/2013	INPATIENT	Medical
VOID	OP0076212929	John3704 Doe8326	02/06/2013	04/30/2013	OUTPATIENT	DME
VOID	IP0076440120	John412 Doe2800	02/04/2013	12/31/9999	INPATIENT	Medical
APPROVE	IP0076054304	John1070 Doe9469	02/03/2013	02/08/2013	INPATIENT	Medical
APPROVE	IP0063453090	John17238 Doe17239	02/01/2013	12/31/9999	INPATIENT	SNF-Custodial
APPROVE	IP0063960816	John6556 Doe5445	02/01/2013	12/31/9999	INPATIENT	SNF-Custodial
APPROVE	IP0063987708	John7835 Doe2191	02/01/2013	12/31/9999	INPATIENT	SNF-Custodial

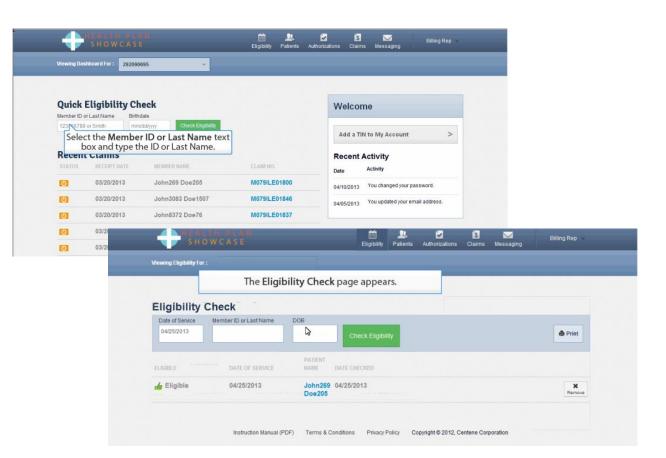
Authorization Status



Authorizations Proce	ssed Errors Important	Q Search
Authorization Number:	Search C	
Submitted	MEMBER FROM DATE T	TO DATE AUTH TYPE SERVICE Office Visit

Submitting Claims





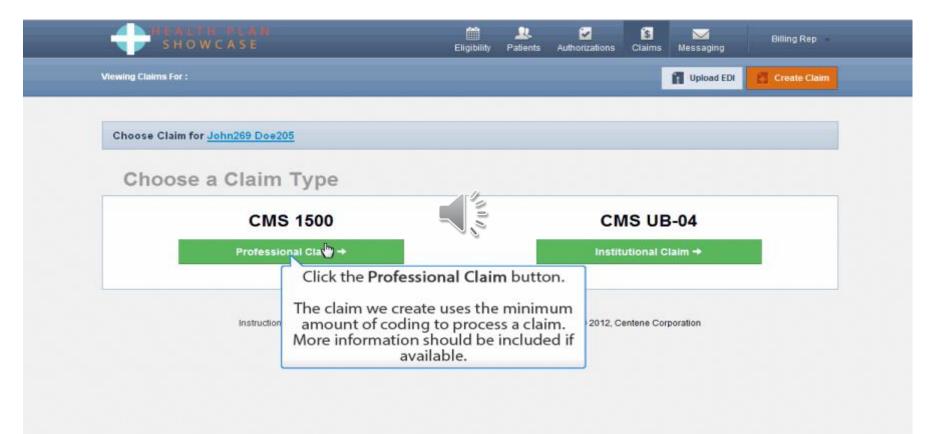
Submitting Claims



HEALTH PLAN SHOWCASE			Eligibility Patien	ts Authorizations Clain		Billing Rep			
Aewing Patients For :						L Find Patien			
Back to John 269 Doe 2	205	The patient record page appears.							
Overview	,								
Cost Sharing	🎁 This	This patient is eligible as of today, Apr 25, 2013 .							
Assessments	Detiont lafe			DOD Information					
Health Record	Patient Inform	ame John269 Doe	0205	PCP Information	John1589 Doe20	7			
Care Plan		nder M	6200		95458 Main Stree	et			
Authorizations		date Jun 10, 1973 Age 39 years old		Practice Type	AllCities05725, IL INTERNAL MEDIC				
Coordination of Benefits		aid # 355673649		Phone Number	(555) 555-1234				
Claims	Add	ress 4620253 Ma AllCities0224							
	Eligibility H	listory		View PCP His	View PCP History				
	Start Date End Date Product Name			Name	Start Date	End Date			
	Oct 1, 2012	Ongoing	SSI Non-Dual						
	Apr 1 2012	Sen 30 2012	SSI Non-Dual	Core Core					

Submitting Claims





Submitting Claims – Step 1



	HEALTH PLAN SHOWCASE		Eligibility	L. Patients	Z Authorizations	(\$ Claims	Messaging	Billing Rep	
Viewing	Claims For :						Upload EDI	Create Claim	
Prof	essional Claim for <u>John269 Doe2(</u>	1 <u>5</u>	Your Progress		> >	\sum	•		
	IS SECTION: General Info Informatio	n about the dates	There are f proffesional o progre	ive sect claim. These through	ions to be he progres ugh the se	compl s bar a ctions	eted to sub bove indic of the clain	omit a ates the n.	
	Patient's Account Number							26	1
	Hospitalization	From	То					18.	I
	Outside Lab?	Yes No Cha	arges					20.	1
	Prior Authorization Number							23.	J
	Diagnosis Codes		Add Please enter the	e diagnosis c	ode and click Add	button.		21.	J
		Add Coordination o	of Benefits						

Claims Audit Tool



Mag	nelia" Health Plan					Clear Claim C	onneo	tion™		_					
Claim	Entry								McKes	son Edit Develop	oment	Glossary	About	Help Lo	goff
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2						select 🔻									
3						select 🔻									
4						- select 🔻									
5						select 🔻									
Add Mo	re Procedures >>	,							-						
						Review Claim Audit	Results	Clear							

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HEALTH PLAN SHOWCASE		Eligibility Patients	Authorizations	S Claims	Messaging	Billing Rep
wing Claims For :					👔 Upload EDI	📋 Create Claim
Professional Claim for <u>John269 Doe2</u>	05 Your Pro	ogress	>	\geq	>	
THIS SECTION: General Info Information	n about the dates of the cla	aim				
Centeral mormatic	n about the dates of the cla	all'II.				
Patient's Account Number						26
Hospitalization	From	То			_	18.
	Notice	the numbered	tabs to the	e left, c	orrelate to	the
Outside Lab?	fields or	n a CMS 1500 c for tips on the	laim form.	Hover	the mouse	over
Prior Authorization Number						23.
Diagnosis Codes	Add Pi	lease enter the diagnosis	code and click Add	button.		21.

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HEALTH PLAN SHOWCASE		Éiigibility	2. Patients	Z Authorizations	S Claims	Messaging	Billing Rep
Viewing Claims For :						🚺 Upload EDI	👩 Create Clain
Professional Claim for John2	<u>69 Doe205</u>	Your Progress		\rightarrow	\sum	`	
THIS SECTION: Service Lines	Enter maximum of 97	Section two as	indicate the Se i	d by the p rvice Line	rogres s codir	s bar abov ng.	e covers
Total: \$0.00	Add New Service	e Line					Save / Update
+ New Service Line	Dates of Service	From	То				24.3
Your added service lines will appear here.	Place of Service	Select	E				24.b
	Procedure Code						24.d
	Modifiers	Ad					
	Diagnosis Code(s)	7809 - OTHER GENE	RAL SYMPTO	MS			24.e

- If additional service lines are required, click the green New Service Line button.
- Click next if no other lines are required.

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Professio	nal Claim for <u>John</u> 2	269 Doe205	Your Progress		\rangle		
THIS SEC Prov		ders on this claim.	Section three p work throu	pertains to P gh the prov appropriat	r oviders. ider's secti e informat	Start at the top and on entering the ion.	d
Referr	ing Provide	r					-
NPI	Tax ID	Last Name	Firs	st Name	Taxonomy	π	17.
Rende	ring Provid	ler					
NPI	Taxonomy #	Tax ID					24.j
	676						

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Professional Claim for John269 Doe205	Your Progress	\rangle				
THIS SECTION: Attachments Add attachment	nts to the claim (5Mb limit).		Su	pported type	s are .jpg, .tif,	.pdf and .tiff
Attachments	Section four, Att click the A	achments ttach but	s. If an atta tton and a	achment ittach it i	is needeo now.	ł
Browse Attach						
There are no attached files.						
+ Back	If there are no attachm	ents, click Ne	ext.			Next →

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wing Claims For :					Intered EDI	Create Clain
					Upload EDI	
Professional Claim for John269 Doe205	Your Progress	>	\rightarrow		•	
THIS SECTION:						
Review Please review your claim and	d submit.					
	Section five Rev	aw Davi	ow the cla	ina and	d if all is	1
Almost done!			Submit b		airairis	Submit 🔶
'ou can go back to review your claim or submit now.	acculate	cher the	Subinitio	accom		
Claim Id: 201004484						
Member Record Number: 240962084						
Member Claim Amount Paid:						
Patient's Account Number: 789455						
						3
Patient's Account Number: 789455 General Info Hospitalized From:	C 1					G
Patient's Account Number: 789455 General Info Hospitalized From: Hospitalized To:						
Patient's Account Number: 789455 General Info Hospitalized From: Hospitalized To: Outside Lab?: false						
Patient's Account Number: 789455 General Info Hospitalized From: Hospitalized To:	C					
Patient's Account Number: 789455 General Info Hospitalized From: Hospitalized To: Outside Lab?: false Outside Lab Amount:						ß

Submission Complete



ewing Claims For :			Authorizations	Claims	Messaging	1
					Upload EDI	🚰 Create Claim
THIS SECTION						
Success Congratulations!	The Confirm	ation	age displa	vs. No	te the conf	irmation
Your claim has been submitted	The Confir/n ID as it can	be use	d in search	ing fo	r this claim	under
Your confirmation ID is 50100274	0		ubmitted	claims	•	

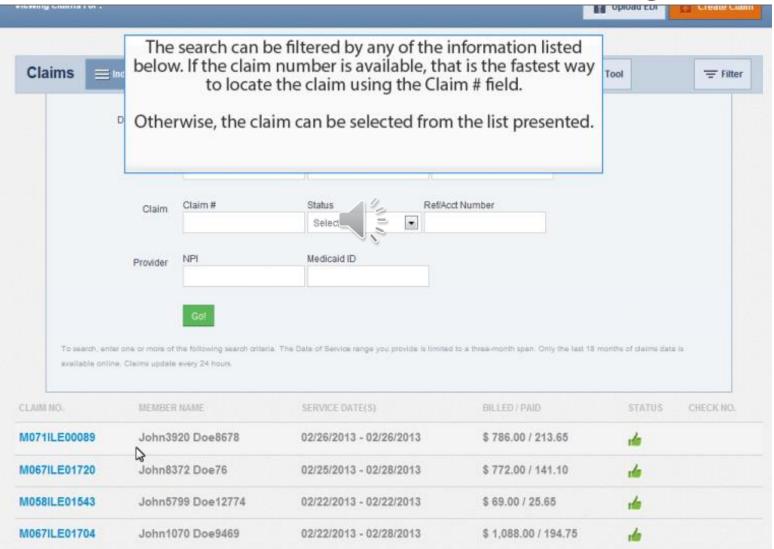


Viewing Das	shboard For : 2920906	595 · ·			Click Claims.
	Eligibility Ch	late		Welco	me
123456789	or Smith mm/	dd/yyyy Check Eligibility		Add a T	IN to My Account >
				and the second	
	t Claims			Recent	Activity
Recent	t Claims RECEIPT DATE	MEMBER NAME	CLAIM NO.	Recent	Activity Activity
		MEMBER NAME John269 Doe205	CLAIM NO. M079ILE01800		
STATUS	RECEIPT DATE			Date	Activity
STATUS	RECEIPT DATE 03/20/2013	John269 Doe205	M079ILE01800	Date 04/10/2013	Activity You changed your password.
STATUS	RECEIPT DATE 03/20/2013 03/20/2013	John269 Doe205 John3083 Doe1507	M079ILE01800 M079ILE01846	Date 04/10/2013	Activity You changed your password.



M058ILE01543	John5799 Doe12774	02/22/2013 - 02/22/2013	\$ 69.00 / 25.65	14
M067ILE01704	John1070 Doe9469	02/22/2013 - 02/28/2013	\$ 1,088.00 / 194.75	-40
M067ILE01791	John150 Doe550	02/22/2013 - 02/22/2013	\$ 140.00 / 29.65	-6
M058ILE01415	John11503 Doe305	02/21/2013 - 02/21/2013	\$ 130.00 / 50.56	-6
M072ILE01640	John6074 Doe95	02/21/2013 - 02/21/2013	\$ 225.00 / 0.00	9
M058ILE01532	John150 Doe550	02/20/2013 - 02/21/2013	\$ 492.00 / 91.30	. 4
M063ILE00769	John14649 Doe44	02/20/2013 - 02/20/2013	\$ 89.00 / 46.56	. 6
M067ILE01751	John6756 Doe1256	02/20/2013 - 02/21/2013	\$ 492.00 / 96.05	*
M058ILE01438	John150 Doe550	02/19/2013 - 02/19/2013	\$ 89.00 / 46.56	
M058ILE01446		aware there may be multiple ccount. To access those pag		.4
M058ILE01529		ate number or the right arro		
M058ILE01536	John1070 Doe9469	02/19/2013 - 02/21/2013	\$ 420.00 / 74.70	
M058ILE01540	John1875 Doe1259	02/19/2013 - 02/19/2013	\$ 117.00 / 48.24	14







Backt	to Claims	Correct	Claim	Copy Clain	Claim	No.: M05	8ILE01415				
Medicai Member Member Servicin	t No.: 000033 id ID: 0938596 r Name: John r DOB: 03/04/ ng Provider: E pge: 02/21/20	82 11503 Do 1980 VANS, W	ILLIAM				Receipt Date: 02 Rilled Amount: \$ Fayment Amoun Payment Date: 0 Status: PAID	130.00 t: \$50.56			
LINE D	00 S	PROC	DX	MODIFIERS	PLACE OF SERVICE	BILLED	PAYMENT	PAYMENT DATE	CHECK NO.	STATUS	STATUS DESCRIPTION
1 0	02/21/2013	99213	29900	25	LC11	\$89.00	\$46.56	03/06/2013	0000152199	PAID	PAID IN FULL
2 0	02/21/2013	86580	V032		LC11	\$41.00	\$4.00	03/06/2013	0000152199	PAID	PAID IN FULL
- 1	12013	00000	4032				ils display.	03/00/2013	0000102199	FAID	FAID IN



ofessional Claim for <u>John11503 Doe305</u>	Your Progress	
General Info Information about t	he Claim screens where the claim was originally submitted is displayed.	
Patient's Account Number 0000339 So	he claim information originally submitted is pre-populated. ome of the information, like service and billing provider has o be entered again. The provider information MUST be the same as the original submission. All other coding can be corrected as desired.	
Outside Lab? Yes No	Charges20	
Prior Authorization Number	22	
Diagnosis Codes	Add Please enter the diagnosis code and click Add button. 21	
General Info Information	0000339181	26
Hospitalization	From MM/DD/YYYY To MM/DD/YYY	18
Outside Lab?	Yes No Each of the claim sections is presented as Next is clicked. Click through the sections making	20
Prior Authorization Number	the appropriate coding changes. If no change is required in a section, click Next to proceed.	23
Diagnosis Codes	XXXX e.g. 1409 Add Please enter the diagnosis code and click Add button.	21
	29900 INFANTILE AUTISM CURRENT/ACTV STATE 4779 ALLERGIC RHINITIS CAUSE UNSPECIFIED	Remove X
	V032 - NEED PROPH VACCINATION W/TB VACCINE	Remove X
	Add Coordination of Benefits	
		Next +





Verifying Claim Status



Quick Eligibilit	y Check		Welcome			
22456789 or Smith	Click in the Member ID or Last		Add a TIN to My Account >			
Name and ty	Member ID or Last pe the member ID or ast Name.	CLAIM NO.	Recent Activity Date Activity			
0	John70870 Doe70870	M050ILE00489	04/05/2013 You updated your email address.			
0	John731091 Doe731091	M050ILE00493				
O	John299458 Doe299458	M050ILE00509				
0	John369448 Doe369448	M0501LE00505				
0	John486274 Doe486274	M050 E00486				

SH SH	LTH PLAN OWCASE		Eligibility	Patients	Authorizations	Claims	Messaging	Billing Rep
/lewing Eligibility F	or: #292090695	-		_				
Eligibility	Check							
Date of Service	Member ID or Last Name	DOB						
04/09/2013	123456789 or Smith	mmVddlyyyy	Check Eligibilit	×				🖨 Print
ELIGIBLE	DATE OF SERVICE	PATIENT	DATE CHECKED		CARE GAPS			
👍 Eligible	04/09/2013	Jane22263 Doe22263	04/09/2013		DM - No nephr screening in p: mos			Remov
[Click the Patient access the patien				Due for annual physical DM - No LDL			
					screening in p mos DM - Not seen 6 months Persistent Asth Not seen in pa months	in past 1ma -		

Verifying Claim Status





HEALTH PLAN SHOWCASE		Eligibility	L. Patients	Authorizations	S Claims	Messaging	Billing Rep
Viewing Patients For :							L Find Patient
Back to Jane 22263 Do	e22263						
Overview	Claim No. Ref/Acct No. ID	Member Name	DOS Rar			Billed Payment	Payment Date Status
Cost Sharing		John369448 Doe369448	01/25/201		VANS, \$	106.00 \$0.00 -	PENDING
Assessments	Create a New Claim						
Health Record							
Care Plan	All recent claims	s for th	e patie	ent are list	ed. In	this	
Authorizations	instance th						
Coordination of Benefits							
Claims							

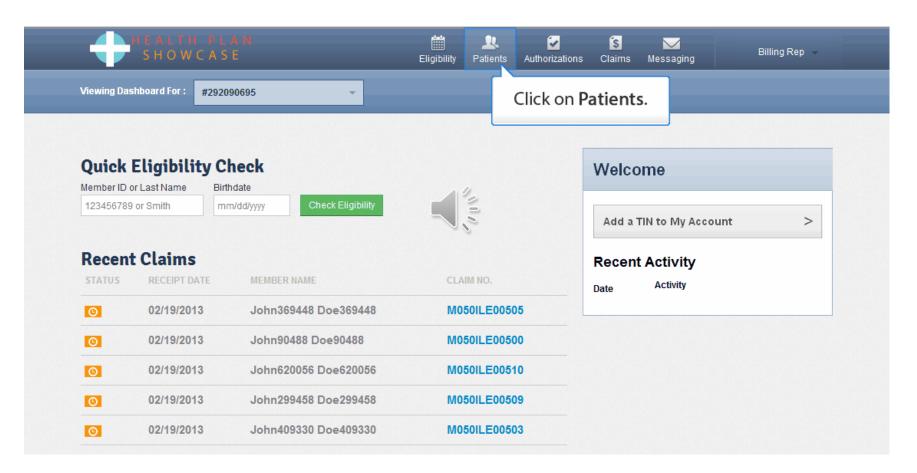
Verifying Claim Status

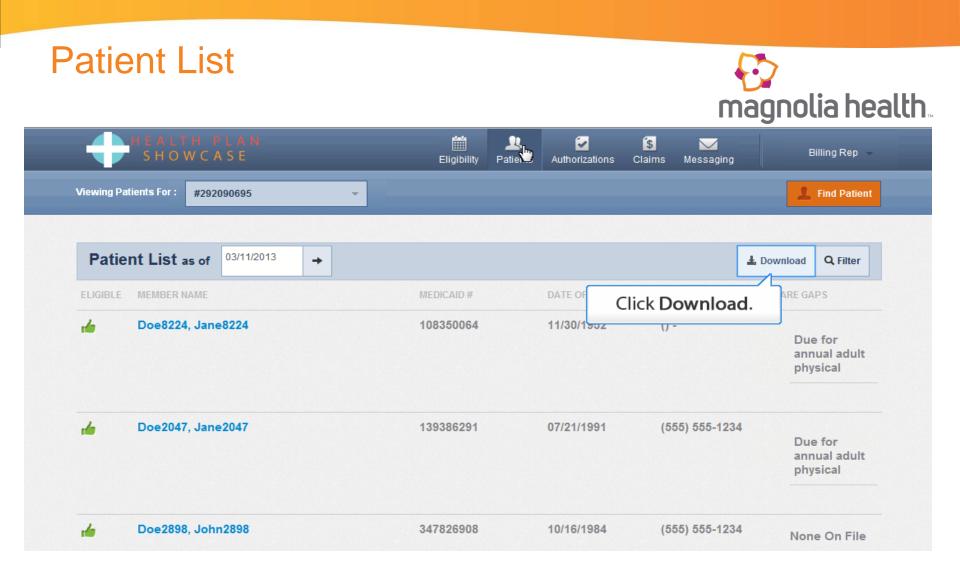


Back to Jane 22263 Do	e22263					
Overview Cost Sharing	Claim No. Ref/Acct No.	Medicaid Member ID Name 99577407 John 36944 Doe 369448	DOS Range [8 01/25/2013 - 02/1	ceipt Servicing Billed Date Provider Amount 9/2013 EVANS, WILLIAM \$106.00	Amount Date	Status
Assessments Health Record Care Plan	Click the Cl	aim No. to ro deta	eview addit ails.	ional claim		
Authorizations Coordination of Benefits						
		aim No.: M0	⊃. Eligibility	Patients Authorizations	Claims Messag	ging Billing Kep
Ref/Acct No.: 0000 Medicaid ID: 0995 Member Name: Jo Member DOB: 02/7 Servicing Provide	0337101 77407 hn369448 Doe369448	ß	Receipt Billed A Paymer Paymer	PENDING	ск	
LINE DOS 1 01/25/201	PROC DX MODIFIERS	S SERVICE AI	MOUNT AMOUNT 106.00 \$0.00		. STATUS	STATUS DESCRIPTION Pending Payment or Denial
		The claim		de much more le summary.	information	n than

Patient List







• You have the ability to download and review your patient list in an excel file



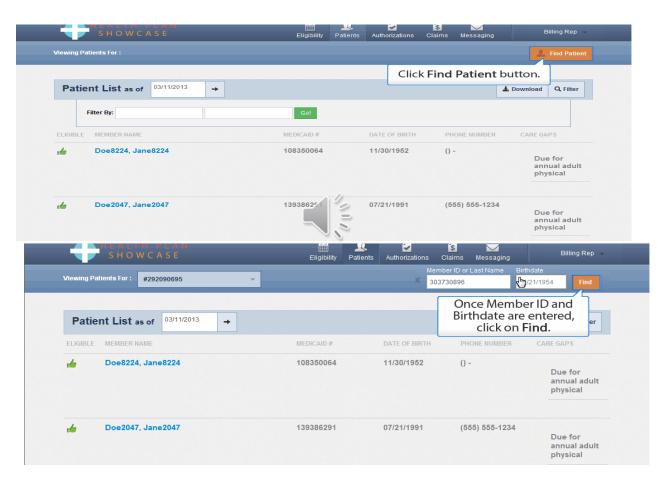
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S I	HOWCA			_	Eligibility	Patients	Authorizations	S Claims	Messaging	B	illing Rep 👻
Viewing Patients		on the pa ent and a	access t	heir reco						1	Find Patient
			patie	nt list.							
Patient L	ist as of	03/11/2013	→							🛓 Download	Q , Filter
Filter B	y:				Go!						
ELIGIBLE MEM	BER NAME				MEDICAID #		DATE OF BIRTH	PH	ONE NUMBER	CARE GA	PS
nd Doe	8224, Jane	8224			108350064		11/30/1952	() -		ann	e for ual adult sical
ni Doe	2047, Jane	2047			139386291		07/21/1991	(58	55) 555-1234	Due ann	e for ual adult sical

• Care Gaps will advise the service that the member is due for.

Patient List

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Patient List

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SHOWCASE		Eligibility	Patients	Authorizations	Claims	Messaging	Billing Rep 👻
iewing Patients For :							<u> </u>
	r						5
Back to Patient List John1	1450 Doe11450	The member covered				formation ionstration	
Overview							
Cost Sharing	📫 This pat	ient is eligible a	a of too	day, Mar 1	1, 2013	3.	
Assessments							
	Detient Informatio					4 m m .	
Health Record	Patient Informatio	n		Eligi	bility His	tory	
Health Record		John11450 Doe114	50		bility His art Date	tory End Date	Product Name
Health Record Care Plan		John11450 Doe114	50	St		-	Product Name SSI Non-Dual
Care Plan	Name Gender	John11450 Doe114	50	St	art Date	End Date	
	Name Gender Birthdate	John11450 Doe114 M	50	St Oct	art Date t 1, 2012	End Date Ongoing	SSI Non-Dual
Care Plan	Sender Birthdate Age	John11450 Doe114 M Jan 21, 1954	50	St Oct	art Date t 1, 2012 r 1, 2012	End Date Ongoing Sep 30, 2012	SSI Non-Dual SSI Non-Dual
Care Plan Authorizations	Name Gender Birthdate Age Medicaid #	John11450 Doe114 M Jan 21, 1954 59 years old	et	St Oc Ap	art Date t 1, 2012 r 1, 2012	End Date Ongoing Sep 30, 2012	SSI Non-Dual SSI Non-Dual

Provider Services (Call Center)





- First line of communication
- Provides phone support
- Answer questions regarding eligibility, authorizations, claims, payment inquiries
- Available Monday through Friday, 8am to 5pm CST 1-866-912-6285