



## NON-PARTICIPATING PROVIDERS

Physicians, other licensed health professionals, facilities, and ancillary providers contract directly with Magnolia Health for payment of covered services. If you are a Non-Participating provider seeking payment for claims for **services authorized by Magnolia Health**, please review these guidelines below. For detailed information, please refer to the Magnolia Health **Provider Manual**. Or, call Magnolia's Provider Services Department at 866-912-6285.

It is important that providers ensure Magnolia Health has accurate billing information on file. Please provide accurate information as follows:

- Provider name (as noted on his/her current W-9 form)
- Physical location address
- Billing name and address (if different)
- Tax Identification Number

Claims eligible for payment must meet the following requirements:

- The member is effective on the date of service;
- The service provided is a covered benefit on the date of service; and
- Prior Authorization processes were followed, unless the service was an emergency service.

Non-participating providers are highly encouraged to complete a Contract Request Form found on our website ([www.magnoliahealthplan.com](http://www.magnoliahealthplan.com)) and fax along with a W9 to 1-866-480-3227. Upon receipt of a completed Contract Request Form, a Contract Negotiator will engage and begin the contracting and credentialing process to add a provider to the Magnolia Health Provider Network.

**Effective October 10, 2016 all non-participating providers will be reimbursed at 50% of the Mississippi Medicaid Fee Schedule.**



## **Prior Authorization Requirements for Non-Participating Providers**

The Mississippi Division of Medicaid (DOM) and Magnolia have entered into a new contract for the Mississippi Coordinated Access Network (MSCAN) program, effective July 1, 2014. One of the new contract requirements is that prior authorization requests from non-participating providers will not be processed unless the request accompanied by the information below each and every time a request for a prior authorization for care is submitted and verified:

- (1) Malpractice Insurance Face Sheet
- (2) Copy of practitioner's Mississippi medical license or advanced practice nurse or physician assistant license
- (3) Copy of valid Mississippi Medicaid Identification Number
- (4) Completed W-9
- (5) Completed Ownership & Disclosure Form

All requests for prior authorization received after July 1, 2014 without all of the above documents attached, in addition to all clinical information necessary to make a determination, will be rejected.

To obtain the necessary forms, visit our web site at [www.magnoliahealthplan.com](http://www.magnoliahealthplan.com).

Payment for service is contingent upon the service being provided to treat an emergency, or the service was in compliance with prior authorization policies and procedures, as well as the billing guidelines.

For Magnolia Health members, all claims and encounters should be submitted to the general claim department address as noted below:

Magnolia Health Plan  
P.O. BOX 3090  
Farmington, MO 63640-3825  
ATTN: CLAIMS DEPARTMENT



**Dental claims should be submitted to:**

Dental Health and Wellness  
Attn: Claims P O Box 20731  
Tampa FL 33622-0731

**Vision claims should be submitted to:**

OptiCare Managed Vision  
ATTN: Claims  
PO Box 7548  
Rocky Mount, NC 27804

**Behavioral health claims should be submitted to:**

Cenpatico-Magnolia Claims  
PO Box 6150  
Farmington, MO 63640-3806