



QUICK REFERENCE GUIDE

General Information

Provider and Member Services	Phone: 1-877-687-1187 or TTY/TDD 1-877-941-9235
After Hours	Phone: 1-877-687-1187 or TTY/TDD 1-877-941-9235
Website	Ambetter.MagnoliaHealthPlan.com Website services include verifying eligibility, benefits, cost shares, submit prior authorizations, submission of claims, claim status and many more functions.

Medical Management

<p>Prior Authorizations Providers may submit authorizations in 3 ways:</p> <ol style="list-style-type: none"> Secure Web Portal at Ambetter.MagnoliaHealthPlan.com Fax: 1-855-300-2618 Call: 1-877-687-1187 	<p>Medical Admissions Fax Notification of Medical Admissions: 1-855-852-0966 Fax Clinical Information: 1-855-300-2612</p>
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Claims Submission and Claims Payment

<p>Providers may submit claims in 3 ways:</p> <ol style="list-style-type: none"> Secure Web Portal found at Ambetter.MagnoliaHealthPlan.com EDI- Payor ID 68069 Paper 	
<p>Initial, Resubmission, Corrected or Reconsiderations: Ambetter from Magnolia PO Box 5010 Farmington, MO 63640-5010</p>	<p>Claim Disputes - (Form located on website) Ambetter from Magnolia PO Box 5000 Farmington, MO 63640-5000</p>
<p>Timely Filing: 180 days from the date of service or primary payment (when Ambetter is secondary)</p>	<p>Corrected Claims, Requests for Reconsideration or Claim Disputes: 180 days from the date of explanation of payment or denial is issued</p>

EFT/ERA - PaySpan Health

To register call: 1-877-331-7154 or visit www.payspanhealth.com – This service is free!

Specialty Companies/Vendors

<p>Behavioral Health – Cenpatico www.cenpatico.com Phone: 1-877-687-1187 – Payor ID 68069</p>	<p>Dental Services – DentaQuest www.dentaquest.com Phone: 1-877-687-1187 – Payor ID CX014</p>
<p>High Tech Radiology Imaging Services – NIA www.radmd.com Phone: 1-877-687-1187</p>	<p>Pharmacy Services – US Script www.usscript.com Phone: 1-877-687-1187 – BIN # 008019</p>
<p>Vision Services – OptiCare www.opticare.com Phone: 1-877-687-1187 – Payor ID 56190</p>	<p>Home Health, DME, and Home Infusion – Univita (until 11/30/14. Effective 12/01/14, please call Ambetter from Magnolia Health Plan at 1-877-687-1187) https://providers.univita.com Phone: 1-877-687-1187</p>

PRIOR AUTHORIZATION

These procedures and services require PRIOR AUTHORIZATION

This list is not all-inclusive. Visit our website at Ambetter.MagnoliaHealthPlan.com and use the Pre-Screen Tool or call our Authorization department with questions. Failure to obtain the required prior approval or pre-certification may result in a denied claim(s). All services are subject to benefit coverage, limitations and exclusions as described in the Ambetter member's Evidence of Coverage. For a complete list of Prior Authorization requirements, please check our website at Ambetter.MagnoliaHealthPlan.com.

All Out of Network (Non-Par) services require prior authorization excluding emergency room services.

Procedures/Services	Inpatient Authorization	Ancillary Services
<ul style="list-style-type: none"> • Potentially Cosmetic • Potentially Experimental or Investigational • High Tech Imaging (i.e., CT, MRI, PET) • Obstetrical Ultrasound – two allowed in 9 month period, any additional will require prior authorization except those rendered by Maternal Fetal Medicine providers. For urgent/emergent ultrasounds, treat using best clinical judgment and it will be reviewed retrospectively • Pain Management (unless performed on the same date as a surgery) 	<p style="color: #800080;">All elective/scheduled admission notifications requested at least 5 business days prior to the scheduled date of admit including but not limited to:</p> <ul style="list-style-type: none"> • Medical Admissions • Surgical Admissions • All services performed in out-of-network facilities • Hospice Care • Rehabilitation facilities • Behavioral Health/Substance use disorder • Transplants, including evaluation <p style="color: #800080;">Observation:</p> <ul style="list-style-type: none"> • Observation Stays 23 hours or less require Notification • Observation Stays exceeding 23 hours require Inpatient Authorization/Concurrent Review • Notification is required within 1 business day if admitted <p style="color: #800080;">Urgent/Emergent Admissions</p> <ul style="list-style-type: none"> • Within 1 <i>business day</i> following the date of admission • Newborn Deliveries must include birth outcomes <p style="color: #800080;">Behavioral Health Admissions All behavioral health admissions require authorization within 24 hours of admission via a phone call to the utilization management department.</p> <p style="color: #800080;">Partial Inpatient, PRTF and/or Intensive Outpatient Programs</p>	<ul style="list-style-type: none"> • Air Ambulance Transport (non-emergent fixed wing airplane) • DME • Home health care services including, home infusion, skilled nursing, and therapy <ul style="list-style-type: none"> ○ Home Health Services ○ Hospice ○ Furnished Medical Supplies & DME • Orthotics/Prosthetics • Hearing Aid devices including cochlear implants (cochlear replacement batteries do not require prior auth) • Genetic Testing • Quantitative Urine Drug Screen (except Urgent Care, ER and Inpatient place of service)

Prior Authorizations

You may submit Prior Authorizations in 3 ways:

1. Via our secure web portal at:
Ambetter.MagnoliaHealthPlan.com
2. Phone: 1-877-687-1187
3. Fax: 1-855-300-2618 (Medical)

Inpatient Admissions:

Fax to:

Notification of Medical Admissions – 1-855-852-0966

Clinical Information – 1-855-300-2612

Mental Health/Substance Use Disorder Admissions/Concurrent Review –

Phone: 1-877-687-1187

Fax: 1-855-283-9097

Call to provide clinical information and obtain authorization for all behavioral health admissions.

High Tech Imaging – MRI/CT/PET

Phone: 1-877-687-1187

www.radmd.com

Home Health, DME, Home Infusion – Univita:

Phone: 1-877-687-1187

Fax: 1-888-914-2202

(Note: UniVita until 11/30/14. Effective 12/01/14, Ambetter from Magnolia Health Plan will provide authorizations.)

Quick Reference Guide

Behavioral Health – Prior Authorization is required for inpatient, Partial Hospitalization, Intensive Outpatient Treatment, Psychological Testing, and ECT, where these are state approved levels of care. Prior authorization is not required for behavioral health outpatient services.

Laboratory Services – Our preferred outpatient lab vendors are LabCorp and Quest. An in-network lab must be utilized for all lab services.

Notification of Pregnancy (NOP) – Providers must submit an NOP Form at the time of the first prenatal visit. Forms can be completed online on our website at Ambetter.MagnoliaHealthPlan.com.



Out-of-Network Providers – Ambetter members should be directed to in-network providers unless otherwise authorized by Ambetter from Magnolia Health Plan.

Pain Management – Prior Authorization (PA) is required for injections related to pain management treatment. Documentation required for initial PA includes history of condition, symptoms, treatments attempted prior to injection, imaging reports. PA requests for additional injections require notes documenting progress since previous injections.

Vision – Must use OptiCare network providers which can be found on our website using Find A Provider.

Reminder: All services are required to be provided by in network providers.

Member Identification

	FROM  magnolia health.	IN NETWORK COVERAGE ONLY
Subscriber: Jane Doe	Member: John Doe	
ID #: UXXXXXXXX	Plan: Ambetter Balanced Care 1	Rx BIN#: 008019
Copays	Coinsurance (Med/Rx):	
PCP:	Deductible (Med/Rx):	
Specialist:	Rx (Generic/Brand):	
ER:		

Ambetter.MagnoliaHealthPlan.com	
Member/Provider Services: 1-877-687-1187 TDD/TTY: 1-877-941-9235 24/7 Nurse Line: 1-877-687-1187	Medical Claims: Magnolia Health Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010
Numbers below for providers: Pharmacy Help Desk: 1-855-339-4807 EDI Payor ID: 68069 EDI Help Desk: 1-800-225-2573 ext. 25525	
<small>Additional information can be found in your Evidence of Coverage. If you have an emergency, call 911 or go to the nearest emergency room (ER). Emergency services by a provider not in the plan's network will be covered without prior authorization. For updated coverage information, visit Ambetter.MagnoliaHealthPlan.com.</small>	
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The above is an example of what a member ID card may look like.

Annual Assessments and Correct Coding

Conduct: Comprehensive patient assessments each year

Include:

- Assessment of all chronic conditions annually (Diabetes, CHF, COPD)
- Co-existing acute conditions
- Active status conditions (amputations, dialysis, HIV)
- Pertinent past conditions (Old MI and other underlying medical problems)
- Medications that may indicate other conditions

Document: The reason for the visit, the care rendered and the conclusion and diagnoses

Submit: All diagnoses on your Ambetter from Magnolia Health claims

Healthcare Effectiveness Data and Information Set (HEDIS)

HEDIS is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) which allows comparison across health plans. HEDIS gives purchasers and consumers the ability to distinguish between health plans based on comparative quality instead of simply cost differences. If you have questions regarding HEDIS, please call Ambetter from Magnolia Health at 1-877-687-1187.

Purchasers of health care may use the aggregated HEDIS rates to evaluate the effectiveness of a health insurance company's ability to demonstrate the **clinical management of its members**. Physician specific scores are being used as evidence of preventive care from primary care office practices.