

For general questions, claim status updates, or to submit an inquiry for research follow these steps:

Option 1: Contact Magnolia's Provider Services contact center 1.866.912.6285 or providers can submit inquiries through the secure provider portal.

Option 2: Inquiries submitted through the call center may take up to 30 days for a response. Providers should obtain a call reference number and follow-up within 30 days of inquiry.

The following details are required to complete research:

Provider Name

Provider Tax ID Number and NPI

Detailed Summary of inquiry/issue

Claim Number (If issue is claim related)

If inquiry is not resolved to satisfactory, the provider can request outreach from a Provider Relations Representative through provider services or the provider can contact their dedicated Provider Relations Representative directly. Provider Relations Representative will acknowledge the provider's inquiry within **24-72 hours**. If inquiry requires additional research and root cause analysis, allow, **30** calendar days. Provider Relations Representative will share updates until resolved.

Provider Relations Representative Contact Information

Supports Primary Care Provider (PCP)

Kiri Parson Kiri.L.Parson@centene.com – Marshall, Lafayette, Calhoun, Benton, Union, Tippah, Union, Pontotoc, Lee, Chickasaw, Alcorn, Prentiss, Lee, Monroe, Tishomingo, Clay

Billie Snow Billie.Snow@centene.com – Desoto, Tate, Panola, Tunica, Quitman, Tallahatchie, Grenada, Yalobusha

Donna Ramirez Donna.Ramirez@centene.com – Hancock, Pearl River, Marion, Lamar, Walthall, Forrest, Jefferson Davis

Bethany Peters Bethany.Peters@centene.com – Scott, Newton, Lauderdale, Neshoba, Kemper, Noxubee, Oktibbeha, Lowndes

Belinda Turner Belinda.Turner@centene.com – Perry, Greene, Stone, George, Harrison, Jackson

Tarkan Weston Tarkan.Weston@centene.com – Pike, Lincoln, Lawrence, Copiah, Rankin, Madison, Leake

Stacy McGrew Stacy.McGrew@centene.com – Simpson, Covington, Smith, Jones, Jasper, Clarke, Wayne

Latoya Hemphill Latoya.Hemphill@centene.com – Coahoma, Bolivar, Washington, Sunflower, Sharkey, Humphrey, Leflore

Tiffany Sanders Tiffany.Sanders@centene.com – Wilkinson, Amite, Adams, Franklin, Jefferson, Claiborne, Warren, Hinds

Vanika Hogan Vanika.Hogan@wellcare.com – Yazoo, Issaquena, Holmes, Attala, Carroll, Winston, Choctaw, Montgomery, Webster

Supports all Ancillary, Hospitals, DME, and other Non-PCP Providers

Brittany Cole magnoliazone3@centene.com -Coahoma, Quitman, Bolivar, Sunflower, Humphreys, Monroe, Clay, Chickasaw, Holmes

Kenisha Byrd magnoliazone1@centene.com - Desoto, Tate, Panola, Yalobusha, Grenada, Webster, Choctaw, Attala, Carroll, Montgomery, Leflore, Tallahatchie, Tunica, and state of Tennessee

Heather Samuel magnoliazone5@centene.com - Winston, Kemper, Newton, Scott, Noxubee, Lowndes, Oktibbeha, Lauderdale, Neshoba

Yashieka Brookins magnoliazone4@centene.com - Jefferson, Warren, Hinds

Ericka Hunter magnoliazone7@centene.com -Rankin, Copiah, Madison, Leake, Yazoo

Meg Duke magnoliazone10@centene.com - Jefferson Davis, Marion, Pearl River, Hancock, Lamar, Forrest, Covington, Sharkey

Lakisha Brooks magnoliazone8@centene.com - Perry, Greene, Stone, Harrison, Jackson, George

Anna Owens magnoliazone2@centene.com - Tishomingo, Prentiss, Itawamba, Washington, Calhoun, Pontotoc, Union, Tippah, Alcorn, Benton, Marshall, Lafayette, Lee, and **DME**

Jemessia Johnson Jemessia.Johnson@centene.com -Simpson, Smith, Jones, Wayne, Clarke, Jasper, Claiborne

Katharine St. Paul magnoliazone6@centene.com - Adams, Franklin, Lincoln, Wilkinson, Amite, Pike, Lawrence, Walthall

Dedicated Behavioral Health (statewide) Representative

Valencia Bennett vbennett@centene.com

What if I disagree with a claim denial/adverse benefit determination or claim payment?

Step 1: A provider can file either a reconsideration (*optional*) or an appeal. If a provider selects to file a reconsideration before an appeal, the provider's next recourse will be an appeal. If a provider selects to file an appeal first the reconsideration step will be forfeited.

Step 2: The outcome of a reconsideration will be found on the provider's EOB within 30 days. Appeals are acknowledged within ten (10) days. The outcome of an appeal will be sent via letter within 30 days for the appeal receipt.

Step 3: A request for a State Administrative hearing should be submitted within thirty (30) calendar days of the final decision by Magnolia Health to the DOM. Providers should exhaust the reconsideration and appeal process before requesting the State Administrative Hearing.

How do I submit a complaint?

Magnolia Health takes provider complaints (grievances) seriously. Complaints are an important mechanism for identifying concerns and dissatisfaction within our provider network.

A provider complaint or grievance is defined as any provider expression of dissatisfaction expressed by the provider to the Plan orally or in writing about any matter or aspect of the Plan or its operation, other

than an adverse benefit determination (*see above process on how to dispute an adverse benefit determination*).

Examples of complaints and grievances include:

- Aspects of interpersonal relationships, such as rudeness of health plan staff, a provider, or an employee.
- Failure to respect the provider's rights, regardless of whether remedial action is requested. A complaint or grievance should be filed in writing or by phone within thirty (30) calendar days of the date of the event causing the dissatisfaction.

If in writing, the complaint or grievance should be submitted to Magnolia Health: Medical and BH providers:

Magnolia Health
Attn: Provider Services-Complaints/Grievances
1020 Highland Colony Parkway, Suite 502
Ridgeland, MS 39157

How do I appeal a pre-service authorization?

Step 1: A member or authorized representative may file an appeal either orally, by phone, or in writing of an adverse benefit determination within sixty (60) calendar days of date on the notice of adverse benefit determination from Magnolia Health.

Step 2: Magnolia has thirty (30) calendar days from the date the initial verbal or written appeal is received to resolve the appeal, or as expeditiously as the member's health condition requires. Within this same thirty (30) calendar day timeframe, Magnolia shall provide written notice of the resolution of the appeal to the member and/or provider if the provider filed the appeal.

Step 3: Within ten (10) calendar days of receipt of the appeal, Magnolia will provide the member and/or provider, if the provider filed the appeal, with written notice that the appeal has been received and the expected date of its resolution.

How do I update provider demographic information?

Step 1: Delegated Providers should request updates to demographic information such as address change, office move, terminating an existing provider etc. via roster at www.magnoliacredentialing.com. Allow 30 days for completion.

Step 2: Non Delegated Providers should request updates to demographic information such as address change, office move, terminating an existing provider etc. at <https://www.magnoliahealthplan.com/providers/resources/demographic-update-tool.html>. Allow 30 days for completion.

How do I request a new contract?

Step 1: Providers should request to [Join Our Network](#)

Step 2: Applicants will receive an email from the Contracting Department within approximately 2-3 business days of receipt of the contract request containing an application packet to complete and

submit back to the Health Plan. Once the complete application is received, a draft contract will be sent to the provider within 30 days.

Step 3: Providers must be enrolled as a Medicaid Provider and have an active Mississippi Medicaid ID number with MSCAN eligibility. Providers must also be properly credentialed by Gainwell Technology or other delegated authority.

Step 4: Email www.magnoliacontracting@centene.com to follow up on contracting request.

How do I submit an Enrollment Request?

Step 1: Providers should contact Magnolia's Provider Data Management department at magnoliacredentiaing@centene.com **after** receiving approval from Gainwell's Credentialing Committee.

Step 2: To link a new practitioner, location, or new Group NPI to your existing contract email the following documents to magnoliacredentiaing@centene.com. Allow 30-45 days for completion.

- Practitioner: Provider Data Form
<https://www.magnoliahealthplan.com/providers/resources/forms-and-resources.html>
(located under forms and resources)
- Provider: Hospital/Ancillary Cred App
<https://www.magnoliahealthplan.com/providers/resources/forms-and-resources.html>
(located under forms and resources)

Online Provider Facing Resources

- ✓ **Provider News Blast-** Receive emails from Magnolia Health about policy and payment plan updates, upcoming trainings, and educational opportunities.
<https://www.magnoliahealthplan.com/providers/email-sign-up.html>
- ✓ **Demographic Update Tool-** Request updates to your demographic information such as address change, office move, terminating an existing provider, and much more!
<https://www.magnoliahealthplan.com/providers/resources/demographic-update-tool.html>
- ✓ **Provider Newsroom-** Get late breaking news about Magnolia Health, CMS, and Division of Medicaid <https://www.magnoliahealthplan.com/providers/provider-news.html>
- ✓ **Secure Provider Portal-** Send secure messages to internal departments, check member eligibility, submit claims, and much more.