

April 2024 Third Party Changes of Significance

MISSISSIPPI MEDICAID

MSCAN Claim Dispute Process. Magnolia Health Weekly Updates. April 4, 2025

"The First Time Claim claims must be submitted within 180 days of the member's service date.

The Reconsideration is optional in the claim dispute process.

- Reconsiderations must be submitted within 90 days of the Explanation of Payment or Denial.
- Corrected Claims must be received within 90 calendar days from the notification of payment or denial.
- Claim Appeal must be received within 30 days from the date of notification of payment or denial.

Corrected Claims and Reconsiderations can be submitted through the Magnolia Secure Provider Portal, your preferred clearinghouse, or by mail.

Medical Corrected Claims - Magnolia Health Attn: Corrected Claim PO Box 3090 Farmington, MO 63640-3800

- The corrected claim should include the appropriate resubmission code, and the original claim number or EOP must be included with the resubmission.
- Failure to include the appropriate resubmission code and original claim number (or include the EOP) may result in the claim being denied as a duplicate, a delay in the reprocessing, or denial for exceeding the timely filing limit.

Request for Claim Reconsideration can be submitted by logging into your Magnolia Secure Provider Portal or by mail.

Medical- Magnolia Health Attn: Reconsideration, PO Box 3090 Farmington, MO 63640-3800

Magnolia encourages providers to utilize the Secure Web portal, or the Reconsideration Dispute form located at www.magnoliahealthplan.com when submitting a reconsideration request via mail.

- A request for reconsideration is a written communication from the provider about a disagreement of a processed claim.
- Request must include sufficient identifying information which includes, at minimum, the patient's name, ID number, date of service, total charges, and provider name.
- Documentation must also include a detailed description of the reason for the request

*Please note, a request for reconsideration cannot be filed after a request for a claim appeal or exhausting the claim dispute process.

- If the corrected claim or the request for reconsideration results in an adjusted claim, you will receive a revised Explanation of Payment (EOP). If the original decision is upheld, the provider will receive a revised EOP or letter detailing the decision and the next step in the claim dispute process.

Request for Claim Appeal must be submitted by mail.

Medical Appeal - Magnolia Health Attn: Dispute PO Box 3090 Farmington, MO 63640-3800

- To ensure timely processing, please utilize the Claim Appeal form located at www.magnoliahealthplan.com or the request must be marked as "ClaimAppeal" at the top of your documentation.
- Request must include detailed and sufficient information, which includes the reason for the claims appeal request, the patient's name, patient ID number, date of service, total charges, and provider name.

If the request for a claim appeal is upheld or overturned, you will receive a letter detailing the decision.

*Please note, a reconsideration cannot be filed after an appeal.

If you have questions about this process or want to receive education on the Claim Dispute Process, don't hesitate to contact Provider Services at 1.866.912.6285 or your Provider Engagement Representative."

<https://mailchi.mp/2304a4d7fa47/pooscgsvfh-37342?e=6d63e1c4a4>

CMS, NOVITAS, RAILROAD MEDICARE

Fraudulent EFT Transfer Scheme Traced to Overseas Scammers. Office of Inspector General. April 10, 2025

The National Association of Medicaid Directors (NAMD) has learned of a fraud email scheme that has potentially impacted several states over the past few days. The scheme, which is being investigated by the Federal Bureau of Investigation, was perpetrated by a sophisticated overseas group which utilized fraudulent emails seeking changes to electronic funds transfers (EFT) to redirect funds to an institutional provider.

The U.S. Department of Health and Human Services Office of the Inspector General issued a notice on this specific scheme and [produced a report on this type of fraud scheme](#). Per the notice, there are some reports that private sector payers have also been targeted but so far there are no known losses associated with commercial insurers. HHS/OIG advises independent verification of authenticity for requested EFT changes and to rely on known contact information rather than information contained within EFT change requests.

https://oig.hhs.gov/documents/evaluation/10219/OEI-07-23-00180.pdf?utm_medium=email&hsenc=p2ANqtz-8HcWZ-NGhDmsdRQOSbPH6buJgkhdWls3U5TPVjGofnZ25pLP02FwvY1spR3gdNNLq4UZ4BtelBWzm87XeN7-7q0ThypQ&hsmi=355942294&utm_content=355942294&utm_source=hs_email

Medicare Providers & Suppliers: Report Managing Employees. CMS. April 3, 2025

“You must report all current managing employees on your Medicare enrollment application, or we may deactivate your enrollment.

You can make updates by:

- Submitting an 855 enrollment application in [PECOS](#)
- Mailing a paper application to your [Medicare Administrative Contractor \(MAC\) or DME National Provider Enrollment Contractor \(NPE\) \(PDF\)](#)

Managing employees are general managers, business managers, administrators, directors, or other individuals who exercise operational or managerial control or directly or indirectly conduct day-to-day operations.

While not an exhaustive list, these roles qualify as managing employees: Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Compliance Officer

- Regional Manager, Clinical Manager, Operations Manager, Care Coordination Manager, Location Manager, Administration Manager
- Compliance Director, Clinical Director

Contact your MAC or NPE if you’re unsure if an individual meets the definition.

To learn more, see the [Medicare Program Integrity Manual, Chapter 10 \(PDF\)](#).

https://www.cms.gov/training-education/medicare-learning-network/newsletter/2025-04-03-mlnc#_Toc194408259

OTHER

Report Predicts Impact of Tariffs on Health Insurers. AOA First Look. April 29, 2025

[Fierce Healthcare](#) (4/28) reports, “While health plans are not likely to feel the most acute effects from the Trump administration’s tariffs, they face downhill impacts from market volatility and rising costs, according to a new analysis from Fitch Ratings.” This “report examines the way tariffs could affect multiple types of insurance, and estimates that health insurers in particular face moderate exposure to the slower economic growth and financial performance that are more indirect results of the tariffs.” Fierce Healthcare adds, “Health plans benefit in this particular case from the vast majority of their operations being domestic.” But, “while that suggests the impacts will be fairly limited in the short term, the effects would ramp up should the tariffs remain in place for an extended period, or if they evolve to be more restrictive.”

Article: <https://www.fiercehealthcare.com/payers/fitch-ratings-how-higher-tariffs-could-impact-health-insurers>

March Vision: Check Providers.Eyesynergy.Com Banners For Important Updates. March Vision. April 30, 2025.

“Check providers.eyesynergy.com banners for important updates

Please regularly review the banners on providers.eyesynergy.com for important updates crucial to your practice and patient care.

How this can help:

Timely information: Stay informed about the latest changes and updates

Enhanced communication: Ensure you don't miss out on any critical announcements

Improved efficiency: Quickly access the information you need to provide the best care

Your attention to these updates is greatly appreciated and will help us all stay aligned and informed.”

<https://providers.eyesynergy.com/?cid=em-providernews-PCA12501017-apr25>

March Vision: Reminder: Care and Coding Standards for Patients with Diabetes. March Vision. April 30, 2025

“Please remember when rendering services to a patient with diabetes, dilation of the pupil for fundus examination is required. All providers must be licensed and capable to dilate the pupil and perform the physical retina examination.”

<https://www.uhcprovider.com/vision/marchvision-news-care-coding-standards-diabetes.html?cid=em-providernews-PCA12501017-apr25>

United Health Care May Bulletin. May 2025

No new updates but here are the links for review.

Mississippi Community Plan Update: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/mpub-archives/comm-plan/ms/community-plan-ms-medical-policy-update-bulletin-may-2025.pdf>

All UHC Network News (Commercial, UMR, Medicare Advantage etc):

<https://www.uhcprovider.com/en/resource-library/news/2025/policy-protocol-overview-may-2025.html?cid=em-providernews-2025nnb2-May25>