

Magellan Complete Care Provider Quick Guide

Magellan Complete Care is a Florida Medicaid specialty health plan for individuals living with a serious mental illness.

The Magellan Complete Care plan combines and integrates physical and mental health services while providing well-coordinated care for the whole person, focusing on prevention and wellness for the mind and body.

The Magellan Complete Care provider Quick Guide is a provider educational tool designed to assist you with navigating through the Magellan Complete Care health plan.

Question	Answer
Policies	
Where can I find a list of Magellan Complete Care policies?	<p>Magellan Complete Care has prepared a provider handbook to supply information and guidance to providers who participate in our plan. The handbook contains our policies, instructions and guidelines to enable providers to:</p> <ul style="list-style-type: none"> • Know which services are provided and covered for eligible beneficiaries • Submit proper billing for services rendered • Make inquiries to the proper source when it is necessary to obtain clarification and interpretation of responsibilities and coverage • Obtain information on Magellan Complete Care’s Fraud, Waste, and Abuse program <p>The complete Provider Handbook can be found on our website:</p>

	https://www.magellancompletecareoffl.com/fl-site/providers/provider-handbook/view-or-print-provider-handbook.aspx
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Website

How do I setup an online login as a Magellan Complete Care provider?

Website Support: To request a username, for technical support or if you have any questions about this website, contact our Provider Services Line at 800-788-4005 Monday - Friday from 8:00 a.m. to 5:30 p.m. Central Time.

You may also submit your request through email to: MPComSupport@magellanhealth.com

Is my Behavioral Health log in for Magellanprovider.com the same as my Magellan Complete Care Provider log in?

Yes, Behavioral Health providers may log in through the Magellan Complete Care website by using the alpha prefix of MCC following their MIS (e.g.MCC600934343).

Is my password for Magellanprovider.com the same as my Magellan Complete Care Provider log in?

Yes, the password would be the same.

How do I reset my password?

To reset a password, you may contact our Customer Service Department at 800-327-8613 Monday-Friday from 8:00 a.m. to 7:00 p.m. Eastern Time.

Demographic Changes

How do I submit any demographic changes for my office/facility?

Requests for demographic changes must be submitted to: MCCFlorida@magellanhealth.com. Please include supporting documentation (e.g. Name, TIN, NPI, etc.). Generally, the turnaround time to complete these changes is 3-5 business days.

Referrals

Do I need a referral for Behavioral Health services

Primary Care Physicians do not need to provide a referral for Behavioral Health professional services. Specialists need to contact the Primary Care Physician to obtain referral information and NPI.

Prior Authorization Requirements

What services require Prior Authorizations?

An overview of authorization requirements can be found on our website at <https://magellancompletecareoffl.com/fl-site> under the “Provider” tab. Also see the following links for more information:

- [MCCFL Provider Site](#)
- [MCCFL Participating Provider Prior Authorization Guide](#)
- [MCCFL Quick Authorization Form](#)

Can I check eligibility or authorizations online?

Providers may obtain member eligibility information via our [MCCFL Provider Site](#).

What are the turnaround times for authorizations?

Our decision timeframes are consistent with AHCA standards.

- Standard: 14 days
- Expedited: 72 hours

Concurrent inpatient, notification only

Please note, while decision timelines noted above are contractual, our average turnaround time for standard is 7 days and for expedited cases, it is within 48 hours, upon receipt of complete records.

Balance Billing

Can I bill the member for a service that was not prior authorized?

For services that require an authorization, claims submitted for services provided without prior authorization will be denied. The provider cannot balance bill any member for a covered service or for missed appointments according to State of Florida statutes.

Members can only be billed for services that are not a covered benefit/service.

Credentialing/Recredentialing	
How do I find out where I am in the credentialing/recredentialing process?	For requests regarding your credentialing/recredentialing status, submit your request to: mccflcredentialing@magellanhealth.com .
What is the timeframe for the credentialing/recredentialing process?	Our credentialing/recredentialing verification process generally takes 90-180 calendar days upon receipt of the completed information. <i>Note: Per NCQA standards, Magellan Complete Care is required to complete credentialing/recredentialing review within 180 days. Applicants may experience delays due to a high volume of providers undergoing initial credentialing and/or re-credentialing.</i>
Am I able to see Magellan Complete Care members while I am undergoing credentialing?	If you are in the credentialing process but not fully credentialed yet, you may see Magellan Complete Care members only if you are in a (conditional status) or the member is seen within the 60-day (continuation of care) time frame. If this criteria does not apply to your status, you may not see Magellan Complete Care members until you have completed the credentialing process and received an executed copy of your agreement.
Pharmacy Preferences and Restrictions	
Do I need to get a prior authorization for prescription drugs?	Most drugs on the <u>Preferred Drug List (PDL)</u> are available without prior authorization. For drugs not on the PDL, a prior authorization is required. You may obtain authorization by calling: 800-327-8613. Medicaid Pharmacy Wrap benefit is processed through MMA. Providers may contact the MMA Pharmacy Helpdesk at 800-327-8613.

<p>How do I request a drug exception?</p>	<p>If you feel that your patients need a medicine that is not on the PDL, you may Request a Drug Exception. Some reasons you may request an exception are:</p> <ul style="list-style-type: none"> • The patient has allergies to the other drug options on the list. • The approved drug(s) was not effective. • The patient cannot take the approved drug. <p>If you have any questions or would like more information, please call us at 800-327-8613.</p>
<p>Claims and Appeals</p>	
<p>Can I process claims online?</p>	<p>Yes, claims can be processed online through the following website: https://completecare.magellanprovider.com/MagellanProvider/do/LoadHome</p>
<p>How can I submit EDI Claims?</p>	<p>You can register to submit EDI Claims to Magellan Complete Care by sending an email to EDISupport@MagellanHealth.com or by contacting Magellan Complete Care EDI Support at 800-450-7281 Ext. 75890.</p>
<p>How do I resolve claim issues?</p>	<p>Customer Service is unable to take formal claim disputes over the phone. However, if you have questions about your claims denial or about claims in general, you may call: 800-327-8613.</p>
<p>What is the timeframe to submit claims?</p>	<p>Participating Providers must submit claims within 180 calendar days from the date of service. Nonparticipating providers must submit claims within 365 calendar days from the date of service.</p>
<p>Where do I send claim disputes?</p>	<p>Please submit written disputes to: Magellan Complete Care Attn: Claims Dept. P.O. Box 524083 Miami, FL 33152</p> <p>Participating Providers have 90 days from the date on the EOB to submit a dispute. Nonparticipating Providers have 365 days from the date on the EOB to submit a dispute.</p>

<p>Can I appeal a clinical decision?</p>	<p>Yes, clinical decisions may be appealed within 30 calendar days from the date of denial of authorization for both participating and nonparticipating providers.</p>
<p>How do I submit an appeal?</p>	<p>Appeals must be submitted to:</p> <p>Magellan Complete Care – Appeals Department Attn: Complaint Coordinator P. O. Box 524083 Miami, FL 33152</p>
<p>Can I submit retroactive authorizations or retrospective reviews?</p>	<p>Retroactive authorizations must be submitted within 35 days from the date on the EOB. Retrospective reviews are not available for participating Providers for outpatient, elective ambulatory or inpatient services that require prior authorizations for which prior authorization did not occur before providing the service.</p>
<p>How do I submit corrected claims?</p>	<p>Corrected claims must be marked corrected and submitted electronically through the standard process or via mail.</p> <p>To submit corrected claims via mail, please send to: Magellan Complete Care Attn: Claims Dept. P.O. Box 2097 Maryland Heights, MO 63043</p>
<p>What is the filing period to submit corrected claims?</p>	<p>The contracted or standard timely filing period is measured from the date of first denial or most recent payment.</p>
<p>Who can I contact if I have additional questions on claims issues?</p>	<p>Please contact Customer Service at 800-327-8613.</p>
<p>What is Magellan Complete Care’s Payer ID number?</p>	<p>Magellan Complete Care’s Payer ID number is 01260.</p>

AHCA/FL Medicaid Contact Information	
Provider Services	800-289-7799
Background Screening Unit	850-412-4503 BGScreen@ahca.myflorida.com
Magellan Complete Care Contacts	
Customer Service (Hours: Monday through Friday 8 am – 7 pm)	800-327-8613
After Hours Emergency	800-327-8613
TTY	800-424-1694
Additional resources at Magellan Complete Care’s website	www.MagellanCompleteCareofFL.com
Provider Relations Managers/Provider Support Specialists	800-327-8613 mccflprs@magellanhealth.com
Magellan Complete Care Vendor Contact Information	
Chiro Alliance (Chiropractic Network)	727-319-6199
Coastal Care Services (Home Health & DME)	855-481-0505 855-481-0606 (Fax)
DentaQuest (Dental Services)	855-398-8413
Florida Eye (Optometry Services) (Area 10, 11)	877-481-3322
Hear USA (Hearing Aids and Tests)	800-528-3277 (Providers) 800-442-8231 (Members)
ILS (Independent Living Systems)	305-262-1292
LabCorp (Lab Vendor)	888-522-2677
Veyo, LLC (Transportation)	800-424-8268
US Managed Care (ALFs/SNFs)	813-962-3942
Mom’s Meals (Post Discharge Meals)	866-716-3257 Option 1 (Case Managers) 866-204-6111 (Members)
NIA (www.radmd.com)	866-500-7656
PNS/DNS/ONS (Podiatry/Dermatology/Ortho)	305-667-8787 844-222-3535

Premier Eye Care (Optometry Services) (Regions 2,4,5,6,7,9)	855-765-6760 (Members) 800-738-1889 (PCP/Authorizations)
Quest (Lab Vendor)	866-697-8378