Provider Bulletin

These bulletins are how we communicate procedures, reminders and other information to our valued Magellan Complete Care providers. Please take the time to read the information and share with your colleagues and staff. You can also find this information on MagellanCompleteCareofFL.com.

H.O.M.E. program billing tip sheet

Magellan Complete Care is proud to announce the launch of our Health Outcomes through Meaningful Engagement (H.O.M.E.) program. Our goal is to work with our network providers to ensure that our members who are eligible for the program, have access to the housing services that they need; and that you receive timely payments for services that you provide.

Please refer to the following information below for guidelines on filing claims and payment processing.

Filing claims and payments

<table>
<thead>
<tr>
<th>Code</th>
<th>Modifier</th>
<th>Service Name</th>
<th>Prior Authorization Required</th>
<th>Provider Type</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0043</td>
<td>HK</td>
<td>Transitional housing services</td>
<td>No</td>
<td>Staff with appropriate expertise in this area by way of training, certification or degree, may provide this service</td>
<td>30 days over a 180 day period</td>
</tr>
<tr>
<td>H0043</td>
<td>HK GD</td>
<td>Incidental (Transitional housing services)</td>
<td>H.O.M.E. utilizes an Incidental Request Form. You can request a copy of this form by emailing <a href="mailto:MCCFLhome@magellanhealth.com">MCCFLhome@magellanhealth.com</a></td>
<td>Member must be receiving transitional housing services</td>
<td>$1,000 is a lifetime maximum benefit</td>
</tr>
<tr>
<td>H0038</td>
<td>HK</td>
<td>Self-help peer support</td>
<td>No</td>
<td>Certified Recovery</td>
<td>2,080 units per fiscal year</td>
</tr>
</tbody>
</table>
**H.O.M.E. billing, filing and payment FAQs**

Q. **Who is eligible for the H.O.M.E program?**

A. H.O.M.E. is available to Magellan Complete Care members ages 21 years and older living with an SMI, SUD, or an SMI with a co-occurring SUD, residing in Pasco, Pinellas, Orange, Brevard, Seminole or Osceola counties who are homeless or at risk of homelessness due to their condition.

Q. **How should I bill Magellan Complete Care?**

A. For appropriate filing information, please see CMS-1500 Claim Forms Instructions for professionals or UB 04 Claim Form Instructions for institutional providers. These forms can be found on the Magellan

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### Peer Specialist

<table>
<thead>
<tr>
<th>Service</th>
<th>No</th>
<th>Staff with appropriate expertise in this area by way of training, certification or degree, may provide this service</th>
</tr>
</thead>
<tbody>
<tr>
<td>H2015 HK</td>
<td>No</td>
<td>344 units per month or 48 units per day</td>
</tr>
<tr>
<td>H2011 HK HO</td>
<td>No</td>
<td>At minimum, Master’s degree level clinician under the supervision of a licensed master’s level clinician</td>
</tr>
</tbody>
</table>

*Please Note:*

1. Modifiers must be submitted with the HK modifier first.
2. When submitting a claim for a housing code, submit a qualifying mental health or substance use diagnosis. After the diagnosis code, ICD-10-CM code(s) Z59.0 to Z59.9 (Z code) should be entered.
Complete Care’s provider portal at MCCofFl.com. If you are having difficulty accessing these documents, please contact us at 1-800-327-8613.

Please note: Failure to provide any of the required information can result in your payment being delayed. MFC’s have 180 days from the date of service or discharge to submit a clean claim.

Q. What should I do if I need help?

A. 1. You can call us at 1-800-327-8613 Monday through Friday 8 a.m. – 7 p.m. Eastern Time.
   2. You can also find information on our website at MCCofFL.com for:
      • Claims
      • Benefits
      • Eligibility
   3. Or you can contact the Provider Servicing team directly by emailing your claims and payment questions to mccflprs@magellanhealth.com.

Q. How do I submit paper claims?

A. You can submit paper claims to the following address:

Magellan Complete Care of FL
PO Box 2097
Maryland Heights, MO 63043
Payer ID# 01260

Please note: Claims must include rendering provider information, NPI, date of service, and member information.

Q. How do I submit claims electronically?

A. EDI submission is accomplished through one of Magellan Complete Care’s many partner clearinghouses.

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’s EDI Support at 1-800-450-7281, extension 75890. Please reference EDI Payor ID: 01260.
Q. How can I receive my payments electronically?

A. You can receive electronic payments by signing up for Electronic Funds Transfer (EFT) – a fast, secure and efficient method of receiving payments.

To sign up for EFT, please fill out the EFT form on the Submitting Electronic Claims page of our provider website at MCCofFL.com and follow the instructions on the form on how to submit. Our website also shows a complete list of all our Clearinghouse vendors.

If you have any questions, please call us at 1-800-327-8613.