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 MCCofFL.com.

Provider authorizations, appeals and disputes

Magellan Complete Care of Florida is continuing our efforts to give you the tools and resources you need to ensure your submissions are handled in a timely manner. Please refer to the chart below regarding utilization, timeliness and addresses for authorizations, appeals and dispute submissions.

<table>
<thead>
<tr>
<th>Review Type</th>
<th>Utilization</th>
<th>Timeliness</th>
<th>Address</th>
</tr>
</thead>
</table>
| Retrospective       | - Emergency admissions where authorization was not issued and medical records were requested** | Within 35 days of the notification of claim determination (EOP), unless contractual language specifies a different timeframe.* | Magellan Complete Care  
                       | Review                                                        |                                                                           | PO Box 691029  
                       |                                                               |                                                                           | Maryland Heights, MO  
                       |                                                               |                                                                           | 63043                      | Fax: 1-888-656-4083 |
| Clinical Appeal     | - Clinical authorization denials                                             | 30 days unless contractual language specifies a different timeframe.*     | MCC Appeals  
                       |                                                               |                                                                           | PO Box 2064 Maryland Heights, MO 63043                             |
| Dispute             | - Underpayments (meaning a payment was made)                                | 90 days from the date of the denial or check date, unless contractual language specifies a different timeframe.* | Magellan Complete Care  
                       |                                                               |                                                                           | Claim Disputes  
                       |                                                               |                                                                           | Department  
                       |                                                               |                                                                           | PO Box 1005 Maryland Heights, MO 63043 |

*In accordance with s. 641.3155, F.S
** True medical emergencies are the only exceptions where Magellan Complete Care of Florida will perform clinical reviews without the required prior authorization. If the appealing provider fails to note that the denied claim relates to a true medical emergency, no clinical review will be performed and the denial will be upheld for lack of prior authorization.

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

MCCFL PRV 15197-20
1—Provider Bulletin 08/2020