Magellan Complete Care Provider Training Agenda

- Welcome and Introductions
- Model of Care and Goals
- Customer Service and Interdisciplinary Care Team
- Member Eligibility and Prior Authorization
- Fraud Waste and Abuse
- Duty to Report
- Satisfaction Surveys and Quality Improvement Activities
- Member Benefits
- Claims, Billing and Appeals
- Complaints and Grievances
- Resources and Contact Information

Duty to Report
Magellan Complete Care of Florida

Magellan Complete Care of Florida is a specialty health plan designed specifically for members living with serious mental illness who are eligible for Medicaid benefits.

It promotes a fully integrated and coordinated behavioral health and physical health approach that spans the continuum of care.

**OUR GOALS:**

- To ensure that all members receive personalized, high-quality health care tailored to their medical, mental health, and social needs.
- Improve the overall health, longevity and well-being of members.
- Lower the cost of care by providing better access and care coordination for this special population.
Magellan Complete Care Network, Customer Service and Interdisciplinary Care Team
Network of Specialist and Vendors

MCCFL has created a provider network of qualified providers who are licensed, competent and have completed a formal credentialing review.

• **Providers**
  All providers must have a FL Medicaid number and must be contracted with Magellan Complete Care or with Magellan Behavioral Health with a Medicaid HMO Amendment.

• **Facilities**
  All facilities must have a FL Medicaid number and be contracted with Magellan Complete Care unless a Prior Authorization has been obtained.

To find a participating facility or physician please visit MagellanCompleteCareofFL.com or contact Provider Services at 1-800-327-8613
Network of Specialist and Vendors

**Magellan Complete Care Network Providers**
(Medical)

**Magellan Behavioral Health**
(Behavioral Health)

**National Imaging Associates**
(Radiology/Imaging)

**Magellan Rx**
(Pharmacy)

**OTHER:**

- Chiro Alliance (Chiropractic Network)
- Coastal Care Services (Home Health & DME)
- DentaQuest (Dental Services)
- US Managed Care (ALFs/SNFs)
- Hear USA (Hearing Aids and Tests)
- ILS (Independent Living Systems)
- Quest (Lab Vendor)
- LabCorp (Lab Vendor)
- Veyo, LLC (Transportation)
- Mom’s Meals (Post Discharge Meals)
- NIA (Lab Vendor)
- PNS/DNS/ONS (Podiatry/Dermatology/Ortho)
- Premier Eye Care (Optometry Services (Areas 4,5,7))
Magellan Complete Care Customer Service Center

• Customer Service Center, available Monday through Friday 8am – 7pm: 1-800-327-8613

• The following are examples of information which can be obtained from accessing the Magellan Complete Care website or provider portal:
  ✓ Eligibility
  ✓ Authorization request forms
  ✓ Claims
  ✓ Benefits
  ✓ PCP and provider information
  ✓ Interpretation Services

IMPORTANT NUMBERS: After Hours Access
Nurse Line Emergencies: 1-800-327-8613  |  TTY: 1-800-424-1694
Field Positions and their Responsibilities

**Network and Provider Relations Managers**
- Initiates Credentialing Process
- Processes signed agreements
- Handles Add/Changes and Deletes for providers
- Identifies and resolves provider issues
- Brokers relationships between behavioral health and physical health providers
- Orientation, training, education to providers to improve outcomes and efficiencies and adoption of best practices
- Responsible for provider In Services activities
- Owns provider contracting and relationships

**Provider Support Specialists**
- Rolls out Provider incentive programs
- Builds and maintains positive relationships with providers
- Partners with other departments
- Supports process that addresses provider complaints, claims, credentialing
- Educate providers for quality improvement, outcomes and efficiencies and adoption of best practices
- Performs Medical record review
- Assess practice readiness for working with members

**Marketing Outreach Specialists**
- Serves as the liaison to community based organization
- Expert on Medicaid programs and benefits
- Complete community assessments to identify strengths, needs and possible partnerships
- Build and maintain community resources for the enrollees
- Planning and participation in community events and health fairs
- Presentations regarding community resources
- Follow Medicaid Marketing guidelines
- Member engagement and retention activities

**Health Guides**
- Establishes a relationship with the enrollee, the care coordination team, and his/her providers
- Completes individual member assessment (such as Health and Wellness Questionnaire (HWQ), New Enrollee Interview)
- Tracks and coordinates care to ensure member is receiving services
- Makes referrals to case managers and community programs and services, as needed
- Member engagement and retention activities

**Recovery Support Navigator**
- Accountable for engaging members in their care and supporting recovery-based approaches
- Acts as a role model for healthy behaviors and lifestyles across the membership by sharing lived experience with recovery, resiliency, and self-directed care
- Leads Wellness Recovery Action Plan (WRAP) groups, collaborates in implementing all health services programs, and provides perspective as a member of the care coordination team
- Member engagement and retention activities

**Integrated Care Case Managers**
- Maintains a caseload of highly complex enrollees in the case management program
- Responsible for providing both behavioral and physical case management services to members, providing clinical expertise for care coordination teams, and facilitating an integrated approach to care delivery with providers, health homes, enrollees, their families, and community agencies and services
- Coordinates complex care arrangements to ensure quality and efficiency of care and achieve best possible outcomes
- Member engagement and retention activities

**Wellness Specialists**
- Works with members on developing skills and confidence in self management of chronic conditions and healthy lifestyles (tobacco or healthy eating, for example)
- Oversees disease management plans for members with a targeted chronic condition
- Motivates enrollees to learn and adopt self-management techniques to maintain their health and wellness
- Designs and conducts group programs and workshops for enrollees, their families and supports
- Member engagement and retention activities

**Care Workers**
- Facilitates Health Services department workflow
- Locates community services and other referral locations for enrollees, arranges access to care
- Supports correspondence, other communications
- Member engagement and retention activities
Magellan Complete Care Member Eligibility and Prior Authorization
You may verify eligibility through our Online Provider Portal:
www.MagellanCompleteCareofFL.com or Call Magellan Complete Care member
services line: 1-800-327-8613
Magellan Complete Care Prior Authorization and Online Provider Portal

- Prior Authorizations
- Provider Portal
- Prior Authorization Guide
- Quick Authorization Form
Authorization Requirements and Medical Necessity
• Clinical practice guidelines
• Define services which require prior authorization
• Availability of Peer to Peer discussion before determination is made

Fax Prior Authorizations to 888-656-4083

Inpatient Admissions through the (ER)
• Hospitals are required to notify the Plan of all emergency inpatient admissions within 24 hours.

Fax Inpatient Requests to 888-656-4894

Retrospective Reviews
• Request for coverage of medical care or services that have been rendered and provider failed to request an authorization/notification.

Note: Retrospective reviews are not available for participating providers.

Decision Timelines (AHCA standards)
• Standard...14 days  Expedited...72 hours
Concurrent Inpatient...notification only
• Please note, while the decisions 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.

• Behavioral Health professional services do not need a Primary Care Physician referral for members
• Specialists need to contact PCP to obtain referral information and NPI

Pharmacy
Most drugs on the Preferred Drug List (PDL) are available without prior authorization. For drugs not on the PDL, a prior authorization is required.

• Medicaid Pharmacy Wrap benefit is processed through MMA

• MMA Pharmacy Helpdesk (providers)
  1-800-327-8613
Magellan Complete Care Prior Authorizations

Continuation of Care

• MCC will honor any written documentation of prior authorization of ongoing covered services for a period of sixty (60) calendar days after the effective date of enrollment, or until the member PCP or behavioral health provider (as applicable to medical care or behavioral health care services, respectively) reviews the member’s treatment plan, whichever comes first.

• MCC will not delay service authorization if written documentation is not available in a timely manner; however, MCC is not required to pay claims for which it has received no written documentation.

• For all members, written documentation of prior authorization of ongoing medical and behavioral health services includes the following, provided that the services were prearranged prior to enrollment with MCC:

  (1) Prior existing orders;

  (2) Provider appointments, e.g. dental appointments, surgeries, etc.; and

  (3) Prescriptions (including prescriptions at non-participating pharmacies).
Magellan Complete Care Online Provider Portal

• Usernames and passwords are sent on the Magellan Complete Care Welcome Letter once the provider become part of our network.
• The Administrator will be able to assign usernames and access for employees.
Providers MUST complete the Telehealth Attestation before delivering care via telehealth for members for whom it is a covered benefit. The completed form must be sent to MCCFLCredentialing@MagellanHealth.com.

- Telehealth Attestation
- Telehealth Billing Instructions
- Telehealth Payable Services

### Telehealth Services Provider Attestation

Magellan defines telehealth as a method of delivering behavioral health or EAP services using interactive telecommunications when the member and the provider are in audio and live, interactive video.

Magellan Healthcare (Magellan) requires completion and return of this attestation for provision of all telehealth services.

You must meet all requirements below to deliver services to Magellan members via telehealth. Please review carefully to ensure your practice or organization meets e
Magellan Complete Care
Satisfaction Surveys and
Quality Improvement Activities
AHCA Contract Compliance and Quality Improvement Activities

Performance Improvement Projects (PIPs)

- Improve Diabetes Screening Rates for People 18 years or older with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications in Florida Regions 10 and 11
- Percentage of Members 1 to 20 Years of Age That Had At Least One Preventive Dental Service During the Measurement Year
- Improving Plan All-Cause Readmissions for Magellan Complete Care Members
- Increase the Rate of Adult Member’s Overall Satisfaction of Magellan Complete Care (CAHPS)

Medical Record Review (MRR)

- Record reviews are completed on an ongoing basis throughout the year.
- Providers are selected based on re-credentialing date and high utilization.
- Five to ten records are reviewed for each provider.

Satisfaction Surveys

- Provider
- Enrollee (CAHPS)
- CCM Survey
- DM Survey
Magellan Complete Care
Member Benefits
Plus, Enhanced Benefits, where members can earn credit for participation in specific health activities. For more information please check out our website.
Magellan Complete Care of Florida Member Benefits

2019 Expanded Benefits List

Expanded benefits are extra goods or services we provide to our members, free of charge. For a full list of expanded benefits, click here.

In Lieu of Services Benefits

Magellan Complete Care will provide any of the following in lieu of services to enrollees when it is determined that it is medically appropriate and in accordance with the requirements for the provision of in lieu of services contained in this contract, after obtaining approval from the Agency:

- Crisis stabilization units
- Detoxification or addictions receiving facilities
  - Mobile crisis
- Ambulatory detoxification services
  - Partial hospitalization services
  - Nursing Facility Services
  - Self-Help/Peer Services

Click here for a full list of covered services. More information on In lieu of Services can be found in the Provider Handbook.
Visit our website to learn more about the benefits available to members, at: www.MagellanCompleteCareofFL.com
Magellan Complete Care
Claims, Billing and Appeals
Magellan Complete Care Claims Submission and Billing

- **All providers** must be credentialed prior to seeing patients, or claims will be denied. Claims must be submitted with the appropriate rendering provider information, including the full name of the rendering practitioner, service location and NPI number.

- **Organizations** must submit to Magellan Complete Care a roster of rendering providers by location on a monthly basis. Claims submitted for rendering providers not recognized by Magellan Complete Care will result in pended or denied claims. Please submit provider rosters to MCCFLProviderRoster@MagellanHealth.com.
  - Rosters MUST be submitted with ALL "required" information

- **Participating providers and facilities** have 180 days from the date of service or discharge the following time frames to submit a clean claim to Magellan Complete Care for payment.
  - Dual claims (Medicare and Medicaid) have a timely filing limit of 1095 days (3 years)
  - When a member has other insurance coverage, Medicaid is the payer of last resort. Providers must submit claims to Magellan Complete Care within 90 days of other payer final determination.

**Claims questions:** call 1-800-327-8613 or check claims status at
www.MagellanCompleteCareofFL.com
All claim submission methods are based on the standard CMS-1500 for professional or UB-04 (formerly UB-92) for institutional providers. Claims must be filed using the HIPAA-compliant CPT code(s) or HCPCS. Please note, incomplete forms will delay processing.

Claims for authorized covered services rendered to Magellan Complete Care members must submit to the above address for proper payment.
Magellan Complete Care Claims Submission

EDI Payor ID: 01260
Magellan Complete Care also requires a secondary ID equal to the claims PO Box 2097. Electronic claims are the fastest and most efficient method for you to get paid. We are pleased to offer claims submission through additional clearinghouses.

- Emdeon
- Capario
- Availility
- Office Ally
- Payerpath (Allscripts)
- Trizetto Provider Solutions (Gateway EDI)
- Relay Health (McKesson)
- HealthEC (IGI Health LLC)

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 1-800-450-7281, extension 75890.

To sign up for Electronic Funds Transfer (EFT) – a secure and efficient method to receive your payments, visit our EFT information for the simple steps on how to register.
Magellan Complete Care Appeals

Medical records must be accompanied with the following:

• A detailed cover letter to include the items in the Provider Appeals form
• Identify why the records were sent and a clinical summary of the provider’s rebuttal with references to criteria such as; Interqual and/or Milliman – or complete a detailed Provider Appeals Form

Indicate reasons in the addressee line:

• Retro review (no authorization)
• Claims appeal
• Appeals (clinical and administrative)
• Customer comments (complaints)

Appeals address:
Magellan Complete Care – Appeals Department
Attn: Complaint Coordinator
P.O. Box 2064  |  Maryland Heights, MO  63043
or Fax to 888-656-4864.

The cover letter or Provider Appeal form must be submitted before the 30 day expiration date on the notification.
Inpatient Hospital Days Benefit Exhaustion Medical Necessity Reviews

Medical Records submitted for those aged 21 years and older for emergency services due to being over the inpatient hospital days benefit limit must be submitted as follows:

- A cover letter that must state that the facility is requesting a review for days they deem they provided emergency services.
  - Include the dates that the hospital is seeking reimbursement
  - An explanation indicating that the absence of immediate medical attention on those days would result in the following:
    - Placing the health of the individual (or, for a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.
    - Serious impairment to bodily functions.
    - Serious dysfunction of any bodily organ or part.
  - Medical Records should include:
    - Member History and Physical,
    - Discharge Summary,
    - Physician’s Order and Progress Notes.

It is not necessary to send nurses’ notes or pages of medications that the member received in the hospital.
Magellan Complete Care Complaints and Grievances
Complaint/Grievance Overview

1. Complaint Received
   - Member or Provider contacts Magellan Complete Care and expresses dissatisfaction with Magellan Complete Care services, staff, policies and procedures, etc.
   - Member Complaint that is not resolved within 24 hours becomes a Grievance.

2. Resolution
   - MCC QI Coordinator enters resolution into complaint tracking system.
   - MCC QI Coordinator sends out resolution letter same day of resolution and closes member grievance / provider complaint
Magellan Complete Care Complaints

There are three types of provider complaints with different filing requirements

<table>
<thead>
<tr>
<th>Policy-Related Complaints</th>
<th>Utilization Management Related Complaints</th>
<th>Claims – Related Disputes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Filing Process</strong> – Oral or Written</td>
<td><strong>Filing Process</strong> – Must be filed in writing</td>
<td><strong>Filing Process</strong> – Must be filed in writing</td>
</tr>
<tr>
<td><strong>Timeliness</strong> – 45 calendar days from the date the provider becomes aware of the issue generating the complaint.</td>
<td><strong>Timeliness</strong> – Providers have 45 days from the original utilization management decision</td>
<td><strong>Timeliness</strong> – Providers have 90 calendar days from the time of a claim denial to file a provider complaint or submit additional information / documentation. Complaints filed after that time will be denied for untimely filing. There is no second level consideration for cases denied for untimely filing.</td>
</tr>
<tr>
<td><strong>Forms can be found in the Magellan Complete Care Provider Handbook</strong></td>
<td><strong>Forms can be found in the Magellan Complete Care Provider Handbook</strong></td>
<td><strong>Forms can be found in the Magellan Complete Care Provider Handbook</strong></td>
</tr>
</tbody>
</table>
Magellan Complete Care
Fraud, Waste & Abuse
Magellan Complete Care Fraud, Waste & Abuse

Fraud Waste and Abuse

- Definition of fraud, Waste, Abuse, [FWA] and Overpayments
- Exclusion and Debarment From Medicaid, Medicare, and other Federal Health Care Programs

How to Report Fraud, Waste, Abuse, [FWA] & Overpayments

- Bureau of Medicaid Program Integrity - 1-888-419-3456 or complete a Medicaid Fraud and Abuse Complaint Form, which is available online: https://apps.ahca.myflorida.com/InspectorGeneral/fraud_complaintform.aspx
- Florida Office of the Attorney General Medicaid Fraud Control Unit: 1-866-966-7226
- Florida Department of Financial Services - Division of Insurance Fraud: 1-800-378-0445

U.S. Department of Health & Human Services Office of Inspector General:

- U.S. Department of Health & Human Services
- Office of Inspector General
  ATTN: OIG HOTLINE OPERATIONS
  PO Box 23489, Washington, DC 20026
- Telephone: 1-800-HHS-TIPS (1-800-447-8477) | Fax: 1-800-223-8164
- Email: HHSTips@oig.hhs.gov
Provider Roles & Responsibilities – What You Can Do

• We encourage all of our providers to implement a comprehensive compliance plan to detect, prevent, monitor, and report suspected cases of fraud, waste and abuse. The U. S. Department of Health and Human Services’ Office of the Inspector General has developed Compliance Plan guidance for a number of different health care provider types. These guidelines can be accessed via the Internet at: http://oig.hhs.gov/fraud/complianceguidance.asp.

What Magellan Complete Care Will Do – MCC’s Responsibilities

• Implement and regularly conduct fraud, waste and abuse prevention activities that includes but is not limited to provider education, audits, and checking the GSA SAM, HHS-OIG LEIE, and Florida Sanction & Terminated Providers exclusion lists during credentialing/recredentialing, prior to contracting, and monthly thereafter.

• Magellan Complete Care’s policies contain detailed information regarding Magellan Complete Care’s procedures to detect, deter, monitor, and to report fraud, waste, abuse, and overpayments. These policies and Magellan Complete Care’s Deficit Reduction Act of 2005 Compliance Statement are available online at http://magellanhealth.com/our-edge/clinical-excellence/compliance/dra-compliance-statement.aspx

• Our policies and procedures are also available upon request. Please contact your Network Development Staff at 800.327.8613.
Magellan Complete Care
Duty to Report
Magellan Complete Care Duty to Report

As mandated by Florida Administrative Code and Florida Statues (F.L.F. A.C. 65C-29.002 ), all providers who work or have any contact with any Magellan Complete Care of Florida members, are required as “mandated reporters” to report any suspected incidences of physical abuse (domestic violence), neglect, mistreatment, financial exploitation and any other form of maltreatment of a member to the appropriate state agency. A full version of the Florida Administrative Code (FAC) can be found on the State of Florida Administrative Code & Administrative Register website.

Identifying Information

Any provider who suspects that a member may be in need of protective services should contact the appropriate State agencies within 24 hours with the following identifying information:

- Specific information about the abusive incident or the circumstances contributing to risk of harm (e.g., when the incident occurred, the extent of the injuries, how the member says it happened, and any other pertinent information)
- Names, birth dates (or approximate ages)
- Demographic information such as, addresses for all victims and perpetrators (including current location), race, genders, etc.
- Information about family members or caretakers if available

Abuse can be reported by calling the Florida Abuse Hotline, a statewide, toll-free telephone number, at 1-800-96-ABUSE (1-800-962-2873).
Magellan Complete Care Duty to Report

**Potential Signs of Abuse**
- Bruises (old and New)
- Burns or bites
- Pressure Ulcers (bed sores)
- Missing Teeth
- Broken Bones/Sprains
- Spotty Balding from Pulled Hair
- Marks from restraints

**Behaviors of Abusers**
- Refusal to follow directions
- Speaks for patient
- Unwelcoming or uncooperative attitude
- Working under the influence
- Aggressive Behavior

**Financial Exploitation**
- Caregiver, family member, or professional expresses excessive interest in the amount of money being spent on the member.
- Forcing member to give away property or possessions.
- Forcing member to change a will or sign over control of assets

Abuse can be reported by calling the Florida Abuse Hotline, a statewide, toll-free telephone number, at 1-800-96-ABUSE (1-800-962-2873).
Sex Trafficking

The recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.

Human Trafficking May Occur In:
- Prostitution and escort services
- Pornography, stripping, or exotic dancing
- Massage parlors
- Sexual services publicized on the Internet or in newspapers
- Agricultural or ranch work
- Factory work or sweatshops
- Businesses like hotels, nail salons or home-cleaning services;
- Domestic labor (cleaning, childcare, etc. within a home);
- Restaurants, bars, or cantinas
- Begging, street peddling, or door-to-door sales.

Labor Trafficking

The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Victims May Exhibit:
- Evidence of being controlled either physically or psychologically
- Inability to leave home or place of work
- Inability to speak for oneself or share one’s own information
- Information is provided by someone accompanying the individual
- Loss of control of one’s own identification documents
- Have few or no personal possessions
- Owe a large debt that the individual is unable to pay off
- Loss of sense of time or space, not knowing where they are or what city or state they are in

The National Human Trafficking Hotline provides assistance to victims in crisis through safety planning, emotional support, and connections to local resources. For more information on human trafficking visit: www.acf.hhs.gov/trafficking.

Call: 1-888-373-7888
Email: help@humantraffickinghotline.org
Text: HELP to BEFREE (233733)

Visit: www.humantraffickinghotline.org
Magellan Complete Care Resources and Contacts
Magellan Complete Care Resources

• This website is continually updated to provide easy access to information and greater convenience and speed in exchanging information with Magellan Complete Care. Visit our website at: www.magellancompletecareoffl.com

• Provider Service Line (for assistance with provider portal) send an email to MCCFLPRS@MagellanHealth.com.

Available Resources Include:

✓ Provider handbook
✓ Claims forms and submission tips
✓ Compliance information
✓ Pharmacy directory
✓ Medication formulary
✓ Services/medications requiring prior authorization
✓ Provider network information
✓ CMS Best Available Evidence policy
✓ LIS (Low Income Subsidy) Program
✓ Clinical and administrative forms
✓ Online provider education resources
✓ Access to Interpretive and Translation Services
## Contact Information

<table>
<thead>
<tr>
<th>Region</th>
<th>Provider Relations Manager</th>
<th>Phone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Jalen Criss</td>
<td>(407) 669- 9005</td>
<td><a href="mailto:CrissJ@MagellanHealth.com">CrissJ@MagellanHealth.com</a></td>
</tr>
<tr>
<td>5</td>
<td>Denise Perez</td>
<td>(813) 614- 4164</td>
<td><a href="mailto:DPerez@MagellanHealth.com">DPerez@MagellanHealth.com</a></td>
</tr>
<tr>
<td>7</td>
<td>Paige Denson</td>
<td>(407) 374- 5468</td>
<td><a href="mailto:PDenson@MagellanHealth.com">PDenson@MagellanHealth.com</a></td>
</tr>
<tr>
<td>ALL</td>
<td></td>
<td></td>
<td><a href="mailto:MCCFLPRS@MagellanHealth.com">MCCFLPRS@MagellanHealth.com</a></td>
</tr>
</tbody>
</table>

### MCC Contacts

- **Customer Service**: 1-800-327-8613  
  Monday - Friday  8am-7pm
- **After Hours Emergency**: 1-800-327-8613
- **TTY**: 1-800-424-1694

Additional resources at Magellan Complete Care’s website: [www.MagellanCompleteCareofFL.com](http://www.MagellanCompleteCareofFL.com)

### ACHA/FL Medicaid Contact Information

- **Provider Services**: 800-289-7799
- **Background Screening Unit**: 850-412-4503  
  e mail: BGScreen.acha.myflorida.com
**Important Addresses**

**Clinical Appeals**
Appeals MCC Florida  
PO BOX 2064  
Maryland Heights, MO 63043

**Claims Disputes**
Magellan Complete Care  
Claims Dispute Department  
PO BOX 1005  
Mayland Heights, MO 63043

**Retrospective Reviews**
Magellan Complete Care  
PO BOX 691029  
Orlando, FL 32869

**New or Corrected Claim Forms**
Magellan Complete Care  
PO BOX 2097  
Maryland Heights, MO 63043

Visit our website for this and other informational content at:  
[www.MagellanCompleteCareofFL.com](http://www.MagellanCompleteCareofFL.com)
<table>
<thead>
<tr>
<th>MCCFL Vendor Contact Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiro Alliance (Chiropractic Network)</td>
<td>727-319-6199</td>
</tr>
<tr>
<td>Coastal Care Services</td>
<td>855-481-0505</td>
</tr>
<tr>
<td>(Home Health &amp; DME)</td>
<td>855-481-0606 (Fax)</td>
</tr>
<tr>
<td>DentaQuest (Dental Services)</td>
<td>855-398-8413</td>
</tr>
<tr>
<td>Hear USA (Hearing Aids and Tests)</td>
<td>800-528-3277 (Providers)</td>
</tr>
<tr>
<td></td>
<td>800-442-8231 (Members)</td>
</tr>
<tr>
<td>ILS (Independent Living Systems)</td>
<td>305-262-1292</td>
</tr>
<tr>
<td>LabCorp (Lab Vendor)</td>
<td>888-522-2677</td>
</tr>
<tr>
<td>Veyo, LLC (Transportation)</td>
<td>800-424-8268</td>
</tr>
<tr>
<td>US Managed Care (ALFs/SNFs)</td>
<td>813-962-3942</td>
</tr>
<tr>
<td>Mom’s Meals (Post Discharge Meals)</td>
<td>866-716-3257 Option 1 (Case Managers)</td>
</tr>
<tr>
<td></td>
<td>866-204-6111 (Members)</td>
</tr>
<tr>
<td>NIA (<a href="http://www.radmd.com">www.radmd.com</a>)</td>
<td>866-500-7656</td>
</tr>
<tr>
<td>PNS/DNS/ONS (Podiatry/Dermatology/Ortho)</td>
<td>305-667-8787</td>
</tr>
<tr>
<td></td>
<td>844-222-3535</td>
</tr>
<tr>
<td>Premier Eye Care (Optometry Services) (Area 4,5,7)</td>
<td>855-765-6760 (Members)</td>
</tr>
<tr>
<td></td>
<td>800-738-1889 (PCP/ Authorizations)</td>
</tr>
<tr>
<td>Quest (Lab Vendor)</td>
<td>866-698-8378</td>
</tr>
</tbody>
</table>
Q&A

PLEASE COMPLETE YOUR MAGELLAN COMPLETE CARE PROVIDER TRAINING TRACKING DOCUMENT
By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Magellan Health, Inc.

The information contained in this presentation is intended for educational purposes only and is not intended to define a standard of care or exclusive course of treatment, nor be a substitute for treatment.

The information contained in this presentation is intended for educational purposes only and should not be considered legal advice. Recipients are encouraged to obtain legal guidance from their own legal advisors.