Magellan Complete Care of Florida

Provider Training

Conducted By:
<table>
<thead>
<tr>
<th>Welcome and Introductions</th>
<th>Satisfaction Surveys and Quality Improvement Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model of Care and Goals</td>
<td>Member Benefits</td>
</tr>
<tr>
<td>Customer Service and Interdisciplinary Care Team</td>
<td>Claims, Billing and Appeals</td>
</tr>
<tr>
<td>Member Eligibility and Prior Authorization</td>
<td>Complaints and Grievances</td>
</tr>
<tr>
<td>Fraud Waste and Abuse</td>
<td>Resources and Contact Information</td>
</tr>
</tbody>
</table>
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 and 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](http://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)
• Florida Eye (Optometry Services) (Areas 10, 11)
• Hear USA (Hearing Aids and Tests)
• ILS (Independent Living Systems)
• US Managed Care (ALFs/SNFs)
• 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 2,4,5,6,7,9)
• Quest (Lab Vendor)
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: www.MagellanCompleteCareofFL.com

✓ 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 Team
- Owns provider contracting relationships
- Monitors Provider access
- Contracts with Providers
- Initiates Credentialing Process
- Processes signed agreements
- Responsible for provider In Services activities
- Identifies and resolves provider issues
- Adds providers to the CAP claim system
- Handles Add/Changes and Deletes for providers
- Member engagement and retention activities

## Provider Support Specialists and Provider Relations Managers
- Builds and maintains positive relationships with providers
- Partners with other departments
- Supports process that addresses provider complaints, claims, credentialing
- Orientation, training, education to providers to improve quality, outcomes and efficiencies and adoption of best practices
- Brokers relationships between behavioral health and physical health providers
- Performs Medical record review
- Assess practice readiness for working with members
- Rolls out Provider incentive programs

## Community 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

## Peer Support Specialists
- 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 web portal: www.MagellanCompleteCareofFL.com
Call Magellan Complete Care member services line: 1-800-327-8613
Magellan Complete Care Prior Authorization

- Prior Authorization lists
- MCCFL Provider Site
- MCCFL Participating Provider Prior Authorization Guide
- MCCFL Quick Authorization Form
Magellan Complete Care Prior Authorization

Authorization Requirements and Medical Necessity

• Clinical practice guidelines
• Define services which require prior authorization
• Availability of Peer to Peer discussion before determination is made

Obtain prior authorization by calling 1-800-327-8613

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

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
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 Prior Authorizations

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

• **Retrospective Reviews**
  - A request for coverage of medical care or services that have been received and provider failed to request an authorization / notification.

• **Retrospective Review Process for Services Requiring Prior-Authorization**

• **Participating Providers**
  - Retrospective review is not available for outpatient and elective ambulatory or inpatient services that required prior authorization for which precertification did not occur before providing the service.
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
Magellan Complete Care of Florida Member Benefits

Disease Management Programs

Medical, Behavioral Health, Prescription Drugs, Dental, Vision, Transportation

Prevention Programs

Plus, Enhanced Benefits, where members can earn credit for participation in specific health activities. For more information please check out our [website](#).
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 MCCFLPROVIDERROSTER@magellanhealth.com

• **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.

• **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 below address for proper payment.

MAIL CLAIMS TO:

Magellan Complete Care of Florida
PO Box 2097
Maryland Heights, MO 63043
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
- Availity
- 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 the EFT page of our provider website, www.magellantocompletecareofl.com/fl-site/providers/provider-tools/claims,-benefits-eligibility.aspx, for the simple steps on how to register.
Magellan Complete Care Appeals

Medical records must be accompanied with one of 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 PO Box 524083 | Miami, FL 33152

The cover letter or Provider Appeal form must be submitted before the 30 day expiration date on the notification.
Magellan Complete Care Complaints and Grievances
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. 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.

3. 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
NOTE: This slide contained duplicate information for the 2nd line item. Revisit content?
Werth, Lauren, 7/6/2017
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>• Filing Process – Oral or Written</td>
<td>• Filing Process – Must be filed in writing</td>
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<tr>
<td>• Timeliness – 45 calendar days from the date the provider becomes aware of the issue generating the complaint.</td>
<td>• Timeliness – Providers have 45 days from the original utilization management decision</td>
<td>• Timeliness – 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>
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<tr>
<td>• Forms can be found in the Magellan Complete Care Provider Handbook</td>
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</tbody>
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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](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
Magellan Complete Care Fraud, Waste & Abuse

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 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.magellанcompletecareoffl.com
- **Provider Service Line** (for assistance with provider portal: 1-800-788-4005

**Available resources include:**

- Provider handbooks
- 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
- Answers to frequently asked questions (FAQs)
- 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>2,10</td>
<td>Corey Parks</td>
<td>(305) 717-3610</td>
<td><a href="mailto:CParks@Magellanhealth.com">CParks@Magellanhealth.com</a></td>
</tr>
<tr>
<td>4,9</td>
<td>Lisa Thomas</td>
<td>(305) 717-5341</td>
<td><a href="mailto:LThomas3@Magellanhealth.com">LThomas3@Magellanhealth.com</a></td>
</tr>
<tr>
<td>5,6,7</td>
<td>Denise Perez</td>
<td>(305) 717-5327</td>
<td><a href="mailto:Dperez@Magellanhealth.com">Dperez@Magellanhealth.com</a></td>
</tr>
<tr>
<td>11</td>
<td>Nazdar Shwani</td>
<td>(786) 801-3762</td>
<td><a href="mailto:NShwani@Magellanhealth.com">NShwani@Magellanhealth.com</a></td>
</tr>
</tbody>
</table>

### MCC Contacts

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
<th>Days/Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer Service</td>
<td>1-800-327-8613</td>
<td>M-F 8am-7pm</td>
</tr>
<tr>
<td>After Hours Emergency</td>
<td>1-800-327-8613</td>
<td></td>
</tr>
<tr>
<td>TTY</td>
<td>1-800-424-1694</td>
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Additional resources at Magellan Complete Care’s website: [www.MagellanCompleteCareofFL.com](http://www.MagellanCompleteCareofFL.com)

### ACHA/FL Medicaid Contact Information

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Services</td>
<td>800-289-7799</td>
<td>e mail: BGScreen.acha.myflorida.com</td>
</tr>
<tr>
<td>Background Screening Unit</td>
<td>850-412-4503</td>
<td></td>
</tr>
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## MCCFL Vendor Contact Information

<table>
<thead>
<tr>
<th>Vendor</th>
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<tbody>
<tr>
<td>Chiro Alliance (Chiropractic Network)</td>
<td>727-319-6199</td>
</tr>
<tr>
<td>Coastal Care Services (Home Health &amp; DME)</td>
<td>855-481-0505, 855-481-0606 (Fax)</td>
</tr>
<tr>
<td>DentaQuest (Dental Services)</td>
<td>855-398-8413</td>
</tr>
<tr>
<td>Florida Eye (Optometry Services) (Area 10, 11)</td>
<td>877-481-3322</td>
</tr>
<tr>
<td>Hear USA (Hearing Aids and Tests)</td>
<td>800-528-3277 (Providers), 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), 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, 844-222-3535</td>
</tr>
<tr>
<td>Premier Eye Care (Optometry Services) (Area 2,4,5,6,7, 9)</td>
<td>855-765-6760 (Members), 800-738-1889 (PCP/ Authorizations)</td>
</tr>
<tr>
<td>Quest (Lab Vendor)</td>
<td>866-698-8378</td>
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Q&A

PLEASE COMPLETE YOUR
MAGELLAN COMPLETE CARE
PROVIDER TRAINING TRACKING DOCUMENT
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