



MFC Provider Billing and Claims Payment Instructions

This document provides billing and claims payment instructions for Medical Foster Care providers. Per AHCA's guidance, MCC has established an easier process to accommodate the uniqueness of the foster care system and providers.

Checking Member Eligibility

Providers must verify all eligibility is active under MCC plan. Providers may obtain member eligibility information via our [MCC FL Eligibility Information](#) or by contacting Customer Service at (800) 327-8613.

Filing claims and payments

For appropriate filing information, see CMS-1500 Claim Forms Instructions" for professional or UB 04 (or its successor) Claim Form Instructions" for institutional providers. Failure to provide any of the required information can result in payment being delayed. These forms can be found on the Magellan Complete Care provider portal. If you have difficulty accessing these documents, please contact us at 1-800-327-8613. MFC's have 180 days from the date of service or discharge to submit a clean claim.

Paper Submission

Please ensure that claims include rendering provider information, NPI, date of service, and member information.

Submit paper claims to the following address:

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

Electronic Submission

Electronic claims are the fastest and most efficient method to get paid. EDI submission is accomplished through one of MCC'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 EDI Support at 1-800-450-7281, extension 75890. EDI Payor ID: 01260.

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. For a complete list of all of the Clearinghouse vendors and simple steps on how to register please visit the MCC website:

[MCCFL Electronic Submissions](#)

Approved Medical Foster Care Service Codes

Level	Codes	Allowed modifiers	Description
I	S5145	HA	Level I Medical Foster Care service
II	S5145	TF	Level II Medical Foster Care service
III	S5145	TG	Level III Medical Foster Care service

Process for Provider Reimbursement

There are three ways to submit a clean claim. Claims can be submitted through our MCC portal, a clearing house or via mail. A **clean claim** is a submitted claim without any errors or other issues, including incomplete documentation that delays timely payment. Depending on the type of claim submission (via mail or electronically) will determine the time of reimbursement to provider.

Timely filing guidelines:

- Initial filing of a claim must be made in 180 calendar days from the dates of service or discharge to submit clean claim.

Timeline for Provider Reimbursement

- **Electronic claim-** Claims submitted through any EDI system or MCC portal within 15 days of receipt, Magellan Complete Care will pay the claim or notify provider if claim is denied or contested.
- **Paper claim-** When provider submits claims via mail, claims will be reimbursed within 20 days from the date MCC receives the claim.

Direct Contact information for Provider Assistance with MFC Billing and Reimbursement

Please contact Samantha Diaz at (305) 717-5303 or via email at mccflprs@magellanhealth.com for any additional claims questions.

Process for Escalating Provider Complaints Related to Claims

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.

Please submit written claim disputes to PO Box 691029 Orlando, FL 32869.

Provider Webinar and training materials

Please refer to MCC FL for Webinar and provider training materials.

[MCCFL Provider Training](#)

If you need additional resources, please visit our provider website at:

[MCCFL Provider Site](#)