



Continuity of Care

The 60-day period during which Lighthouse Health Plan honors all services previously authorized or initiated for members who are transitioning from another Medicaid plan or the state’s Medicaid fee-for-service delivery system. During this period, LHT will cover the continued course of treatment without authorization and without regard to provider’s participation status.

Claim Submission

Non-participating and participating providers may submit claims to LHT, electronically or on paper as described below.

For paper claims, please submit to LHT at the following address:

Lighthouse Health Plan
PO BOX 211156
Eagan, MN 55121

For those interested in electronic claim filing, contact your EDI software vendor or the Change Healthcare (formerly Emdeon) Provider Support Line at (800) 845-6592 to arrange transmission.

Lighthouse Health Plan’s Electronic Payer ID: 31828

Claims Payment

Non-participating providers will be paid at 100% of the Agency’s fee schedule for MFC services. Single case agreements are not required.

Participating providers will be paid at the contracted rate for MFC services.

Claims Filing and Processing Timeframes

Lighthouse Health Plan will process clean claims submitted electronically within 15 days and paper claims within 20 days.

Providers should bill Lighthouse with these codes and Modifiers:

- Level I Medical Foster Care Services S5145 HA
- Level II Medical Foster Care Services S5145 TF
- Level III Medical Foster Care Services S5145 TF

Authorizations

LHT does not require authorization for Medical Foster Care, regardless of the provider’s participation status, during the continuity of care period and after.

Providers may render Medical Foster Care services without authorization even if non-participating within LHT.

Training Materials

Providers may access LHT’s Provider Handbook and provider training materials on LHT’s website

<https://lighthousehealthplan.com/en/providers/training-and-resources/medical-foster-care/>

Joining the LHT network

Providers may contact LHT Provider Relations Department to complete the credentialing and contract process.

https://lighthousehealthplan.com/media/filer_public/d9/bc/d9bcdb3d-6c5d-4493-a022-84703a06b3ac/mfc_onboarding_enrollment_guide.pdf

Need help?

For assistance with contracting, credentialing, claims, authorization, or any other questions related to Medical Foster Care, please contact the LHT Provider Relations Representatives listed below:

- Carrie Skeen (Region 1) 850-814-2666
cskeen@lighthousehealthplan.com
- Susan Concar (Region 2) 850-251-3119
sconcar@lighthousehealthplan.com

If you have a claims or other complaint, including escalated issues, contact 1-844-243-5181 and a representative will assist you.

Other Important Phone Numbers

Member Customer Service
1-877-711-3662

Provider Customer Service
Phone: 1-844-243-5181
Fax: 1-888-768-7026

Utilization Management
Phone: 844-824-8846
Fax: 888-552-6490