

## Magellan Healthcare and CarePlus Quick Reference Guide Effective Date: Jan. 1, 2018

Effective Jan. 1, 2024, Magellan no longer manages the Medicare Advantage provider network for CarePlus.

**Plan Information**Medicare Advantage

For dates of service on/after Jan. 1, 2024

1-800-794-5907

Counties in Florida include Brevard, Broward, Clay, Duval, Flagler, Hernando, Hillsborough, Indian River, Lake, Marion, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, St. Johns, Seminole, Sumter, Volusia

For dates of service prior to Jan. 1, 2024 (see below)

**Contact Information** 

Provider Authorization and Eligibility Line

1-800-424-1760

Call this number for member care inquiries, outpatient preauthorization when required, higher levels of care preauthorization, and member eligibility verification.

National Provider Services Line

Claims

1-800-788-4005

Call this number for general inquires, including credentialing and network status, or for any other network administrative issues.

TTY/TDD 1-800-424-1760 for 711

relay service

1-800-424-1760

Call this number for claims information. You also may

check the status of your claims after secure sign-in on the

Magellan provider website.

First-Level Review Magellan Appeals

PO Box 1718

Maryland Heights, MO 63043

Submit a first-level claim dispute in writing to Magellan

Appeals.

Primary Fax 1-888-656-5712

Backup Fax 1-888-656-5061

Second-Level Review CarePlus Health Plans, Inc.

11430 NW 20<sup>th</sup> Street, Suite 300

Miami, FL 33172

**Provider Operations department** 

Submit a second-level review in writing to CarePlus.

Website www.MagellanProvider.com

Access our website for further information about serving Magellan members, including:

- Magellan Provider Handbook
- Medical Necessity Criteria
- Clinical Guidelines
- Claims Submission and Status
- Provider Data Change Form

- Provider Profile
- Provider Focus Newsletter
- And much more.

## **Authorizations**

Magellan uses our streamlined clinical management model for outpatient treatment for CarePlus members. In this model, for most cases, providers do not need to preauthorize routine outpatient services or submit treatment request forms for continued care.

For additional information regarding our outpatient model and for requesting higher levels of care, go to **www.MagellanProvider.com**, select *Providing Care*, then *Initiating Care*, then *Authorization*.

## **Claims Submission**

Submit claims online by signing in with your secure username and password at **www.MagellanProvider.com**. Be sure to identify the P.O. Box below for claims submissions for this plan. If you do not have Internet access, use the standard CMS-1500 claim form or the UB-04 claim form. Claims must be filed using the HIPAA-compliant CPT code(s).

Submit paper claims to:
Magellan Healthcare
P.O. Box 2215
Maryland Heights, MO 63043