

Provider Alert
Medical Foster Care Services (MFC)

Molina Healthcare of Florida (Molina) began covering Medical Foster Care Services (MFC) under the SMMC program for its Medicaid members effective 12/1/2018 in Region 11, and 1/1/2019 in Region 8.

Prior Authorization Requirements

Molina does NOT require prior authorization for covered MFC services. Services must be provided in accordance with the plan of care and in accordance with FL Medicaid policies.

Continuity of Care Period

Molina will honor and reimburse foster care parents for any ongoing services authorized by AHCA prior to the recipient's enrollment into the plan for up to 60 days after the roll-out date in each region. Foster care parents should continue providing any services regardless of whether the foster care parent is participating in the plan's network.

We will coordinate with foster care parents during the continuity of care period to complete a streamlined provider agreement and credentialing process. This will be required for foster care parents to continue to receive payments after the end of the 60-day continuity of care period.

Streamlined MFC Agreements and Credentialing

Molina will not require foster care parents to undergo an extensive contracting and credentialing process. You will only need to provide a valid fully or limited enrolled Medicaid Provider ID and sign a [Single Case Agreement](#) (SCA), which contains the minimum necessary information to formalize a participating network provider relationship. Once Molina identifies you as the foster care parent, we will contact you and forward the SCA for review and signature. Once received, the SCA will be countersigned and a copy sent back to the parent for their file.

Claims Submission and Payment

Foster care parents may submit claims for covered MFC services at any time during the continuity of care period and forward. Foster care parents must timely submit clean claims for MFC services in the following ways:

- Electronically, via a clearinghouse, Payer ID #51062
- Electronically, via the Molina Web Portal at: <https://provider.molinahealthcare.com/Provider/Login>
 - **(Compatible with all updated computer systems: Internet Explorer, Google Chrome, etc.)**
- On paper, using a current version of the CMS-1500 form, to:

**Molina Healthcare
PO Box 22812
Long Beach, CA 90801**

- MFC services are reimbursed according to the Medical Foster Care Services Fee Schedule found on AHCA's website at: http://ahca.myflorida.com/medicaid/review/fee_schedules.shtml

- **Billing Codes with Modifiers**

➤ Level I	Code: S5145	Modifier: HA
➤ Level II	Code: S5145	Modifier: TF
➤ Level III	Code: S5145	Modifier: TG

- Instructions on how to complete a CMS-1500 can be found on the AHCA website at: https://ahca.myflorida.com/medicaid/review/Reimbursement/RH_08_080701_CMS-1500_ver1_4.pdf

Molina is committed to processing 90% of clean claims within 20 days of submission. Molina has a Medical Foster Care services provider training found on MFL's website at <https://www.molinahealthcare.com/providers/fl/medicaid/comm/Pages/training.aspx> with a webinar session for parents to be scheduled.

Provider Assistance

Foster care parents may contact us in various ways to discuss Medical Foster Care services, including assistance with billing and reimbursement. Parents may use our online self-service Web Portal, or contact **Shaun Marshall at: 866-422-2541 ext. 222176.**

Web Portal: <https://eportal.molinahealthcare.com/Provider/login>



Provider Alert
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Molina Provider Services: (855) 322-4076 (M-F: 8am-7pm)

Claims Disputes and Appeals

Any disagreement regarding the processing, payment or non-payment of a claim is considered a Provider Dispute. To file a Provider Dispute, Parents may contact Customer Service at (855) 322-4076, or send the request for review in writing, along with any supporting documentation to the address below:

Molina Healthcare of Florida
Attn: Provider Disputes
P.O. BOX 527450
Miami, FL 33152-7450
Fax: 877-553-6504

Provider Disputes must be received within one (1) year of the date of payment or denial of the claim. All provider disputes will be reviewed confidentially, and the outcome will be communicated in writing within sixty (60) days or receipt of the Provider Dispute

8300 NW 33rd Street, Suite #400 ▪ Doral, FL 33122 ▪ Phone: 855-322-4076