



Medical foster care billing/claims payment overview

Humana's guidance on medical foster care services

Question	Response
What is Humana's strategy for contracting MFC services?	Humana continues to work directly with medical foster care (MFC) parents. It is not our intention to increase MFC provider administrative burden or require a rigorous contracting or credentialing process. When MFC parents appropriately submit claims in accordance with the guidelines in this document, Humana pays all state-limited or fully enrolled active-status healthcare providers immediately without authorization.
How should I bill Humana?	Providers can bill MFC services as a paper claim on the professional health care claim form (CMS-1500). The provider's Medicaid ID must be placed in box 33B of the form, or you can also bill through Availity. You need to register as an atypical provider and include your Medicaid ID number. Please ensure billed codes align with the fee schedule found at the end of this document.
Where should I send paper claims?	During and after the transition period, mail claims to: Humana Claims Office P.O. Box 14601 Lexington, KY 40512-4601
Can I receive payments via electronic funds transfer (EFT)?	Yes. To set up or change EFT/electronic remittance advice (ERA) with multiple payers, you can use EnrollHub™. To learn more, visit Humana.com/EPaymentInfo . How to request enrollment <ol style="list-style-type: none">1. Sign in to Availity Essentials and select Humana from the Payer Spaces menu.2. From the Applications tab, select the ERA/EFT Enrollment app.3. Select your organization's Tax Identification Number.4. Enter your contact info and other enrollment details and submit your request. Note: 2 paper checks must be processed to complete security validation for EFT registration.

Humana Healthy Horizons® in Florida

Humana Healthy Horizons in Florida is a Medicaid product of Humana Medical Plan Inc.
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What will Humana’s reimbursement be?	We reimburse MFC services at 100% of Florida Medicaid fee schedules as long as they are billed with appropriate Healthcare Common Procedure Coding System (HCPCS) and modifier combination for Florida Department of Health (FDOH)-certified MFC providers registered with Medicaid and Humana.																
	<table><tr><th>Code</th><th>Modifier</th><th>Description of service</th><th>Service maximum fee</th></tr><tr><td>S5145</td><td>HA</td><td>Level I Medical Foster Care Service</td><td>\$48.47 per day</td></tr><tr><td>S5145</td><td>TF</td><td>Level II Medical Foster Care Service</td><td>\$60.59 per day</td></tr><tr><td>S5145</td><td>TG</td><td>Level III Medical Foster Care Service</td><td>\$84.81 per day</td></tr></table>	Code	Modifier	Description of service	Service maximum fee	S5145	HA	Level I Medical Foster Care Service	\$48.47 per day	S5145	TF	Level II Medical Foster Care Service	\$60.59 per day	S5145	TG	Level III Medical Foster Care Service	\$84.81 per day
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For more information, please see the AHCA Medical Foster Care Fee Schedule .																	
Does Humana require authorization for services?	No, Humana reimburses all billed services in accordance with the MFC fee schedule without authorization/referral requirements during and after the transition period.																
Where can I access training material?	Provider reference materials: Humana.com/FloridaMedicaid Access webinars: Humana interactive provider webinars Availity Essentials: www.availity.com or 800-282-4548																
Who do I contact at Humana with questions related to MFC services or if I need to escalate issues regarding claim payment?	Please email claims-related payment issue inquiries to FLMedicaidResolution@humana.com . For all other inquiries, please email HumanaMedicaidCMAT@humana.com . Arlene Silberman – Associate Director, Health Services 772-532-8242 Tatiana Goldberger – Manager, Enhanced Care Coordination 561-409-7546 Sharon Shear – Case Manager, Medical Foster Care 800-322-2758, ext. 1469196																
What is Humana’s timeline for reimbursement?	Humana intends to process all claims within 20 days for paper and 15 days for electronic submissions during and after the transition period, including coordination-of-care claims for all members, in accordance with statutory requirements.																
How do I submit a complaint?	For all inquiries (including complaints), please call 800-477-6931 or email FLMedicaidResolution@humana.com . Based on the issue or complaint, a Humana associate with the appropriate authority reviews your inquiry to reach a resolution.																

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Where can I find additional Humana Medicaid provider information?	For all provider materials—including provider manuals, trainings and required forms—please visit Humana.com/FloridaMedicaid .
What policies does Humana follow for these services?	Humana follows the policies outlined in the MFC Services Coverage Policy .
How do I become limited or fully enrolled with the state to perform these services?	Once your FDOH certification/training to become an MFC parent is complete, you are limited or fully enrolled on the state provider master file. Humana uses the master file entry as confirmation of necessary training and does not require additional credentialing prior to servicing our members or receiving appropriate payment.