Magellan Complete Care of Virginia, a CCC Plus Program

Provider Orientation and Claims

Education Training - Frequently Asked Questions

Authorizations

Will Service Facilitators continue to go through KePro for authorizations or does Magellan authorize services?

Kepro will not be used for members enrolled with Magellan (or any other MCO) who are using consumer directed services. Services Facilitators should request authorizations and submit claims through MCC of VA.

Is an authorization required for behavioral health benefits?

It depends on the service. Inpatient and outpatient after 26 visits and ARTS IOP and Higher level of care would need Pre-authorization through MCC of VA. Community Mental Health and Rehabilitation Services are authorized through MCC of VA effective January 1, 2018.

For additional information, please refer to the Prior Authorization List on our website: mccofva.com under Provider Tools.

Are there any special authorizations for independent lab services?

Please reference the Prior Authorization List on our website and all Genetic Labs do require a prior authorization.

Will the authorization process be expedited for hospital patients transitioning to a facility?

There will be a Transition Coordinator who will assist with all transitions. If an authorization for a particular service is needed prior to discharge from the hospital, there will be coordination with UM and LTSS service authorizations.

We have to have a pre auth when they are receiving EDCD services?

It will depend on the service. If it is an LTSS Service, it will go through the Care Coordinators to the LTSS Service Center. If it is a non-waiver service, it may need
preauthorization depending on the CPT code. Please call the 1-800-424-4524 number to confirm.

**Are pre auths obtained through the Magellan portal?**

The UM form for procedures is available at mccofva.com. The Authorization portal functionality will be forthcoming.

**Do all outpatient mental health visits need to be authorized?**

Outpatient mental health visits for a participating provider for psychology or psychiatric visits do not require a prior authorization. Prior authorization is required for non-participating providers. For CMHRS and ARTS services please reference the Prior Authorization List on our website and reference the CMHRS and ARTS registration and authorization forms.

**Billing**

**Will you all still be using Public Partnership as a fiscal agent to pay the attendants?**

Yes, Public Partnerships, otherwise known as PPL, will be the fiscal employer agent for consumer directed services. Personal care and respite care attendants will be paid through PPL.

**What is Magellan’s billing code? 1260 is in the clearinghouse.**

The Payer ID for Magellan Complete Care is MCCVA.

**If a client is receiving Mental Health case management, do we have to bill Medicare first then bill Magellan CCC?**

Please bill Medicare first for services covered by Medicare.

**Care Coordination**

**How will the provider know or can find out who the care coordinator is for a particular patient?**

Information regarding the Care Coordinator can be obtained by calling our Customer Service Department at 800-424-4524.

**Covered Services**

**Will the hospitals in the area also be participating with CCC Plans?**

Yes.
Will Magellan be using DMAS quantity limits for disposable medical supplies and DME? Or will there be specific, proprietary quantity limits separate from DMAS?

Magellan will apply National Correct Coding edits. For rentals, we are using a rent-to-purchase model where we have extended several of the state’s limits. Our limits will be no more restrictive than the state’s.

**Credentialing**

What is the credentialing process if a provider is already credentialed through Magellan?

The credentialing process for providers already credentialed through BHSA, Magellan of Virginia is expedited as those providers that are credentialed will be grandfathered into the MCC of VA program.

How do we obtain the necessary documents to become an in network provider?

Please email VAMLTSSProvider@magellanhealth.com to request contracting materials. To expedite the process, please include your TIN, NPI, service address, and W9 along with your request.

**EFT**

If we are already doing claims thru EFT, will we need to reapply with CCC Plus?

If you are registered with CAQH/Enroll Hub, you will not need to register again.

**Eligibility**

Does Magellan have a process in place to notify providers when members opt out or into Magellan CCC+?

Member eligibility and Plan participation can be obtained from the DMAS website after the 18th of each month or by calling our Customer Service Department at 800-424-4524.

**Enrollment**

How is it determined which members will be changed over to Magellan?

DMAS has a specific process in determining which member will be assigned to each Plan.

If a patient wants to switch plans, will they have to wait for open enrollment to switch out of plans?

No. Members can change plans for a number of reasons at any time up to 90 days after enrollment. If a member wants to change plans and does so prior to the 18th of a month, they can be on their new plan by the start of the next month. If they change after the 18th
of the month, their new plan will not begin until the following month. After 90 days, the member can change to a different Plan during open enrollment or for Just Cause.

**Provider Portal**

**Will we have to log in on the mccofva.com website in order to access the CCC claims/authorizations instead of using the Magellan’s current provider website?**

There are two different sites: one for BHSA, Magellan of Virginia, and another for Magellan Complete Care of Virginia. Please use the Magellan Complete Care of Virginia website (mccofva.com) to access the provider portal for MCC of VA members. In addition, authorizations are currently not available via the portal. Please call Customer Service at 800-424-4524.

**Is Availity free of charge for providers?**

Yes. Availity is free of charge for our providers.

**Training**

**Will Magellan be offering in service specific training sessions?**

Training, in addition to the Provider Orientation and Claims Education Webinars may be available based on requests received.