

Magellan Complete Care of Virginia Electronic Direct Submitter Profile

Section 1 - Client Information

Name: _____ Federal Tax ID Number: _____
(Business Name on W9) *(Required)*

Section 2 - Demographic Information

Mailing / Correspondence Address

Address City State Zip

Billing Contact Phone # Fax #

E-mail Address

Section 3 - ANSI Transactions

All electronic claims files should comply with ANSI ASC X12N 837 HIPAA Guidelines. Please indicate below which transactions you will be submitting.

The MCC EDI Companion Guide can be found on the Magellan Complete Care of Virginia Web site at www.MCCofVA.com. For ANSI format testing information, please contact the eBusiness Service Center at (800) 424-4524 or e-mail to EDI_Tech_Support@mccofva.com.

837P Professional Claims (005010X222)

837I Institutional Claims (005010X223)

Section 4 - Electronic Confirmation Reports / Electronic Payment Remittance Advice

Note:

It is your responsibility to obtain and maintain the Magellan Complete Care of Virginia Electronic Receipts Confirmation Reports as proof of receipt of claims and for timely filing purpose. It is also the submitter's responsibility to correct submitter level errors and to notify the provider of problems.

It is the provider's responsibility to obtain and review all electronic reports to ensure proper receipt of claims by Magellan Complete Care of Virginia. An electronic control number (ECTN) is issued for each EDI claim received and serves as the receipt confirmation.

Electronic Remits:

Magellan Complete Care of Virginia is pleased to be part of a new CAQH solution that enables providers to enroll in electronic funds transfer (EFT) and electronic remittance advice (ERA) with multiple payers through a single online process at no cost to the provider.

The CAQH EFT/ERA enrollment tool offers providers a single point of entry for enrollment in electronic payments with multiple payers, including Magellan Complete Care of Virginia. The CAQH solution will facilitate compliance with the 2014 EFT/ERA mandate under the Affordable Care Act, eliminate administrative redundancies and create significant time and cost savings. Visit <https://solutions.caqh.org> to sign up today.

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Section 5 -User Request for Access

MCCVA's Secure File Gateway (SFG) allows trading partners to submit electronic claims and download electronic reports using multiple secure managed file transfer protocols. The SFG provides the ability for HTTPS and SFTP connections. Below is a short description of each protocol; please check each protocol you will use.

HTTPS Website <https://mccofva-mftweb.sharedhealth.com> - The MCCVA secure website allows individuals to login with their secure credentials and submit electronic claims and download electronic reports. This option is for a MANUAL LOGIN, and scripting should not be used.

SFTP - mccofva-mftsftp.sharedhealth.com – The MCCVA SFTP server allows trading partners to automate their processes to submit electronic claims and download electronic reports.

Please list all individuals who will be accessing Magellan Complete Care of Virginia systems. If more space is needed, please make additional copies of this page. It is the responsibility of the client to notify Magellan Complete Care of Virginia when an individual listed below leaves the employment of the client or has a legal name change. Failure to do so may result in the agreement being terminated.

Individual Names (New Users Only) - All fields required to set up USERS

Account Type	First Name and Last Name	Phone #	Email Address (Required)
Batch ID			
ONLY 1 BATCH ID PER MAILBOX <i>(At least one individual must be listed.)</i>			
Individual ID			
Individual ID			
Individual ID			

NOTE: To revoke an individual's access, please fax a request on provider's letterhead eBusiness noting the name(s) to be removed, the Submitter ID number, and Secure File Gateway (SFG) mailbox to which they have access.

Section 6 - Electronic Transmission Acknowledgement

The client sending and receiving data will:

Maintain adequate security procedures to prevent unauthorized access to data, data transmissions, security access codes, backup files or source documents. Maintain complete accurate and unaltered copies of all Source Documents from all Data Transmissions for no less than six (6) years. Provide information, documents and other cooperation necessary to assist Magellan Complete Care of Virginia in research as it pertains to problem resolution. Hold Magellan Complete Care of Virginia harmless from any and all claims, actions, damages, liabilities, cost, or expenses, including, without limitation, reasonable attorneys' fees, arising out of any act or omission of performance by provider, provider's employees or business associates. Understand It is the provider's responsibility to obtain and review all electronic reports to ensure proper receipt of claims by Magellan Complete Care of Virginia. An electronic control number (ECTN) is issued for each EDI claim received and serves as the receipt confirmation. Understand it is the provider and submitter's responsibility to retrieve the Magellan Complete Care of Virginia 277CA files and review them for any claims rejections needing to be corrected and resubmitted. Understand that any assigned individual User IDs should not be shared, should be used only by that individual. HTTPS Protocol (Individual Account) should not be hard-coded into any system or script. Provider's User ID and password serves as their electronic signature and the provider will be liable for improper sharing including any illegal acts when using password. User ID and password are not part of the provider's capital property and should not be given to the new owner of that operation. A new owner must obtain their own User ID and password.

Please sign indicating your acceptance of the Electronic Transmission Acknowledgement.

Name (Please Print): _____ Position: _____

Signature: _____ Date: _____
(Required)

All information contained in this profile will remain in effect unless otherwise notified.

Please email to: EDI_Tech_Support@mccofva.com

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