

## Magellan Complete Care of Virginia

# Nursing facility frequently asked questions

## May 2019

### **How does Magellan Complete Care of Virginia (MCC of VA) assign care coordinators? Do we have one care coordinator per facility?**

MCC of VA has recently restructured our Commonwealth Coordinated Care Plus (CCC Plus) model of care to continue offering the best care possible to our nursing facility members. We have aligned management to have one nursing facility manager and a team of nursing facility specialty care coordinators to provide easier access/more localized contact for the nursing facility staff.

### **How can I find out who the assigned care coordinator is for my facility?**

You may call Customer Service at 1-800-424-4524 to be connected to your facility's care coordinator, or call the nursing facility manager Marina Sargent BSN, RN at 276-200-7317.

### **What is the role of the care coordinator in my facility?**

Our care coordinators are experienced in caring for individuals with acute and chronic medical needs. Per contract requirements, they will complete quarterly telephonic and/or in-person outreach every three months to ensure that the members have no new needs or changes in health status. Care coordinators complete face-to-face health risk assessments every six months and as needed based on changes in member status. They will follow up with Interdisciplinary Care Team (ICT) meetings that include member, family, facility staff, pharmacy staff and anyone the member requests to be present to discuss their individual care plan (ICP). Care coordinators are also available to attend a member's scheduled ICP meetings in the facility either in person or by phone.

### **What is the role of the transition coordinator in my facility?**

Transition coordinators are a resource for members who are planning to transfer or discharge to the community and are available to assist the care coordinator and the facility as needed. Transition coordinators are available to assist when members are moved into acute care settings to ensure a smooth and safe transition. They are available to attend ICT and ICP meetings to discuss a member's options to transition and will assist the care coordinator to ensure that members are in their safest and

most appropriate environment. While the care coordinator is the member and facility's main point of contact, the transition coordinator works with the care coordinator and Utilization Management team with all types of transition.

### **What are critical incidents or sentinel events?**

Critical incident and sentinel event reporting is mandated by the state. Critical incidents are defined as events related to a member's health and welfare, which occur in care settings such as nursing facilities, inpatient and outpatient physical and behavioral health, or home and community-based services settings such as an adult day care center, a member's home (while receiving care), or any other community-based setting. This includes, but is not limited to, the following incidents: medication errors, severe injury or fall, theft, suspected physical or mental abuse or neglect, financial exploitation, and death of a member. A sentinel event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that impacts a patient and results in any of the following:

- Death
- Permanent harm
- Severe temporary harm

All critical incidents and sentinel events must be reported to MCC of VA within 24 hours of discovery. A written report is required within 48 hours of the initial discovery.

### **How is a critical incident or sentinel event reported?**

Contact MCC of VA to report a critical incident or sentinel event in one of the following ways:

Secured email: [MCCofVACriticalIncidents@magellanhealth.com](mailto:MCCofVACriticalIncidents@magellanhealth.com)

Critical Incident Secured Fax: 866-325-9157

You may also download the Critical Incident Report form from [MCCofVA.com](http://MCCofVA.com).

### **How do I fax information to my care coordinator?**

Please fax Customer Service at 1-855-472-8574.

### **Where can I get a copy of the MCC of VA provider handbook?**

Please visit [www.MCCofVA.com](http://www.MCCofVA.com) to download our provider and handbook. To request a paper copy you may contact your facility care coordinator or call Customer Service at 1-800-424-4524.

### **Who do I call to set up transportation for my members?**

Please contact Veyo at 1-877-790-9472. If you have any questions/concerns about transportation please contact your facility care coordinator or the nursing facility team manager Marina Sargent at 276-200-7317 for assistance.

### **Who do I contact for information about a member’s prescription benefits?**

You can call Customer Service at 1-800-424-4524 and follow the prompts (press option 4 for providers and then option 2 for pharmacy questions). To find a list of covered medications, visit [www.MCCofVA.com](http://www.MCCofVA.com) and search for “preferred drug list.” There you’ll find information on over-the-counter medication benefits and a list of covered medications.

### **What is the MCC of VA preferred drug list?**

MCC of VA’s preferred drug list (PDL) is a list of prescription drugs approved for the use of our members and includes the approved Department of Medical Assistance Services PDL. Generic drugs, certain brand name drugs and certain specialty drugs listed in the PDL are covered. Some drugs, even though they are listed on the PDL, may have special limitations such as quantity limits and age restrictions. Others may require the member to try other preferred medications first. Non-PDL drugs may be requested through the service authorization process (see below). Some drugs are excluded from the pharmacy benefits such as those for weight loss, infertility and cosmetic purposes. You can access a searchable list of covered drugs or print it from <https://magellan.adaptiverx.com/webSearch/index?key=cnhmbGV4LnBsYW4uUGxhbIBkZIR5cGUtMTU1>.

### **How do I submit a drug service authorization request?**

The PDL attempts to provide appropriate and cost-effective drug therapy to all members covered by the MCC of VA pharmacy program. If a member requires medication that does not appear on the PDL, the physician may make a request for a non-preferred medication. It is anticipated that such exceptions will be rare and that PDL medications will be appropriate to treat the vast majority of medical conditions. In order for a member to receive coverage for a medication requiring service authorization, the physician or pharmacist must submit the appropriate Service Authorization request form and indicate the reason for the exception. All relevant clinical information and previous drug history should be included, and the form mailed, faxed or the request telephoned to:

MCC of VA  
c/o Magellan Rx  
11013 West Broad Street, Suite 500  
Glen Allen, VA 23060  
Phone: 1-800-327-8613  
Fax: 1-800-424-7982

Service authorization forms may be accessed at:

<https://www.mccofva.com/providers/for-providers/provider-tools/forms/pharmacy/>

## What enhanced benefits does MCC of VA offer our nursing facility members?

We offer a wide range of extra benefits to all of our CCC Plus members:

- Dental services: two exams and one set of x-rays each year (up to \$1,500 each year) for adults
- Vision services: \$150 for glasses or contact lenses every two years for adults
- Smart phones for texts and appointment reminders
- Fresh meals delivered to a member's home after discharge from an inpatient hospital or nursing facility
- Personal care attendant support for up to 20 hours
- Environmental modifications to a member's home or vehicle
- Financial management support
- Supported employment services
- Individual dose packs for medications
- Online interactive cognitive behavioral therapy support
- Interactive smart phone app to help quit smoking or tobacco
- Gift card incentives to reward healthy behaviors
- Online directory of community services and organizations
- Select over-the-counter medications (up to \$25 per month) for members with an active prescription from a participating provider