



## Magellan Complete Care of Virginia, a CCC Plus program

# Provider frequently asked questions

### What are the benefits of being a Magellan Complete Care of Virginia network provider?

As a managed care leader, Magellan Complete Care of Virginia values our network providers and realizes that your time is best spent with members – not with an excess of administrative tasks. We offer many solutions to save you valuable time and resources, including:

- Innovative provider service
- Access to free online provider resources
- Easy claim submission and prompt payment
- Simplified credentialing

### What sets Magellan Complete Care of Virginia apart?

Magellan Complete Care of Virginia is a health plan that helps members maintain health and wellness within their own homes and communities. Magellan has decades of experience with improving the health of individuals who have complex needs through managing specialized services including pharmacy, specialty solutions and behavioral health.

We integrate care, services and supports to holistically address each person's needs. Our person-centered culture and our dedication to offering choices for our members are what set us apart.

### What does an individual provider/group practice/organization need to do to be considered an in-network provider with Magellan Complete Care of Virginia?

To be an in-network provider, the individual provider/group practice/organization must be contracted with Magellan Complete Care of Virginia. Prior to contract execution, Magellan Complete Care of Virginia ensures practitioners and organizations meet credentialing criteria and are approved by Magellan Complete Care of Virginia's RNCC (Regional Network and Credentialing Committee).

### What is credentialing?

Credentialing is the process of reviewing, verifying, and periodically re-verifying practitioner and/or organization credentials in accordance with defined criteria.

## What does the credentialing process include?

The credentialing process includes three primary steps:

- Application Review – We confirm you have fully completed the application and supplied all required supporting documents.
- Credentials Verification – We verify information including, but not limited to, license status, insurance coverage, and education/training using criteria defined to meet accreditation, regulatory, and other applicable requirements.
- Committee Review – If credentials meet minimum standards, the application is sent to a Regional Network and Credentialing Committee (RNCC) consisting of Magellan Complete Care of Virginia clinical staff and professional peers. The RNCC reviews applications subject to business needs and in accordance with applicable state law.

## How long does the credentialing process take?

Once all required documents have been submitted, credentialing and contract execution/activation can occur. Magellan Complete Care of Virginia completes the process over 90% of the time within 60 days after receipt of all necessary information.

## How will my practice/group/organization get paid for services we provide to Magellan Complete Care of Virginia members?

In nearly all cases, Magellan Complete Care of Virginia will pay you via electronic funds transfer (EFT). All Magellan Complete Care of Virginia providers must sign up for EFT. Since payments are directly deposited to the designated bank account, EFT is quick, easy, and environmentally friendly, leaving you more time to devote to your practice.

## How do I sign up for EFT?

Once you have completed, signed and returned the Magellan Complete Care of Virginia application and contract, we will notify you to sign up for EFT. To register, you simply complete and submit an online form. There is no charge to sign up for EFT.

## When does our contract become effective?

The contract becomes effective the date it is executed by Magellan Complete Care of Virginia or on the date specified in the contract.

## What is the process for service authorizations requests?

Providers can submit authorization requests via phone, fax and provider website portal. Service authorizations can be expedited as a member's condition requires. More information about service authorizations is available on the provider portal at [www.MCCofVA.com](http://www.MCCofVA.com).

## Notice of service authorization

We will inform members and providers of all decisions in writing. Medical necessity determination letters are generated at the time the determination is made and mailed via United States Postal Service to the member and provider address provided to Magellan Complete Care of Virginia. Provider notifications may also be delivered by fax, or email depending on the preferred method of receipt.

### **What is the process for claims and billing?**

Magellan Complete Care of Virginia follows the Virginia Department of Medical Assistance Services (DMAS) guidance regarding billing and reimbursement.

We offer a provider website where you can access self-service tools at [www.MCCofVA.com](http://www.MCCofVA.com). After secure login, you check authorization history, submit claims, receive remits and verify the status of a claim.

### **Electronic and paper claims**

Electronic Data Interchange (EDI) claims can be submitted through a clearinghouse or via direct submit. Prior to direct submit, registration and testing EDI claim submission is required. Paper claims can be submitted to the following address:

MCC Claims Service Center  
1 Cameron Hill Circle, Ste. 52  
Chattanooga, TN 37402-0052

For more information, visit [www.MCCofVA.com](http://www.MCCofVA.com) or call provider services at 1.800.424.4524.

### **What is the claim payment timeline?**

Clean claims are generally paid within 30 days, unless the contract indicates otherwise. A clean claim is one that has no defect or impropriety (including a lack of any required substantiating documentation) or particular circumstance requiring special treatment that prevents timely payments from being made on the claim. Claims for ARTS, home care and skilled nursing facility providers are typically paid within 14 days.

### **Will claims be paid via paper check or Electronic Funds Transfer (EFT)?**

We encourage providers to take advantage of our online EFT feature for claims payments directly deposited to their business bank account. After registering for EFT, we will conduct a transmission test to ensure payments are transferred properly. During this time, paper checks will be mailed via United States Postal Service.

### **What is Magellan Complete Care of Virginia's model of care?**

We deliver a fully integrated model of care especially designed for members of the DMAS' Commonwealth Coordinated Care Plus (CCC Plus) program. The model of care can be found on our websites: [www.MCCofVA.com](http://www.MCCofVA.com).

Our model improves the health status of Virginians by developing person-centered care coordination delivered through Integrated Health Neighborhood (IHN) teams that integrate community resources and non-traditional services within local health systems. We ensure that natural and peer supports, housing, and employment are in place, in addition to traditional behavioral and medical treatment.