

Magellan Complete Care of Arizona

Provider: Frequently Asked Questions

General	
Who can I contact with questions about members/authorizations?	<p>For all calls, Magellan has a central phone line: 1-800-424-5891. Members and providers may utilize this phone line for assistance.</p> <p>General department emails, for non-urgent matters only, are as follows:</p> <ul style="list-style-type: none"> • Customer Service: MCCAZCustomerService@magellanhealth.com • Health Services (general): MCCAZHealthServices@magellanhealth.com • Provider Disputes: MCCAZProviderDisputes@magellanhealth.com • UM Requests/Prior Authorization: MCCAZUMRequests@magellanhealth.com • Grievance/Appeals: MCCofAZAppealsandGrievances@magellanhealth.com • Quality of Care: MCCAZQOC@magellanhealth.com • Provider Network: MCCAZProvider@magellanhealth.com
Will Magellan have provider forums and trainings? If so, when?	Yes, Magellan will host both in-person training sessions throughout the year, online webinars and recorded sessions. Any correspondence related to any upcoming training dates and times will be posted on the Provider section of MCCofAZ.com, under "Provider Tools: Provider Training".
Are the AHCCCS deliverables spelled out in the provider manual?	Yes, the provider manual contains the deliverables. Also, the deliverables will be posted to the https://www.mccofaz.com/ website in the coming days.
Who is/are the transportation vendors?	<ol style="list-style-type: none"> 1. Veyo (Primary provider) 2. MTBA 3. Hope Medical Transport
What clearinghouse/s does MCC of Az work with?	MCC of Az currently uses Change Health. We are working with SPSI for future use.
We currently use SPSI as our clearinghouse. While MCC of Az works on adding SPSI as a clearinghouse, do we have another option to submit claims other than paper?	Yes, you can submit claims online via Ability or to Change Health.
Does MCC of Az provider interpreter services?	Yes, members or providers on behalf of a member, can schedule an on-site interpreter by calling Customer Service @ 1-800-424-5891 to request interpretation services. The provider used by MCC of Az is Voiance.

Value based purchasing: Will Magellan Complete Care follow HEDIS?	Yes.
Court ordered treatment: Is the information located in the provider manual?	Yes, the court order process is documented in the provider manual.
Is the fee schedule available on the provider portal?	No, please visit the AHCCCS website for fee schedule information.
How does a provider gain access to the provider portal?	The provider portal will be added to the https://www.mccofaz.com/ website in the coming days. Once up, you'll register and access it from the provider section of the website.
What lab should we be using for the MCC plan?	You can use LabCorp or Sonora Quest.
Does Magellan accept electronic secondary claims?	Yes, Magellan does accept electronic secondary claims.
Does Magellan accept corrected claims electronically?	Yes, Magellan does accept corrected claim electronically.
Prior Authorization	
Where should I send PA's to and which documentation should I submit?	Phone: 1-800-424-5891 Fax: 1-888-656-7501 Submit prior authorization form along with any supporting documentation to support the procedure/s. For expedited request MCC of Az will respond within 72 business hours. For non-expedited request MCC of Az will respond within 14 business days.
Is prior authorization required for O/P therapy or neuropsych?	O/P therapy does require authorization after the evaluation. Neuropsych does require prior authorization.
How does a provider gain access to the provider portal?	The provider portal will be added to the https://www.mccofaz.com/ website in the coming days. Once up, you'll register and access it from the provider section of the website.
What is the referral process?	Referrals are not required. Please check the prior authorization grid for requirements for what requires auth.
Contracting	
Do I need to sign a contract with Magellan?	Yes, if you provide state-reimbursable services for AHCCCS Complete Care members, you will need a signed contract with Magellan Complete Care.

Who can I contact with questions about network status, credentialing or contracting?	The provider support team can be reached via the following methods: Phone: 1-800-424-5891 Fax: 1-888-656-0369 Email: MCCAZProvider@MagellanHealth.com
How do I initiate obtaining a contract?	Please fill out a Provider Information Form (found on MCCofAZ.com under the “Join Our Network” tab on the provider page) and submit to the provider support team at MCCAZProvider@MagellanHealth.com or by fax at 888-656-0369. Once received, we will be in contact to begin contract discussions.
I need to change my information (location change, data information change, etc).	A Provider Data Change form is available on MCCofAZ.com, under Provider “Forms” section. This can be completed and either emailed to MCCAZProvider@MagellanHealth.com or faxed to 888-656-0369
I need to add/remove a staff member from my practice	If you are a provider group and need to add a practitioner, please complete the Provider Information Form. This form can be found on our website under the “Provider Tools” section of the Provider tab. For large groups/facilities- please contact MCCAZProvider@MagellanHealth.com to request an Excel roster template for your data changes
Credentialing	
Will my practice/ organization need to be credentialed by Magellan?	Yes, all agencies, organizations, individual professionals and group providers must be credentialed by Magellan.
Does Magellan require specific credentialing forms?	Please submit the standardized AzAHP credentialing forms to Magellan Complete Care. These forms are available on MCCofAZ.com, under the Provider “Join Our Network” section. Magellan will reach out to providers for any supplemental information needed to complete the credentialing process.
I already submitted credentialing information and need to check on status of my/my staff’s credentialing	Please email your request to MCCAZProvider@magellanhealth.com with the title “Credentialing Status Inquiry”. Include your practice name, TIN and list of providers (with their NPI’s) that you would like status updates on. Magellan will review and reply via email.
How can I obtain a roster of our credentialed providers from Magellan?	Send an email request to MCCAZProviders@magellanhealth.com requesting credentialing status on providers. Also, please provider your TIN and the providers NPI.
Billing/Claims	
Does Magellan have a list of services to be provided and or billing codes for those services that you can send to me?	A general list of covered services can be found within the Provider Handbook, online at MCCofAZ.com, in the Provider section. Please note MCC of AZ follows AHCCCS guidance regarding Billing and Reimbursement. AHCCCS specific Provider Billing Instructions and Manuals as well as other coding instruction resources are available on AHCCCS’ website at: https://www.azahcccs.gov/Shared/Downloads/ACOM/PolicyFiles/200/203v2.pdf and https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html .
Will Magellan accept electronic claims?	MCC of AZ currently utilizes Change Healthcare for both claims submission and for ERA/EFT. The secondary clearinghouse is Ability, for claims submission only. Ability will also allow claims to be keyed directly in their online portal, if desired. For those providers not currently utilizing Change Healthcare or Ability for claims submission, please check with your clearinghouse to see if they are able to work with Change Healthcare/Ability. Payer ID for MCC AZ is MCC01

Will Magellan accept paper claims?	Yes. To submit a paper claim via mail, please mail to: Magellan Complete Care of Arizona Claims Service Center P.O. Box 956 Elk Grove, IL 60009-0956
Where could I find CPT descriptions?	Please visit Encoder Pro or Google.

Member Transitions

What happens to members after 10/1/18 who are currently receiving outpatient treatment for physical or behavioral health services?	<p>Members receiving services from Specialists: Members receiving an active course of treatment, identified in the service plan for a serious and chronic physical, developmental or behavioral health condition to receive the services from their established provider for the duration of their treatment or six months; <u>whichever occurs first</u>, regardless of whether or not the specialist participates in the Magellan provider network.</p> <p>Members receiving services from PCPs: A 90-day transition period for members who have an established relationship with a PCP who does not participate in the Contractor’s provider network, during which the member may continue to seek care from their established PCP while the member and/or Magellan care manager finds an alternative PCP within the Contractor’s provider network.</p>
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