

Magellan Complete Care of Arizona

Provider Frequently Asked Questions

General	
Who can I contact with questions about members/authorizations?	For all calls, Magellan has a central phone line: 1-800-424-5891. Members and providers may utilize this phone line for assistance. General department emails, for non-urgent matters only, are as follows: <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
Who do I contact if I need to escalate a provider issue?	Please contact Alyssa Bellantoni, Sr. Manager, Provider Relations bellantonia@magellanhealth.com 480-624-9722
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 .
What clearinghouse(s) does MCC of AZ work with?	MCC of AZ currently uses Change Health. We are working on getting SPSI on board.
Does MCC of AZ provide interpreter services?	Yes, members or providers, on behalf of a member, can schedule an on-site interpreter by calling Customer Service at 1-800-424-5891 to request interpretation services. The provider used by MCC of AZ is Voiance.
Is the fee schedule available on the provider portal?	No, please visit the AHCCCS website for fee schedule information.
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

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 a 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 requests, 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.
What is the referral process?	Referrals are not required. Please refer to your Network Provider Agreement, the provider handbook and please check the prior authorization grid for requirements for what requires authorization.

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, manuals as well as other coding instruction resources are available on the 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 ERA/EFT. The secondary clearinghouse is Ability, for claims submission only. Initial enrollment and information can be found at the following address: https://www.changehealthcare.com/support/customer-resources/enrollment-services/medical-hospital-eft-enrollment-forms SPSI may submit their claims through Change Healthcare. 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

Member Transitions

What happens to member's after 10/1/18 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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