

Provider Notice

Contracting with Magellan of Virginia requires adherence to credentialing and recredentialing policies and procedures, which include notifying Magellan of any material change to any item or information previously provided.

Magellan follows National Committee for Quality Assurance (NCQA) guidelines. Most verifications must be no more than 180 days old at the time the credentialing decision is made. Applications must be signed and dated and include supplemental documents, if applicable (e.g. license, malpractice insurance facesheet, etc.), to be considered complete. **Missing and/or expired documents may delay the credentialing process.** If you are providing insurance or a license that will expire within 90 days of submission, please send in the updated document to VAProviderQuestions@magellanhealth.com as soon as it is obtained.

Once primary source verification has been completed, providers are reviewed and approved by the Magellan Regional Network and Credentialing Committee (RNCC) prior to network participation and at recredentialing, which is every three years. Written notification of approved credentialing for new providers/sites will be sent to the mailing address on file. Existing providers can check the status of recredentialing on your account at www.magellanhealth.com/provider.

When adding a new service location to an existing ORGANIZATION contract (i.e. Organizations that provide inpatient and/or non-traditional services, including hospitals, FQHCs, CSBs, etc.):

- The facility/organization must first be licensed by the Department of Behavioral Health and Developmental Services (DBHDS), Department of Social Services (DSS) or other applicable licensing entity. Please note that out-of-state providers applying for network inclusion with Virginia Medicaid must hold the appropriate DBHDS licensure for delivery of community-based services in Virginia.
- Once licensed, contact Magellan's Network department at 1-800-424-4536 to add that location to your existing "Sites and Services" form.
- Each service location that provides behavioral health services will need to complete credentialing for that new location prior to requesting authorizations and rendering services.
- Per the Federal Provider Screening Regulations, 42 CFR 455, subpart E, new service locations may be subject to an application fee and additional requirements, such as site visits. The fee is collected prior to initiating the credentialing for the new location.

When adding a new level of care i.e. Intensive-In- Home; Mental Health Skill Building; Treatment Foster Care etc. to an existing ORGANIZATION contract:

- The facility/organization must first be licensed by the Department of Behavioral Health and Developmental Services (DBHDS), Department of Social Services (DSS) or other applicable licensing entity. Please note that out-of-state providers applying for network inclusion with Virginia Medicaid must hold the appropriate DBHDS licensure for delivery of community-based services in Virginia.
- Once licensed, contact Magellan’s Network department at 1-800-424-4536 to add the new level of care to your existing “Sites and Services” form.
- Per the Federal Provider Screening Regulations, 42 CFR 455, subpart E, a new level of care may change your risk category designation and you may be subject to an application fee and additional requirements, such as site visits. The fee is collected prior to adding the new level of care.
- The timeframe to add a new level of care to a site that is currently credentialed is approximately 7 – 10 business days after submitting completed paperwork. If fee collection or site visit is required, this will extend the timeframe. Incomplete paperwork can delay the process.
- The level of care must be added to your contract prior to requesting authorizations and rendering services.

Adding a new clinician to an existing GROUP contract requires the new clinician to be credentialed. Groups are generally private practices conducting traditional outpatient services. To initiate the credentialing of a new clinician:

- **The group administrator should go to www.magellanhealth.com/provider and securely sign in with their username and password.**
- Click ***Display/Edit Roster*** from the left-hand menu.
- Select the “Roster Maintenance” tab and add the new clinician, including their individual NPI number.
- Notification of the new practitioner addition will be received and a network representative will reach out to initiate the credentialing process.
- The credentialing process for each practitioner must be completed prior to requesting authorizations and rendering services.

Additional Requirements: All participating providers are required notify Magellan of the following:

- Providers must notify Magellan in writing within 10 days of any changes in carrier, termination of, renewal or any material changes in the provider’s liability insurance.
- Providers are required to maintain current, unrestricted licensure at all times. Providers must report changes in license status as well as submit current licensure prior to the expiration date. Providers that fail to report updated licenses may be terminated from the network.
- Changes in ownership/controlling interest, legal name, tax identification number(s), and/or NPI.
- Providers delivering CMHRS services should submit marketing materials to VAMarketing@magellanhealth.com.

If you have any questions, please contact Magellan’s Network department at 1-800-424-4536 and ask to speak to your assigned Network Management Specialist or email your question to VAProviderQuestions@magellanhealth.com.

For more information about credentialing, consult the Magellan National Provider Handbook, section 2. For facility/organization credentialing, consult the Organizational Provider Handbook Supplement. Both can be found at www.magellanprovider.com/news-publications/handbooks.