



Provider Notice

All Medicaid providers must be screened at enrollment under the Affordable Care Act, Section 6401 (a). These requirements can be found in 42 CFR 455 Subpart E-Provider Screening and Enrollment as well as in the Department of Medical Assistance Services (DMAS) special memo, “Implementation of the CMS Affordable Care Act Provider Enrollment and Screening Requirements” dated March 7, 2014.

Magellan of Virginia, on behalf of DMAS, has implemented these requirements to comply with Federal law. These requirements apply to all providers, including licensed roster staff delivering direct care services within an organization.

Organizational providers are required to report licensed (i.e. LMHP) roster staff at all contracted service locations, at which point Magellan will complete the screening for each individual practitioner. In 4th quarter 2017, providers will be able to see the screening results for each roster practitioner on the web. In the meantime, we are requesting providers verify their current roster for each service location by visiting www.magellanhealth.com/provider. Once you have logged in, select the “Display/Edit Practice Info” link under the “My Practice” heading on the left hand side. Select the “Provider TIN/MIS” for the roster that you wish to view and click “Go”. From there, click the “Roster Maintenance” option. We strongly encourage you to add and/or remove roster staff for each service location by using the roster maintenance option on the web.

Organizations will be required to update their staff roster no less than quarterly.

Also note, Medicaid cannot reimburse providers who do not have an approved screening. Claims that are submitted with a provider that does not have an approved screening will be denied. We understand this may impact billing practices for organizational providers. Organizational providers must bill using the licensed roster staff name and NPI in the rendering provider field on the claim in order for Magellan to confirm the provider has passed screening. For services that allow unlicensed staff to deliver care under the supervision of a licensed mental health professional, the claim should be billed with the licensed supervisor’s name and NPI in the rendering provider field. We are requesting providers complete a brief survey in order to assess this impact to provider billing practices. The survey can be accessed using the following link <https://www.surveymonkey.com/r/NBNYF85> and will be available until June 9, 2017.

If you have any questions regarding the information in this communication, please contact the Magellan of Virginia Network Department at 1-800-424-4536. Thank you.