

Provider Notice

This is a reminder and clarification of the transition authorization process detailed in [a previous email](#). Magellan of Virginia recognizes that there may be instances in which Commonwealth Coordinated Care Plus (CCC Plus) or Medallion 4.0 members transition into fee-for-service for a period of time. In these instances, Magellan of Virginia manages covered services for the member. For continuity of care, Magellan of Virginia has established the following processes for providers to continue authorizations already in place for the member. Providers should utilize one of the options below to obtain an authorization with Magellan of Virginia for members who already have authorizations in place with a health plan:

1. Providers can fax a copy of the authorization letter from the CCC Plus or Medallion 4.0 health plan to 1-888-656-2168. Magellan will authorize up to 60 days based on the previous authorization that was already in place for the member. The provider must fax a copy of the letter within 30 days of the start date of fee-for-service or within 30 days of the Medicaid eligibility determination. Any request for additional days past the authorization that the CCC Plus or Medallion 4.0 health plan has already authorized must be submitted to Magellan of Virginia per the normal process. A new clinical review for medical necessity will be required for any subsequent authorization request. The following must be submitted on a cover sheet along with the authorization letter or the request is unable to be processed:
 - Member Name
 - Member Medicaid Number
 - Member Date of Birth
 - Provider Contact Name
 - Provider Contact Phone Number (please include extension number, if applicable)
 - Provider's Magellan Information Systems (MIS) number
 - Appropriate diagnosis code (ICD-10)

OR

2. Providers can attach a copy of the authorization letter from the CCC Plus or Medallion 4.0 health plan when they submit a request for authorization online with Magellan. Magellan will authorize up to 60 days based on the previous authorization already in place for the member and will review for medical necessity for any additional time frame requested. The provider must provide a copy of the authorization letter within 30 days of the start date of fee-for-service or within 30 days of the Medicaid eligibility determination. *This process should only be used if additional days are being requested past what the CCC plus or Medallion 4.0 plan has already authorized. A service request authorization (SRA) must be submitted with this option.*

Magellan cannot process incomplete requests. Submission of the request outside the required timeframes will result in the case being denied for untimely filing. Requests for transition

authorizations for services that are registrations or that require phone reviews with Magellan of Virginia must be faxed. If providers are having difficulty obtaining the authorization letter, please call Magellan of Virginia at 1-800-424-4046.

If you have any questions, please call Magellan of Virginia at 1-800-424-4046 or use the [Contact Us](#) page on www.magellanofvirginia.com.