

Provider Notice

Contracting with Magellan requires adherence to the Credentialing and Re-credentialing 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, which allow entities 180 days from the date of their completed application to credential providers. All organizations and individuals are reviewed and approved by the appropriate Magellan Regional Network and Credentialing Committee (RNCC) prior to network participation and at re-credentialing, which is every three years. Written notification will be sent upon completion of the credentialing or re-credentialing process.

When adding any 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.

- Timeframes to add a new level of care are approximately 7 – 10 business days after submitting completed paperwork. If fee collection 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 typically private practices conducting traditional outpatient services. To initiate the credentialing of a new clinician:

- The group administrator should go to <http://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 (License, Liability Insurance and Marketing): 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.
- Providers delivering CMHRS services should submit any marketing materials. For more information, please refer to the [June 24, 2016 Marketing Materials Required Process provider communication](#).

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.