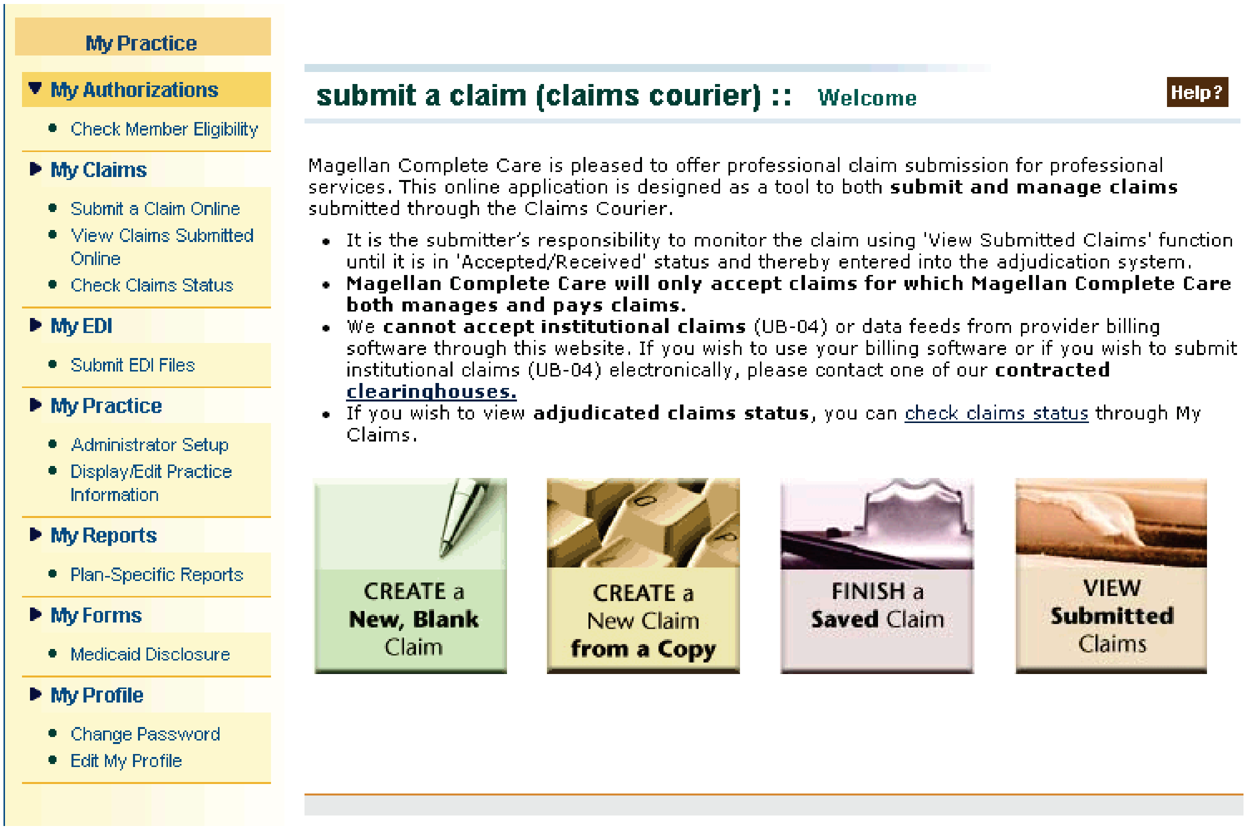
SUBMIT A CLAIM ONLINE

Revised: 12/12/2014

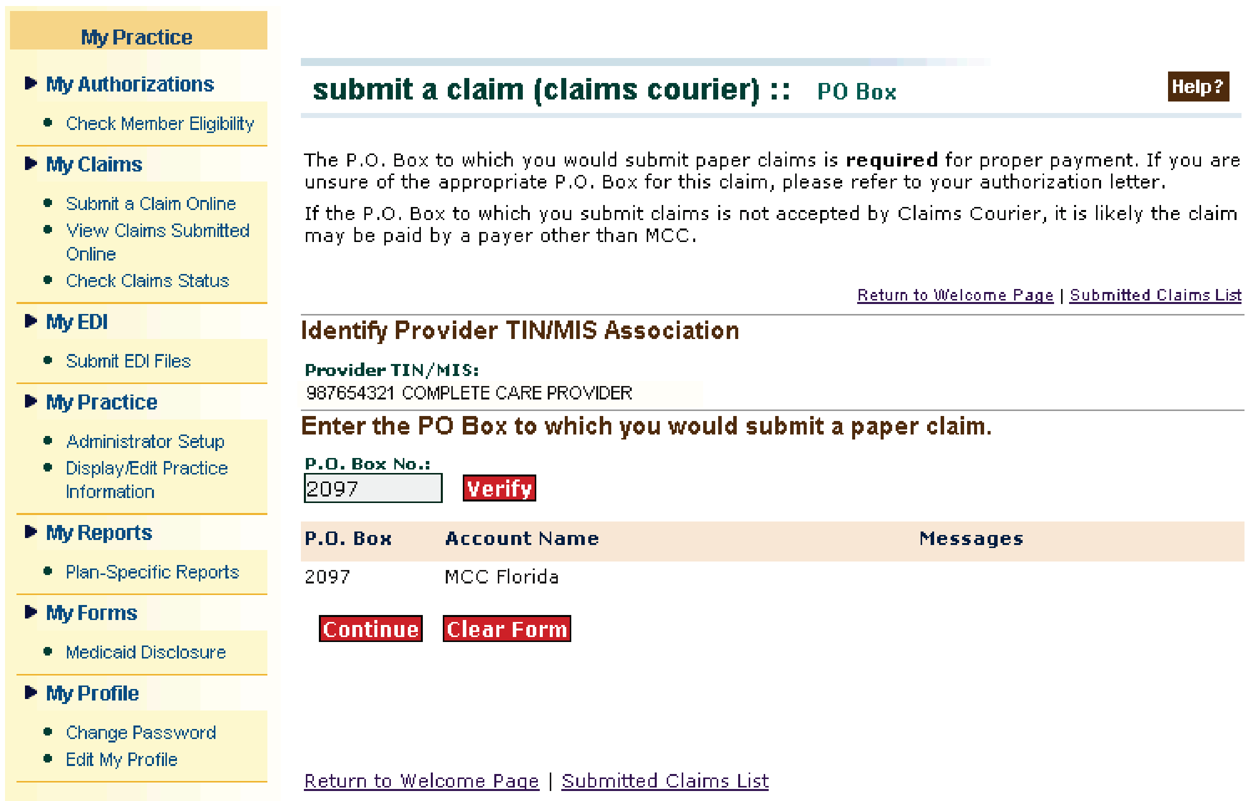
Magellan COMPLETE CARE®



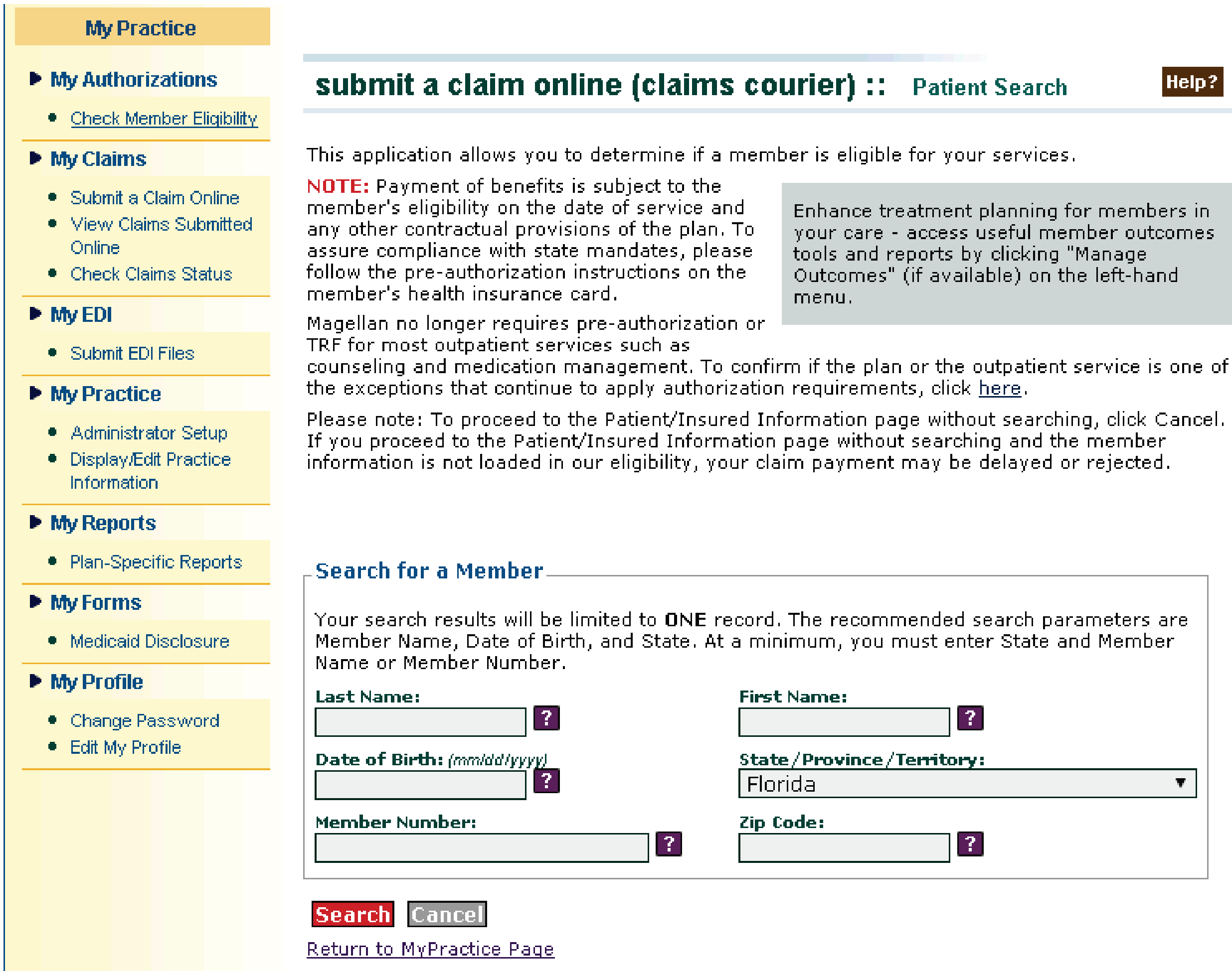
Users are given the following options:

- Create a new claim.
- Create a new claim from a copy of a previously submitted claim.
- Finishing a claim that was previously started but not completed.
- View claims that have been submitted, but not processed yet.

CREATE A NEW, BLANK CLAIM



Users must always start with a new claim the first time submitting online for a particular member. The first step is to enter and verify the P.O. Box Number.


My Practice

- **My Authorizations**
  - Check Member Eligibility
- **My Claims**
  - Submit a Claim Online
  - View Claims Submitted Online
  - Check Claims Status
- **My EDI**
  - Submit EDI Files
- **My Practice**
  - Administrator Setup
  - Display/Edit Practice Information
- **My Reports**
  - Plan-Specific Reports
- **My Forms**
  - Medicaid Disclosure
- **My Profile**
  - Change Password
  - Edit My Profile

submit a claim online (claims courier) :: Patient Search   Help?

This application allows you to determine if a member is eligible for your services.

NOTE: Payment of benefits is subject to the member's eligibility on the date of service and any other contractual provisions of the plan. To assure compliance with state mandates, please follow the pre-authorization instructions on the member's health insurance card.

Enhance treatment planning for members in your care - access useful member outcomes tools and reports by clicking "Manage Outcomes" (if available) on the left-hand menu.

Magellan no longer requires pre-authorization or TRF for most outpatient services such as counseling and medication management. To confirm if the plan or the outpatient service is one of the exceptions that continue to apply authorization requirements, click here.

Please note: To proceed to the Patient/Insured Information page without searching, click Cancel. If you proceed to the Patient/Insured Information page without searching and the member information is not loaded in our eligibility, your claim payment may be delayed or rejected.

Search for a Member

Your search results will be limited to **ONE** record. The recommended search parameters are Member Name, Date of Birth, and State. At a minimum, you must enter State and Member Name or Member Number.

Last Name: ?   **First Name:** ?

Date of Birth: *(mm/dd/yyyy)* ?   **State/Province/Territory:** Florida

Member Number: ?   **Zip Code:** ?

Search Cancel

Return to MyPractice Page

The user will then conduct a search for the member.

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submit a claim online (claims courier) :: Patient Details Help?

Please be advised that the use of this tool for review of eligibility or benefits does not guarantee claim payment. Payment of benefits is subject to the member's eligibility on the date service is rendered and any other contractual provisions of the plan. To assure compliance with state mandates, please follow the pre-authorization instructions on the member's health insurance card.

Member Information

Member:	MCC MEMBER	**Member DOB:**	06/29/1978
Gender:	F	**Relationship:**	Subscriber
Address:	123 MAIN STREET	**Magellan Member No.:**	FLM999888777444
City, State, ZIP:	LAUDERDALE LAKES, FL 33309	**Member Benefit Card No.:**	1234567890

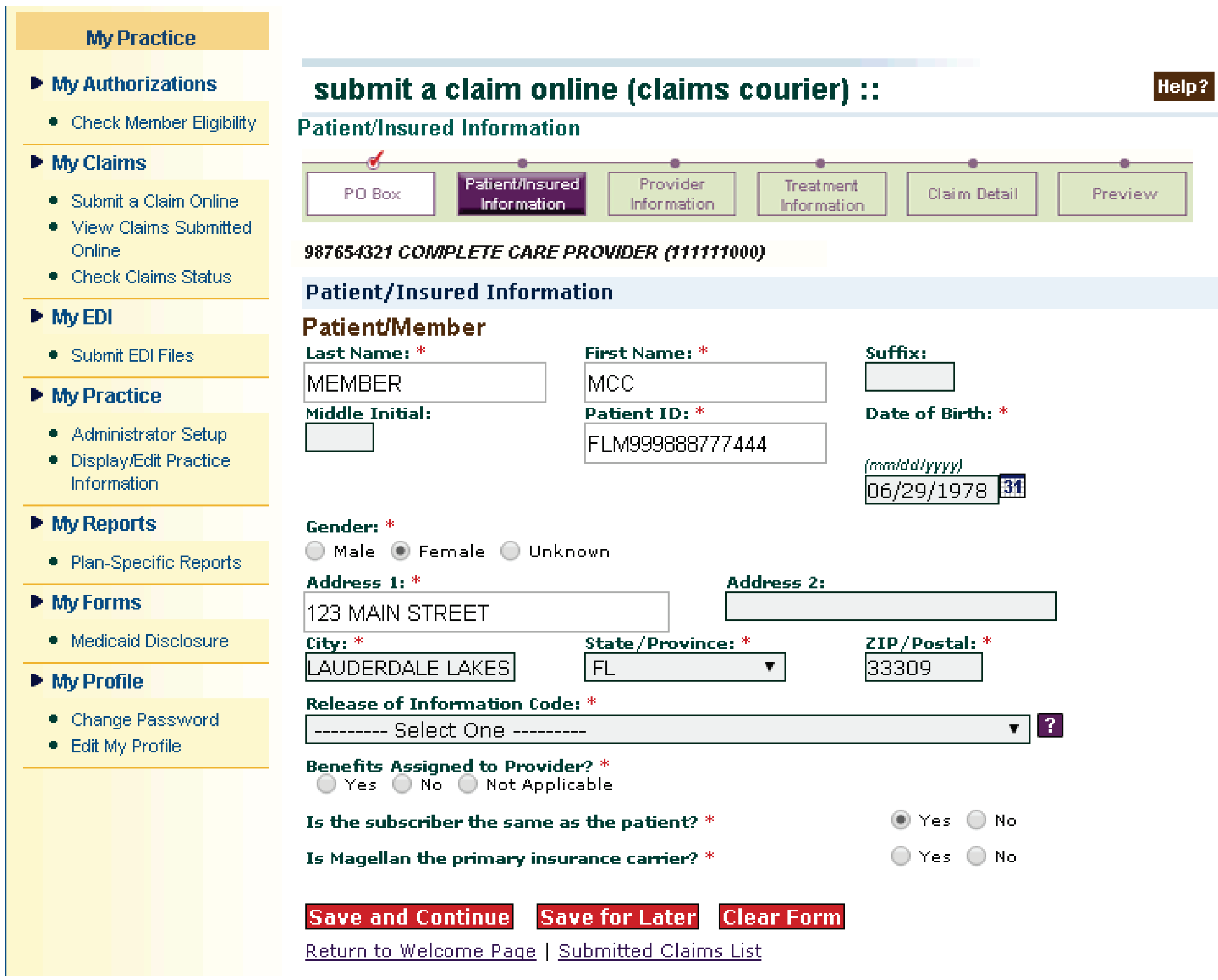
Plan Benefits Information

Client Name:	MCC of Florida
Effective Date:	01/01/2014
Termination Date:	12/31/2069

Select this Member Search Again

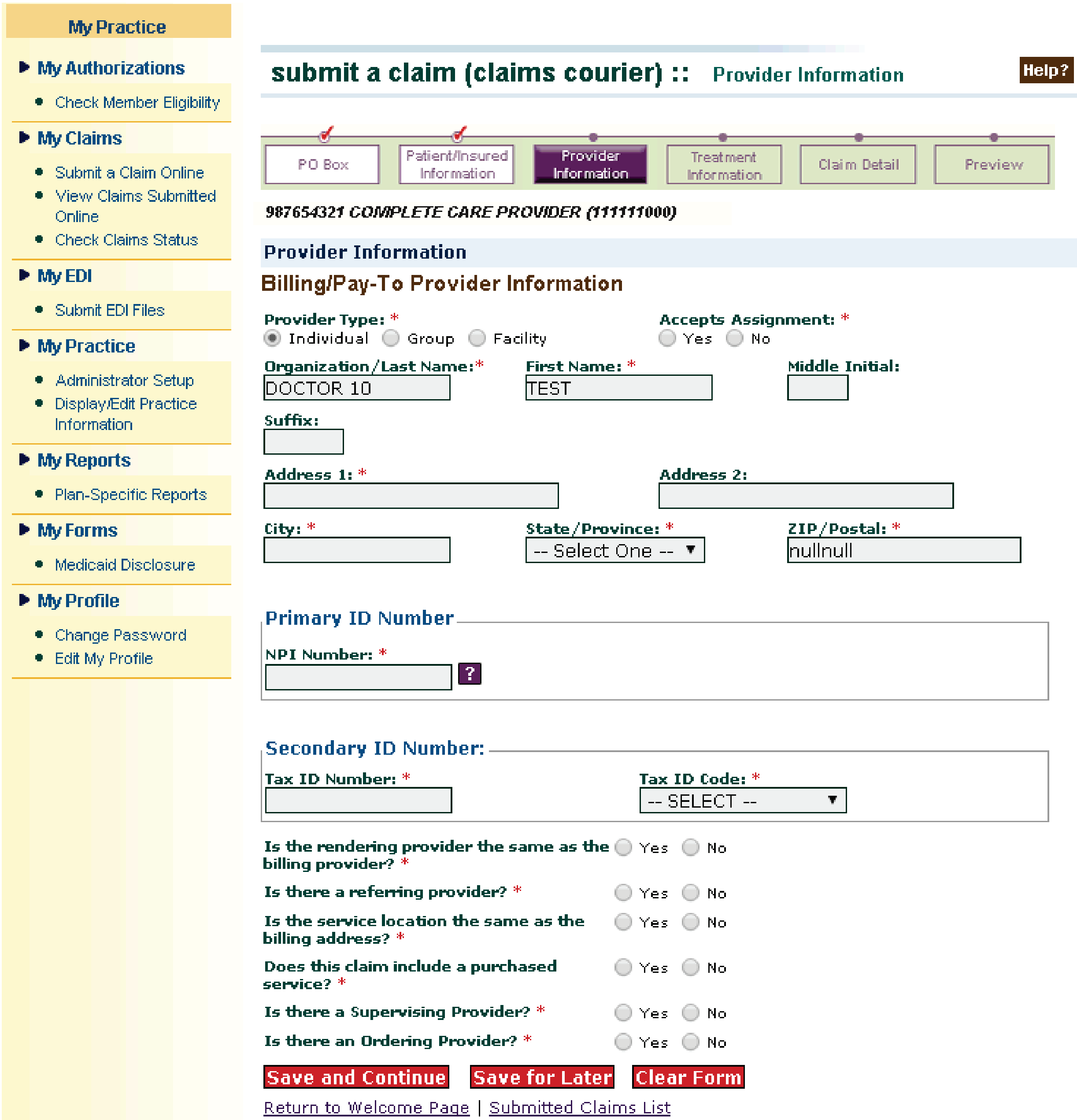
Return to MyPractice

When the member is located, the user will click Select this Member.



The member's information will automatically populate. It is very important not to change any information, or the claim will be rejected by the system. The additional fields and questions on the Patient/Insured Information page must be completed before proceeding. Depending on the answers to various questions, additional information may need to be provided.

When finished, click Save and Continue to proceed to the next page.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submit a claim (claims courier) :: Provider Information Help?

PO Box | Patient/Insured Information | Provider Information | Treatment Information | Claim Detail | Preview

987654321 COMPLETE CARE PROVIDER (111111000)

Provider Information

Billing/Pay-To Provider Information

Provider Type: * Individual Group Facility

Accepts Assignment: * Yes No

Organization/Last Name:* DOCTOR 10

First Name: * TEST

Middle Initial:

Suffix:

Address 1: *

Address 2:

City: *

State/Province: * -- Select One --

ZIP/Postal: * nullnull

Primary ID Number

NPI Number: * ?

Secondary ID Number:

Tax ID Number: *

Tax ID Code: * -- SELECT --

Is the rendering provider the same as the billing provider? * Yes No

Is there a referring provider? * Yes No

Is the service location the same as the billing address? * Yes No

Does this claim include a purchased service? * Yes No

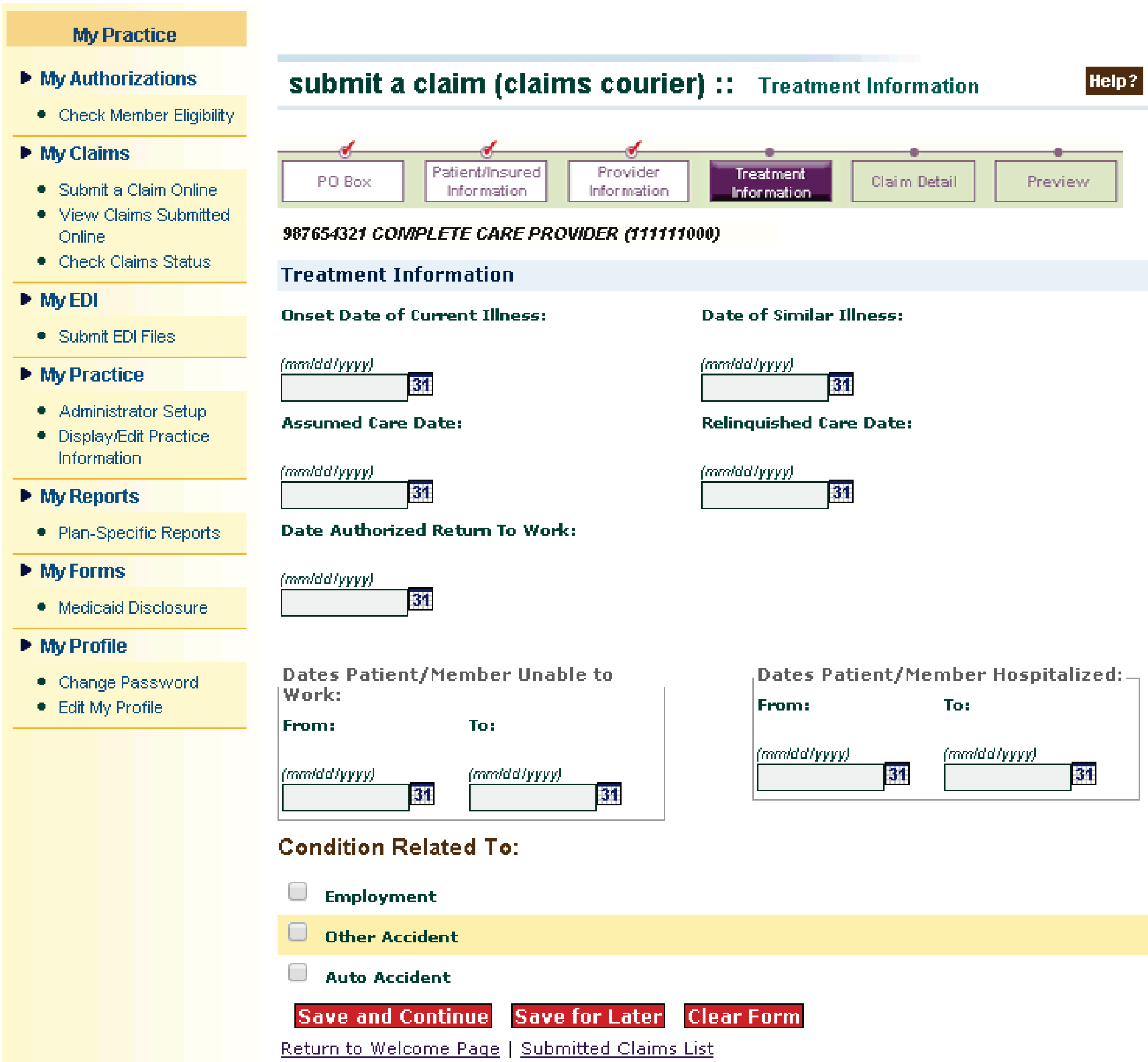
Is there a Supervising Provider? * Yes No

Is there an Ordering Provider? * Yes No

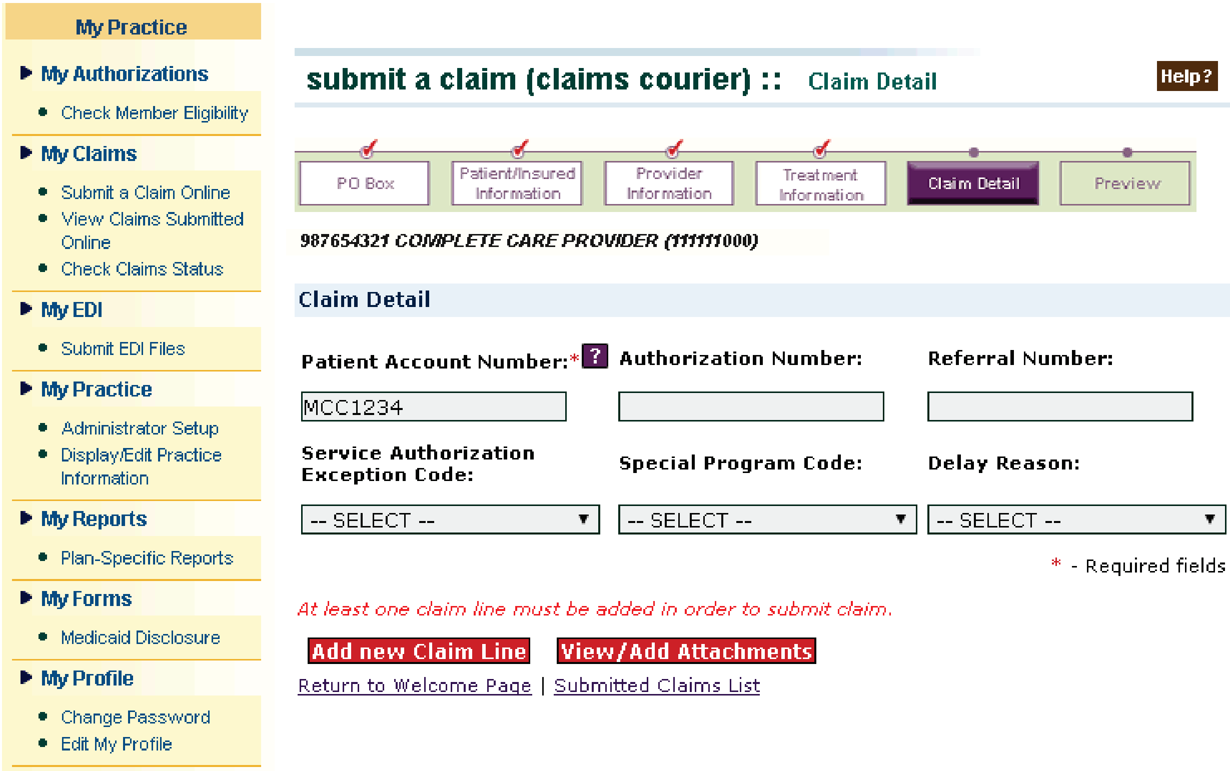
Save and Continue | Save for Later | Clear Form

Return to Welcome Page | Submitted Claims List

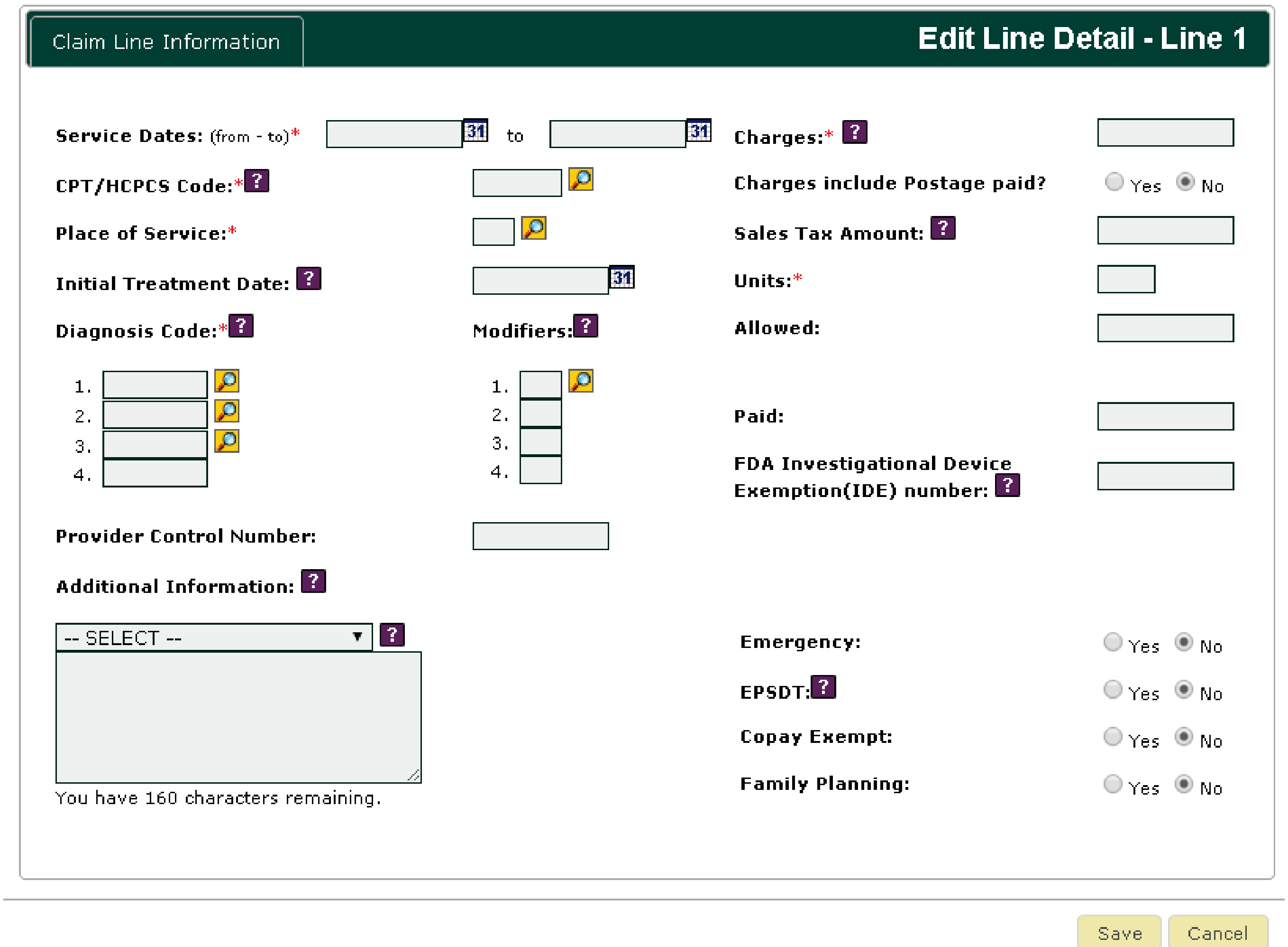
The next page contains the provider's information. Users will be required to manually enter the Tax ID Number and Tax ID Code type. Employer ID should be selected when billing using a TIN or EIN. Users need to ensure the ID number is typed corrected, so the claim is not rejected by the system.



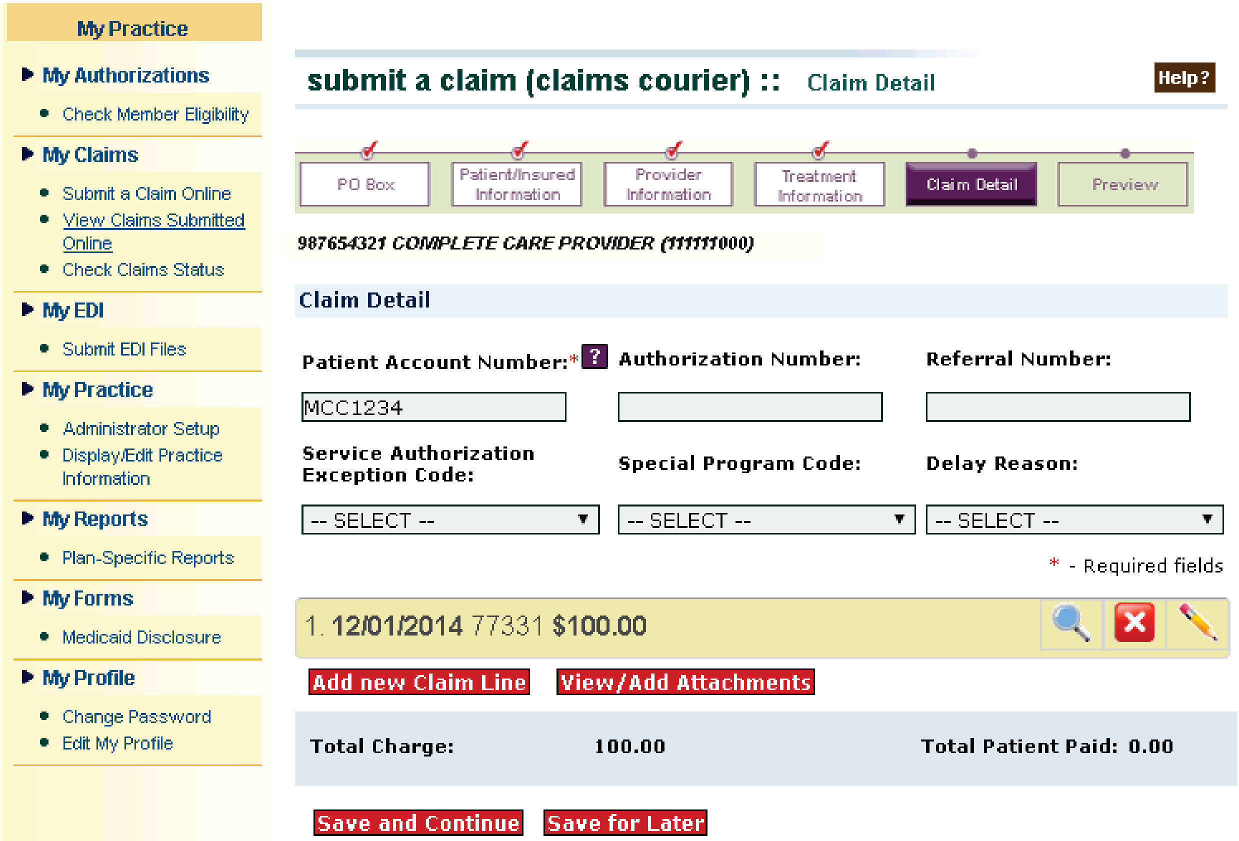
The next page contains treatment information. All fields on this page are optional. The user can choose whether or not they want any of this information included in the claim.



On the Claim Detail page, Patient Account Number is mandatory and must be entered before the claims lines will display. The Patient Account Number is the number the provider's office uses to identify the patient. Once entered, the user can then click Add new Claim Line.

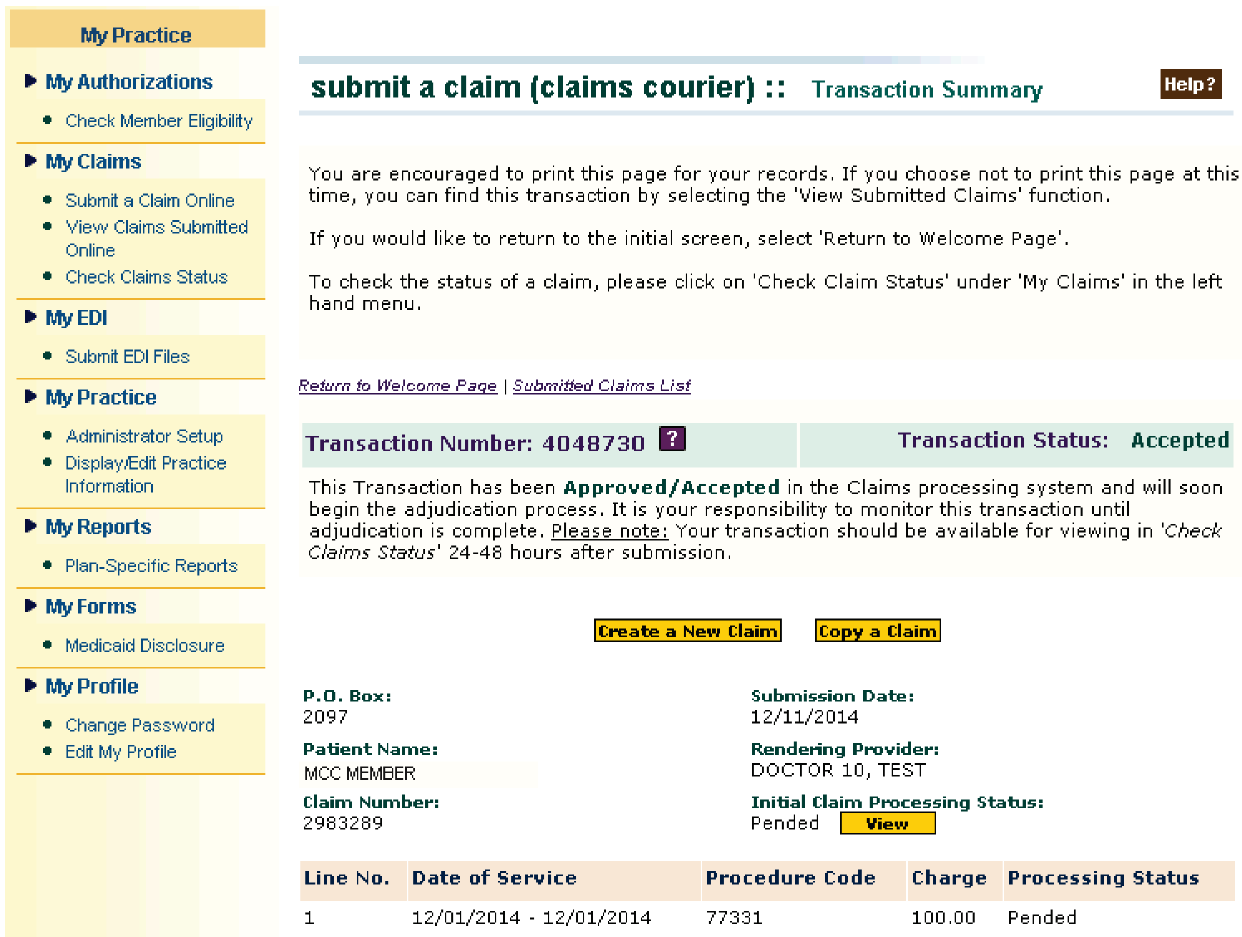


On the Edit Line Detail screen, users will need to complete all required fields before saving. Clicking on the magnifying glass icons will allow users to search for the appropriate codes for those fields.



Once a line has been entered, it will display as shown above. The icons will allow users to view the line details, delete the line or edit the line. Attachments can also be included with the submission by clicking the View/Add Attachments button.

Once all lines have been entered, the user can click Save and Continue to advance to the Preview page where they will review all information and then submit the claim.



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submit a claim (claims courier) :: Transaction Summary

Help?

You are encouraged to print this page for your records. If you choose not to print this page at this time, you can find this transaction by selecting the 'View Submitted Claims' function.

If you would like to return to the initial screen, select 'Return to Welcome Page'.

To check the status of a claim, please click on 'Check Claim Status' under 'My Claims' in the left hand menu.

Return to Welcome Page | *Submitted Claims List*

Transaction Number: 4048730 ? | **Transaction Status: Accepted**

This Transaction has been **Approved/Accepted** in the Claims processing system and will soon begin the adjudication process. It is your responsibility to monitor this transaction until adjudication is complete. Please note: Your transaction should be available for viewing in '*Check Claims Status*' 24-48 hours after submission.

Create a New Claim | Copy a Claim

P.O. Box: 2097

Submission Date: 12/11/2014

Patient Name: MCC MEMBER

Rendering Provider: DOCTOR 10, TEST

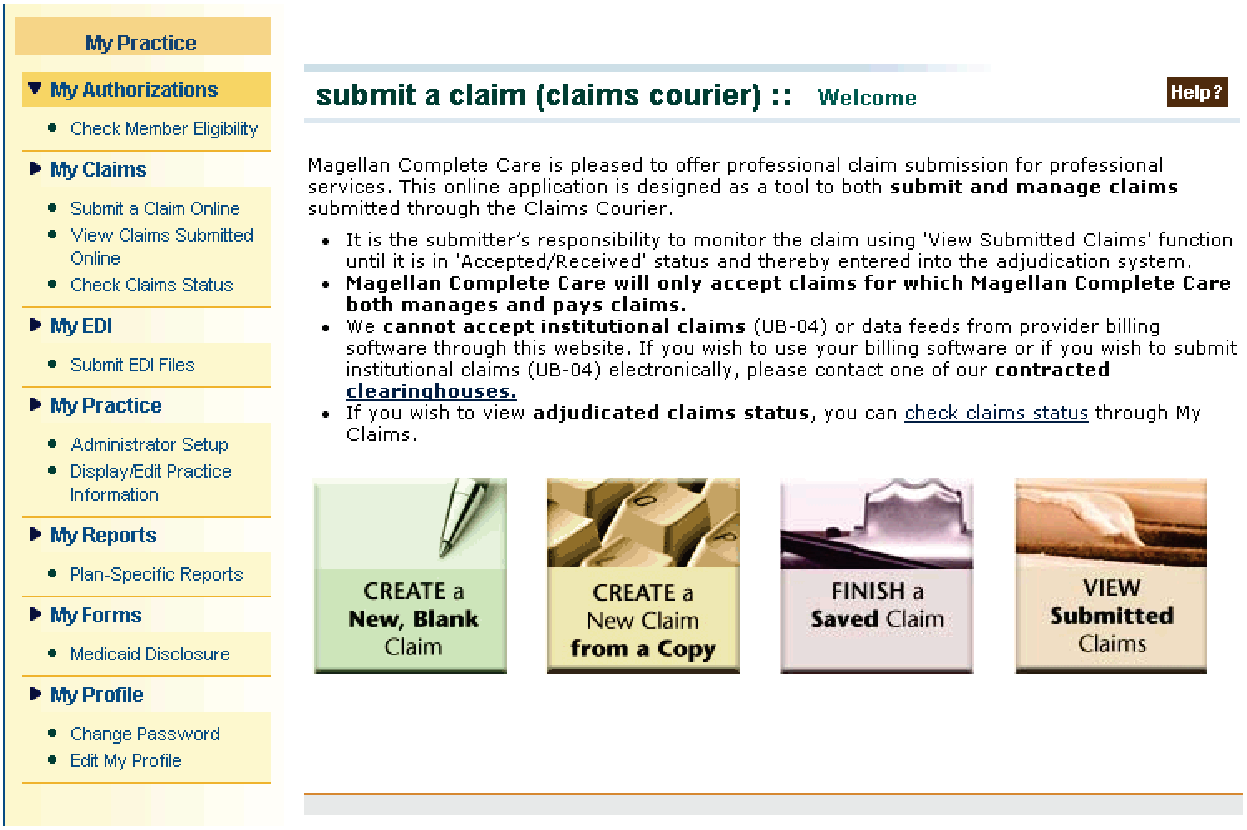
Claim Number: 2983289

Initial Claim Processing Status: Pended View

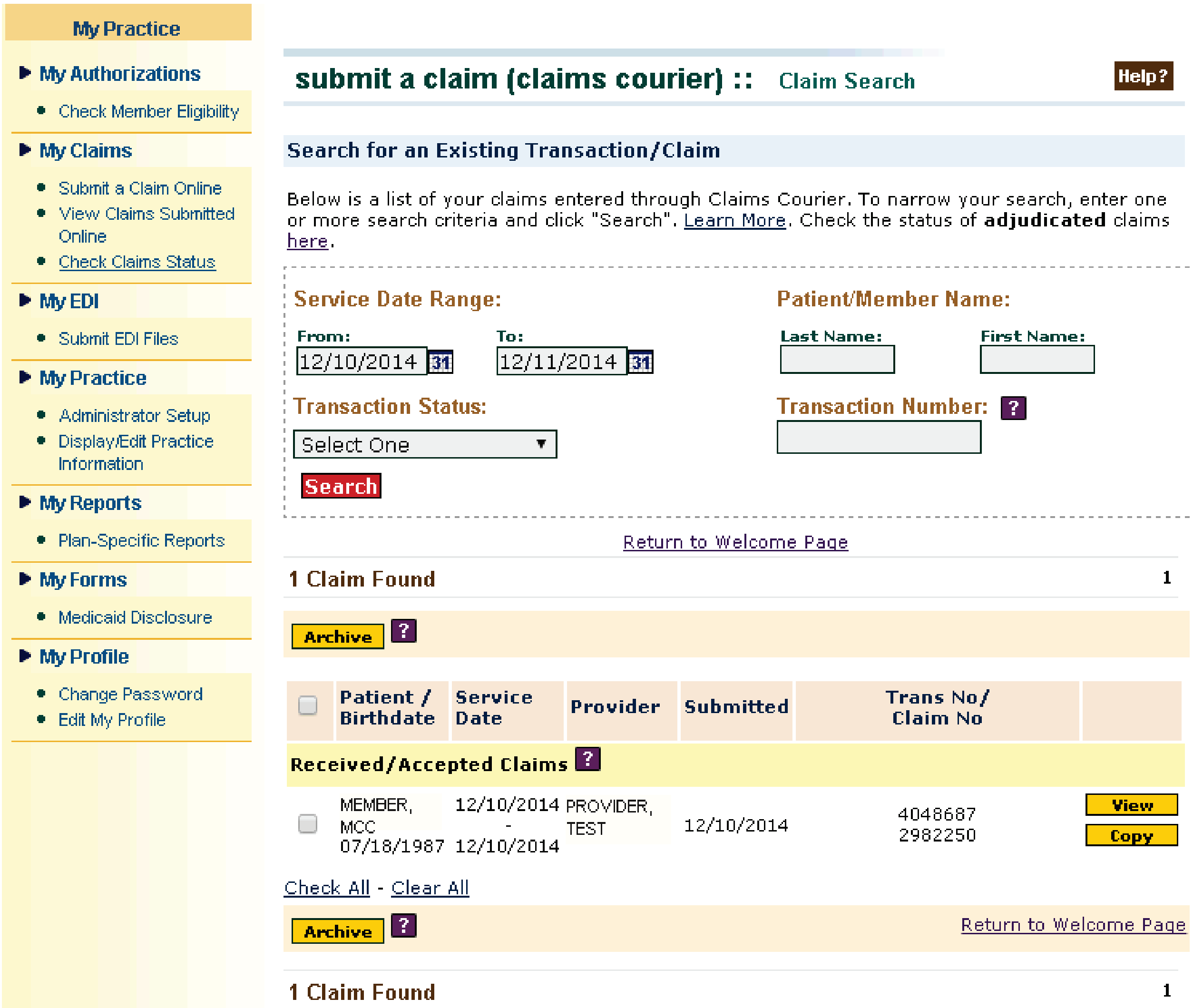
Line No.	Date of Service	Procedure Code	Charge	Processing Status
1	12/01/2014 - 12/01/2014	77331	100.00	Pended

Upon submission, confirmation will be given that the claim was received. Processing of the claim can then be monitored using the Check Claims Status application.

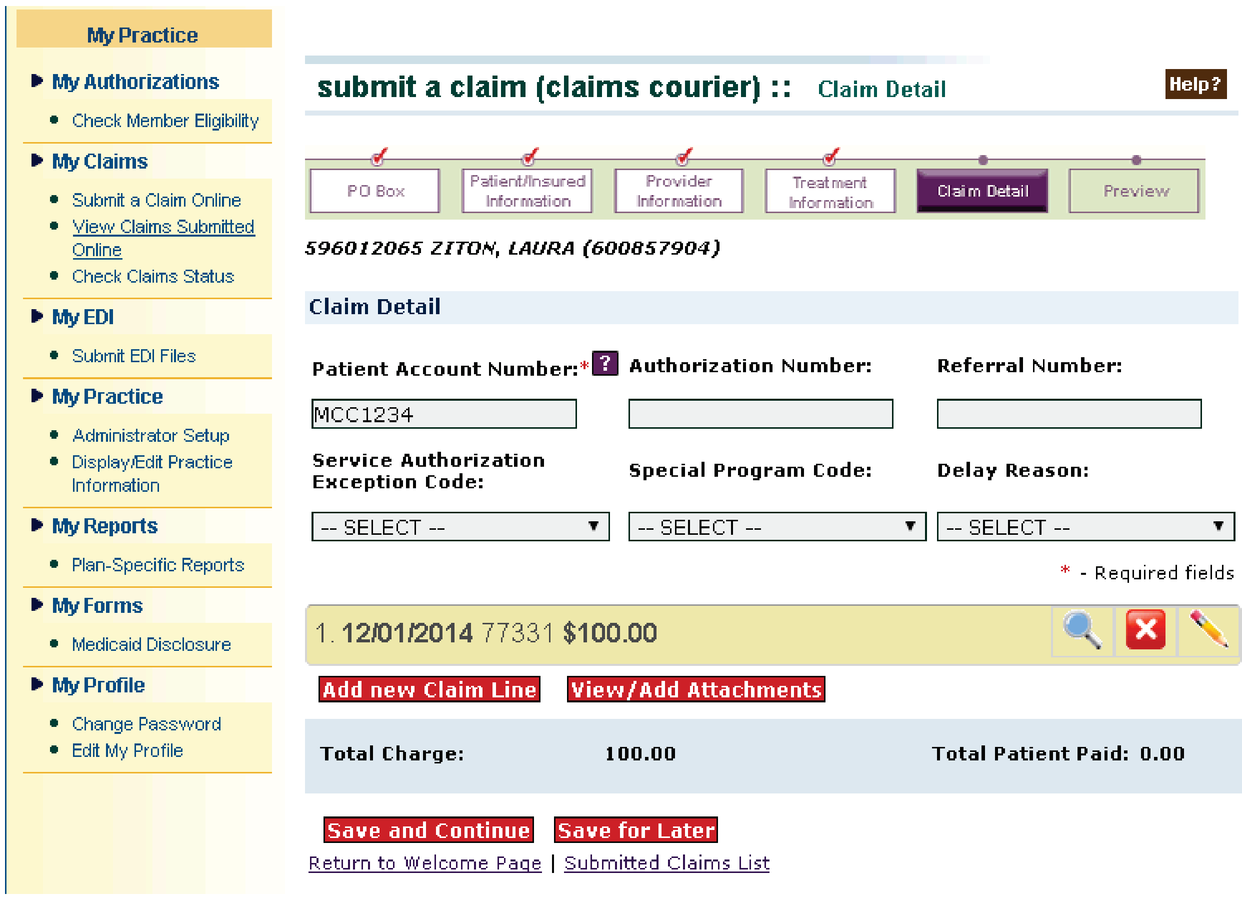
CREATE A NEW CLAIM FROM A COPY



The Create a New Claim from a Copy option allows users to create a new claim from a previous submission. This is a very time-saving feature for users because the majority of information on the claim is retained from the previous submission.



Previously Received/Accepted claims will provide a yellow Copy button which users can click in order to create a new claim from a previous submission.

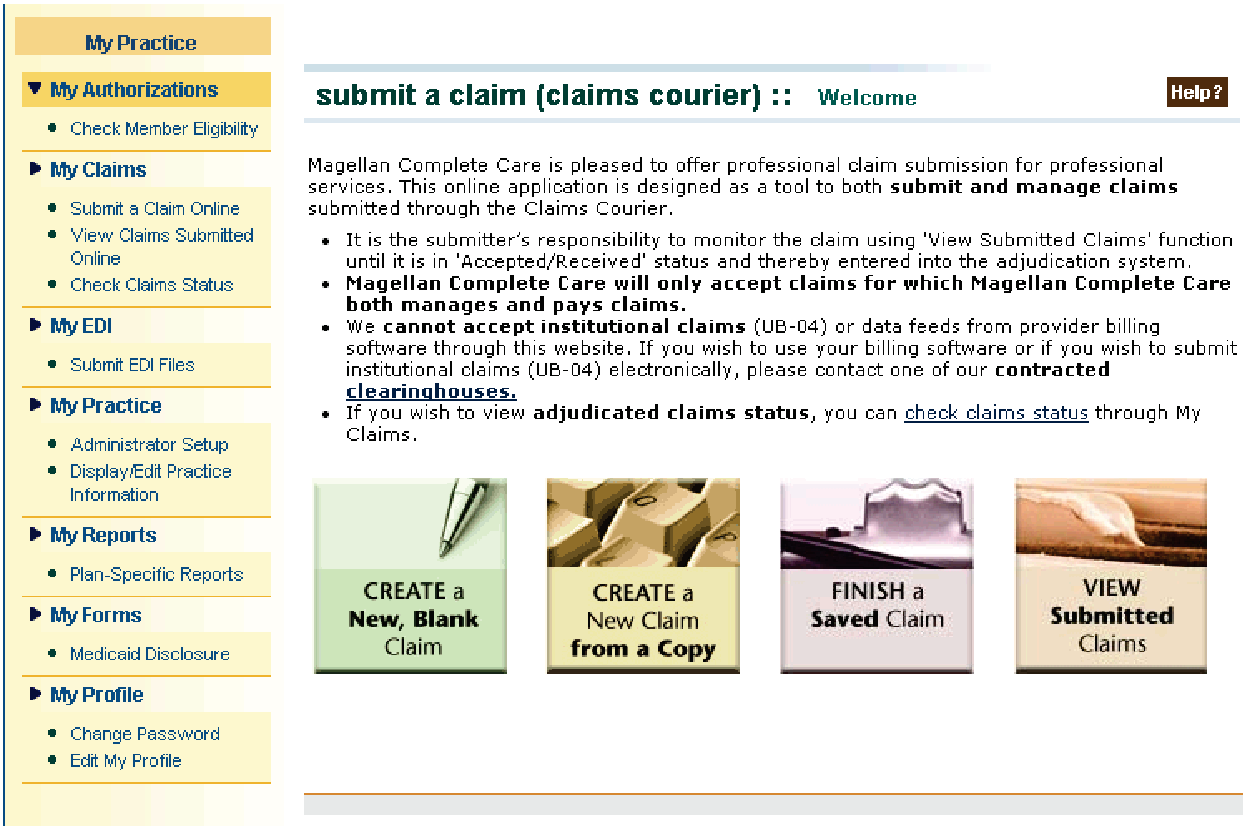


The claim will open to the Claim Detail page. The only requirement would be for the user to edit claim lines using the pencil icon and update to current date(s) of service. New attachments can also be added, if needed.

All previously submitted information will remain on the claim; however, users can use the navigation boxes at the top of the page to make any required edits on other pages.

Once all edits have been made, the user will proceed to the Preview page to review and submit. Upon submission, confirmation will be provided, as with initial claim submissions.

FINISH A SAVED CLAIM



The Finish a Saved Claim option allows users to search for and open partially completed claims, in order to finish the submission process.

VIEW SUBMITTED CLAIMS

The View Submitted Claims option allows users to search for and view the status of claims previously submitted through the site. In addition to being the fourth button in the Submit a Claim Online application, there is also a link directly to that feature in the list of site applications.