



Electronic Funds Transfer (EFT) Paper Form Instructions

October 27, 2020

Provider Information

1. Enter Client Program.
 - List the client name for whom the request is being submitted (e.g., MI, NH, Medicaid, Commercial etc).
2. Enter Provider Name.
 - Complete legal name of institution, corporate entity, practice, or individual provider.
3. Enter Street Address.
 - The number and street name where a person or organization can be found.
4. Enter City.
 - City associated with provider address field.
5. Enter State.
 - ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.
6. Enter Zip Code/Postal Code.
 - System of postal-zone codes (zip stands for “zone improvement plan”) introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities¹¹

Provider Identifiers

1. Enter TIN or EIN.
 - Federal Tax Identification Number (TIN), also known as an Employer Identification Number (EIN), is used to identify a business entity.
2. Enter NPI.
 - A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA.

- The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

Provider Contact Information

1. Enter Contact Name.
 - Name of a contact in provider office for handling ERA issues.
2. Enter Telephone Number – no dashes or spaces (e.g., 8888888888).
 - Associated with contact person.
3. Enter Telephone Extension (if applicable).
4. Enter E-mail Address.
 - An electronic mail address at which the health plan might contact the provider.
5. Enter Fax Number – no dashes or spaces (e.g., 8888888888).
 - A number at which the provider can be sent facsimiles.

Electronic Remittance Information

1. Enter the preference for Aggregation of Remittance Data.
 - Provider Tax Identification Number (TIN) or National Provider Identifier (NPI)
 - Note: Provider preference for grouping (bulking) claim payment remittance advice must match preference for EFT payment.
2. Enter a Method of Retrieval.
 - Health Plan website or Clearinghouse; the method in which the provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.)
 - Note: If your Pharmacy or a designated representative will receive the 835, select “Health Plan website.” If a PSAO or other entity will receive your 835, select “Clearinghouse” and enter the name of the clearinghouse. (Clearinghouse – Official name of the provider Clearinghouse).

Submission Information

1. Enter the Appropriate Reason for Submission.
 - New Enrollment – Select this option if you would like to receive an Electronic Remittance Advice via 835.
 - Change Enrollment – Select this option if you would like to change who receives your Electronic Remittance Advice/835 (i.e., a different PSAO or individual).

- Cancel Enrollment – Select this option if you want to cancel your ERA/835. You may also cancel your ERA by faxing a signed request to 888-656-6214. Please include your NPI on any faxed requests.
2. Enter the Name of the Person Submitting the Form.
 - The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment; may be used with electronic and paper-based manual enrollment.
 - Note: By entering my name into this field, I am certifying that I have legal authority to make these changes.
 3. Enter Date.
 - The date on which the enrollment is submitted.
 4. Enter the Title of Person Submitting the Form.
 - The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment.

Verify all Information is correct. Scan and e-mail to Financial1EFTERA@magellanhealth.com or fax to 888-656-6214.

Magellan Health Electronic Funds Transfer

- Carefully read and complete the ERA Agreement Form and return.
- Scan and e-mail to Financial1EFTERA@magellanhealth.com or fax to 888-656-6214.

Provider Information	
CLIENT PROGRAM:	
PROVIDER NAME:	
STREET:	
CITY:	
STATE/PROVINCE:	ZIP CODE:
Provider Identifiers	
PROVIDER FEDERAL TAX IDENTIFICATION NUMBER (TIN) OR EMPLOYER IDENTIFICATION NUMBER (EIN):	
NATIONAL PROVIDER IDENTIFIER (NPI):	
Provider Contact Information	
PROVIDER CONTACT NAME:	
TELEPHONE NUMBER:	TELEPHONE NUMBER EXTENSION:
FAX NUMBER:	
E-MAIL ADDRESS:	
Electronic Remittance Information	
PREFERENCE FOR AGGREGATION OF REMITTANCE DATA: PROVIDER TAX IDENTIFICATION NUMBER (TIN) OR NATIONAL PROVIDER IDENTIFIER (NPI)	
METHOD OF RETRIEVAL (HEALTH PLAN WEBSITE) OR (CLEARINGHOUSE): <i>(e.g., download from health plan website, clearinghouse, etc.)</i>	
Submission Information <i>(By entering my name into this field, I am certifying that I have legal authority to make these changes.)</i>	
REASON FOR SUBMISSION: <input type="checkbox"/> NEW ENROLLMENT* <input type="checkbox"/> CHANGE ENROLLMENT** <input type="checkbox"/> CANCEL ENROLLMENT***	
PRINT NAME OF PERSON SUBMITTING ENROLLMENT FORM:	DATE:
PRINT TITLE OF PERSON SUBMITTING THE ENROLLMENT FORM:	

***New Enrollment:** Select this option if you would like to receive an Electronic Remittance Advice via 835.

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*****Cancel Enrollment:** Select this option if you want to cancel your ERA/835. You may also cancel your ERA by faxing a signed request to 888-656-6214. Please include your NPI on any faxed requests.

Frequently Asked Questions Related to the Pharmacy ERA/835 Health Care Claim Payment/Advice Transaction

Question 1: Whom do I contact to receive an ERA/ 835?

Answer: You can access the electronic ERA/835 form at <https://eftera.magellanrx.com/> and submit your request electronically. You can get a paper ERA request form from the Magellan Rx Management website <http://magellanrx.com/provider/>. You may also contact Pharmacy Networks via e-mail at Financial1EFTERA@magellanhealth.com or fax at 888-656-6214.

Question 2: Are there any forms to complete to receive an ERA/835?

Answer: Yes. You will need to complete an electronic ERA/835 request at <https://eftera.magellanrx.com/> or complete a paper form that can be obtained from the Magellan Rx Management website at <http://magellanrx.com/provider/>. You may also contact Pharmacy Networks via e-mail at Financial1EFTERA@magellanhealth.com or fax at 888-656-6214.

Question 3: What media type will be used to transmit the 835 file?

Answer: FTP for both production and test.

Question 4: Will we need to complete an agreement for each State?

Answer: Yes, we need an agreement for each State.

Question 5: Will there be any type of EDI acknowledgement expected to be returned by the receiver of the ERA/835?

Answer: No.

Question 6: Is a new 835 request form required in order to upgrade to version 5010A1?

Answer: No. If you have not supplied Magellan Rx Management with your Chain NPI and Federal Tax ID then please do so as soon as possible. Failure to supply this information will impact your 835 delivery. You may also contact Pharmacy Networks via e-mail at Financial1EFTERA@magellanhealth.com or fax at 888-656-6214.

Question 7: Whom do I contact for FTP help?

Answer: Please contact the ECCS Department at 800-924-6741 or e-mail dighelpdesk@magellanhealth.com or edivmap@magellanhealth.com. The contact is the same for either production or test.

Question 8: How do I cancel receipt of an ERA/835?

Answer: You may electronically cancel an ERA request at <https://eftera.magellanrx.com> or fax a cancellation request to (888-656-6214) or e-mail the request to Financial1EFTERA@magellanhealth.com.

Question 9: How do I change who receives my 835 or move to a new PSAO?

Answer: You must submit a new ERA request form, electronically at <https://eftera.magellanrx.com>. You may complete a paper EFT request form at the Magellan Rx Management website <http://magellanrx.com/provider/> or contact Pharmacy Networks via e-mail at Financial1EFTERA@magellanhealth.com or fax at 888-656-6214.