

Magellan EFT Help Document

Access the Electronic EFT request at the following website: <https://eftera.magellanmedicaid.com/>



Magellan Medicaid Administration is providing this website to satisfy the CAQH Committee Operating Rules for Information Exchange (CORE) mandate requiring online capability for both Electronic Fund Transfer (EFT) and Electronic Remittance Advice (ERA) enrollment. Enrollment is defined as a new enrollment, request to terminate enrollment EFT/ERA participation, or request for change to existing EFT/ERA information.

The website will only allow users to submit EFT or ERA applications, not allow them to view or update existing EFT/ERA information.

Providers will use the existing customer service number for questions and/or to verify the status of submitted applications.

Magellan Medicaid Administration will continue to accept paper applications as we do today.

Select the appropriate button below (or menu item above) to enroll or update your existing enrollment information.

*Select EFT Option

Provider Information

Client Program :
Provider Name :
Street :
City :
State/Province :
Zip Code/Postal Code :

*Enter Client Program (List the Client Name for whom the request is being submitted, i.e. MI, NH, TDS etc.)

*Provider Name

*Enter Provider's Address Street & City

*Click drop down arrow and select State

*Enter Zip Code/Postal Code

Provider Identifiers

Provider Federal Tax Identification Number (TIN) or Employer
Identification Number (EIN) :
National Provider Identifier (NPI) :

*Enter TIN or EIN

*Enter NPI

Provider Contact Information

Provider Contact Name :

Telephone Number :

Telephone Number Extension :

Email Address :

Fax Number :

- *Enter Contact Name
- *Enter Telephone Number no dashes/spaces (8888888888)
- *Enter Telephone Extension (If applicable)
- *Enter Email Address
- *Enter Fax Number no dashes/spaces (8888888888)

Financial Institution Information

Financial Institution Name :

Street :

City :

State/Province :

Zip Code/Postal Code :

Financial Institution Routing Number :

Type of Account at Financial Institution : Checking Savings

Provider's Account Number with Financial Institution :

Account Number Linkage to Provider Identifier : Provider Tax Identification Number (TIN) National Provider Identifier (NPI)

- *Enter Financial Institution's Name
- *Enter Financial Institution Address, Street & City
- *Click drop down arrow and select State
- *Enter Zip Code/Postal Code
- *Enter Financial Institution Routing number
- *Select Account Type Checking or Savings
- *Enter Account Number
- *Select the Provide Identifier Linkage by clicking TIN or NPI

Submission Information

Reason for Submission : New Enrollment Change Enrollment Cancel Enrollment

- **New Enrollment** — Select this option if you are establishing EFT payments. Allow a minimum of 16 days for EFT to begin. Please fax a voided check or a letter from the bank verifying the account to which you want payments deposited, to 888-656-4139.
- **Change Enrollment** — Select this option if you are changing your financial institution, account number, type of account, etc. **Do not close your old account until this change takes place.** Allow a minimum of 16 days for the EFT change to become effective. Please fax a voided check or a letter from the bank verifying the account to which you want payments deposited, to 888-656-4139.
- **Cancel Enrollment** — Select this option if you want to cancel EFT payments. You may also cancel EFT payments by faxing a signed request to 888-656-4139. **Please include your NPI on any faxed requests.** Allow a minimum of 16 days for cancellation to take effect.

Printed Name of Person Submitting Enrollment :

By entering my name into this field, I am certifying that I have legal authority to make these changes.

Printed Title of Person Submitting Enrollment :

Submit

Cancel

- *Select the Appropriate Reason for Submission
- *Enter the Name of the Person Submitting the Form
- *Enter the Title of Person Submitting the Form
- *Verify all Information is correct
- *Select Submit

Note: (Once submitted you will receive a reference number. Please save this number for future reference should you need to track the status of your request.)

Frequently Asked Questions related to the Pharmacy Electronic Funds Transfer EFT

Question 1 – Whom do I contact to receive payment via EFT?

Answer to question 1 – You can access the electronic EFT form at <https://eftera.magellanmedicaid.com/> and submit your request electronically. You can get a paper EFT request form from the Magellan Pharmacy Solutions web site <http://pharmacy.magellanpharmacysolutions.com/> or contact Pharmacy Network Services at 800-441-6001.

Question 2 - Are there any forms to complete to receive EFT?

Answer to question 2 – Yes. You will need to complete an electronic EFT request at <https://eftera.magellanmedicaid.com/> or complete a paper form that can be obtained from the Magellan Pharmacy Solutions web site at <http://pharmacy.magellanpharmacysolutions.com/>

You may also contact Pharmacy Network Services at 800-441-6001.

Question 3 – Will we need to complete an EFT request for each State?

Answer to question 3 – Yes. We need an EFT request for each State.

Question 4 – Whom do I contact for question concerning late or missing EFT payments?

Answer to question 4 – Magellan Pharmacy Network Services at RxNetworksDept@magellanhealth.com/ or contact Pharmacy Network Services at 800-441-6001.

Question 5 – How do I cancel an EFT?

Answer to question 5 – You may electronically cancel an EFT request at <https://eftera.magellanmedicaid.com> or fax a cancellation request to (888-656-4139) or email the request to RxNetworksDept@MagellanHealth.com

Question 6 – How do I change the financial institution where my EFT is sent or move to a new PSAO?

Answer to question 6 – You must submit a new EFT request form, electronically at <https://eftera.magellanmedicaid.com>

You may complete a paper EFT request form from the Magellan Pharmacy Solutions web site <http://pharmacy.magellanpharmacysolutions.com/> or contact Pharmacy Network Services at 800-441-6001.