

Magellan ERA Help Document

Access the Electronic ERA 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.

EFT

ERA

*Select ERA 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)

Electronic Remittance Information

Preference for Aggregation of Remittance Data : Provider Tax Identification Number (TIN) National Provider Identifier (NPI)

Method of Retrieval : Health Plan website Clearinghouse

e.g. download from health plan website, clearinghouse, etc.

- *Select the preference for Aggregation of Remittance Data
 - *Select Method of Retrieval
- Note: If your Pharmacy or a designated representative will receive the 835, select Heath Plan website.
If a PSAO or other entity will receive your 835 select clearinghouse and enter the name of the clearinghouse in the box that will appear when clearinghouse is selected.

Submission Information

Reason for Submission : New Enrollment Change Enrollment Cancel Enrollment

- **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 888-656-4139. **Please include your NPI on any faxed requests.**

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 :

Please check all data for accuracy prior to clicking the Submit button.

- *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 ERA/835 Health Care Claim Payment / Advice Transaction

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

Answer to question 1 – You can access the electronic ERA/835 form at <https://eftera.magellanmedicaid.com/> and submit your request electronically. You can get a paper ERA request form from the Magellan Pharmacy Solutions web site <http://pharmacy.magellanpharmacysolutions.com/>

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

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

Answer to question 2 – Yes. You will need to complete an electronic ERA/835 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 – What media type will be used to transmit the 835 file?

Answer to question 3 – FTP for both production and test.

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

Answer to question 4 – 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 to question 5 – No.

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

Answer to question 6 – No. If you have not supplied Magellan Medicaid Administration 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. Please contact Pharmacy Network Services at 800-441-6001.

Question 7 – Whom do I contact for FTP help?

Answer to question 7 – Please contact the ECCS Department at 800-924-6741 or email 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 to question 8 – You may electronically cancel an ERA request at <https://eftera.magellanmedicaid.com> or fax a cancellation request to (888-656-4139) or email the request to RxNetworksDept@MagellanHealth.com

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

Answer to question 9 – You must submit a new ERA request form, electronically at <https://eftera.magellanmedicaid.com>. You may complete a paper EFT request form at the Magellan Pharmacy Solutions web site <http://pharmacy.magellanpharmacysolutions.com/> or contact Pharmacy Network Services at 800-441-6001.