

Electronic Funds Transfer (EFT) (Paper Form Instructions)

Provider Information

*Enter Client Program

List the Client Name for whom the request is being submitted, i.e. MI, NH, TDS etc.

*Enter Provider Name

Complete legal name of institution, corporate entity, practice or individual provider

*Enter Street

The number and street name where a person or organization can be found

*Enter City

City associated with provider address field

* Enter State

ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country

* 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 capabilities

Provider Identifiers

*Enter TIN or EIN

A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity

*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

*Enter Contact Name

Name of a contact in provider office for handling EFT issues

*Enter Telephone Number no dashes/spaces (8888888888)

Associated with contact person

*Enter Telephone Extension (If applicable)

*Enter Email Address

An electronic mail address at which the health plan might contact the provider

*Enter Fax Number no dashes/spaces (8888888888)

A number at which the provider can be sent facsimiles

Financial Institution Information

*Enter Financial Institution's Name

Official name of the provider's financial institution

*Enter Street

Street address associated with receiving depository financial institution name field

Electronic Funds Transfer (EFT) (Paper Form Instructions Continued)

***Enter City**

City associated with receiving depository financial institution address field

***Enter State**

ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country

***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 capabilities

***Enter Financial Institution Routing number**

A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited

***Enter Account Type Checking of Savings**

The type of account the provider will use to receive EFT payments, e.g., Checking, Saving

***Enter Account Number**

Provider's account number at the financial institution to which EFT payments are to be deposited

***Enter the Provide Identifier Linkage Enter (TIN or NPI**

Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice

Submission Information

***Enter the Appropriate Reason for Submission**

- **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.

***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)

***Enter Date**

The date on which the enrollment is submitted

***Enter the Title of Person Submitting the Form**

The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment

Verify all Information is correct

Scan and email to RxNetworksDept@magellanhealth.com or fax to 888-656-4139.

Magellan Health Electronic Funds Transfer (EFT) Authorization Agreement

Instructions: Carefully read and complete the EFT authorization form and return. Scan and email to RxNetworksDept@magellanhealth.com or fax to 888-656-4139.

<i>Provider Information</i>
CLIENT PROGRAM:
PROVIDER NAME:
STREET:
CITY:
STATE/PROVINCE:
<i>Provider Identifiers</i>
PROVIDER FEDERAL TAX IDENTIFICATION NUMBER (TIN) OR EMPLOYER IDENTIFICATION NUMBER (EIN):
NATIONAL PROVIDER IDENTIFIER (NPI):
<i>Provider Contact Information</i>
PROVIDER CONTACT NAME:
TELEPHONE NUMBER:
TELEPHONE NUMBER EXTENSION:
EMAIL ADDRESS:
FAX NUMBER:
<i>Financial Institution Information</i>
FINANCIAL INSTITUTION NAME:
STREET:
CITY:
STATE/PROVINCE:

Magellan Health Electronic Funds Transfer (EFT) Authorization Agreement

<i>Financial Institution information (Continued)</i>	
ZIP CODE/POSTAL CODE:	
FINANCIAL INSTITUTION ROUTING NUMBER:	
TYPE OF ACCOUNT AT THE FINANCIAL INSTITUTION: (CHECKING OR SAVINGS)	
PROVIDER'S ACCOUNT NUMBER WITH FINANCIAL INSTITUTION:	
ACCOUNT NUMBER LINKAGE TO PROVIDER IDENTIFIER: PROVIDER TAX IDENTIFICATION NUMBER (TIN) OR NATIONAL PROVIDER IDENTIFIER (NPI)	
<i>Submission Information</i>	
<p>REASON FOR SUBMISISON: (NEW ENROLLMENT) (CHANGE ENROLLMENT) (CANCEL ENROLLMENT) Enter selection in space below:</p> <ul style="list-style-type: none"> • 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. 	
PRINT NAME OF PERSON SUBMITTING ENROLLMENT FORM:	DATE:
<p>By entering my name into this field, I am certifying that I have legal authority to make these changes.</p>	
PRINT TITLE OF PER SON SUBMITTING THE ENROLLMENT FORM:	

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/](mailto: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 cancelation 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.