

Electronic Remittance Advice (ERA) (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

*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 capabilities¹¹

Provider Identifier

*Enter TIN or EIN

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 ERA 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

Electronic Remittance Information

*Enter the preference for Aggregation of Remittance Data

Provider Tax Identification Number (TIN) or National Provider Identifier (NPI)

Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment

Electronic Remittance Advice (ERA) (Paper Form Instructions Continued)

***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, enter Health Plan website.

If a PSAO or other entity will receive your 835 enter clearinghouse and enter the name of the Clearinghouse. (Clearinghouse - Official name of the provider Clearinghouse)

Submission Information

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

***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 name 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 Remittance Advice (ERA) Agreement

Instructions: Carefully read and complete the ERA agreement 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:
ZIP CODE/POSTAL CODE
<i>Provider Identifiers</i>
PROVIDER FEDERAL TAX IDENTIFICATION NUMBER (TIN) OR EMPLOYER IDENTIFICATION NUMBER (EIN):
NATIONAL PROVIDER IDENTIFER (NPI):
<i>Provider Contact Information</i>
PROVIDER CONTACT NAME:
TELEPHONE NUMBER:
TELEPHONE NUMBER EXTENSION:
EMAIL ADDRESS:
FAX NUMBER:
<i>Electronic Remittance Information</i>
PREFERENCE FOR AGGREGATION OF REMITTANCE DATA: PROVIDER TAX IDENTIFICATION NUMBER (TIN) OR NATIONAL PROVIDER IDENTIFIER (NPI)
METHOD OF RETRIEVAL: (HEALTH PLAN WEBSITE) OR (CLEARINGHOUSE) e.g. download from health plan website, clearinghouse, etc If Clearinghouse is selected please list name here

Magellan Health Electronic Remittance Advice (ERA) Agreement

<i>Submission Information</i>	
REASON FOR SUBMISISON: (NEW ENROLLMENT) (CHANGE ENROLLMENT) (CANCEL ENROLLMENT) Enter selection in space below:	
<ul style="list-style-type: none">• 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.	
PRINT NAME OF PERSON SUBMITTING ENROLLMENT FORM:	DATE:
By entering my name into this field, I am certifying that I have legal authority to make these changes.	
PRINT TITLE OF PER SON SUBMITTING THE ENROLLMENT FORM:	

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 as 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.