Magellan’s Employee Assistance Program (EAP) helps individuals to resolve personal problems and address common work/life issues, while it also provides training, consultation, and other management services for employers.
Agenda

- Understanding EAP referrals
- Registering an EAP case
- Obtaining an EAP registration packet
- Submitting for reimbursement
**EAP referral process**

**Formal / Mandatory Referral**

- Employer initiates EAP services for the member by calling Magellan EAP
- Employer instructs the member to call Magellan for more information, including a list of providers who can help.
- Member calls you to make an appointment

**Informal / Self-Referral**

- Member could get your name when they call Magellan EAP to initiate services and ask about in-network providers for their program.
- Member then calls or emails you to make an appointment.

- Member could find you on Magellan’s member website using the provider search.
- Depending on how the member requested services, they may or may not have a MAT (or case) number already.
- Member could initiate a self-referral on Magellan’s member website.

*Formal/mandatory referrals have special requirements.*
When a member contacts you for EAP services:

1. Ask the member if this is a formal/mandatory referral* or an informal/self-referral.

2. Ask the member if they have a MAT number.

   **YES:**
   - Proceed to step 3.

   **NO:**
   - Call Magellan EAP. If the member doesn’t have the phone number for their program, call 1-800-523-5668.
   - Be prepared to verify some information for the EAP member, including company name, member full name (and employee name if different), date of birth, and address.
   - Ask Magellan staff if there is already a case on file, or to create a case, and provide you with a MAT number.

3. Go online to MagellanProvider.com to register the case using the MAT number and member’s last name.
Member website overview: MagellanAscend.com*

EAP member logs in or creates a new account indicating the name of their company.

*Some EAP members may still use an earlier version of our member website, MagellanHealth.com/member. Requesting an EAP self referral is basically the same process on either website.
Once in the website, the member selects the “Find Care” tab and chooses the provider list for the “Employee Assistance Program” to begin their provider search by location or provider info.
Member website overview, cont’d
EAP self referral

- A list of providers will populate, based on the member’s search criteria.
- The member will select and confirm their choice.
A member may initiate contact with you using the email address listed in your provider profile (instead of calling).

If you do not use email to communicate with your clients, you should set up an auto-response notifying them of this policy.
Agenda

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Registering an EAP case

Go to www.MagellanProvider.com and sign in.
Select View EAP Registrations from the left-hand menu.
To register a case (which will designate you as the treating provider), search by MAT Number and the member’s Last Name; both are required fields.
Registering an EAP case, cont’d

On the results page, click View Details.
Registering an EAP case, cont’d

Select “Yes” and click the Submit button.
Connecting with us

If you have questions during the registration process, connect using our chat feature.

*If you have questions regarding a FOH member, please call the number on the member's benefit card as the Chat feature is NOT available for these members.
Agenda

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- Registering an EAP case
- Obtaining an EAP registration packet
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EAP registration packet materials and associated forms

After you register the case, you can access the EAP registration packet materials at the bottom of the page.

If you leave this page, search by Last Name and MAT Number to find it again.

For additional forms, visit our EAP Forms page.
EAP registration packet materials and associated forms

Included in the client’s customized EAP registration packet:

- EASI Form (hard copy, if required)
- Generic statement of understanding (English or Spanish)
- Client information form
- Clinical assessment form
- Counseling plan
- Progress notes
- Follow-up summary

Accessed from the “Forms” tab:

- EAP registration packet materials and associated forms
EAP registration packet: Provider letter and EAP referral sheet

Dear EAP Provider:

Thank you for serving the Magellan* member listed above through the Employee Assistance Program (EAP). The following information is included in the referral packet:

- **EAP Referral Sheet** – The referral sheet includes information regarding the member’s demographics, the customer organization and the member’s EAP benefit.

- **Statement of Understanding** – Each member must sign this document prior to receiving EAP services. This form may be customer-specific, so please use only the form included with the member’s referral packet.

- **Workplace Outcomes Suite (WOS)** – We will email or text the five-question WOS directly to each member at the beginning of EAP and at final billing. For more information on the WOS, please see www.eapsearch.com.

- **Employee Assistance Service Information (EASI) Form** – The EASI form is required to generate payment for your services. This is the ONLY form that is accepted for billing. CMS forms and other invoice types are not accepted for EAP services.

- **Member Experience Survey** – At the last session or at case closure, share the “Tell us about your visit” handout with the member. They can complete the survey digitally, either by scanning a QR code or entering a short URL.

For more information about Magellan EAP services, or to access clinical forms, visit our provider website at www.MagellanProvider.com/EAP.

These documents include information about the member/client and their specific EAP.

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Month Name DD, YYYY

MAGELLAN HEALTHCARE, INC.

EAP Referral Sheet

Case#/MAT#: <MAT#>

Client: <Last Name>, <First Name>  
Gender: Male  
Telephone: <Phone #> Ext. <EXT>  
Can be called (Y/N): Y  
Message (Y/N): N

Organization: Memorial Sloan Kettering  
Organization No.: 012345-00

Demographic Information:

<table>
<thead>
<tr>
<th>ALCOHOL SCREEN</th>
<th>001 Random</th>
<th>DRUG SCREEN</th>
<th>001 Random</th>
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</thead>
<tbody>
<tr>
<td>PRESENTING PROBLEM</td>
<td>001 Alcohol</td>
<td>METHOD OF ACCESS</td>
<td>183 Website</td>
</tr>
</tbody>
</table>

Presenting Risk Level: Routine  
(Does not print for FOH)

EAP Consultant: <Consultant Name>  
<Phone Number> <EXT>

Care Requested: EAP

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Start</th>
<th>End</th>
<th>Available Sessions</th>
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</thead>
<tbody>
<tr>
<td>EAP</td>
<td>99/99-9999</td>
<td>99/99-9999</td>
<td>9</td>
</tr>
</tbody>
</table>

This program allows self-referrals. If you self-refer you must have the client sign a self-referral waiver form. See your EAP addendum. Find EAP forms online at www.MagellanProvider.com/EAP.
EAP registration packet: member experience survey and statement of understanding

**STATEMENT OF UNDERSTANDING**

You have chosen to receive employee assistance program (“EAP”) services which are provided through Magellan Healthcare (“Magellan”). EAP services may include assessment and referral or brief counseling. The EAP counselor will work with you to clarify the problem, identify choices, and develop an action plan. Magellan customer service associates and EAP consultants are available to respond to your call 24 hours a day, 365 days a year.

**FEES**

These services are provided at no direct cost to employees and family members. The employee’s company pays for the services. However, if you need longer-term counseling or a specialized service, Magellan will assist in locating a resource or service in the community. It is your responsibility to pay for services provided by any resources outside the EAP. (Your benefit plan may cover some of the cost. Check with your benefits representative before services are provided by outside resources.)

**CONFIDENTIALITY**

Magellan and the EAP counselor will maintain confidential records of your contact with the EAP and the services provided to you in order to provide continuity and coordination of your care.

No one will reveal information concerning your use of the EAP to anyone outside the program except as follows: (1) you consent in writing; or (2) life or safety is seriously threatened; or (3) disclosure is required by law; or (4) your counselor refers you to benefit- covered treatment and the claims payer requires information. In addition, your counselor will disclose information and records to Magellan as needed for coordination of EAP services, quality assurance, or payment. Professional auditors (not employed by the employee's company) may also examine your file to evaluate the services. Depending on the privacy policy of the employer, the employer's privacy official may have access to information in connection with the employer's obligations in the Privacy Rule under HIPAA (the Health Insurance Portability and Accountability Act). Check the employer's privacy policy to see if the privacy official or anyone else will have access to information.

In order to provide the best service to customers, members and providers, Magellan Health (including its subsidiaries) (“Magellan”) may monitor and/or record incoming calls for quality purposes. As a result of this ongoing practice, Magellan staff notifies callers of the potential for monitoring and/or recording for in-bound and out-bound calls made from their direct line.

**IF YOU HAVE BEEN REFERRED TO THE PROGRAM DUE TO A WORK PERFORMANCE PROBLEM:**

Under your employer’s policy,

1) Magellan is expected to confidentially advise the referral source whether you are participating in the EAP and
Agenda

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Submitting for reimbursement:
Employee Assistance Service Information (EASI) Form

1. Go to MagellanProvider.com and sign in.

2. Select Submit an EASI Form from the left-hand menu.

3. Submit the online EASI Form for most EAP clients.*

4. You must submit the EASI Form within 90 days of the end date indicated on the referral sheet, found in the EAP member registration packet for each specific case.

*Some programs require that you complete the hard copy EASI Form (PDF) instead.
On the Client Information screen, indicate if this is an Interim Bill or Final Bill.

You can also indicate the date the member first contacted you. This helps with our quality reporting.
On the Encounter Information screen, record session details, including the Session Type (either In Person or Telehealth).
Submitting for reimbursement: EASI Form (online)

Enter Additional Information about the case.
Submitting for reimbursement: EASI Form (online)

Complete the Questionnaire Information screen for a Final Bill only.
Submitting for reimbursement: EASI Form (online)

The Attestation screen requires that you attest to the accuracy of information you enter on the form before you submit.

Choose “Print Preview” to view a PDF of the information before agreeing and continuing from this screen.
Submitting for reimbursement: EASI Form (hard copy)

If required, you will find the hard copy version in the member’s EAP registration packet.

Some programs require that you submit the two-page hard copy EASI Form by fax or mail.
Getting paid: EAP reimbursement

Access EAP reimbursement resources from the Getting Paid tab at MagellanProvider.com.
Access EAP forms from the Forms tab at MagellanProvider.com.
News & Publications: EAP-Specific Information
MagellanProvider.com/EAP

Access the EAP Provider Handbook Supplement and appendices from MagellanProvider.com/EAP

Find answers to your frequently asked questions about being an EAP provider and more in our welcome packet.
Review the EAP Provider Handbook Supplement and appendices.

You must be familiar with and follow the policies and procedures contained within all applicable supplements to Magellan’s National Provider Handbook.
The information contained in this presentation is intended for educational purposes only and should not be considered legal advice. Recipients are encouraged to obtain legal guidance from their own legal advisors.