Magellan HEALTHCARE.

EAP Provider Orientation

May 2025

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
- Accessing online resources







EAP referral process





*Formal/mandatory referrals have special requirements. See the EAP Provider Handbook Supplement at www.MagellanProvider.com/EAP for more information. (Press CTRL + click to open link in a new browser.)



EAP referral process, cont'd



When a member contacts you for EAP services:



Ask the member if their employer is requiring them to go to employee assistance program services (i.e., is this a formal/ mandatory referral* or an informal/selfreferral?).

*Formal/mandatory referrals have special requirements. See the EAP Provider Handbook Supplement at <u>www.MagellanProvider.com/EAP</u> for more information. 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.

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Go online to <u>MagellanProvider.com</u> to register the case using the MAT number, and the member's name and date of birth.

Alternatively, you can go directly to the EAP Services provider portal at:

provider.magellanhealthcare.com

Press CTRL + click to open links in a new browser.



Member website overview: MagellanAscend.com*





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



REACH YOUR GOALS

Welcome! You've come to the right place to find free, confidential services to help you and your household members manage everyday challenges and work on more complex issues.

- Explore the variety of services available
- Find a provider to meet your unique needs
- Search the Learning Center for relevant health information and tools

*Some EAP members may use a more current version of our member website, Member.MagellanHealthcare.com. Requesting an EAP self referral is basically the same process on either website.



Member website overview, cont'd **EAP self referral**



Once on 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.

Location Provider Info	Fields marked with an asterisk * are required.
Choose a Provider List:* Employee Assistance Program	
Search by Address Zip Code:*	Distance:*
	5 Miles
	SEARCH



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.

Access.	roviders can enter their own data through our on	line tool	s. California En	rollees Only: Language Int	erpreter Services & Equal
Help us imp	rove our provider search				
	Accepting new patients: Yes PRIVATE PRACTICE 2 SAINT LOUIS MO 63146		<i>Speciali</i> Grief/Be Marriage Mental H Post Tra Substan	zes in: reavement e/Family Therapy Health iumatic Stress Disorder ice Abuse	EAP Select Status MSW WASHINGTON UNIVERS 1976 Languages: English SELECT PROVIDER



Member website overview, cont'd **Provider email**





- 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.



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Registering an EAP case







Registering an EAP case







- 1. Select *View EAP Registrations* from the left-hand menu.
- 2. Click the red *Go to EAP Services* button. This takes you to the Sign In page on the **EAP Services** portal.

Note that you must set up a separate login, with multifactor authentication, and connect it to your MagellanProvider.com account to access our new EAP Services portal.

Alternatively, you can go directly to the EAP Services provider portal at provider.magellanhealthcare.com (rather than access through MagellanProvider.com).



Registering an EAP case, cont'd





The Use My EAP Cases and Register a New Case video demo and user guide (PDF)* show you how to access the following features on Magellan's EAP Services portal:

- Access your EAP case list
- Search for an EAP case
- Access member case details and EAP packets
- Register a new case



The *Create and Connect an Account for the EAP Services Portal* <u>video demo</u> and <u>user guide</u> (PDF)* show you how to create an account on the new EAP portal and connect it to your MagellanProvider.com account.

*Press CTRL + click to open links in a new browser.



Connecting with us



If you have questions during the registration process, connect using the chat feature, found on the right side of the screen at MagellanProvider.com.

Note: Staff who support the chat feature may not support all EAPs. You also can contact Magellan at the member's program-specific phone number, or Magellan's Provider Services Line at 1-800-788-4005.



Chat with us

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EAP registration packet materials and associated forms (varies by program)





After you register the case, you can access the EAP registration packet materials within the EAP Services portal. The member's case will appear in your My EAP Cases list. You also can search to filter results.

EAP Packet

Provider Letter (PDF)

EAP Referral Sheet (Doc)

Statement of Understanding (PDF)

Member Experience Survey (PDF)

EASI Form (PDF)

For additional forms, visit our EAP Forms page.



EAP registration packet: Provider letter and EAP referral sheet (varies by program)



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14100 Magellan Plaza Maryland Heights, MO 63043			These d about t	locumen [:] he memt	ts include per/client	inform and the	ation eir
Date	Case: <case number=""> Re: <first name=""> <last name=""></last></first></case>		specific	EAP.	,		
<pre>ePractitioner name> <practitioner 1="" address="" line=""> <practitioner 2="" address="" line=""> <practitioner 3="" address="" line=""></practitioner></practitioner></practitioner></pre>		Month Nar	ne DD, YYYYY	MAGELLA	AN HEALTHCARE, P Referral Sheet	, INC.	
Dear EAP Provider:		Case#/MA	.T#: <mat#></mat#>				
Thank you for serving the Magellan* member listed Program (EAP). The following information is includ	Client: <l Gender: N</l 	ast Name>, <first Male</first 	Name>	2000 101	Client SSN: XX	CX-XX-9999-00	
 EAP Referral Sheet – The referral sheet inc demographics, the customer organization and 	Telephon	e: <phone #="">Ext. <</phone>	<ext> Can</ext>	be called (Y/N <u>)?:</u> Y	Message (Y/N)?	: N	
• Statement of Understanding – Each member EAP services. This form may be customer-sp	must sign this document prior to receiving cific, so please use only the form included with	Demograp	ohic Information:	n Kettering		organization re	
 Workplace Outcomes Suite (WOS) – We was a straight of the second straight of the s	vill email or text the five-question WOS directly	ALCOHO PRESENT	L SCREEN I'ING PROBLEM	001 Random 001 Alcohol	DRUG SCREEN METHOD OF AC	001 CESS 183	Random Website
to each member at the beginning of EAP and WOS, please see <u>www.eapresearch.com</u> .	at final billing. For more information on the	Presenting	Risk Level:	Routine			
• Employee Assistance Service Information generate payment for your services. This is the CMS forms and other invoice types are not a	(EASI) Form – The EASI form is required to a ONLY form that is accepted for billing. ccepted for EAP services.	EAP Const	ultant: <consultant <phone number<="" td=""><td>t Name> > <ext></ext></td><td></td><td></td><td></td></phone></consultant 	t Name> > <ext></ext>			
 Member Experience Survey – At the last se about your visit" handout with the member. 7 either by scanning a QR code or entering a sh 	ession or at case closure, share the "Tell us They can complete the survey digitally, 10rt URL.	Care Requ	ested: EAP	ome Start 99/9	<u>End</u> 9/9999 99/99/9999	Available Sess 9 9	aons
For more information about Magellan EAP services, website at <u>www.MagellanProvider.com/EAP</u> .	or to access clinical forms, visit our provider	This refer www	program allows sel ral waiver form. Se r.MagellanProvider	lf-referrals. If you se ee your EAP addende c.com/EAP.	lf-refer you must have um. Find EAP forms o	e the client sign online at	a self-

EAP registration packet: member experience survey and statement of understanding (varies by program)

Magellan

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 <u>before</u> 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 benefitscovered treatment and the claims payor 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 might 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







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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. Click the red *Go to EAP Services* button. This takes you to the Sign In page for the **EAP Services** portal.

Note that you must set up a separate login, with multifactor authentication, and connect it to your MagellanProvider.com account to access our new EAP Services portal.

Alternatively, you can go directly to the EAP Services provider portal at provider.magellanhealthcare.com (rather than access through MagellanProvider.com).



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

	EAP Services Application			
				🔒 Sign Out
Submit the online EASI Form for most EAP clients.*	My EAP Cases > EASI Form	Employee Ass Informatio Complete this form to request EAP		
You must submit the EASI Form within 90 days of the end date indicated in the registration/details for each specific case.		1111100000 Provider Name: Test Provider Provider Address: 123 MAIN STREET ANYTOWN, 11111 Organization: MEMBER PLAN Registration Start Date: 09/15/2017 * Required What type of bill is this?* O Interim Bill O Final Bill Member's Race/Ethnicity Select	0ZABZ100 Provider TIN/SSN: 123433421 Member Name: Test Member Number of Certified Sessions: 5 Registration End Date: 12/31/2017	
••••••		Late Member Contacted You for Fir MM/DD/YYYY Date of the First Available Appoint MM/DD/YYYY (Even if the member did not accept this	st Sestion" ment Offered* dete) tinue →	







The *Submit an EASI Form* <u>video demo</u> and <u>user guide</u> (PDF)* show you how to complete the online form to request payment for EAP services.



The *Create and Connect an Account for the EAP Services Portal* <u>video demo</u> and <u>user guide</u> (PDF)* show you how to create an account on the new EAP portal and connect it to your MagellanProvider.com account.

*Press CTRL + click to open links in a new browser.



Submitting for reimbursement: EASI Form (hard copy)



Employee Assi Please confirm all infor 1-866-266-2376. Instri requested on both pag referral sheet. Mail this Columbia, MD 21046. ' the client is a Magellan MIS#:	stance mation before uctions: In es of this for customized To ensure p employee	Service Inf ore submitting. I order to receive orm. Mail the con d form to: Mage orivacy, please I or family memb	f you have paymen mpleted f llan LifeF DO NOT er of an e	ion Fo we any qui tor this of form within Resources add clien and clien trin/s	rm (E estions, case, yo n 90 da s – CON t names SSN:	Call Mage ou must co ys of the e IFIDENTIA s or SSNs t	nd dat ML, P.(his cu	feResource e the inform te on the M O. Box 660 Istomized fi	as at nation agellan 0, orm, as		Magellan
Clinician:				_	(Pr	ovide TIN/	SSN f	or payment	:)		
Agency/Organization:											
Street Address:											
City:					State:	ZIP	Code				
Case#/MAT#:			Mag	ellan's Cl	ient Org	anization:	Mage	llan LifeRe	esources		
Date member contacte	d you for th	e first session:									
1. Please enter "Time Seer	n" in minutes	if the session was	beyond th	he standard	I. Standa	rd payment	ls base	d on a 45-55	minute	5. Ref	erred to: (select all that apply)
session. Sessions beyo	nd the standa	ard MUST be preau	thorized.							002 (Substance Abuse: Inpatient Care
Seccion Date(c)	Time Seen	Start Time Appt	Number	_ .	Atter	ndees		Session Ad	ministration	004 (Substance Abuse: Outpatient Care
	(minutes)	(24 hr 000k)	Present	Employee	Spouse	Dependents	other	In Person	Telehealth	200 (Substance Abuse: Alternative Level of (
				0	0	0	0	0	0	005 (> Behavioral Health: Inpatient Care
				0	0	0	0	0	0	007 (Behavioral Health: Outpatient Care
				0	0	0	0	0	0	201 (Dehavioral Health: Alternative Level of (
			H							019 (> Financial Services
				0	0	0	0	0	0	113 (Child Care Referral
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	┝┿┿┿┥			~	~	-	~	-	-	021 (Medical/Physical
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1 1				0	0	0	0	0	0	202 (Twelve-Step Programs
										087 (Educational Services
Complete the following by	filling the circ	le (or square) that (correspond	is with the a	appropria	te answer.				046 (Career Counseling
2. Is this bill: O an interin	n bili? Oa	final bill?								023 (No Referral Made
3. Racelethnicity of client:	(select only o	ne)								075 (Declined Referral
O caucasian O African	American	D Hispanic O A	sian O	Native Ame	arican C	other	Decili	nea			
4. Assessed problem: (Ma	rk ^O for prim	nary assessed prot	blem, 🗆 fo	rsecondar	y proble	m [optional])			6. Sta	tement of Understanding
01 O Alcohol	82 0 00	Depression	251 0 🗆	Trauma		13 O 🗆 Wa	ork Perf	ormance		001 (Member signed
02 O 🗆 Illicit Drug	19 O 🗆 M	/ed/Physical	15 〇 🗆	Child Care		2860 000	cupatio	nal Stress		002 (member refused to sign
03 O TRX Drug	1000	/arital	83 0 0	Elder Care		08 O 🗆 Do	mestic	Violence	lee	003 (Not asked to sign
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05 O TFamily/Friend Alc/	Drug	, so and a second	24900	School Rela	ted	280 O T Le	aming/D	Development I	ssues		

A few programs may require that you submit the two-page hard copy EASI

You can find a PDF version in the online EAP packet for the member or at MagellanProvider.com, under Getting Paid / EAP Reimbursement.

Form by fax or mail.

ative Level of Car ient Care atient Care native Level of Care



Getting paid: EAP reimbursement





Access EAP reimbursement resources from the Getting Paid tab at **MagellanProvider.com**.

Sign In FAQs About Us Home Magellan							
Sign In	Provider Netw	vork Providing Care	Getting Paid	Forms	Education	News & Publications	
			Preparing Claims		SEARCH	Go	
			DSM-5/ICD-10				
Gett	ing Paid	Employee Assis	Electronic Transac	tions	AP) Reimbur	sement	
DSM 5/10		EASI Form	EAP Reimbursem	ent			
 HIPAA C 	oding	To receive payment for E Service Information (EAS	FAQ SI) Form.		nust complete the E	Employee Assistance	
Electron	ic Transactions	Online EASI Form					
Paper Claim Forms Use the new FAP Services portal to conveniently and easily submit your FASI forms.							
► FAQ	 FAQ You can get to the EAP Services portal in two ways. Note: you must create/link a new account with multifactor identification, or simply sign in if you've already created an account on the portal. 						
		 Sign in at <u>Magellan</u> click the red Go to E 	Provider.com, se AP Services butt	ect Subr on.	mit EASI Form from	m the left-hand menu, then	
		OR					
		Go directly to the EA	P Services portal a	t <u>provid</u>	er.magellanhealt	hcare.com.	
		Review our brief demo	videos and user	guides:			
		 Submit an EASI Form 	n <u>video demo</u> (2	:15) and	user guide (PDF)		
 Create and connect an account for the EAP Services portal <u>video demo</u> (2:20) and <u>user</u> <u>guide</u> (PDF) 							
		<u>EASI Form</u> (PDF) hard <u>EASI Form Instructions</u> (<u>EAP Reimbursement Con</u>	copy for fax or po PDF) for fax or p tact Information (F	stal mail : oostal ma 'DF)	submission il submission		
		You must submit the EAS	I Form within 90	days of	the end date indic	ated in the	



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Forms: EAP forms





Access EAP forms from the Forms tab at **MagellanProvider.com**.

Sign In FAQs About Us Home			•		Magellan HEALTHCARE.
Sign In Provider Netv	vork Providing Care	Getting Paid	Forms	Education	News & Publications
Forms ▼ EAP Forms ▶ Admin Forms ▶ Clinical Forms ▶ Paper Claim Forms	Magellan EAP Fo Instructions Use these forms whe Retain completed cliri Fill out forms comple See the EAP provider services to EAP client Important Note: EAP In most cases, Magellan of view and print the packet Initial Session Docur Generic Standard State Spanish Generic Stand Federal Occupational H Each client of adult age ro indicating that they under must sign the SOU, unles	orms on providing Employ- nical forms in the stely and/or note with the handbook suppley ts. Registration F does not send EAR to documents secure mentation ement of Underse ard Statement of tealth (FOH) State eceiving services of rstand the nature is under applicable	EAP Forms Admin Form Clinical Forn Paper Clain Paper Clain oyee Assistan client's chart why a section ament for po Packets P Member Re rely online. E tanding (Pt of Understan of EAP servic e state law a	ns ms n Forms nce Program (EA t. n cannot be con licies and proce egistration Packa Read more. DF) (English) nding (PDF) Understanding Statement of Unices. For minors uminor can cons	AP) services. npleted. dures required for rendering ets by mail. Providers can g. (PDF) nderstanding (SOU) ;, a parent or legal guardian sent to treatment. A copy of



News & Publications: EAP-Specific Information MagellanProvider.com/EAP



at provider.magellanhealthcare.com.

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 resources in <u>our welcome</u> <u>packet</u>.*



*Press CTRL + click to open link in a new browser.



EAP-Specific Information: EAP Provider Handbook Supplement





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.



 Go directly to the EAP Services portal at provider.magellanhealthcare.com.

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EAP-Specific Information: Customized Programs





Find information about customized EAP programs in Appendix E.

Magellan currently manages customized EAP programs for Federal Occupational Health (FOH), non-FOH federal EAP members and first responders in California.





Legal statement



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.

