

Enhanced Online EASI Form User Guide

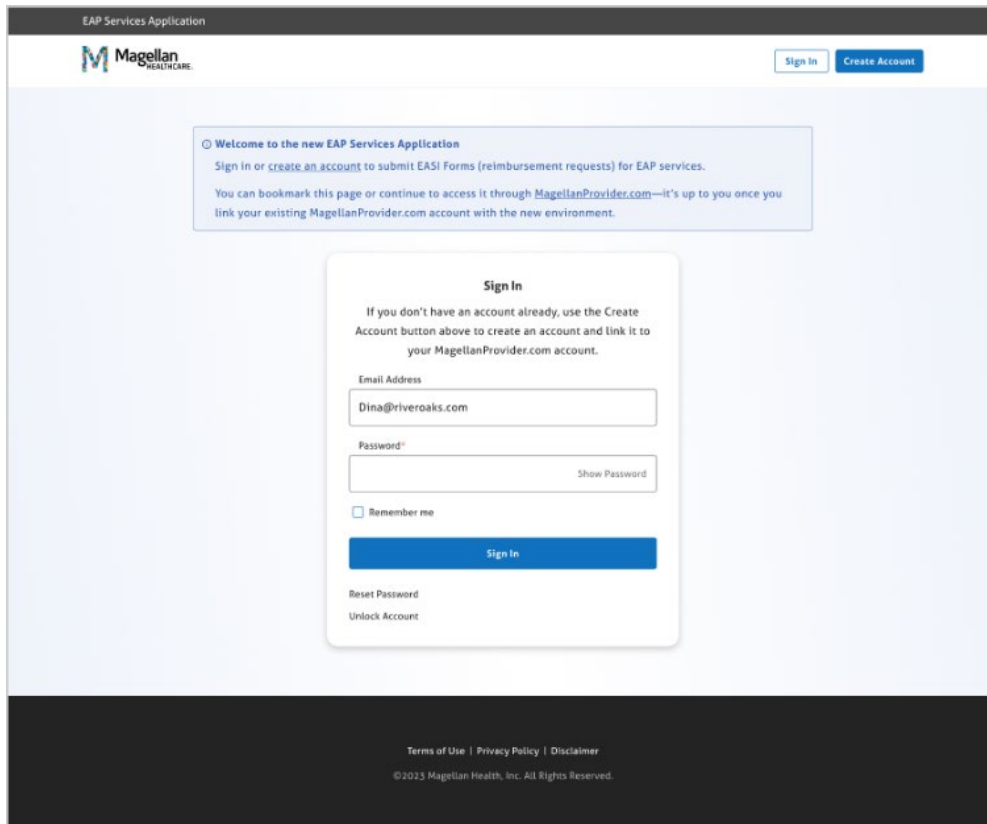
Follow the steps below to access the EASI Form on the new EAP Services website.

1. Go to MagellanProvider.com and sign in.
2. Select *Submit an EASI Form* from the left-hand menu.

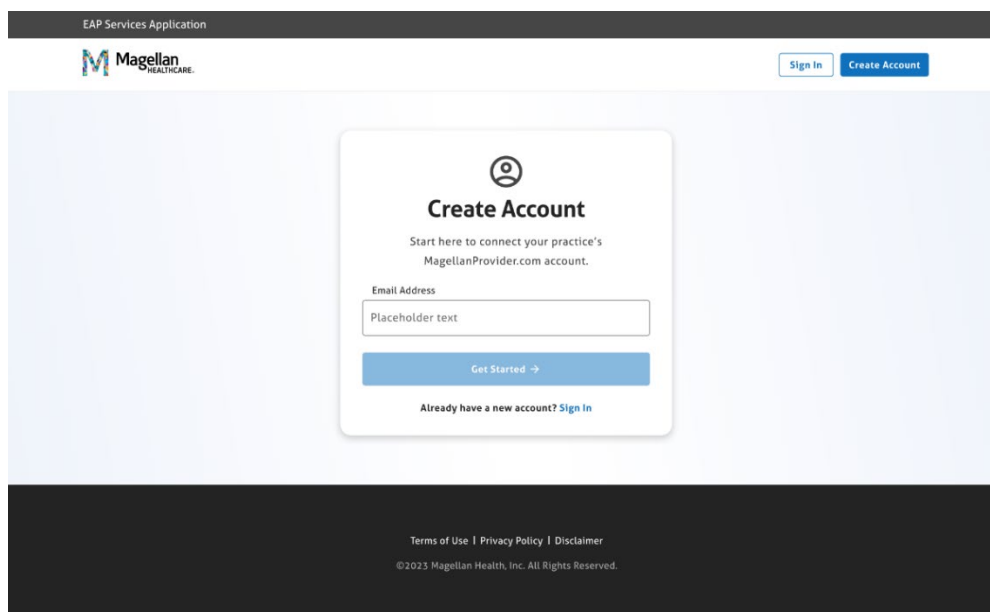


3. Click the red *Go to EASI Form* button. This takes you to the Sign In page on a new website called **EAP Services Application**.

User Tip: You aren't required to go through MagellanProvider.com to access the EAP Services site. You could bookmark the EAP Services Application page for easy, future access or paste this URL into your browser to access directly: provider.magellanhealthcare.com.



4. From here, **select Create Account to register and link a new account with multifactor authentication.** This extra step enables you to access the new online EASI Form.



EAP Services Application

Magellan HEALTHCARE

Sign In Create Account

Create Account

Complete the information below to continue.

* Required

Email Address

Dina@riveroaks.com

First Name* Last Name*

Dina Glenn

Create your password* ⓘ

***** Show Password

Confirm password* ⓘ

***** Show Password

I agree with the Terms of Use, Disclaimer and Privacy Policy*

Create My Account →

← Go Back

- When setting up multi-factor authentication, you will select your authentication process preference as seen in the screenshot below.

EAP Services Application

Magellan HEALTHCARE

Sign Out

Set up multifactor authentication

Your company requires multifactor authentication to add an additional layer of security when signing in to your account.

- Okta Verify**
 Use a push notification sent to the mobile app.
 Setup
- Windows Hello**
 Sign in using Windows Hello.
 Setup
- Google Authenticator**
 Enter single-use code from the mobile app.
 Setup
- Email Authentication**
 Enter a verification code sent to your email.
 Setup


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- After you create an account and set up multi-factor authentication, you will sign into the EAP Services site and **connect your existing MagellanProvider.com account data to your new EAP Services site account.**

EAP Services Application

Magellan HEALTHCARE. [Sign Out](#)



Welcome to Magellan's new portal

Your account is not yet connected to your MagellanProvider.com account.

[Connect Your MagellanProvider.com Account](#)

[Request to join existing practice](#)

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EAP Services Application

Magellan HEALTHCARE. [Sign Out](#)

✓ **Success!**
Your MagellanProvider.com credentials are now connected with your new portal account.

Connect Your Accounts

Provide your MagellanProvider.com credentials to connect it to the new portal account.

MagellanProvider.com Username

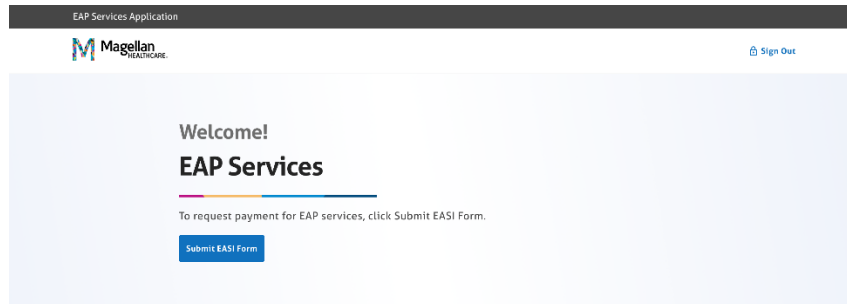
MagellanProvider.com Password ⓘ
 [Show Password](#)

[Save and Continue →](#)

[← Go Back](#)

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7. After you connect your MagellanProvider.com account, you will see the EAP Services Application landing page and have access to the new EASI form. Next, select the **Submit EASI Form** button to begin the EASI Form submission process.

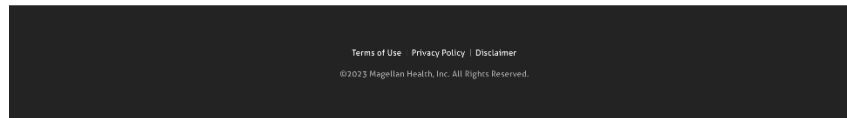


Online EASI Form exceptions:

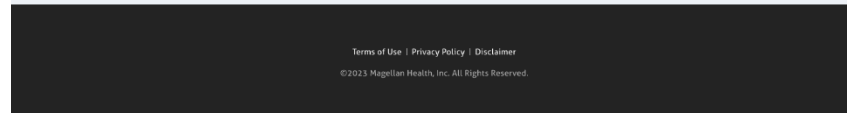
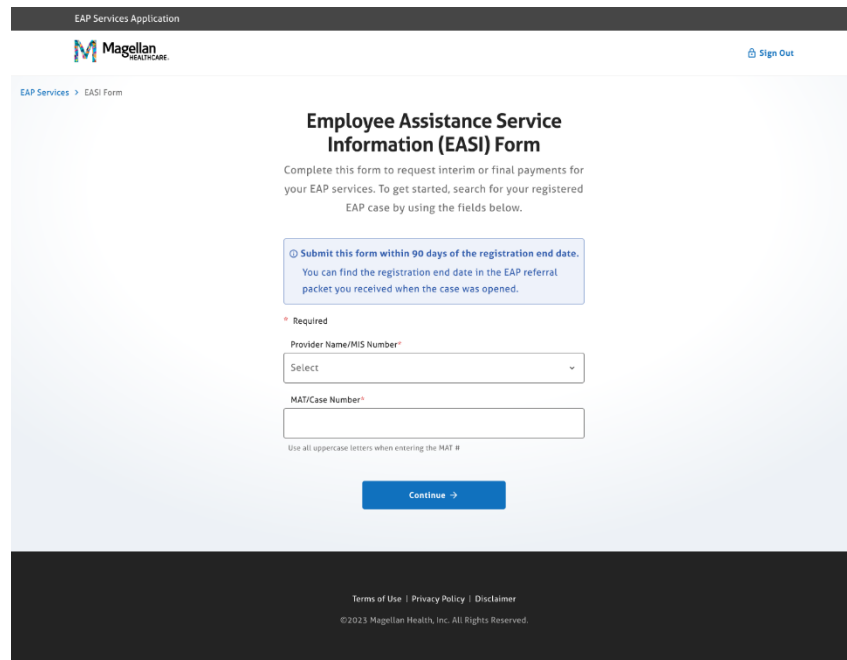
You must submit the [EASI Form \(PDF\)](#) by fax or mail only for the following EAPs.

- **Federal Aviation Administration Management Substance Abuse Evaluation referred case**
 - Fax: 800-858-2773
 - Address: Magellan Healthcare, Inc. PO Box 1899 Maryland Heights, MO 63043
- **Department of Transportation Substance Abuse Professional case**
 - Fax: 888-656-5032
 - Address: Magellan Healthcare, Inc. FOH Team MO22 PO Box 1899 Maryland Heights, MO 63043
- **Department of Energy or Nuclear Regulatory Commission Substance Abuse Expert case**
 - Fax: 888-656-5032
 - Address: Magellan Healthcare, Inc. FOH Team MO22 PO Box 1899 Maryland Heights, MO 63043

If you need assistance, return to [MagellanProvider.com](#) and use the *Chat with us* button to reach a representative.



8. Once you select “Submit EASI Form” you must select the MIS Number of the provider who is registered to the EAP member and the MAT/Case Number assigned to the member.




9. After selecting Continue, you will see the Client Information page. Select Interim Bill or Final Bill.

The screenshot shows the 'Case Information' page of the EAP Services Application. The page header includes 'EAP Services Application' and the Magellan Healthcare logo. A 'Sign Out' link is visible in the top right. The main content area is titled 'Case Information' and contains a list of pre-filled fields: Provider MIS Number (1111100000), MAT/Case Number (0ZABZ100), Provider Name (Test Provider), Provider TIN/SSN (123433421), Provider Address (123 MAIN STREET ANYTOWN, 11111), Member Name (Test Member), Organization (MEMBER PLAN), Number of Certified Sessions (5), Registration Start Date (09/15/2017), and Registration End Date (12/31/2017). Below these fields, there is a 'Required' section with the question 'What type of bill is this?' and two radio button options: 'Interim Bill' and 'Final Bill'. Further down, there is a dropdown menu for 'Member's Race/Ethnicity' with 'Select' as the current value. Two date input fields are present: 'Date Member Contacted You for First Session*' and 'Date of the First Available Appointment Offered*', both with the placeholder 'MM/DD/YYYY'. A note below the second date field states '(Even if the member did not accept this date)'. At the bottom of the form area, there are two buttons: a light blue 'Back' button with a left arrow and a dark blue 'Continue' button with a right arrow. The footer of the page contains links for 'Terms of Use', 'Privacy Policy', and 'Disclaimer', along with the copyright notice '©2023 Magellan Health, Inc. All Rights Reserved.'

10. After clicking Continue, you then will enter Encounter Information and additional information about the member/case, as well as answer Questionnaire Information, if submitting a final bill.

11. The last step of the form is the Attestation page. After clicking Save and Finish, the form is submitted, and you have the option to print a PDF for your records.

EAP Services Application

 [Sign Out](#)

EAP Services > EASI Form

Attestation

Enter your information below and check the box to confirm your understanding.

^{*} Required

Legal Last Name^{*}

Legal First Name^{*}

Primary Business Phone Number^{*}


Primary Business Fax Number

I hereby certify that all information I have submitted is correct and complete. I understand that any information I provide to Magellan Healthcare or its subsidiaries or affiliates that subsequently is found to be false could result in termination of any contract I may have with Magellan Healthcare or its subsidiaries or affiliates.

[← Back](#) [Save and Finish →](#)

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EAP Services Application

 [Sign Out](#)

EAP Services > EASI Form

Submission Confirmed

We have received your EASI Form submission. You can print a copy of this request for your records.

[Print EASI Form](#)

[Return to EAP Services](#)

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What About EAP Registration?

As of Oct. 1, 2024, you cannot register **federal** EAP cases online. To register a case for a member of a federal EAP, please call 1-800-274-2477 or the program number on the member's benefit card. After registration, Magellan will deliver your federal EAP case packet via email.

You should continue to register **non-federal** EAP cases and access packets online via the *View EAP Registrations* application on MagellanProvider.com.