




Magellan
HEALTHCARE®

EAP Provider Orientation

November 2024



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.

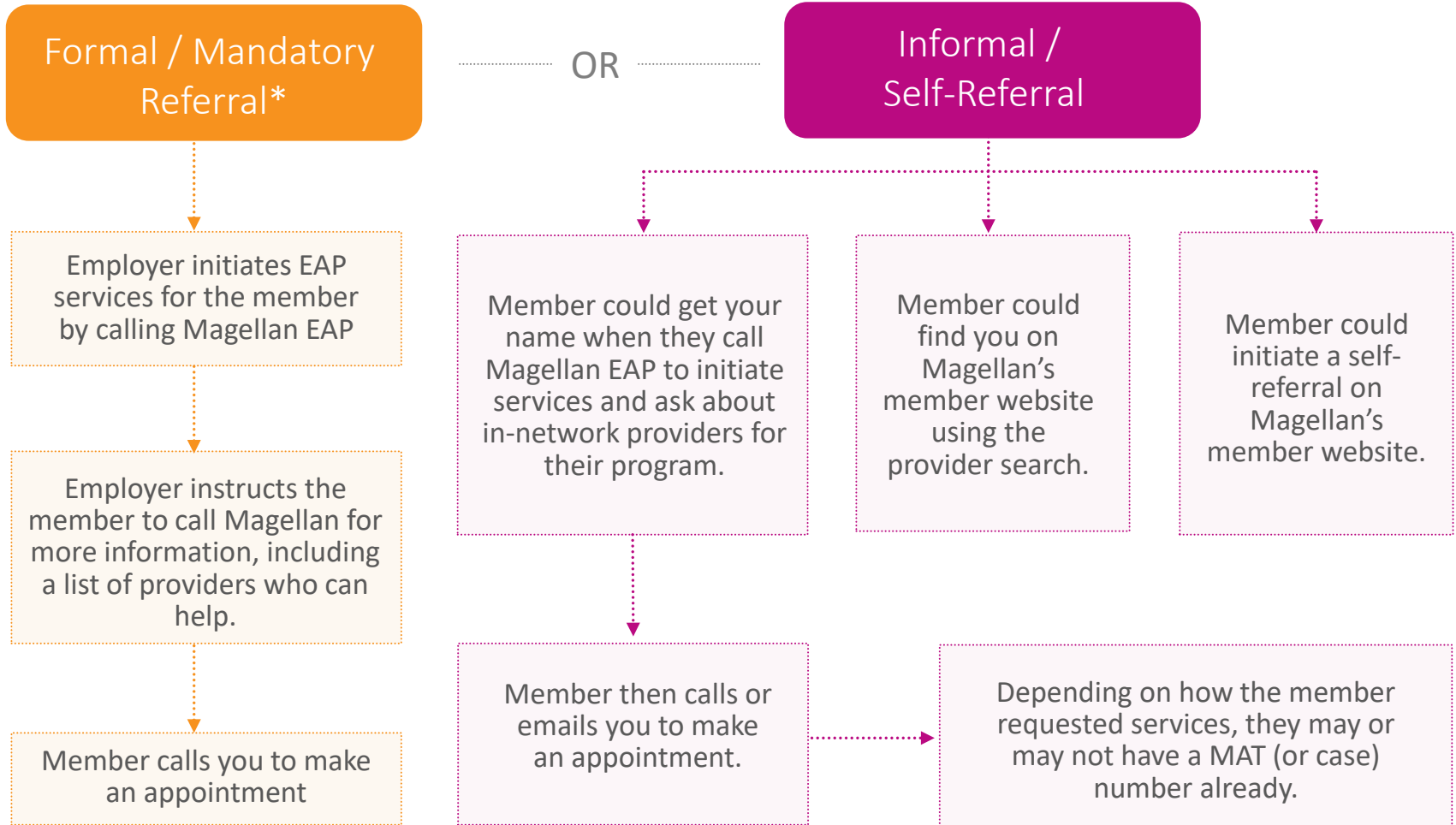


Agenda

- » **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.*

EAP referral process, cont'd



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.

The screenshot shows the MagellanAscend.com homepage. At the top left is the logo "MagellanAscend" and a hamburger menu icon. At the top right is a "Select Language" dropdown menu. The main heading reads "Your life's journey - made easier" over a background image of a map with several blue pushpins. On the right side, there is a vertical "Live Chat" button. Below the main heading, the section is titled "REACH YOUR GOALS" with a horizontal line underneath. The text below reads: "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." Below this is a bulleted list of services: "Explore the variety of services available", "Find a provider to meet your unique needs", and "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:*

[Search by Address](#)

Zip Code:*

Distance:*



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.

Filter by Hospital: ▾ View All (74) < >  

This list may change without notice. Please call your program's toll-free number at 866-266-2376 if you have questions about a provider or your program. Magellan does not favor or endorse any provider who is listed in these search results. This provider data is updated real time each day. Providers can enter their own data through our online tools. California Enrollees Only: Language Interpreter Services & Equal Access.
[Help us improve our provider search](#)

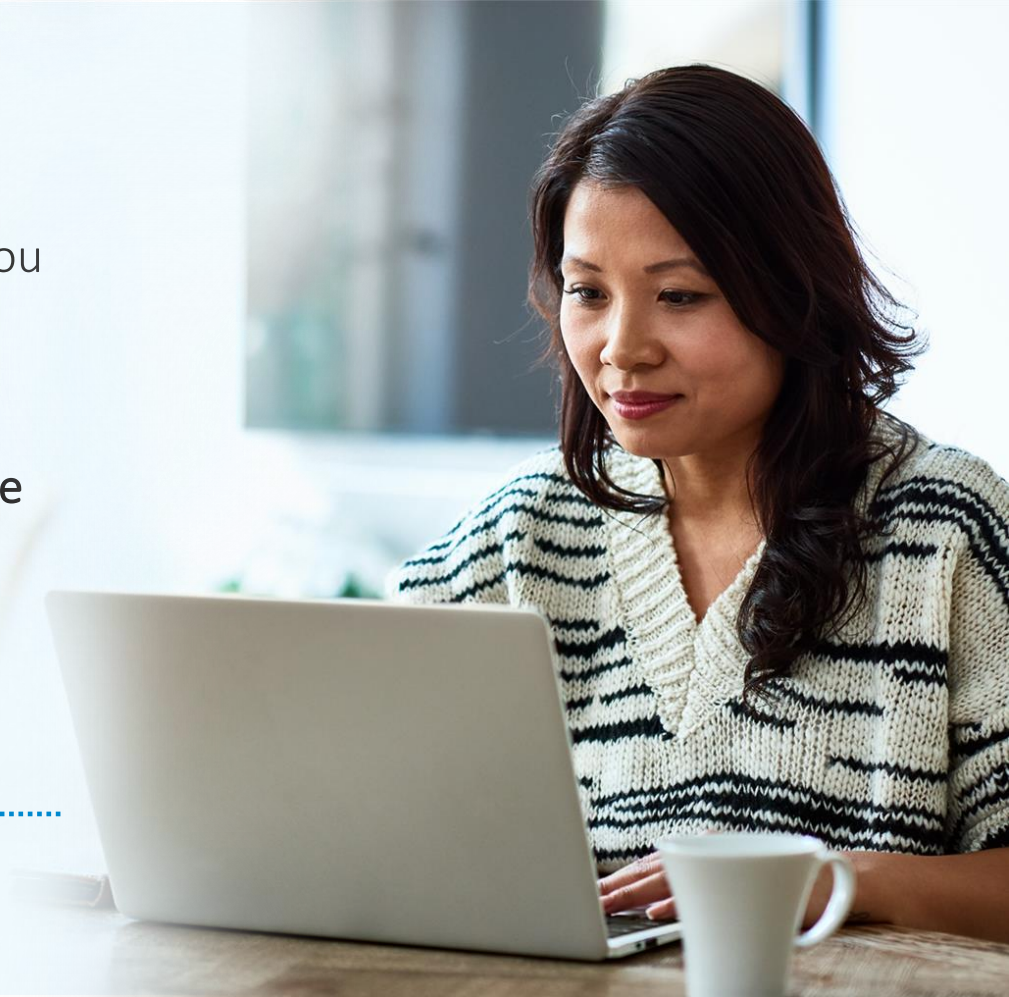
1	PERRY <small>MSW</small> Social Worker Rate		
	Accepting new patients: Yes PRIVATE PRACTICE  SAINT LOUIS MO 63146 @yahoo.com	<i>Specializes in:</i> Grief/Bereavement Marriage/Family Therapy Mental Health Post Traumatic Stress Disorder Substance Abuse	EAP Select Status MSW WASHINGTON UNIVERSITY, 1976 Languages: English SELECT PROVIDER
2	PROVI <small>MA</small> Therapist Rate		

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



The screenshot shows the Magellan Healthcare Provider Portal. At the top, there is a navigation bar with links for Sign In, Provider Network, Providing Care, Getting Paid, Forms, Education, and News & Publications. Below the navigation bar is a search bar with a 'Go' button. The main content area is divided into several sections:

- Spotlight On...**: A section featuring a photo of two women talking and a link to 'Get the latest news!' with a sub-link for a Twitter chat on Oct. 8.
- Welcome, Provider!**: A central message with the text 'Find tools and information to support you in providing quality care to Magellan members.'
- Access Services**: A list of services including Check Member Eligibility, Submit a Claim, Check Claims Status, Request/View Authorizations, Electronic Funds Transfer, My Notifications, Display/Edit Practice Info, and Manage Outcomes.
- Get Information**: A list of information resources including Provider Handbook and Supplements, State- and Plan-Specific Information, EAP Information, Provider Focus (newsletter), Clinical Practice Guidelines, Medical Necessity Criteria, Substance Use Treatment, and Online Demos.
- Sign In**: A login form with fields for Username and Password, a 'Remember Me' checkbox, and buttons for 'Sign In' and 'New User'. There are also links for 'Forgot Username?' and 'Forgot Password?'.

At the bottom of the main content area, there is a note: 'Sign in is required.'



Go to www.MagellanProvider.com and sign in.



Federal EAPs: Note that currently providers cannot register federal EAP cases online. To register a case for a member of a federal EAP, 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.

Registering an EAP case, cont'd



Select View EAP Registrations from the left-hand menu.



Refer to our enhanced online [EAP registration tip sheet \(PDF\)](#) for step-by-step instructions.

The screenshot shows the Magellan Healthcare website interface. At the top, there are navigation links: Sign Out, FAQs, About Us, and Home. The Magellan HEALTHCARE logo is in the top right. Below the logo is a navigation bar with tabs: MyPractice, Provider Network, Providing Care, Getting Paid, Forms, Education, and News & Publications. A search bar is located to the right of the navigation bar. The main content area is divided into a left-hand menu and a main content area. The left-hand menu has several sections: My Practice, My Authorizations, My Claims, My Outcomes, and My Status. The 'View EAP Registrations' option under 'My Authorizations' is circled in red. The main content area displays a welcome message, a search bar, and a 'My Messages' section. The 'My Messages' section shows a table with columns for From, Subject, and Date, and indicates that there are no messages. The 'News Headlines' section on the right lists several articles, including 'Provider Focus Newsletter', 'National Provider Handbook', and 'Magellan Offers Discounts from Dell, HP and Staples'.

Registering an EAP case, cont'd



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.

View EAP Registrations :: *Registration Search* [Help?](#)

Enter data for ONE OR MORE of the following search options. Using more than one option will better narrow your results.

If you received a MAT number from the member, you must enter it in *Option 1* **AND** enter last name in *Option 2* below to register the member (designates you as the treating provider).

Ask a Specialist
 [Chat with Us](#)

Option 1 -- MAT Number ?

and/or **When entering the MAT number, type the number zero, not the letter O.**

Option 2 -- Member/Client Information ?

and/or

Last Name:	First Name:	Member No.: (Optional)
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Registering an EAP case, cont'd



On the results page,
click View Details.



View EAP Registrations :: *Registration Summary* [Help?](#)

This screen displays all registrations that matched your search criteria. If Status is "Not Assigned", click the *View Details* link to register the case.
The *View Details* and *Help* links offer more information.

Search Criteria	
Provider	112335465
TIN:	
MAT Number:	00HQC�000
Sort Order:	Client Name

MAT Number	Provider Name	Client Name	Service Dates From/To:	Level of Care	Status
00HQC�000 View Details	Provider, Bsc Default Eap	Member, Test	12/02/2015 06/02/2016	Employee Assistance Program	Not Assigned

Page 1 of 1

Search Again

Get this information in a more detailed format:

Choose from a printable detailed report or a downloadable electronic file. Printable reports use [Adobe Reader](#), and electronic files allow you to import this information into Microsoft Excel.

Create detailed report (.PDF) Download electronic file (.XLS) **Go**

[Return to MyPractice Page](#)

Registering an EAP case, cont'd



Select "Yes" and click the Submit button.



View EAP Registrations :: *Registration Details* **Help?**

Do you want to register this case? Yes No **Submit**

MAT Number: 00HQCQ000

Member Name:	Member, Test	Member No.:	123456789
Member DOB:	05/04/1978	Subscriber Name:	Individual, Test
Company Name:	Test Company		

Services

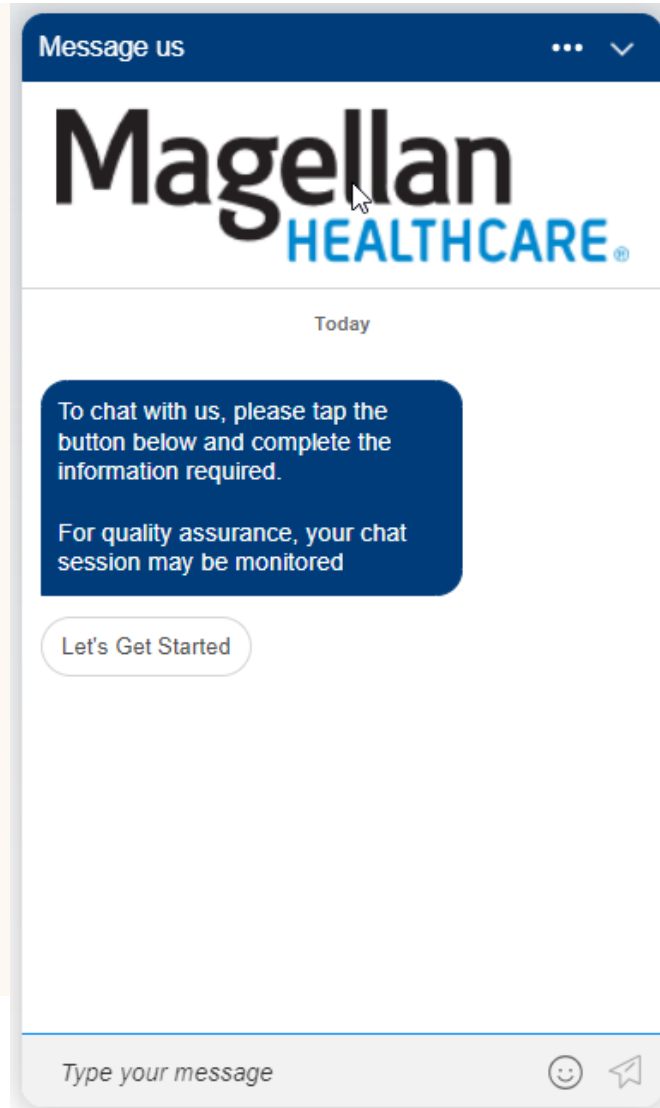
Service Dates:	12/02/2015 - 06/01/2016	Services Available:	3
Primary/Secondary Diagnosis:	R69	Outcome Code:	600 - EAP
Level of Care:	Employee Assistance Program		

Connecting with us



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

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



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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.

Online EAP Registration Packet ?

[Provider Letter](#)

[EAP Referral Sheet](#)

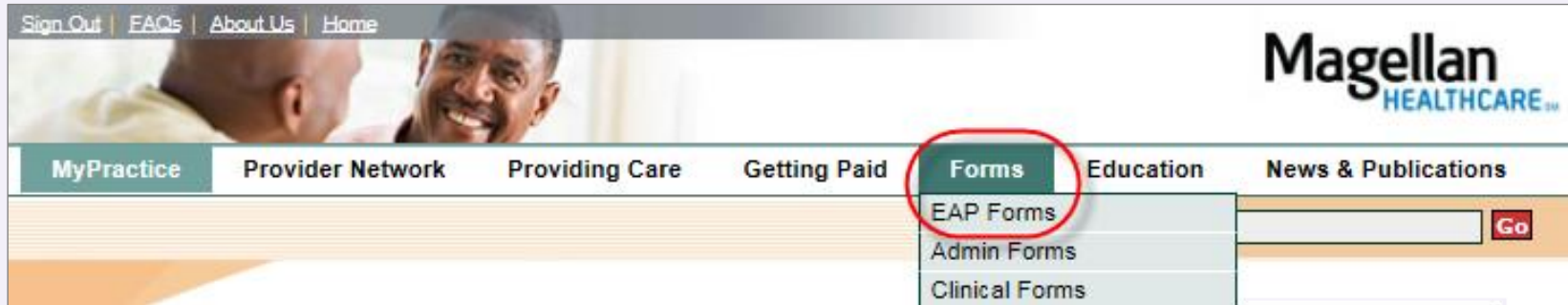
[Statement of Understanding](#)

[Member Experience Survey](#)

Ask a Specialist
Chat with Us

For additional forms, visit our [EAP Forms](#) page.

EAP registration packet materials and associated forms



Included in the client's customized EAP registration packet:

Online EAP Registration Packet ?

[Provider Letter](#)

[EAP Referral Sheet](#)

[Statement of Understanding](#)

[Member Experience Survey](#)

For additional forms, visit our [EAP Forms](#) page.

- EASI Form (hard copy, if required)

Accessed from the "Forms" tab:

- Generic statement of understanding (English or Spanish)
- Client information form
- Clinical assessment form
- Counseling plan
- Progress notes
- Follow-up summary

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 benefits-covered 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



Tell us about your visit!

Why participate?

Your input will help us improve our services to you. Hearing from you is important to us and greatly appreciated.

It's fast, easy, and confidential

Our short survey is easily accessible, can be completed in under 5 minutes, and your individual responses are not shared.

2 ways to respond:



<https://bit.ly/2DFQvRn>
(case sensitive)

Scan the QR code

Enter the URL

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



My Practice
▶ My Contact List
Get My Messages
Lookup Contact Info
▶ My Authorizations
Check Member Eligibility
View Authorizations
View EAP Registrations
Request Member Care
▶ My Claims
Submit a Claim Online
View Claims Submitted Online
Check Claims Status
Submit an EASI Form
▶ My Outcomes
Manage Outcomes



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**.
4. Refer to our enhanced online [EASI Form user guide](#) (PDF) for step-by-step instructions. *Note that you must set up a separate login, with multi-factor authentication, and connect it to your MagellanProvider.com account to access our new EAP Services site.*

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



Submit the online EASI Form for most EAP clients.*

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.



The screenshot shows the 'EAP Services Application' page for Magellan Healthcare. The page title is 'Employee Assistance Service Information (EASI) Form'. Below the title, there is a sub-header 'EAP Services > EASI Form'. The main heading is 'Employee Assistance Service Information (EASI) Form'. Below this, there is a paragraph: 'Complete this form to request interim or final payments for your EAP services. To get started, search for your registered EAP case by using the fields below.' There is a blue box with a warning icon and text: 'Submit this form within 90 days of the registration end date. You can find the registration end date in the EAP referral packet you received when the case was opened.' Below this, there is a 'Required' section with two fields: 'Provider Name/MIS Number*' with a dropdown menu showing 'Select', and 'MAT/Case Number*' with a text input field. Below the input fields, there is a note: 'Use all uppercase letters when entering the MAT #'. At the bottom, there is a blue 'Continue →' button.

Submitting for reimbursement: EASI Form (online)



On the Case Information screen, indicate if this is an Interim Bill or Final Bill.

You will also indicate the date the member first contacted you. This helps with our quality reporting.



EAP Services Application

Magellan HEALTHCARE

Sign Out

EAP Services > EASI Form

Case Information

Review the following information and provide additional details about this case.

Provider MIS Number: 1111100000	MAT/Case Number: OZABZ100
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	Registration End Date: 12/31/2017

* Required

What type of bill is this?*

Interim Bill Final Bill

Member's Race/Ethnicity

Select

Date Member Contacted You for First Session*

MM/DD/YYYY

Date of the First Available Appointment Offered*

MM/DD/YYYY

(Even if the member did not accept this date)

[← Back](#) [Continue →](#)

Submitting for reimbursement: EASI Form (online)



On the Encounter Information screen, record session details, including the Session Type (either In-Person or Telehealth).



EAP Services Application

M Magellan HEALTHCARE. [Sign Out](#)

EAP Services > EASI Form

Encounter Information

Provide the additional details below about the member's EAP encounter.

* Required

ICD-10 Assessment

Primary* Secondary

Sessions

Session #1*

Start Time* Session Length (Minutes)*

Session Attendees

Employee* Spouse*

Dependents* Other*

Session Type*

[+ Add Session](#)

[← Back](#) [Continue →](#)

Submitting for reimbursement: EASI Form (online)



Enter Additional Information about the case.



EAP Services Application

M Magellan HEALTHCARE.

EAP Services > EASI Form

Additional Information

Provide additional information about this case.

*** Required**

Assessed Primary Problem*

Select

Assessed Secondary Problem

Select

Referred to*

Select

Statement of Understanding

Select

Member Experience Survey

Select

[← Back](#) [Continue →](#)

Submitting for reimbursement: EASI Form (online)



Complete the
Questionnaire
Information screen for
a Final Bill only.



EAP Services Application

Magellan HEALTHCARE Sign Out

EAP Services > EASI Form

Questionnaire

Provide the information below.

* Required

What type of client is this?*

Employee (employed by organization providing Magellan EAP)
 Dependent, retiree or other household member

In the past 4 weeks of EAP counseling...

Approximately what percentage of improvement did the employee experience in routine work capacity?*

 %

Approximately what percentage of improvement did the employee experience in activities of daily living?*

 %

How many work days might the employee have missed if they had not had this EAP counseling?*

 %

AOD Screening

Have you completed an Alcohol/Other Drug (AOD) screening?*

 %

Is the member under 12 years old?*

 %

Risk of Harm

Threat of Violence (TOV) Level*

 %

Staffed with Magellan?*

 %

Action plan developed?*

 %

Duty to warn issues*

 %

Risk of workplace violence?*

 %

Client's level of functioning prior to the first session:

Overall* %

Social* %

Work* %

Client's level of functioning after the last session:

Overall* %

Social* %

Work* %

[← Back](#) [Continue →](#)



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 save and finish.

Choose “Print EASI Form” to view a PDF of the information.



The screenshot shows the 'Attestation' screen within the 'EAP Services Application'. The page header includes the Magellan Healthcare logo and a 'Sign Out' link. The breadcrumb trail is 'EAP Services > EASI Form'. The main heading is 'Attestation', followed by the instruction: 'Enter your information below and check the box to confirm your understanding.' There are four required text input fields: 'Legal Last Name*', 'Legal First Name*', 'Primary Business Phone Number*', and 'Primary Business Fax Number'. Below these fields is a checkbox that is checked, with the text: '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.' At the bottom of the form are two buttons: a blue '← Back' button and a blue 'Save and Finish →' button.

The screenshot shows the 'Submission Confirmed' screen. The heading is 'Submission Confirmed', followed by the message: 'We have received your EASI Form submission. You can print a copy of this request for your records.' Below the message is a blue button with a printer icon and the text 'Print EASI Form'. At the bottom of the screen is a blue link that says 'Return to EAP Services'.

Submitting for reimbursement: EASI Form (hard copy)



Employee Assistance Service Information Form (EASI Form)

Please confirm all information before submitting. If you have any questions, call Magellan LifeResources at 1-866-266-2376. Instructions: In order to receive payment for this case, you must complete the information requested on both pages of this form. Mail the completed form within 90 days of the end date on the Magellan referral sheet. Mail this customized form to: Magellan LifeResources – CONFIDENTIAL, P.O. Box 8800, Columbia, MD 21046. To ensure privacy, please DO NOT add client names or SSNs to this customized form, as the client is a Magellan employee or family member of an employee.

MIS#: _____ TIN/SSN: _____
 Clinician: _____ (Provide TIN/SSN for payment)
 Agency/Organization: _____
 Street Address: _____
 City: _____ State: _____ ZIP Code: _____
 Case#/MAT#: _____ Magellan's Client Organization: **Magellan LifeResources**



Date member contacted you for the first session: _____
 1. Please enter "Time Seen" in minutes if the session was beyond the standard. Standard payment is based on a 45-55 minute session. Sessions beyond the standard MUST be preauthorized.

Session Date(s)	Time Seen (minutes)	Start Time Appt (24 hr clock)	Number Present	Attendees				Session Administration	
				Employee	Spouse	Dependents	Other	In Person	Telehealth
MM/DD/YY									

Complete the following by filling the circle (or square) that corresponds with the appropriate answer.
 2. Is this bill: an interim bill? a final bill?
 3. Race/ethnicity of client: (select only one)
 Caucasian African American Hispanic Asian Native American Other Declined

4. Assessed problem: (Mark for primary assessed problem, for secondary problem (optional))
 01 Alcohol 82 Depression 251 Trauma 13 Work Performance
 02 Illicit Drug 19 Med/Physical 15 Child Care 286 Occupational Stress
 03 RX Drug 10 Marital 83 Elder Care 08 Domestic Violence
 04 Polydrug 87 Bereavement 16 Legal 11 Interpersonal Relationships
 06 Eating Disorder 12 Family/Children 17 Financial 14 Family/Friend Emo/Health
 288 Anxiety 271 Other Psychological 18 Career Planning 07 Other Compulsive Disorder
 05 Family/Friend Alco/Drug 243 School Related 280 Learning/Development Issues

5. Referred to: (select all that apply)

- 002 Substance Abuse: Inpatient C
- 004 Substance Abuse: Outpatient
- 200 Substance Abuse: Alternative
- 005 Behavioral Health: Inpatient C
- 007 Behavioral Health: Outpatient
- 201 Behavioral Health: Alternative
- 019 Financial Services
- 113 Child Care Referral
- 114 Elder Care Referral
- 020 Legal Services
- 021 Medical/Physical
- 022 Community Social Services
- 202 Twelve-Step Programs
- 087 Educational Services
- 046 Career Counseling
- 023 No Referral Made
- 075 Declined Referral

6. Statement of Understanding

- 001 Member signed
- 002 Member refused to sign
- 003 Not asked to sign (reason) _____
- 004 Other signed

Case # / MAT #: _____

7. Member Experience Survey

- 001 Given to client
- 002 Not given to client
- 003 Not applicable (under 18)

8. In the past 4 weeks as a result of EAP counseling:

Employee only (if employed by organization providing Magellan EAP):

What percentage of improvement did the employee experience in routine work capacity? +/- _____ %

What percentage of improvement did the employee experience in activities of daily living? +/- _____ %

How many days might have been missed from work if the employee had not had this EAP counseling? (specify 0-28) _____ day(s)

Dependent, retiree or other household members only:

In the past 4 weeks as a result of EAP counseling:

What percentage of improvement did the client experience in activities of daily living? +/- _____ %

9. Alcohol/Other Drug (AOD) Screening completed? Yes No
 Child under 12? Yes No

10. Risk of Harm

1. Threat of Violence (TOV) level:
 1 – None 3 – Threat made, violence possible
 2 – Possible threat mentioned, no current danger 4 – Active threat of violence exists
 5 – Client dangerous to self/others

(If TOV between 3 – 5, then answer a and b, below)

- a. Staffed with Magellan? Yes No NA
- b. Action plan developed? Yes No NA
- 2. Duty to warn issues? Yes No
- 3. Risk of workplace violence? Yes No

For help completing this form, see the EASI Form Instructions, online at www.MagellanProvider.com.

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Some programs require that you submit the two-page hard copy EASI Form by fax or mail.

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

Getting paid: EAP reimbursement



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

The screenshot shows the Magellan Healthcare website interface. At the top, there are navigation links: Sign Out, FAQs, About Us, and Home. The main navigation bar includes: My Practice, Provider Network, Providing Care, Getting Paid (highlighted), Forms, Education, and News & Publications. A dropdown menu is open under 'Getting Paid', listing: Preparing Claims, DSM-5/ICD-10, HIPAA Coding, Electronic Transactions, Paper Claim Forms, EAP Reimbursement (circled in red), and FAQ. A green dotted arrow points from the text above to the 'Getting Paid' tab. On the left, a sidebar menu under 'Getting Paid' lists: Preparing Claims, DSM-5/ICD-10, HIPAA Coding, Electronic Transactions, Paper Claim Forms, EAP Reimbursement (highlighted), and FAQ. The main content area is titled 'EAP Reimbursement' and contains text about completing the Employee Assistance form, links for 'Online EASI Form', 'EASI Form Instructions', and 'EAP Reimbursement Contact Information', and information about submitting the form within 90 days and requesting an EFT form. A search bar and a 'Chat with Us' button are also visible.

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Forms: EAP forms



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

The screenshot displays the Magellan Healthcare provider portal. At the top, there is a navigation bar with links for Sign Out, FAQs, About Us, and Home. The main navigation menu includes My Practice, Provider Network, Providing Care, Getting Paid, Forms, Education, and News & Publications. The Forms tab is selected, and a dropdown menu is open, showing EAP Forms (highlighted with a red circle), Admin Forms, Clinical Forms, and Paper Claim Forms. A green dotted arrow points from the text above to the Forms tab. On the left side, there is a sidebar menu with a 'Forms' header and sub-items: EAP Forms, Admin Forms, Clinical Forms, and Paper Claim Forms. The main content area is titled 'Magellan EAP Forms' and includes 'Instructions' for using the forms. A 'Go' button is visible next to a search bar. At the bottom right, there is a 'Chat with Us' button with the text 'Ask a Specialist'.

Sign Out | FAQs | About Us | Home

Magellan HEALTHCARE™

My Practice | Provider Network | Providing Care | Getting Paid | **Forms** | Education | News & Publications

EAP Forms
Admin Forms
Clinical Forms
Paper Claim Forms

Forms

- ▼ EAP Forms
- ▶ Admin Forms
- ▶ Clinical Forms
- ▶ Paper Claim Forms

Magellan EAP Forms

Instructions

- Use these forms when providing Employee Assistance Program (EAP) services.
- Retain completed clinical forms in the client's chart.
- Fill out forms completely and/or note why a section cannot be completed.
- See the [EAP provider handbook supplement](#) for policies and procedures required for rendering services to EAP clients.

Ask a Specialist
Chat with Us

News & Publications: EAP-Specific Information

MagellanProvider.com/EAP



The screenshot shows the Magellan Healthcare website. The top navigation bar includes links for Sign In, Provider Network, Providing Care, Getting Paid, Forms, Education, and News & Publications. A search bar is located below the navigation. The main content area is titled "EAP Provider Handbook Supplement" and features a sidebar with categories: Handbooks, State-, Plan- & EAP-Specific Information, Provider Focus, and Spotlight. The main content lists various appendices (A through I) with links to PDF documents. There are also two call-to-action boxes: one for "Join the network!" with a network icon, and another for "New EAP provider? Download your welcome packet (PDF) to get started!" with a packet icon. Below the appendices, there are sections for "Registering EAP Cases Online" and "Viewing EAP Registration Packets".

Sign In | FAQs | About Us | Home

Magellan HEALTHCARE.

Sign In | Provider Network | Providing Care | Getting Paid | Forms | Education | News & Publications

SEARCH Go

News & Publications

- ▶ Handbooks
- ▶ State-, Plan- & EAP-Specific Information
- ▶ Provider Focus
- ▶ Spotlight

EAP Provider Handbook Supplement

[EAP Handbook Supplement](#) (PDF)

Appendices

- Appendix A [EAP Forms](#)
- Appendix B [FAQ](#) (PDF)
- Appendix C [Member Rights Policy](#) (PDF)
- Appendix E Customized Programs:
 - [FOH](#) (PDF)
 - [First Responder](#) (PDF)
- Appendix F [EAP Record Review Tool](#) (PDF)
- Appendix G [Threat of Violence Grid](#) (PDF)
- Appendix H [Mandatory Referral Process](#) (PDF)
- Appendix I [EAP Guidelines](#) (PDF)

Join the network!

New EAP provider? Download your welcome packet (PDF) to get started!

Registering EAP Cases Online

When a member contacts Magellan for EAP services, we provide them with a MAT (case) number that they can give to you. **When you – the treating provider – receive a member-supplied MAT number, you use that number to register the member via our provider website.**

Our [EAP registration tip sheet](#) (PDF) takes you step by step through the secure, online registration process.

Federal EAPs: Currently, providers cannot register or access packets online for federal EAP cases. To register a case for a member of a federal EAP, 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.

Viewing EAP Registration Packets

Providers can view and print EAP member registration packet documents securely online. [Read more.](#)

EAP Reimbursement

To receive payment for EAP services rendered, you must complete the Employee Assistance Service Information (EASI) Form. Find more information about [EAP reimbursement](#).



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 [our welcome packet](#).



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.

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EAP-Specific Information: Customized Programs



Find information about customized programs in Appendix E.

Magellan currently manages EAP services for Federal Occupational Health (FOH) and first responders.

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