

Electronic Funds Transfer (EFT) Paper Form Instructions and Form

November 7, 2022

Provider Information

Enter the following information:

- **Client Program** – the client name for whom the request is being submitted (e.g., MI, NH, TDS)
- **Provider Name** – the complete legal name of institution, corporate entity, practice, or individual provider
- **Street Address** – the number and street name of the person or organization
- **City** – the city associated with provider address field
- **State** – the ISO 3166-2 two-character code associated with the state of the applicable country
- **Zip Code/Postal Code** – the 5-digit postal code that defines a specific geographical location and improves mail delivery and electronic reading and sorting capabilities

Provider Identifiers

Enter the following information:

- **TIN or EIN** – a federal Tax Identification Number (TIN), also known as an Employer Identification Number (EIN), is used to identify a business entity.
- **NPI (National Provider Identifier)** – a unique 10-digit 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.
 - NPI 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 the following information:

- **Contact Name** – name of a contact person in provider office who handles EFT issues.
- **Telephone Number** – the contact person's phone number; no dashes or spaces (e.g., 8888888888)
- **Telephone Extension** (if applicable)
- **E-mail Address** – an email address at which the health plan might contact the provider.
- **Fax Number** – a number at which the provider can be sent facsimiles; no dashes or spaces (e.g., 8888888888).

Financial Institution Information

Enter the following information:

- **Financial Institution's Name** – the official name of the provider's financial institution
- **Street Address** – the number and street name associated with the receiving depository financial institution
- **City** – the city associated with the receiving depository financial institution
- **State** – the ISO 3166-2 two-character code associated with the state of the applicable country
- **Zip Code/Postal Code** – the 5-digit postal code that defines the specific geographical location and improves mail delivery and electronic reading and sorting capabilities
- **Financial Institution Routing Number** – the 9-digit identifier of the financial institution where the provider maintains an account to which payments are deposited
- **Account Type** – the type of account the provider will use to receive EFT payments (checking or savings)
- **Account Number** – the provider's account number at the financial institution to which EFT payments are deposited
- **Account Number Linkage to Provider Identifier** – provider preference for grouping (bulking) claim payments; this must match preference for v5010 X12 835 remittance advice

Submission Information

Enter the following information:

- **Appropriate Reason for Submission:**
 - **New Enrollment** – Select this option if you are establishing EFT payments. Allow a minimum of 16 days for EFT to begin. Please fax a voided check or a letter from the bank verifying the account to which you want payments deposited, to 888-656-4139.
 - **Change Enrollment** – Select this option if you are changing your financial institution, account number, type of account, etc. Do not close your old account until this change takes place. Allow a minimum of 16 days for the EFT change to become effective. Please fax a voided check or a letter from the bank verifying the account to which you want payments deposited, to 888-656-4139.
 - **Cancel Enrollment** – Select this option if you want to cancel EFT payments. You may also cancel EFT payments by faxing a signed request to 888-656-4139. Please include your NPI on any faxed requests. Allow a minimum of 16 days for cancellation to take effect.
- **Name of the Person Submitting Enrollment Form** – the signature of the 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
- **Date** – the date on which the enrollment is submitted.
- **Title of Person Submitting the Form** – the printed title of the person signing the form; may be used with electronic and paper-based manual enrollment

Verify all Information is correct. Scan and e-mail to Financial1EFTERA@magellanhealth.com or fax to 888-656-6214.

Electronic Funds Transfer Form

Instructions:

1. Carefully read and complete the EFT Authorization Form and return.
2. Scan and e-mail to Financial1EFTERA@magellanhealth.com or fax to 888-656-6214.

Provider Information

Client Program: _____

Provider Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Provider Identifiers

Provider Federal Tax Identification Number (TIN)
or Employer Identification Number (EIN): _____

National Provider Identifier (NPI): _____

Provider Contact Information

Provider Contact Name: _____

Telephone Number: _____ Telephone Number Extension: _____

Fax Number: _____ Email Address: _____

Financial Institution Information

Financial Institution Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Financial Institution Routing Number: _____

Type of Account at the Financial Institution (*check one of the following*): **Checking** **Savings**

Provider's Account Number with Financial Institution: _____

Account Number Linkage to Provider Identifier: _____

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

Submission Information

Reason for Submission (*check one*): New Enrollment Change Enrollment Cancel Enrollment

- **New Enrollment**

- Select this option if you are establishing EFT payments.
- Allow a minimum of 16 days for EFT to begin.
- Fax a voided check or a letter from the bank verifying the account to which you want payments deposited to 888-656-4139.

- **Change Enrollment**

- Select this option if you are changing your financial institution, account number, or account type.
- Do not close your old account until this change takes place.
- Allow a minimum of 16 days for the EFT change to become effective.
- Fax a voided check or a letter from the bank verifying the account to which you want payments deposited to 888-656-4139.

- **Cancel Enrollment**

- Select this option if you want to cancel EFT payments.
- You may also cancel EFT payments by faxing a signed request to 888-656-4139.
- Include your NPI on any faxed requests.
- Allow a minimum of 16 days for cancellation to take effect.

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 Person Submitting Enrollment Form

Signature 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.

Pharmacy EFT Frequently Asked Questions (FAQs)

1. Question: Whom do I contact to receive payment via EFT?

Answer: You can access the electronic EFT form at <https://eftera.magellanrx.com/> and submit your request electronically. You can obtain a paper EFT request form from the Magellan Rx Management website, <http://magellanrx.com/provider/>, or contact Pharmacy Network Services at Financial1EFTERA@magellanhealth.com or fax at 888-656-6214.

2. Question: Are there any forms to complete to receive EFT?

Answer: Yes. You will need to complete an electronic EFT request at <https://eftera.magellanrx.com/> or complete a paper form that can be obtained from the Magellan Rx Management website at <http://magellanrx.com/provider/>. You may also contact Pharmacy Network Services at Financial1EFTERA@magellanhealth.com or fax at 888-656-6214.

3. Question: Will we need to complete an EFT request for each State?

Answer: Yes. We need an EFT request for each State.

4. Question: Whom do I contact for question concerning late or missing EFT payments?

Answer: Contact Magellan Pharmacy Network Services at Financial1EFTERA@magellanhealth.com or fax at 888-656-6214.

5. Question: How do I cancel an EFT?

Answer: You may electronically cancel an EFT request at <https://eftera.magellanrx.com/> or fax a cancellation request to (888-656-6214) or e-mail the request to Financial1EFTERA@magellanhealth.com.

6. Question: How do I change the financial institution where my EFT is sent, or move to a new PSAO?

Answer: You must submit a new EFT request form, electronically at <https://eftera.magellanrx.com/>. You may obtain a paper EFT request form from the Magellan Rx Management website, <http://magellanrx.com/provider/>, or contact Pharmacy Network Services at Financial1EFTERA@magellanhealth.com or fax at 888-656-6214.