

## Magellan EASI Form Instructions (for hardcopy/PDF version)

To receive payment for EAP services rendered, you must complete the information requested on the Employee Assistance Service Information (EASI) Form. *For faster reimbursement, **instead of filling out the hardcopy/PDF form, go to our website app to quickly complete online! Sign in to MagellanProvider.com and select Submit an EASI Form from the left menu.***

**MIS Number:** Enter your Magellan provider MIS number. Your MIS number is the provider identification number assigned to you by Magellan. Your MIS number is printed on many materials you receive from Magellan including your contracting or credentialing material, and includes a bar code at the bottom of the document. Your MIS number is the first nine digits after the barcode (usually ending in “000”). Some contracting or credentialing documents refer to the MIS number as the “MBH Control No.”

**TIN/SSN:** Provider’s Taxpayer Identification Number (TIN) against which this reimbursement request is to be filed. Depending on how your practice is set up, this could be a federal TIN or your personal Social Security Number.

**Date the member contacted you for the first session:** Provide the date the member called or emailed to request an appointment.

**Date of the first available appointment:** Provide the date of the first available appointment you were able to offer the member, even if the member could not attend on that date. This is a mandatory field.

**Question #1:** This question requests specific information regarding session times. The maximum number of sessions that can be billed is indicated in the member’s EAP registration packet.

**Session Date(s):** Use MM/DD/YY format.

**Time Seen (minutes):** Indicate number of minutes spent with client during the session noted in session date.

**Start Time Appt:** Record initial start time of session – use 24-hour clock format, e.g., for 2:05 p.m., enter 14:05.

**Number Present:** Indicate number of participants present in the session.

**Attendees:** Check who was present for the session.

**Session Administration:** Indicate if the session was held *in person* or via *telehealth*.

**Question #2: Is this bill: an interim bill? a final bill?** - Fill in **only one** circle.

- An interim bill means that you have seen the client for *some but not all* EAP sessions during the registration period.
- A final bill means that you have seen the client for *all* EAP sessions, and you are submitting the final bill.
- Note: If the client’s registration has expired and you are closing the case *without* billing a final session, you must submit the hard copy form by fax or mail, instead of completing the online form.

**Question #3: Race/ethnicity of client** - Fill in **only one** circle.

**Question #4: Assessed problem**

- = the **primary problem**. Fill in the circle that corresponds to the identified primary problem.
- = the **secondary problem**. Fill in the square that corresponds to the identified secondary problem, if applicable.

**Question #5: Referred to** - Select all that apply. Alternative Level of Care includes, but is not limited to, residential and half-way houses.

**Question #6: Statement of Understanding** - Fill in the **one** appropriate circle.

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**Question #7: Member Experience Survey** - Fill in the **one** appropriate circle.

**Question #8: Productivity questions** - Answer these questions based on your evaluation of the client. If client is the *employee*, complete the appropriate questions for them (first three questions), and if client is a *dependent, retiree or other household member*, complete the question appropriate for them.

**Question #9: Alcohol and Other Drug (“AOD”) Screening completed?** - Fill in **only one** circle for “Yes” or “No” to indicate if a screening is completed.

### **Question #10: Risk of Harm**

**Threat of Violence (TOV) Level** - See the Magellan EAP Handbook Supplement at [www.MagellanProvider.com](http://www.MagellanProvider.com) for complete information and procedures on TOV.

Scale: 1 - Assessed; no indicators.

2 - Possible threat mentioned; no current danger exists.

3 - Threat made; possibility of violent action exists.

4 - Active threat of violence exists.

5 - Client is dangerous to self/others.

**If the client’s TOV level is between 3 and 5, fill in the appropriate circle then answer questions a and b.**

**Duty to warn** - Fill in the **one** appropriate circle for “Yes” or “No.”

**Risk of harm** - If a risk assessment was positive for workplace violence.

**Question #11: The client’s level of functioning** - Fill in **one** circle for each level based on your assessment of the member at the first session and last session.

While these questions are similar to the productivity questions, they are different and used for different purposes.

**Question #12: ICD-10 Assessment** - If there is a secondary and/or tertiary diagnosis, enter them here. ICD-10 diagnoses are very similar to DSM-5 diagnoses; however, ICD is required as it is a HIPAA-compliant code set.

Review coding information at [www.MagellanProvider.com](http://www.MagellanProvider.com). From the *Getting Paid* tab, choose *HIPAA Coding*.