

# BCBST/GIS EAP ACCOUNT ENROLLMENT/CHANGE FORM

Used for BCBST/GIS Customers with Magellan's EAP

- ✓ All information must be completed in order for Magellan to commence with program implementation.
- ✓ Implementation takes 30 days from receipt of this completed form and signed contract.
- ✓ Please return to Nita Riddle, Account Specialist, at [njriddle@magellanhealth.com](mailto:njriddle@magellanhealth.com)

### Date Submitted (MM/DD/YY):

Original Contract Start Date (MM/DD/YY):                      Service Center Location: St. Louis

Current Contract From-To-Dates (MM/DD/YY – MM/DD/YY):                      –

New/Renewal Contract From-To-Dates (MM/DD/YY – MM/DD/YY):                      –

### MAGELLAN INTERNAL USE ONLY (check only one)

<input type="checkbox"/> NEW GROUP	<input type="checkbox"/> ROLLOVER	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> TERMINATION (Date:                      )
<input type="checkbox"/> UPDATE (describe):	Date Change Effective: November 1, 2008		
Account Specialist: Nita Riddle <a href="mailto:njriddle@magellanhealth.com">njriddle@magellanhealth.com</a>	Phone #: (314) 387-5825	Fax #: (314) 387-5884	E-mail:
IP Customer #:	Alpha Code:	Billing Code:	OBBID/ICD:
Communication Materials: Account Specialist - Choose One			Toll-free EAP #: 1-800-523-5668

### TO BE COMPLETED BY BCBST/GIS BROKER

#### Customer Information

Legal Name of Company: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Industry code and description: \_\_\_\_\_ (link to industry descriptions: "[Industry Codes](#)")  
Other Name(s) by which this company may be identified/Alias: \_\_\_\_\_  
HQ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Main Customer Contact

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

#### Secondary Customer Contact (if applicable)

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

#### Threat of Violence (TOV) Contact

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone # (daytime): \_\_\_\_\_ Phone # (evening): \_\_\_\_\_

#### Billing Information

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Other Notes/Requests: \_\_\_\_\_

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## Model and Rate

### EAP Session Model and Price (select one)

- 1-3 \$ \_\_\_\_\_ PEPM
- 1-4 \$ \_\_\_\_\_ PEPM
- 1-5 \$ \_\_\_\_\_ PEPM
- 1-6 \$ \_\_\_\_\_ PEPM
- 1-8 \$ \_\_\_\_\_ PEPM
- Telephonic EAP \$ \_\_\_\_\_ PEPM

**TOTAL EAP MODEL: \$ \_\_\_\_\_ PEPM**

### Product Features and Prices (select all that apply)

- Basic LifeManagement \$ \_\_\_\_\_ PEPM
- Full LifeManagement \$ \_\_\_\_\_ PEPM
- Convenience Services<sup>1</sup> \$ \_\_\_\_\_ PEPM
- Legal and Financial Services (CLC) \$ \_\_\_\_\_ PEPM
- Nurse Access with Audio Library \$ \_\_\_\_\_ PEPM
- International EAP (PPCI) \$ \_\_\_\_\_ PEPM
- Canadian EAP (FGI) \$ \_\_\_\_\_ PEPM

**TOTAL PRODUCT FEATURES: \$ \_\_\_\_\_ PEPM**

**# of ee's<sup>2</sup> \_\_\_\_\_ x Combined PEPM Rate<sup>3</sup> \$ \_\_\_\_\_ = \$ \_\_\_\_\_ Total Monthly Rate**

## Program Services

CISD Services: Unlimited  
Mandatory Supervisory Referrals: Unlimited  
EAP Orientations: Unlimited  
Special Training Seminars: 0 hours - FFS \$140 per hour (0-99 ee's)

## Eligibility

- Employees     Employee's Spouse     Dependents     Disabled     Domestic Partner
- All household members     Permanently out-of-area     Student     Retirees     COBRA

## Employee count

**# of CA ee's \_\_\_\_\_ + # of Non-CA ee's \_\_\_\_\_ = Total # of ee's \_\_\_\_\_**

<sup>1</sup> Convenience Services may only be purchased with Full Life Management

<sup>2</sup> Total EAP model + total product features

<sup>3</sup> Total EAP model + total product features

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**Feedback Card:** 001 – standard

\* **Account Description:** 002 Assess/refer (3 sessions)

**Business Group:** WPS

\* **Operating Unit:** MO-05

**Payer Type:** Employer Union

**Product Type:** 007 EAP

**Report Type:** IP Growing Business

\* **Report Frequency:** Annual

**Level of Reporting:** Parent

**Eligibility required to open case:** N

**Level of care permitted w/o SSN:** EAP

\* **Month report year end:** January

\*Values change based on customer specifics. All other values are standard for GB accounts.