

# Electronic Funds Transfer (EFT) Notification

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## Instructions

Electronic Funds Transfer (EFT) is a payment method used to deposit funds directly into a provider's bank account. These funds can be credited to either checking or savings accounts, if the provider's bank accepts Automated Clearinghouse (ACH) transactions. EFT also avoids the risks associated with mailing and handling paper checks by *ensuring funds are directly deposited into a specified account*.

The following items are specific to EFT:

- Pre-notification to your bank occurs on the weekly cycle following the completion of enrollment in EFT.
- Future deposits are received electronically after pre-notification.
- The Remittance and Status (R&S) report furnishes the details of individual credits made to the provider's account during the weekly cycle.
- Specific deposits and associated R&S reports are cross-referenced by both the provider identifiers (i.e., NPI, TPI, API) and R&S number.
- EFT funds are released by TMHP to depository financial institutions each Thursday.
- The availability of R&S reports is unaffected by EFT and they continue to arrive in the same manner and time frame as currently received.

TMHP must provide the following notification according to ACH guidelines:

Most receiving depository financial institutions receive credit entries on the day before the effective date, and these funds are routinely made available to their depositors as of the opening of business on the effective date. Contact your financial institution regarding posting time if funds are not available on the release date.

However, due to geographic factors, some receiving depository financial institutions do not receive their credit entries until the morning of the effective day and the internal records of these financial institutions will not be updated. As a result, tellers, bookkeepers, or automated teller machines (ATMs) may not be aware of the deposit and the customer's withdrawal request may be refused. When this occurs, the customer or company should discuss the situation with the ACH coordinator of their institution, who in turn should work out the best way to serve their customer's needs.

In all cases, credits received should be posted to the customer's account on the effective date and thus be made available to cover checks or debits that are presented for payment on the effective date.

**Important:** *Submit the completed Electronic Funds Transfer (EFT) Notification form with a copy of a voided check or signed letter from your bank. Call the **TMHP Contact Center** at **1-800-925-9126** if you need assistance.*

Return this form to:

Texas Medicaid & Healthcare Partnership  
ATTN: Provider Enrollment  
PO Box 200795  
Austin, TX 78720-0795

Or fax to (512) 514-4214.



# Electronic Funds Transfer (EFT) Notification

By submitting a signed copy of the EFT Notification form I agree to the following:

I (we) hereby authorize Texas Medicaid & Healthcare Partnership (TMHP) to present credit entries into the bank account referenced above and the depository named above to credit the same to such account. I (we) understand that I (we) am responsible for the validity of the information on this form. If the company erroneously deposits funds into my (our) account, I (we) authorize the company to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

I (we) agree to comply with all certification requirements of the applicable program regulations, rules, handbooks, bulletins, standards, and guidelines published by the Texas Health and Human Services Commission (HHSC) or its contractor. I (we) understand that payment of claims will be from federal and state funds, and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.

I (we) will continue to maintain the confidentiality of records and other information relating to clients in accordance with applicable state and federal laws, rules, and regulations.

As part of the EFT enrollment process and to comply with the Affordable Care Act CAQH CORE Rule 370, please contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Reassociation Data Elements. These data elements will allow you to easily associate your EFT payment with the appropriate ERA remittance advice. You may read more about the CAQH CORE Rule at the CAQH website: <http://caqh.org/>

Complete the required fields on the EFT Notification form as follows:

<b>Provider Information</b>	
Provider Name	Enter the provider's legal name according to the Internal Revenue Service (IRS).
Provider Address	Enter the provider's address including the street, city, state/province and ZIP code/postal code.
<b>Provider Identifiers Information</b>	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	Enter the provider's TIN or EIN.
National Provider Identifier (NPI)	Enter the provider's NPI.
Other Identifier(s)	The Billing TPI and other related TPIs (up to a total of nine) for this enrollment.
Assigning Authority	Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid.
<b>Financial Institution Information</b>	
Financial Institution Name	Enter the name of the provider's financial institution
Financial Institution Address:	Enter the provider's financial institution's address including the street, city, state/province and ZIP code/postal code.
Financial Institution Routing Number	Enter the 9-digit routing identifier of the financial institution where EFT payments are to be deposited.
Type of Account at Financial Institution	Enter the type of account the provider will use to receive EFT payments (e.g., checking, saving).
Provider's Account Number with Financial Institution	Enter the provider's account number at the financial institution where EFT payments are to be deposited.
Account Number Linkage to Provider Identifier	Enter the provider's preference for grouping (bulking) claim payments.

## Electronic Funds Transfer (EFT) Notification

Submission Information	
Reason for Submission	<p>Select the most appropriate reason for submission of the EFT Notification form:</p> <ul style="list-style-type: none"> <li>New Enrollment (New EFT request)</li> <li>Change Enrollment (EFT change request)</li> <li>Cancel Enrollment (EFT cancellation request)</li> </ul> <p><b>Re-enrolling Providers:</b> You must select the “Change Enrollment” box in the Reason for Submission field.</p> <p>If you are already signed up for EFT, you can use your existing EFT information to complete this form. If you don’t complete this form, your EFT enrollment will be canceled. If you complete the form using different EFT information, your EFT payments will be delayed while we setup a new account.</p>
Include with Enrollment Submission	Select which document is included with the EFT Notification form.
Authorized Signature	
Written Signature of Person Submitting Enrollment	Signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment.
Submission Date	Enter the date the EFT Notification form was signed.
Printed Name of Person Submitting Enrollment	Enter the printed name of the person signing the EFT Notification form.
Printed Title of Person Submitting Enrollment	Enter the printed title of the person signing the EFT Notification form.
Requested EFT Start/Change/Cancel Date	Enter the date on which the requested action is to begin.

Other Data Elements
<p>The other data elements within this form will allow providers to easily associate EFT and Electronic Remittance Advice (ERA) transactions.</p> <p>Refer to the Council for Affordable Quality Healthcare (CAQH) website, <a href="http://caqh.org/">http://caqh.org/</a> for more information about CORE Rule 370 and the other data elements on the EFT Notification form.</p>

# Electronic Funds Transfer (EFT) Notification

Provider Information		
Provider Name *	Doing Business As Name (DBA)	
Provider Address		
Street *	City *	State/Province * ZIP Code/Postal Code * Country Code

Provider Identifiers Information	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) *	National Provider Identifier (NPI) *
Other Identifier(s) *	Assigning Authority *
Trading Partner ID	
Provider License Number	License Issuer
Provider Type	Provider Taxonomy Code

Provider Contact Information		
Provider Contact Name	Title	
Telephone Number	Telephone Number Extension	Email Address
Fax Number		

Provider Agent Information		
Provider Agent Name		
Agent Address		
Street	City	State/Province ZIP Code/Postal Code Country Code
Provider Agent Contact Name	Title	
Telephone Number	Telephone Number Extension	Email Address
Fax Number		

\* Required field

# Electronic Funds Transfer (EFT) Notification

Federal Agency Information	
Federal Program Agency Name	
Federal Program Agency Identifier	Federal Agency Location Code

Retail Pharmacy Information	
Pharmacy Name	Chain Number
Parent Organization ID	Payment Center ID
NDCP Provider ID Number	Medicaid Provider Number

Financial Institution Information			
Financial Institution Name *			
Financial Institution Address			
Street *	City *	State/Province *	ZIP Code/Postal Code *
Financial Institution Telephone Number		Telephone Number Extension	
Financial Institution Routing Number *	Type of Account at Financial Institution *		
Provider's Account Number with Financial Institution *	Account Number Linkage to Provider Identifier *		
	<input type="checkbox"/> Provider Tax Identification Number (TIN): _____ <input type="checkbox"/> National Provider Identification (NPI): _____		

Submission Information	
Reason for Submission *	Include with Enrollment Submission *
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment	<input type="checkbox"/> Voided Check <input type="checkbox"/> Bank Letter

Authorized Signature	
Written Signature of Person Submitting Enrollment *	
Printed Name of Person Submitting Enrollment *	Printed Title of Person Submitting Enrollment *
Requested EFT Start/Change/Cancel Date *	Submission Date *

\* Required field

*Please fax completed form to (512) 514-4214.*