

MEDICAID OFFERS ELECTRONIC FUNDS TRANSFER FOR PROVIDER PAYMENTS

The New York State Department of Health (DOH) along with their eMedNY contractor, Computer Sciences Corporation (CSC), is pleased to announce the availability of eMedNY Electronic Funds Transfer (EFT). Providers who enroll in EFT will have their Medicaid payments directly deposited in their checking or savings account.

The EFT transactions will be initiated on Wednesdays and due to normal banking procedures, the transferred funds may not become available in the provider's chosen account for up to 48 hours after transfer. Please contact your banking institution regarding the availability of funds.

Please note that EFT does not waive the two-week lag for releasing Medicaid disbursements.

To enroll in EFT, providers must complete the EFT PROVIDER ENROLLMENT FORM that can be found in this document along with detailed instruction for the completion of the form. Prior to completing the form, please carefully read the INSTRUCTIONS SHEET and follow its directions.

Providers with more than one provider number (Medicaid number or National Provider ID (NPI)) must attach a list of NPI and MMIS ID Number(s) to the application.

If a provider has one NPI associated with multiple provider ID's, he/she should place the NPI on the application form and include an attached list of the provider ID's numbers on letterhead. For providers who have multiple NPIs and MMIS IDs, both the NPIs and the MMIS ID's need to be submitted on a letterhead and attached to the application.

Please note any attachments to the EFT application must contain an original signature.

Provider Groups that receive payments under the Group ID need only to complete a single enrollment form for the Group NPI. However, members of Provider Groups who also bill individually may also enroll by submitting a separate enrollment form using their individual Provider NPI.

Please note that one of the following items must be attached to your Enrollment form:

- A defaced, original check from your checking account
- If you have a deposit-only checking account (and do not have checks) or you choose to have the EFT deposited in a savings account, you may submit a letter from a bank officer verifying your account information. The letter must be on bank letterhead, signed by the bank officer (and notarized by a notary public), and include the bank's name and address, routing number, the type of account, account number, account owner's name, address and tax ID.

EFT enrollment applications that do not conform to these instructions will be rejected.

After sending the EFT PROVIDER ENROLLMENT FORM to CSC, please allow a minimum time of 6 to 8 weeks for processing. During this period of time you should review your bank statement and look for an EFT transaction in the amount of \$0.01, which CSC will submit as a test. Your first real EFT transaction will take place approximately 10 days later.

If you have any questions about the EFT process please call eMedNY Call Center at 800-343-9000.

INSTRUCTIONS FOR ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT

Providers wishing to request EFT of New York Medicaid funds must complete an EFT Provider Enrollment Form and mail the request form, along with:

A blank check from the checking account to which the funds are to be transferred. The check must be defaced. That means the word “VOID” must be written across the face of the check. The check must also contain the name and address of the provider or provider organization.

OR

If you have a deposit-only checking account (and you do not have checks) or you choose to have the EFT deposited in a savings account, you may submit a letter from a bank officer. The letter must be on bank letterhead, signed by a bank officer (and notarized by a notary public), and must include the bank’s name and address, routing number, the type of account, account number, account owner’s name, address and tax ID.

Sections A and B of the EFT form must be complete and legible, otherwise the request will not be processed and will be returned.

Section A: Provider Information

Step 1 – Enter the Medicaid Provider ID or NPI (or group NPI if payment is made to a group practice). Enter only one provider number per application form. Providers with multiple provider numbers need to submit a signed attachment (on letter head) listing all MMIS ID’s and NPIs to be placed on EFT. Provider Groups that receive payments under the Group number need only to complete a single enrollment form for the Group NPI. However, members of Provider Groups who also bill individually may also enroll by submitting a separate enrollment form using their individual Provider number.

Step 2 – Enter the provider’s name and address exactly as it was filed with Medicaid. This is the address as it appears on your current checks and remittance statements, if any.

Step 3 – Provide a contact name and telephone number, email (if available) and fax number should additional information be required.

Step 4 – Enter the Tax ID supplied to Medicaid at the time of your enrollment. For established providers this can be found on your 1099 form.

Section B: Banking Information

Step 5 – Enter the routing number and account number for the checking or savings account to which funds are to be transferred. Both numbers can be found at the bottom of your check.

Step 6 – Enter the name and address of the banking institution to which funds are to be transferred.

Step 7 – The form must be completed with an original signature of the provider or designated facility representative and date signed.

Section C: For CSC Use Only

Providers should leave this section blank.

EFT Enrollment forms should be mailed to:

Attention: EFT Processing
Computer Sciences Corporation
P.O. Box 4616
Rensselaer, NY 12144-4616

Questions about form completion should be directed to eMedNY Call Center at 1-800-343-9000.

To cancel EFT transactions, providers must send a written notice, including the provider number(s), applicable MMIS and/or NPIs, to the address above. Please allow 5-6 weeks to transition to a paper check.

Please note: For providers who have claims paid within a particular payment cycle, Medicaid funds are normally scheduled to be transferred on Wednesday afternoons. Due to normal banking procedures, the funds may not become available in the provider's chosen account for up to 48 hours from the initial transfer. Please contact your banking institution with questions about the availability of funds.

Please allow a minimum time of 6-8 weeks for your request to be processed. During the process period a test transaction for one cent will be transferred to your account.

Please note: If you are currently on check pick-up with NY Medicaid, once you are switched to EFT, your Medicaid remittance will be mailed to the pay-to address on file.

To change banking information, providers must send the following:

- A new enrollment form must be completed indicating the new banking information. The enrollment form must be signed with an original signature and title must be indicated.
- A defaced/voided check with the new account number and/or routing number must be attached to the new enrollment form. If the account is a "deposit only" account, attach a signed, notarized letter from your banking institution indicating the new account number and/or routing number. Regardless of what is being updated, both the account number and routing number must always be indicated.
- A letter indicating changes to your account is required. The letter must be on company letterhead and include any provider number(s) (MMIS and NPI), new account number and/or routing number and a brief explanation for the change. The letter must have an original signature and title should be indicated.

Note: If you are changing your EFT from one banking institution to another banking institution, your payments will automatically transfer back to paper for a two week time frame while your EFT is being set up on your new account.



Mail to: Computer Sciences Corporation
Attn: EFT Processing
P.O. Box 4616
Rensselaer, NY 12144-4616

EFT PROVIDER ENROLLMENT FORM

Section A: Provider Information

Provider ID # (Required): _____
National Provider ID # (NPI) (Required, unless exempt): _____
Provider Name: _____
Pay to Address: _____
City: _____
State: _____ Zip: _____
Contact Person: _____ Phone #: _____
eMail Address: _____ Fax #: _____
Provider Tax ID#: _____

Section B: Banking Information

Routing #: _____ Account #: _____
Account Type: **Checking** **Savings** (circle one)
Bank Name: _____
Address: _____
City: _____
State: _____ Zip: _____

****CSC as the eMedNY contractor for the New York State Department of Health will have the right to recover any amount that has been credited to your account incorrectly****

Provider Signature and Title (Required) Date (Required)

Section C: For CSC Use Only

Date Received: _____
Pick Up Indicator: No Yes Facility Location: _____
Processed by: _____ Date: _____
Authorized by: _____ Date: _____
Effective Start Date: _____ Cycle #: _____