



Training Video For NYS Medicaid Providers

Enrollment



Key Objectives

The purpose of this session is to familiarize providers with how to sign up for Electronic Funds Transfer (EFT)

Key Objectives

1

Enrollment

2

Submission
Requirements

3

Form
Completion

4

Supporting
Documentation

5

Mailing
Address

6

Reference/
Contact Info

EFT – Required Users

- All billing (pay-to) providers:
 - Professional
 - Institutional
 - Dental
 - Pharmacy
- Practitioners who have private practices and bill using their own NPI
- Individual practitioners in groups who do not have ‘Group-Only’ status



EFT – Ineligible Users

- Practitioners who are enrolled as OPRA providers (Ordering, Prescribing, Referring and Attending) cannot receive payment from Medicaid
- 
- Non-billing providers such as:
 - Physician Assistants
 - Supervising Pharmacists
 - ‘Group-Only’ Practitioners

EFT – ‘Group Only’ Exempt

1

‘Group Only’ Practitioners are exempt from the EFT Requirement. This is because ‘Group-Only’ providers cannot be paid for a claim under their own NPI.

2

To enroll as a ‘Group-Only’ provider, please submit form 426801 – located in the eMedNY Enrollment pages.

3

Existing enrolled providers can change their status to ‘Group-Only’ using form 426801. The ‘Group-Only’ form must be processed prior to ETIN certification statement processing.

4

New providers can indicate ‘Group Only’ on their new enrollment form and notices will be sent to providers once processed.

EFT – Requirements

INDIVIDUAL PRACTITIONER REQUIREMENTS

- Individual NPI or Medicaid Identification Number
- Enter only one provider number per application form
- Bank account information 
- Social Security number or Tax ID number supplied to Medicaid at the time of enrollment

NOTE: Individual providers who want to deposit funds into a group bank account still need to enter their individual social security numbers

EFT – Requirements

GROUP PRACTICE REQUIREMENTS

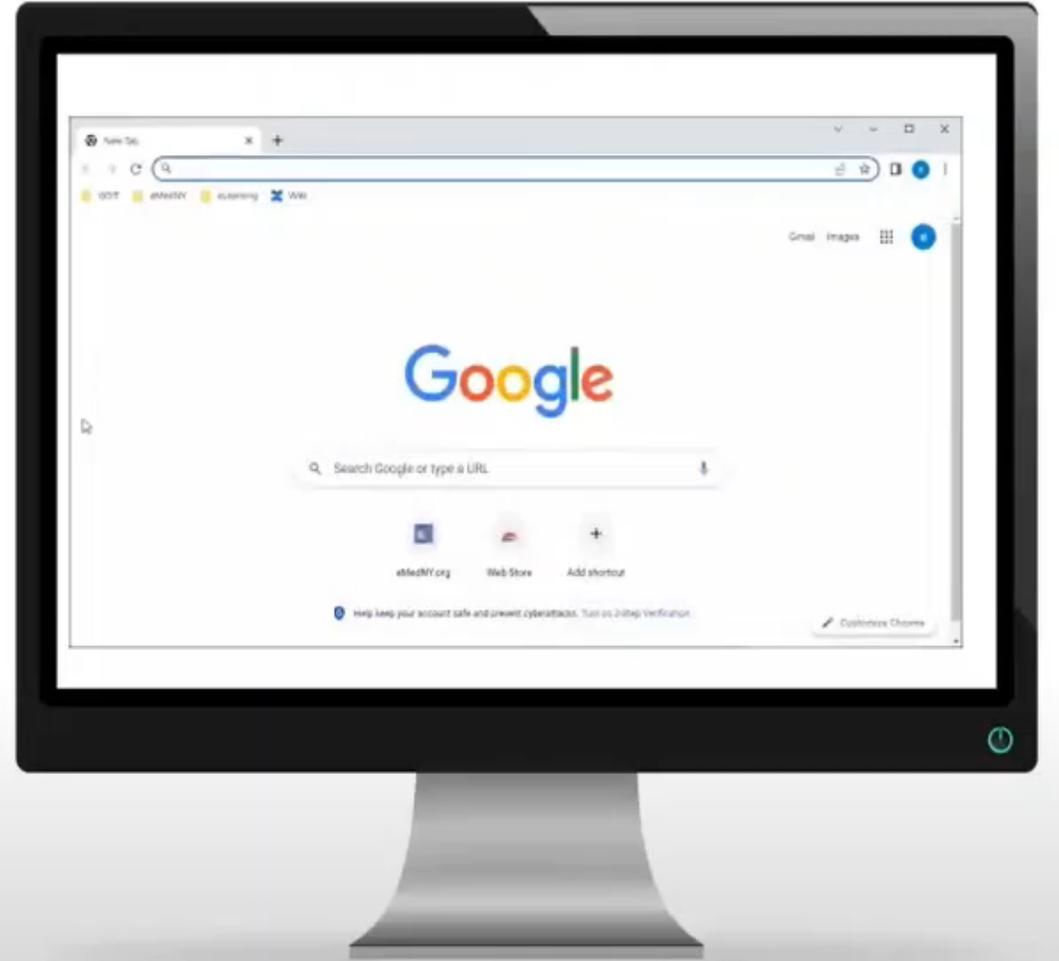
- Group NPI Number
- Bank account information
- The providers' or organizations' Social Security number or Tax ID number supplied to Medicaid at the time of enrollment



EFT – Requirements

ADDITIONAL REQUIREMENTS

- One EFT form and attachment can be used for facilities
- If a practice wants to submit for all their providers - individual forms must be signed and submitted by the individual providers
- Only need to submit one voided check or bank letter



EFT – Authorization Form Request

eMedNY Website – www.eMedNY.org

home | self help | glossary | site map

ENHANCED BY Google

What's New | Information | **Provider Enrollment** | Provider Manuals | Provider Outreach and Training | Contacts | eMedNY HIPAA Support | eMedNY Tools Center | PTAR

NEW! For Practitioners ONLY
PROVIDER ENROLLMENT PORTAL
ENROLL TODAY!

welcome to
eMedNY

Are you compliant with NYSDOH EFT Requirement?

- Login ePACES
[ePACES Information](#)
- Login eXchange
[eXchange Information](#)
- Provider Enrollment Portal
- Web Portal
[Web Portal Information](#)
- Login PTAR
[PTAR Information](#)
- Wage Parity
- Electronic Visit Verification (EVV)

NEW MEDICARE CARDS | **MEDICAID MANAGED CARE NETWORK** | **PTAR** [click here for more information](#) | **REVALIDATION** [click here for more information](#)

EFT – Authorization Form Request

Provider Maintenance Forms

The screenshot displays the eMedNY website interface. At the top, the eMedNY logo is on the left, and navigation links for 'home', 'self help', 'glossary', and 'site map' are on the right. Below the logo is a search bar with the text 'ENHANCED BY Google'. A horizontal menu contains several categories: 'What's New', 'Information', 'Provider Enrollment', 'Provider Manuals', 'Provider Outreach and Training', 'Contacts', 'eMedNY HIPAA Support', 'eMedNY Tools Center', and 'PTAR'. The 'Provider Enrollment' menu is expanded, showing a list of options: 'Medicaid Managed Care Network Providers', 'National Diabetes Prevention Program (NDPP)', 'Doula (Pilot Project)', 'Provider ID Cards', 'Provider Maintenance Forms' (highlighted with a red box), 'Provider Enrollment Guide', 'Application Fee', 'How Do I?', 'OPRA FAQs', 'Change of Address', and 'Revalidation Information'. Below the menu is a banner with the text 'welcome to eMedNY' and an image of a person using a microscope. At the bottom, there are four green buttons: 'NEW MEDICARE CARDS', 'MEDICAID MANAGED CARE NETWORK', 'PTAR click here for more information', and 'REVALIDATION click here for more information'. On the right side, there is a yellow warning box 'Are you compliant with NYSDOH EFT Requirement?' and a vertical list of buttons: 'Login ePACES', 'Login eXchange', 'Provider Enrollment Portal', 'Web Portal', 'Login PTAR', 'Wage Parity', 'Electronic Visit Verification (EVV)', and 'Enter Facilities Practitioner's NPIs'. The footer contains the URL 'https://www.emedny.org/info/ProviderEnrollment/index.aspx' and the date 'November 10, 2022'.

EFT – Authorization Form Request

EFT Authorization Form

What's New Information **Provider Enrollment** Provider Manuals Provider Outreach and Training Contacts eMedNY HIPAA Support eMedNY Tools Center PTAR

[Provider Enrollment](#) > [Provider Maintenance Forms](#)

Provider Maintenance Forms

PLEASE TAKE NOTE: We recently removed many of the maintenance forms from this page. Links to forms such as Change of Address and Request to Participate as a Group Member are now accessed on the [Provider Enrollment page](#) by clicking on your provider type.

All forms and packets are typeable.
This enhancement alleviates problems related to legibility of the information entered on the forms.

Please open and type your information into the form, then print, sign and mail in to eMedNY.
Please use the tab key or the mouse to move from field to field on typeable forms.

Miscellaneous Maintenance Forms = Available on the Provider Enrollment Portal

- [Certification Statement/Instructions for Existing ETINs](#)
- [Default Electronic Transmitter Identification Number \(ETIN\) Selection Form](#) 
- [Electronic Funds Transfer \(EFT\) Authorization Form](#) 
- [Electronic Prior Approval Request Form](#)
- [Electronic or PDF Remittance Advice Request](#)
- [Paper Remittance Sort Request Form](#)
- [Pended Claim Recycle Request Form](#)
- [Prior Approval Roster Request Form](#)
- [Provider Electronic/Paper Transmitter Identification Number \(ETIN\)](#)
- [Provider ID Request Form](#) 
- [Remittance Consent and Copy Request Forms](#)
- [Request For Provider Reports](#)
- [Request to Disaffiliate/Delete an ETIN](#) 
- [Service Bureau Electronic/Paper Transmitter Identification Number \(ETIN\)](#)
- [Tax Update Form](#) 
- [Trading Partner Agreement](#)

NOTE: Instead of filling out the EFT Authorization Form above, you can complete the form online at: <https://portal.emedny.org/provider/>

NOTE: Instead of filling out the Electronic or PDF Remittance Advice Request Form above, you can complete the form online at: <https://portal.emedny.org/provider/>

How Do I?

To view a PDF document, your computer must have Adobe Reader installed. For some of our forms (typeable forms), you will need the most recent version of Adobe Reader. You can download the program by clicking the button below:



eMedNY is not responsible for issues regarding the installation of Adobe Reader. [Contact Adobe](#) directly for information.

EFT – Authorization Form Request



ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

INSTRUCTIONS FOR COMPLETING THIS FORM FOLLOW ON PAGES 3-5

Provider Information

Provider Name _____

Provider Address

Street _____

City _____ State/Province _____ ZIP Code/Postal Code _____

Provider Identifiers Information

Provider Identifiers

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

National Provider Identifier (NPI) (Required, unless exempt): _____

Other Identifiers – Assigning Authority – New York Medicaid

Trading Partner ID: **MMIS Provider ID #** (Required, if NPI exempt): _____

Provider Contact Information

Provider Contact Name

Contact _____ Telephone Number _____ Extension _____

Email Address _____ Fax Number _____

EFT – Authorization Form Request

Financial Institution Information

Financial Institution Name _____

Financial Institution Address _____

Street _____

City _____ State/Province _____ ZIP Code/Postal Code _____

Financial Institution Routing Number	
Type of Account at Financial Institution (Check one)	<input type="checkbox"/> CHECKING OR <input type="checkbox"/> SAVINGS
Provider's Account Number with Financial Institution	
<u>Account Number Linkage to Provider Identifier</u> Provider Tax Identification Number (TIN) OR National Provider Identifier (NPI)	LEAVE THIS SECTION BLANK

EFT – Authorization Form Request

Submission Information

Reason for Submission New Enrollment **OR** Change Enrollment

Include with Enrollment Submission Original Voided Check **OR** Original Bank Letter

Authorized Signature: If submitting the form for a practitioner, the practitioner must sign below.
If submitting this form for a group, business or institution, the authorized representative must sign below.

Written Signature of Person Submitting Enrollment

Submission Date

Printed Name of Person Submitting

Printed Title of Person Submitting Enrollment

The eMedNY Fiscal Agent 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.

EFT – Authorization Form Request

The image shows a check form with a large 'Void' watermark in the center. The form includes fields for Name, Address, City, State, ZIP, Date, Pay to the order of, Bank Name, Bank Address, Memo, and a MICR line at the bottom. Red lines connect the MICR line fields to labels below: 'Bank Name' for the first field, 'Routing Number' for the second field, and 'Account Number' for the third field. The number '117' is printed in the top right corner.

Name
Address
City, State, ZIP

117

Date: _____

Pay to the order of _____ \$ _____ Dollars

Void

Bank Name
Bank Address

Memo: _____

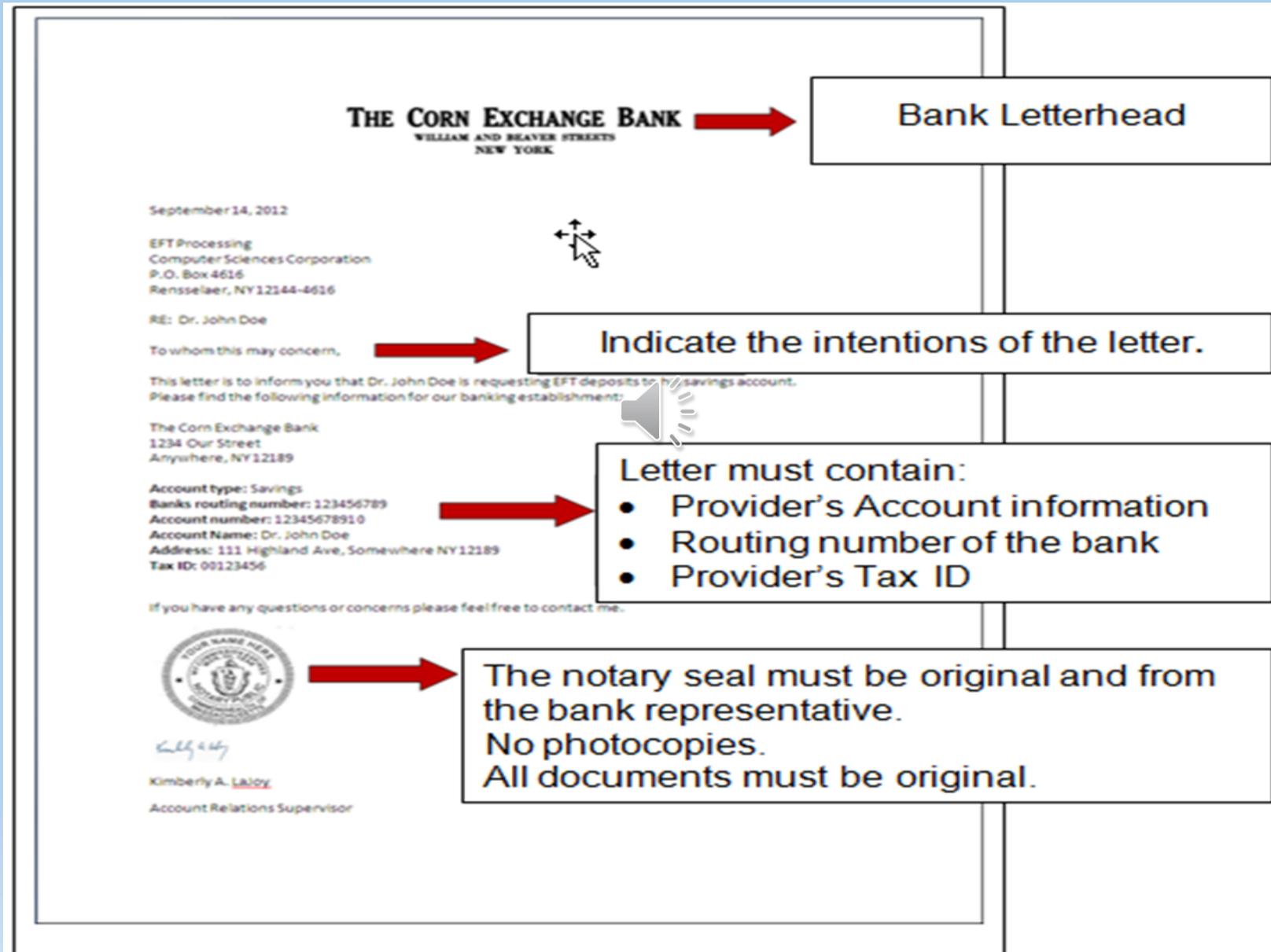
⑆ 123456789 ⑆ 12 34567890 ⑈ 117

Bank Name

Routing Number

Account Number

EFT – Authorization Form Request



EFT – Important Reminders

1

Attachments

The original defaced/voided check OR Original blank letter - on letterhead from your banking institution - notarized by bank officer

2

Provider Information

The Tax Id entered in this section must match the provider name on the EFT form

3

Financial Institution Information

All banking information fields must match the EFT account being set up. Contact your banking institution for assistance. Indicate if the account is Checking or Savings.

EFT – Important Reminders

4

Submission Information

The signature must be original. No photocopies or stamped signatures are allowed. Include the title of the person signing the EFT application

 NOTE: The practitioner must sign and enter their title. For groups, businesses, and institutions, the authorized representative must sign and enter their title

EFT Authorization Forms that do not comply with these instructions will be rejected

EFT – Mailing Address

Mail the completed Electronic Funds Transfer (EFT) form and attachments to:

EFT Processing

eMedNY Provider Services

P.O. Box 4616

Rensselaer, New York 12144-4616

Reference and Contact Information

- eMedNY Website

www.emedny.org

- Electronic Funds Transfer Form

https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/701101_EFT_FORM_EFT_Enrollment_Form.pdf

- eMedNY Call Center

800-343-9000



Conclusion

Electronic Funds Transfer



 www.emedny.org