

Electronic Funds Transfer (EFT) Enrollment Instructions

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Electronic Funds Transfer (EFT) Enrollment Instructions

Authorizing EFT as your payment method speeds payment delivery by depositing payments directly to your bank account, which allows quicker access to your funds. Although payment via EFT is not a requirement, we strongly encourage EFT as your payment method.

- EFT enrollments are accepted from the following authorized requestors: Treasury Department Representative, Director or Manager of Finance, Accounts Receivable Manager, Controller or CFO.
 - To be eligible to receive EFT payments, you must be currently submitting claims to our organization and have a Check/EFT number available from a previous claim payment. The Check/EFT number can be obtained from your remittance advice.
 - The provider is required to contact its financial institution to arrange for the delivery of the CORE required minimum CCD+ data elements needed for reassociation of the payment and the ERA. See [Phase III CORE EFT & ERA Reassociation \(CCD+/835\) Rule Version 3.0.0](#).
1. Click **Start EFT Enrollment** on the EFT Enrollment page to display the Disclaimer page.
 2. After reviewing the disclaimer, check the **I am an authorized requestor and agree to the above terms** box, and then click **Continue** to display the Provider information page.
 - All fields on this page are required.
 3. Enter the **Provider name** field.
 - The provider name is the complete legal name of the institution, corporate entity, practice or individual provider.
 4. In the Provider identifiers pane, enter the **Provider Federal Tax Identification Number (TIN)** or **Employer Identification Number (EIN)**.
 - A Provider Federal Tax Identification Number (TIN), also known as an Employer Identification Number (EIN), is used to identify a business entity.
 5. In the Provider identifiers pane, select the yes or no radio button in answer to **Does this provider have an NPI?**
 - Selecting Yes displays a National Provider Identifier (NPI) field for you to complete.
 6. Enter the **Check/EFT #** field.
 - Entering a check/EFT number from a previous claim payment helps identify you in the system. This can be obtained from remittance advice.

7. Select **Which best describes you?**
 - Selecting Provider displays additional fields (Provider contact name, Telephone number, and Email address) for you to complete.
 - Selecting Provider agent displays additional fields (Provider agent name, Provider agent contact name, Telephone number, and Email address) for you to complete. A provider agent is the provider's authorized agent for handling EFT issues. A provider agent contact name is the name of a contact in the agent's office for handling EFT issues.
8. Click **Continue** to display the Financial institution information page.
 - Fields on this page are required for new or changing EFT enrollments, but not for cancelling EFT enrollments (financial data is not needed for cancellations).
 - **Cancellations:** Click Cancel EFT link (or scroll to bottom of page and click Skip this step) to display the Select facilities for EFT cancellation page (see Step 16).
9. Enter the **Financial institution name** field.
 - Bank name.
10. Enter the **Financial institution address** fields.
 - Fields include Street, City, State/Province, and Zip Code/Postal Code.
11. Enter the **Financial institution routing number** field.
 - Bank routing number.
12. Select **Type of account at financial institution**.
 - Checking or Savings account.
13. Enter **Provider's account number with financial institution**.
 - Provider's bank account number.
14. Re-enter **Provider's account number with financial institution** for confirmation.
15. Check the desired facilities in the **Select facilities this financial institution applies to list**.
 - Clicking the down arrow in the Show field (upper left) displays a drop-down list of entries per page from which you can select.
 - Typing a provider name in the Search field (upper right) displays any providers matching your entry.
 - Clicking a column header (Provider name, NPI, EFT on file) sorts that column alphabetically or numerically.
 - Facilities must be selected/checked individually (helps verify selections).
16. Click **Continue** to display the Select facilities for EFT cancellation page.
 - If no EFT cancellations, click the Skip this step link (or scroll to bottom of page and click Skip this step) to display the Review changes page (see Step 18).

17. Check the desired facilities in the **Select facilities for EFT cancellation** list.
 - Clicking the down arrow in the Show field (upper left) displays a drop-down list of entries per page from which you can select.
 - Typing a provider name in the Search field (upper right) displays any providers matching your entry.
 - Clicking a column header (Provider name, NPI) sorts that column alphabetically or numerically.
 - Facilities must be selected/checked individually (helps verify selections).
18. Click **Continue** to display the Review changes page.
 - Sections can be changed by clicking the blue edit links.
19. Enter the **Authorized signature** fields.
 - Fields include First name, MI, Last name, and Title of person submitting enrollment.
 - An authorized signature is the individual authorized by the provider or its agent to initiate, modify or terminate an enrollment.
20. Click **Submit** to complete the process and display the EFT changes submitted on the confirmation page.
 - Clicking the **Print** button prints this confirmation page for your records in a PDF format.
 - An email confirmation will be sent to the e-mail address provided in the **Contact information**.
 - To save this confirmation page, click File on the browser's menu bar, select Save As to display a Save Webpage dialog box, browse to a desired folder, and then click Save.

Note: Please allow up to four weeks for your EFT enrollment request to process, which includes pre-note verification with your financial institution.

Note: EFT files that have not been received after four business days of receipt of the corresponding ERA file can be researched by emailing ProviderEDISupport@HealthPartners.com or calling 855-699-6694.

Glossary

The following terms appear in the order in which you complete your EFT Enrollment.

Authorized Requestor

An individual or an agent authorized to initiate EFT on behalf of the company receiving deposits.

Provider Name

Complete legal name of institution, corporate entity, practice or individual provider.

Provider Identifiers

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN). A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

National Provider Identifier (NPI)

A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

Check/EFT #

This is a trace number which is used to reassociate payments and remittances, must be a unique number for this business purpose between the payer and the payee. This is the check number, EFT payment ID or, in the case of a non-payment remittance, it is a unique ID assigned to the remit. 835 data element: TRN02

Provider Contact Name

Name of a contact in provider office for handling EFT issues.

Telephone Number and Ext.

Associated with contact person.

Email Address

An electronic mail address at which the health plan might contact the provider.

Provider Agent Name

Name of the provider's authorized agent.

Provider Agent Contact Name

Name of a contact in the agent office for handling EFT issues.

Telephone Number and Ext.

Associated with contact person.

Email Address

An electronic mail address at which the health plan might contact the provider.

Financial Institution Name

Official name of the provider's financial institution.

Street 1 and Street 2

Street address associated with receiving depository financial institution name field.

City

City associated with receiving depository financial institution address field.

State/Province

ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.

Zip Code/Postal Code

System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.

Financial Institution Routing Number

A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited.

Type of Account at Financial Institution

The type of account the provider will use to receive EFT payments, e.g., Checking, Saving.

Provider's Account Number with Financial Institution

Provider's account number at the financial institution to which EFT payments are to be deposited.

Account Number Linkage to Provider Identifier

Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice. This will be the Provider Tax Identification Number (TIN) or Employer Number (EIN) or National Provider Identifier (NPI). This is automatically linked by the TIN/EIN or NPI entered.

Reason for Submission

New Enrollment, Change Enrollment, Cancel Enrollment.

Authorized Signature

The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment.

Printed Title of Person Submitting Enrollment

The printed title of the person signing the form; may be used with electronic and paper-based enrollment.

Submission Date

The date on which the enrollment is submitted.