gainwell

Connecticut Medical Assistance Program
Electronic Funds Transfer (EFT) Enrollment Instructions

Overview

The Department of Social Services (DSS) requires providers to participate in electronic funds transfer (EFT). Electronic Funds Transfer (EFT) provides for the direct deposit of your payment amount into a bank account of your choosing and is available to Connecticut Medical Assistance Program providers. EFT is a more efficient and cost effective means of reimbursement for Connecticut Medical Assistance Program services.

The information gathered as part of the EFT enrollment process is in accordance with the requirements set forth in the Affordable Care Act and the CORE 380 EFT Enrollment Data Rule. Additional information on those requirements can be found on the CAQH Web site at EFT_Enrollment_Data_Rule.pdf (caqh.org). Appendix A of this document provides instructions for completing each of the fields on the panel.

Please note: You must contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ data elements needed for reassociation of the payment and the electronic remittance advice ERA. (*Reference Phase III CORE EFT & ERA Reassociation (CCD+/835) Rule Version 3.0.0 available on the CAQH Web site at EFTERA_Reassociation_Rule.pdf (caqh.org).*)

Timeframe for Completion

The EFT process will take approximately four to six weeks to be completed. Providers will have an initial EFT status of pre-notification, at which time Gainwell Technologies will send a test EFT transaction to the provider's financial institution. During this time, providers will receive a paper check. Providers will remain in this status until a successful pre-notification transaction has been confirmed. Once a successful transaction is made, providers will begin to receive their funds via EFT beginning with the next claims processing cycle. The first time a paper check is not received, providers should confirm with their bank that an EFT has been made.

Verification of EFT Status

A provider can verify their EFT status by contacting the Provider Assistance Center at 1-800-842-8440.

Changes to or Cancellations of EFT Enrollment Information

Should any provider need to update their bank account information after enrollment, the provider must make those changes via their Secure Web portal account. When EFT changes are made, the changes are subjected to a validation by the financial institution that is listed as the funds

destination, before the live transfer of funds is initiated. The provider will be placed in a pre-notification status during this validation period and the provider will once again receive a paper check until a successful pre-notification transaction has been confirmed.

When a provider makes a change to their Electronic Funds Transfer (EFT) information, Gainwell Technologies mails a letter to the provider confirming the change. The letter contains both the previous and the new EFT data. Upon receipt of this letter, providers should confirm that the changes are valid. If a discrepancy exists, the provider should contact the Provider Assistance Center at 1-800-842-8440 immediately.

Providers may also cancel their bank account information after enrollment via their Secure Web portal account. However, since EFT is mandated, providers are required to supply new EFT enrollment information.

Authorization Language

By enrolling in Electronic Funds Transfer, the provider agrees to keep, and disclose upon request to authorized agencies, records that disclose fully the extent of payments claimed from the services rendered to clients of the Connecticut Medical Assistance Program. The provider accepts as payment in full the amount paid by the Connecticut Medical Assistance Program for claims submitted with the exception of authorized cost sharing by recipients. The provider understands payment of this claim is from state and federal funds and that any false claims, statements, documents or concealment of a material fact may be prosecuted under state or federal law.

In completing the EFT enrollment process, the provider authorizes the electronic transfer of Connecticut Medical Assistance Program payments made to the associated provider number.

Late/Missing EFT Resolution Procedures

If a provider determines that their EFT payment is late or missing, the provider should contact the Provider Assistance Center at 1-800-842-8440.

Contact Information

Any questions on the EFT enrollment process should be directed to the Provider Assistance Center at 1-800-842-8440.

Appendix A – EFT Enrollment Instructions

ACA 1104 Phase III Core 380 Enrollment Data Rule Field Name	ACA 1104 Phase III Core 380 Enrollment Data Rule Field Description	Instructions for the Connecticut Medical Assistance Program
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider	This field is auto-populated and non-updateable on the EFT enrollment panel.
Provider Identifiers: Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) - OR – National Provider Identifier (NPI)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity 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	This field is auto-populated and non-updatable on the EFT enrollment panel. The field will display the NPI associated to the provider. If the provider is atypical, the field will display the provider's TIN/EIN.

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Other Identifiers		
Assigning Authority	Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid	This field will display "Medicaid" and is non-updateable.
Trading Partner ID	The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor. For the Connecticut Medical Assistance Program, this is the provider's nine digit AVRS ID.	This field will display the provider's 9-digit AVRS ID, if available and is non-updateable.
Financial Institution Name	Official name of the provider's financial institution	This field is auto-populated based on the financial institution routing number entered by the provider. If the financial institution you enter in the Financial Institution Routing Number field cannot be found in the Connecticut Medical Assistance Program, you may see "unknown institution" this field. Please proceed to the next field for data entry.
Financial Institution Address Street	Street address associated with receiving depository financial institution name field	These fields are auto-populated based on the financial institution routing number entered by the provider. If the financial institution you enter in the Financial Institution Routing Number field cannot be found in the Connecticut Medical Assistance Program, you may see "unknown institution" this field. Please proceed to the next field for data entry.
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	

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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	Enter the 9-digit identifier of the financial institution where payments are to be deposited. If the number you have entered cannot be matched to a financial institution in the Connecticut Medical Assistance Program, you will receive the following warning message: "Please confirm the financial institution routing number you entered. If this number is correct, select Ignore and Continue to proceed. If this number is not correct, please data enter the correct number." If the number you have entered is correct, Gainwell Technologies will ensure that financial institution is added to the Connecticut Medical Assistance Program upon receipt of your application/update.
Financial Institution Routing Number (rekey)		Re-enter the 9-digit identifier of the financial institution where 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	Select the type of account where payments are to be deposited. Valid values are: Checking and Savings
Provider's Account Number with Financial Institution	Provider's account number at the financial institution to which EFT payments are to be deposited	Enter the provider's account number to which EFT payments are to be deposited.

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Provider's Account Number with Financial Institution (rekey)		Re-enter the provider's account number to which EFT payments are to be deposited.
Account Number Linkage to Provider Identifier Provider Tax Identification Number (TIN) National Provider Identifier (NPI)	Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice	This field is auto-populated. The field will display the NPI associated to the provider. If the provider is atypical, the field will display the provider's TIN/EIN. However, this field is updateable. Please note that the account number entered here must match the Preference for Aggregation of Remittance Advice Data entered at the time a Trading Partner enrollment is created or updated. If these values do not match, a warning message will be set. The provider and/or trading partner must then update their EFT information on ERA information via the Secure Web portal.
Reason for Submission - New Enrollment - Change Enrollment - Cancel Enrollment		Select the reason for submission of the EFT enrollment data. - If the provider is not currently enrolled in EFT, the reason for submission should be New Enrollment. - If the provider is currently enrolled in EFT and wishes to update their EFT information, the reason for submission should be Change Enrollment. - If the provider is currently enrolled in EFT and wishes to cancel that enrollment, the reason for submission should be Cancel Enrollment. Please note, however, that EFT is mandated by DSS. If the provider cancels their current enrollment, they must submit new EFT enrollment data.

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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	Enter the name of the individual authorized by the provider to initiate, modify, or terminate an enrollment.