



Electronic Funds Transfer – EFT

Program Information Guide and Authorization Form

Revised March 2017

INTRODUCTION

BMC HealthNet Plan (BMCHP) has introduced a convenient new service for the payment of BMCHP claims. The BMCHP EFT program permits the direct electronic deposit of your BMCHP claim reimbursements into a bank account that you designate. BMCHP encourages providers to enroll in its electronic funds transfer (EFT) program for automatic claim reimbursements into your bank account. It's easy, it's free and it helps us save you time and money.

Advantages of electronic funds transfer (EFT) include:

- Prompt Payment – no waiting for checks to clear
- Improved cash flow
- No lost checks or Post Office delay
- Savings of administrative and overhead costs
- No standing in line at the bank
- Simplified record keeping
- Reduced paperwork

What is Electronic Funds Transfer (EFT)?

EFT is an electronic method for instructing financial institutions to debit or credit customer accounts and thereby effecting a transfer of funds from one account to another. EFT methods are faster and more secure for moving funds than paper checks. Since BMCHP's reimbursements are deposited electronically with EFT, there are no deposit slips for you to prepare. You will also save time previously spent depositing your BMCHP checks.

Is EFT Required or Voluntary?

EFT is a voluntary program, but we encourage all qualified providers to participate in the program. Our voluntary program has grown tremendously because of the convenience, cost efficiency, and security associated with paying by EFT.

What Steps are Necessary to receive payments via EFT?

This packet includes an **EFT Authorization Form (EFT-1)**. This form must be completed and submitted with one of the following forms of documentation from the account in which you wish to receive BMCHP claim payments:

1. Voided check
2. Letter from the provider's bank confirming the ABA Transit number and account number
3. Letter from the provider on the provider's letterhead, signed by an authorized signer, explaining the reason why a voided check cannot be supplied, and confirming the ABA Transit number and account number to be used for EFT.

Please be sure all applicable information is provided and that it is legible and return the documents to your Plan provider relations representative. After the EFT-1 is received, you will be contacted by your provider relations representative who will verify that all information is complete and correct. Approximately 7-10 calendar days after this verification has been completed, you will begin to see payments via EFT. Note: Providers who enroll in BMCHP EFT will continue to receive a paper based Remittance Advice (RAs), indicating member names, dates of service, services rendered, and amounts of BMCHP payments. Additionally, your bank statement will continue to reflect deposited amounts and dates of deposit.

Can I Change My EFT Account?

Providers enrolled in the BMCHP EFT program may change the receiving bank account at any time simply by submitting a new, completed EFT Authorization Form (EFT –1) and corresponding information. To ensure continuity of payment, please be sure to notify BMCHP at least 10 business days in advance if you intend to close the original bank account.

Provider Instructions for Completing the Attached EFT Authorization Form (EFT-1)

Please Check One:

New Enrollment Change Enrollment Cancel Enrollment

Provider Identification Information
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Provider Name	Complete legal name of institution, corporate entity, practice or individual provider	Alphanumeric
Provider Tax Identification Number or Employer Identification Number	A Federal Tax Identification Number (TIN), also known as an Employer Identification Number (EIN), is used to identify a business entity	Numeric (9 digits)
Provider National Provider Identifier (NPI)	A 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.	Numeric (10 digits)
Provider Contact Information:		
Name	Name of a contact in provider office for handling EFT issues	Alphanumeric
Telephone Number	Associated with contact person	Numeric (10 digits)
E-Mail Address	An electronic mail address at which the health plan might contact the provider	Alphanumeric

Financial Institution Information
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Financial Institution Name	Official name of the provider's financial institution	Alphanumeric
Financial Institution Address:		
Street	Street address associated with receiving depository financial institution name field	Alphanumeric
City	City associated with receiving depository financial institution address field	Alphanumeric
State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country	Alpha (2 digits)
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	Alphanumeric (15 characters maximum)
Account Type	The type of account the provider will use to receive	Alphanumeric

	EFT payments, e.g., Checking, Saving	
ACH Routing Transit Number	A 9-digit identifier of the financial institution where provider payments are to be deposited (Financial Institution Routing Number)	Numeric (9 digits)

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Provider’s Financial Institution Account Number	Provider’s account number at the financial institution to which EFT payments are to be deposited	Numeric (max 17 digits)
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Name of Company
Boston, MA 02110

Date: _____ 1001

\$ _____
Dollars

Bank Name
Boston, MA 02110

Routing Number Account Number
1: 123456789 1: 200000672 1001

NOTE: A VOIDED CHECK or LETTER from bank confirming ABA Transit and Account Numbers, or LETTER from Provider on Provider’s Letterhead, signed by authorized signer confirming ABA Transit and Account Numbers and explaining why a voided check cannot be provided must be attached.

Account Number Linkage to Provider Identifier	Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice	
Provider Tax Identification Number or Employee Identification Number	A Federal Tax Identification Number (TIN), also known as an Employer Identification Number (EIN), is used to identify a business entity	Numeric (9 digits)
Provider National Provider Identifier (NPI)	A 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.	Numeric (10 digits)

Authorization Information

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 (must provide either Electronic or Written Signature)	
Electronic Signature of Person Submitting Enrollment		
Written Signature of Person Submitting Enrollment		
Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; 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 manual enrollment	
Submission Date	The date on which the enrollment is submitted	CCYYMMDD
Requested EFT Start/Change/Cancel Date	The date on which the requested action is to begin	CCYYMMDD

EFT Authorization Form (EFT-1) – To Be Completed by the Provider

EFT Authorization Form (EFT-1)

Please Check One:

- New Enrollment
 Change Enrollment
 Cancel Enrollment

Provider Identification Information
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Provider Name	
Provider Tax Identification Number or Employer Identification Number	
Provider National Provider Identifier (NPI)	
Provider Contact Information:	
Name	
Telephone Number	
E-Mail Address	

Financial Institution Information
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Financial Institution Name	
Financial Institution Address:	
Street	
City	
State/Province	
ZIP Code / Postal Code	
Account Type	
ACH Routing Transit Number	

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Provider's Financial Institution Account Number	
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Name of Company Boston, MA 02110	1001
Date: _____	
_____ \$ _____	
_____ Dollars	
Bank Name Boston, MA 02110	
Routing Number Account Number	
1: <input style="width: 100px;" type="text" value="123456789"/>	1: <input style="width: 100px;" type="text" value="200000672"/> 1001

NOTE: A VOIDED CHECK or LETTER from bank confirming ABA Transit and Account Numbers, or LETTER from Provider on Provider's Letterhead, signed by authorized signer confirming ABA Transit and Account Numbers and explaining why a voided check cannot be provided must be attached.

Account Number Linkage to Provider Identifier		
Provider Tax Identification Number or Employee Identification Number		
Provider National Provider Identifier (NPI)		

Authorization Information

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

Please return this form to your Provider Relations Representative.

What Happens After I Complete the EFT Authorization Form (EFT-1) and Give It To My Provider Relations Representative?

1. Your provider relations representative will contact you to identify and verify which provider payees should be covered by the EFT agreement. For example: Hospital XYZ completes an authorization form to begin EFT with BMCHP and our records indicate that 3 payees (Med/Surg Group, Pediatrics Group, Anesthesiology Group) participate under Hospital XYZ's agreement. The Plan representative will confirm whether EFT should cover all or some of the payees.
2. The Plan provider relations representative will also confirm that the financial institution information is correct before submission and data entry.
3. After approximately 7-10 calendar days, the EFT account is completed and you should begin receiving payments.
4. You will continue to receive paper based remittance advices (RAs) with a voided check for reference purposes.
5. If you have not begun receiving your payments from BMC HealthNet Plan via EFT within 14 days, or two check cycles, whichever is later, contact your provider relations representative.

Who Can I Ask If I have More Questions?

Please contact your provider relations representative who can assist you with all questions regarding EFT.