Electronic Funds Transfer (EFT) Enrollment Application Window

This window allows registered PROMIS*e*™ provider service locations to enroll for payment by Electronic Funds Transfer (EFT).   This window is accessed from the PA PROMISe™ Internet Provider My Home Page and clicking on the EFT and ERA Enrollment menu option in the menu bar.   The window displays the current EFT and ERA activity status in PROMIS*e*™ of the provider service location that the user is currently logged into on the portal.   Valid values are:

- Enrolled – (PROMIS*e*™ EFT status is active)
- Pre-notification – (PROMIS*e*™ sending test transactions for 3 weeks before full enrollment)
- Not Enrolled – (PROMIS*e*™ EFT status is cancelled or EFT was never set up)

Accessibility and Use

To complete the Electronic Funds Transfer Enrollment Application window, complete the steps in the following step/action tables.

LAYOUT

To Open the Electronic Funds Transfer (EFT) Enrollment Application Window

STEP	ACTION	RESPONSE
1	Click the EFT Enrollment Request Option.	The Electronic Funds Transfer (EFT) Enrollment Application window opens.

LAYOUT

Logout

pennsylvania
DEPARTMENT OF HUMAN SERVICES

PROMISe™ Internet

| My Home | Claims | Eligibility | Trade Files | Reports | Outpatient Fee Schedule | ePEAP | Hospital Assessment | Help |

Enrolled Provider Search | **EFT and ERA Enrollment**

My Home > **EFT and ERA Enrollment**   Tuesday 07/24/2018 04:03 PM EST

Help

Electronic Funds Transfer (EFT) Enrollment Application

Provider Information

Provider Name   JOHN R COOLE

Provider Address   *(Payment Address)*

Street   100 E MAIN ST

City   WATERBURY

State/Province   CT   ZIP Code/Postal Code   06702-2312

Provider Identifiers

Provider Identifiers

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)   *****9979

National Provider Identifier (NPI)

Other Identifiers

Assigning Authority   PA PROMISe

Trading Partner ID   001842644   0001   (9-digit Provider ID and 4-digit Service Location)

✚ New Service Location

Provider Contact Information

Provider Contact Name

Contact

Telephone Number   Telephone Number Extension

Email Address

Financial Institution Information

Financial Institution Name

Financial Institution Address

Street

City

State/Province   PA   ZIP Code/Postal Code

Financial Institution Routing Number

Type of Account at Financial Institution

○ Checking   ○ Savings

Provider's Account Number with Financial Institution

Account Number Linkage to Provider Identifier
(Information only. Will not change grouping of payments by PROMISe.)

○ Provider Tax Identification Number (TIN):

○ National Provider Identifier (NPI):

Submission Information

Reason for Submission *(choose one)*

⦿ New Enrollment

○ Change Enrollment

○ Cancel Enrollment

Authorized Signature

Electronic Signature of Person Submitting Enrollment

0018426440001

Printed Name of Person Submitting Enrollment

Printed Title of Person Submitting Enrollment

Submission Date   20180724   *(format:CCYYMMDD)*

[Cancel]   [Submit EFT Enrollment Form]

To Complete the Electronic Funds Transfer (EFT) Enrollment Application

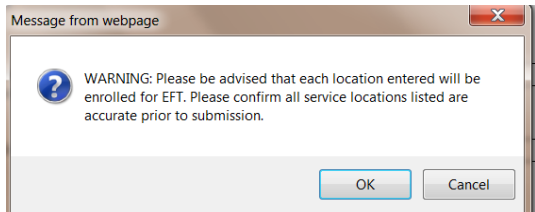| STEP	ACTION	RESPONSE
1	In the **Provider Information** Section, **Name** field, the **legal name** of the **institution, corporate entity, practice** or **individual provider associated with the service location's pay-to address.**	This information is auto-filled from the data available in PROMISe™. The user may **not** update this information via the EFT Enrollment Application window if appropriate
2	In the **Provider Information** Section, **Street** field, the **number** and **street name** where the provider service location is located	This information is auto-filled from the data available in PROMISe™. The user **may** update this information via the EFT Enrollment Application window if appropriate.
3	In the **Provider Information** Section, **City** field, the **city** associated with the provider service location's street address.	This information is auto-filled from the data available in PROMISe™. The user **may** update this information via the EFT Enrollment Application window if appropriate.
4	In the **Provider Information** Section, **State/Province** field, the **two character code** associated with the state name.	This information is auto-filled from the data available in PROMISe™. The user **may** update this information via the EFT Enrollment Application window if appropriate
5	In the **Provider Information** Section, **Zip Code/Postal Code** field, the full **nine digit zip code** assigned by the Postal Service.	This information is auto-filled from the data available in PROMISe™. The user **may** update this information via the EFT Enrollment Application window if appropriate
6	In the **Provider Identifiers** Section, **Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)** field, the Tax ID of the provider legal entity. **Note* Only the last 4 digits of the Tax ID will be displayed; the other digits will be masked.**	This information is auto-filled from the data available in PROMISe™. The user may **not** update this information via the EFT Enrollment Application window if appropriate
7	In the **Provider Identifiers** Section, **National Provider Identifier (NPI)** field, the Federally assigned 10 digit number for the Assigned service location	This information is auto-filled from the data available in PROMISe™. The user may **not** update this information via the EFT Enrollment Application window if appropriate
8	In the **Other Identifiers** Section, **Assigning Authority** field "PA PROMIS*e*™"	"PA PROMIS*e*™" will be auto-filled in this field. The user may **not** update this information via the EFT Enrollment Application window.

9	In the **Other Identifiers** Section, **Trading Partner ID** field(s), the provider's assigned 9-digit Medical Assistance ID number will be auto-filled. The 4-digit Service Location is initially blank.	This information is **partially** auto-filled from the data available in PROMISe™. The user **must** update the 4-digit Service Location. An automatic edit will verify that the entered Service Location is active for the submitting provider legal entity. **Note* Only the first Trading Partner ID selection will be partially auto-filled with the service location information of the service location you log into the portal with. This information cannot be updated. All subsequent service location entries must be submitted by the provider and then confirmed by the system.** Each new row begins with a minus sign ("-") that the user may click to remove the row from the application form. The maximum number of service locations that may be added is 100. The first time a user clicks this link on a new application, a pop-up message appears to caution the user about adding service locations.
10	In the **Provider Contact Information** Section, **Provider Contact Name** field, the name of the provider contact for handling EFT issues.	The Provider Contact Name field is a required field and is **not** auto-filled. The User **must** enter the name of the provider contact for handling EFT issues.
11	In the **Provider Contact Information** Section, **Telephone Number** field, the provider contact phone number for EFT issues.	The Provider Contact Telephone Number field is a required field and is **not** auto-filled. The User **must** enter the telephone number of the provider contact for handling EFT issues.
12	In The **Provider Contact Information** Section, **Email Address** field, the electronic mail address to send provider contact correspondence.	The Provider Contact Email Address field is a required field and is **not** auto-filled. The User **must** enter the email address of the provider contact for handling EFT

		issues.
13	In the **Financial Institution Information** Section, **Financial Institution Name** field, the official name of the provider's financial institution.	The Financial Institution Name field is a required field and is **not** auto-filled. The User **must** enter the name of the provider's financial institution.
14	In the **Financial Institution Information** Section, **Financial Institution Address Street** field, the street number and street name where the financial institution is located.	The Financial Institution Address Street field is a required field and is **not** auto-filled. The User **must** enter the street number and the street name of the provider's financial institution.
15	In the **Financial Institution Information** Section, **Financial Institution Address City** field, the city associated with the financial institution address street field.	The Financial Institution Address City field is a required field and is **not** auto-filled. The User **must** enter the City associated with the provider's financial institution address.
16	In the **Financial Institution Information** Section, **Financial Institution Address State/Province** field, the two character code associated with the state/province name.	The Financial Institution Address State/Province field is a required field and is **not** auto-filled. The User **must** enter the two character code associated with the state associated with the state/province of the provider's financial institution.
17	In the **Financial Institution Information** Section, **Financial Institution Routing Number** field, the 9-digit identifier of the financial institution where the provider maintains an account which EFT payments are to be deposited.	The Financial Institution Routing Number field is a required field. The information **is** auto-filled **if** available. If the information is not auto-filled, the User **must** enter the provider's financial institution routing number.
18	In the **Financial Institution Information** Section, **Type of Account at Financial Institution** field, the account type (e.g., Checking, Saving) payment are to be deposited into.	The Type of Account at Financial Institution field is a required field and is **not** auto-filled. The User **must** select the type of account the provider will use to receive EFT payments. Valid values are: Checking Saving
19	In the **Financial Institution Information** Section, **Provider's Account Number Financial Institution** field, the account number at the financial institution to which EFT payments are to be deposited.	The Provider's Account Number with Financial Institution field is a required field and is **not** auto-filled. The User **must** enter the account number at the provider's financial institution to which EFT payment is to be deposited.
20	In the **Financial Institution Information** Section, **Account Number Linkage to Provider Identifier** field(s), the preference for grouping (bulking) claim payments.	The Account Number Linkage to Provider Identifier field is **not** auto-filled. The User **may** enter the provider's preference for grouping claim payments. Valid values are:

	Note* this is collected for informational purposes only; PA PROMIS*e*™ does **NOT** bulk payments.	Provider Tax Identification Number (TIN) National Provider Identifier (NPI) **NOTE*** If TIN is the selected preference; the provider's Tax Identification Number is required to be entered. If NPI is the selected preference, the provider's NPI is required to be entered.
21	In the **Submission Information** Section, **Reason for Submission** field(s), must select one of the reasons.	The Reason for Submission field is a required field and is **not** auto-filled. The User **must** select the reason for submitting the EFT form. Valid values are: New Enrollment Change Enrollment Cancel Enrollment
22	In the **Submission Information** Section, **Authorized Signature** field, the PA PROMIS*e*™ User ID of an individual authorized by the provider or it's agent to initiate, modify, or terminate the EFT enrollment.	The Authorized Signature field **is** auto-filled with the electronic signature of the PROMIS*e*™ Portal User ID of the person submitting the enrollment form. The User may **not** update this field via the EFT Enrollment Application window.
23	In the **Submission Information** Section, **Printed Name of Person Submitting Enrollment** field, the name of the individual who submitted the EFT application form.	The Printed Name of Person Submitting Enrollment field is a required field and is **not** auto-filled. The User **must** enter the name of the individual who submitted the EFT application form.
24	In the **Submission Information** Section, **Printed Title of Person Submitting Enrollment** field, the title of the individual who signed the EFT application form.	The Printed Title of Person Submitting Enrollment field is **not** auto-filled. The User **may** enter the title of the individual who submitted the EFT application form.
25	In the **Submission Information** Section, **Submission Date** field, the on which the EFT application form is submitted in CCYYMMDD format.	The Submission Date field **is** auto-filled with the current date on which the EFT application form is submitted in format CCYYMMDD. The User may **not** update this field.
26	Click the **Submit EFT Enrollment Form** option to submit the EFT Enrollment Application.	The Electronic Funds Transfer (EFT) Agreement window opens.

LAYOUT

I hereby authorize the Commonwealth of Pennsylvania to post payments into the financial account referenced above. I certify the foregoing information is true, accurate and complete under penalty of perjury. If the signatory is a preparer and not the provider identified by the Medicaid Number noted above, the signatory acknowledges that as the preparer, he or she is providing the information on behalf of the provider and that the provider authorized the preparer to complete this action. I acknowledge that I read and understand this agreement.

If there is an EFT failure, I agree to have the payment made by check and mailed to the address listed on the PROMISe provider file.

Electronic signature – By selecting the "Accept" button, you are signing this agreement electronically. You agree your electronic signature is the legal equivalent of your written signature on the agreement, and the provider (and any preparer) is bound by this signature.

NOTICE - Anyone who misrepresents or falsifies essential information to receive payment utilizing this form may upon conviction be subject to fine and/or imprisonment under applicable State and/or Federal laws.

The EFT Agreement displays the terms and conditions for EFT enrollment and allows the user to accept or decline the terms.

| 27 | Click the **ACCEPT** option to submit the EFT Enrollment data. | The Electronic Funds Transfer (EFT) data is added to the PROMIS*e*™ database for review and processing. |
| 28 | Click the **Decline** option | The user will be returned to the EFT Enrollment Application window. |