Please note. This document has been formatted for use with screen readers. Page references in this document—whether in the table of contents or elsewhere in the text—refer to page numbers in the original publication.

Electronic Funds Transfer Enrollment/Modification Form
Instructions

Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

These instructions should be used as a guide to complete the Electronic Funds Transfer (EFT) Enrollment/Modification Form.

# PROVIDER INFORMATION

Data Element
Provider Name
Definition
Complete legal name of institution, corporate entity, practice, or individual.

Data Element:
Doing Business As (DBA)Name
Definition
Trade name, or business name, under which the business or operation is conducted. The DBA must match the name on the bank account submitted for EFT.

Data Element
Street
Definition
The number and street name where a person or organization can be found.

Data Element
City
Definition
City associated with provider address field.

Data Element
State
Definition
Two-character code associated with the state.

Data Element
Zip Code +4
Definition
System of postal-zone codes (“zip” stands for "zone improvement plan") to support mail delivery and exploit electronic reading and sorting capabilities.

# PROVIDER IDENTIFIERS

Data Element
Provider Federal Tax Identification Number (TIN) or Federal Employer Identification Number (FEIN) or SSN
Definition
Enter the federal tax identification number or federal employer identification number, also known as an (FEIN) or (SSN), here. This is the number you provided to the Commonwealth upon enrollment in MassHealth.

Data Element
National Provider Identifier (NPI)
Definition
The 10-digit unique identifier for all Health Insurance Portability and Accountability Act (HIPAA)-covered health care. This is the number you provided to the Commonwealth upon enrollment in MassHealth.

# PROVIDER CONTACT INFORMATION

Data Element
Provider Contact Name
Definition
Name of a contact person in the provider office for handling EFT issues.

Data Element
Telephone Number
Definition
Telephone number of the provider contact.

Data Element
Telephone Number Extension
Definition
Extension of the provider contact.

Data Element
City
Definition
City associated with provider address field.

Data Element
Email Address
Definition
An electronic mail (email) address at which the health plan might contact the provider.

# FEDERAL AGENCY INFORMATION

Data Element
Federal Program Agency
Definition
MassHealth provider ID/service location.

# FINANCIAL INSTITUTION INFORMATION

Data Element
Financial Institution Name Official name of the provider’s financial institution.

Data Element
Street
Definition
Street address associated with the receiving depository listed in the financial institution name field.

Data Element
City
Definition
City associated with the receiving depository financial institution listed in address field.

Data Element
State
Definition
Two-character code associated with the state.

Data Element
Zip Code +4
Definition
System of postal-zone codes (“zip” stands for "zone improvement plan") to support mail delivery and electronic reading and sorting capabilities.

Data Element
Financial Institution Routing Number
Definition
A nine-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited.

Data Element
Type of Account at Financial Institution
Definition
The type of account the provider will use to receive EFT payments. This must be either a Checking or Savings account.

Data Element
Provider’s Account Number with Financial Institution
Definition
Provider’s account number at the financial institution to which EFT payments are to be deposited.

Data Element
Provider Federal Tax Identification Number (TIN)
Definition
A federal tax identification number, also known as an employer identification number (EIN), is used to identify a business. This is the number you provided to the Commonwealth upon enrollment in MassHealth.

Data Element
National Provider Identifier (NPI)
Definition
The 10-digit unique identifier for all Health Insurance Portability and Accountability Act (HIPAA)-covered health care. This is the number you provided to the Commonwealth upon enrollment in MassHealth.

# SUBMISSION INFORMATION

Reason for Submission

Data Element
New Enrollment
Definition
Check this box to enroll in EFT.

Data Element
Change Enrollment
Definition
Check this box if you want to make changes to your current EFT enrollment information.

Please be sure to provide the existing account from which you are changing on page 2 of the form. This section can be found directly following the Submission Information section on the EFT Enrollment/Modification Form.

Data Element
Cancel Enrollment
Definition
Check this box if want to cancel your enrollment in EFT.

Included

Data Element
Voided Check
Definition
A voided check is attached to provide confirmation of identification/account numbers.

Data Element
Bank Letter
Definition
A letter on bank letterhead that formally certifies the account owner’s routing and account numbers.

Data Element
Signature of Person Submitting Enrollment
Definition
The form can either be signed traditionally and then scanned, or it can be signed electronically using DocuSign or Adobe Sign. For electronic signatures, the signer can upload a picture of their wet signature. The typed text of a signature is not an acceptable form of an electronic signature.

Data Element
Printed Name of Person Submitting Enrollment
Definition
The printed name of the authorized person signing the form; may be used with electronic and paper-based manual enrollment.

Data Element
Provider Old Bank Account Number
Definition
Provider’s old bank account number at the financial institution that is requested to be changed.

Data Element
Account Type
Definition
The provider’s old bank account type that received EFT payments. This must be either a checking or savings account.

Data Element
Certification
Definition
Complete name – this is found on page 2 of the form and must be completed.

Data Element
Affirmation
Definition
Check one –
payments ARE subject to being transferred to a foreign bank account
payments ARE NOT subject to being transferred to a foreign bank account

Data Element
Signature of authorized representative
Definition
The form can either be signed traditionally and then scanned, or it can be signed electronically using DocuSign or Adobe Sign. For electronic signatures, the signer can upload a picture of their wet signature. The typed text of a signature is not an acceptable form of an electronic signature

* Please contact your financial institution to arrange for the delivery of the CORE (Committee on Operating Rules for Information Exchange)-required Minimum CCD+ (Cash Concentration or Disbursement) data elements needed for re-association of the payment and the Electronic Remittance Advice (ERA).
* Instructions to complete the EFT Enrollment/Modification Form can be found at www.mass.gov/how-to/tips-for-completing-the-electronic-funds-transfer-eft-form. You may also confirm the status of your EFT enrollment by contacting MassHealth at (800) 841-2900, TDD/TTY: 711.
* The EFT User job aid that explains how providers may match the EFT payment to the remittance advice can be found at https:// massfinance.state.ma.us/VendorWeb/MassHealthProviderJA.asp.
* The EFT Enrollment/Modification form can be completed manually or electronically. Electronic submissions must be printed, signed, faxed or mailed in the following ways.

Fax: (617) 988-8974

Mail:
MassHealth Provider Enrollment and Credentialing
PO Box 278
Quincy, MA 02171-0278

End of EFT-1 instructions.