



Electronic Funds Transfer Enrollment/Modification Form Instructions

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

Data Elements	Definition
PROVIDER INFORMATION	
Provider Name	Complete legal name of institution, corporate entity, practice, or individual provider.
Doing Business As (DBA)Name	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.
Street	The number and street name where a person or organization can be found.
City	City associated with provider address field.
State	Two-character code associated with the state.
Zip Code +4	System of postal-zone codes ("zip" stands for "zone improvement plan") to support mail delivery and exploit electronic reading and sorting capabilities.
PROVIDER IDENTIFIERS	
Provider Federal Tax Identification Number (TIN) or Federal Employer Identification Number (FEIN) or SSN	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.
National Provider Identifier (NPI)	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	
Provider Contact Name	Name of a contact person in the provider office for handling EFT issues.
Telephone Number	Telephone number of the provider contact.
Telephone Number Extension	Extension of the provider contact.
E-mail Address	An electronic mail (e-mail) address at which the health plan might contact the provider.
FEDERAL AGENCY INFORMATION	
Federal Program Agency Identifier	MassHealth provider ID/service location.
FINANCIAL INSTITUTION INFORMATION	
Financial Institution Name	Official name of the provider's financial institution.
Street	Street address associated with the receiving depository listed in the financial institution name field.
City	City associated with the receiving depository financial institution listed in address field.
State	Two-character code associated with the state.
Zip Code +4	System of postal-zone codes ("zip" stands for "zone improvement plan") to support mail delivery and electronic reading and sorting capabilities.
Financial Institution Routing Number	A nine-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. This must be either a Checking or Savings account.
Provider's Account Number with Financial Institution	Provider's account number at the financial institution to which EFT payments are to be deposited.

Provider Federal Tax Identification Number (TIN)	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.
National Provider Identifier (NPI)	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:	
New Enrollment	Check this box to enroll in EFT.
Change Enrollment	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.
Cancel Enrollment	Check this box if want to cancel your enrollment in EFT.
Included:	
Voided Check	A voided check is attached to provide confirmation of identification/account numbers.
Bank Letter	A letter on bank letterhead that formally certifies the account owner's routing and account numbers.
Written Signature of Person Submitting Enrollment	A "wet" signature is required. Manually completed forms, including a wet signature of the authorized person completing the form, must also be mailed to the address at the bottom of the EFT Enrollment/Modification form.
Printed Name of Person Submitting Enrollment	The printed name of the authorized person signing the form; may be used with electronic and paper-based manual enrollment.
Provider Old Bank Account Number	Provider's old bank account number at the financial institution that is requested to be changed.
Account Type	The provider's old bank account type that received EFT payments. This must be either a Checking or Savings account.
Certification	Complete name – this is found on page 2 of the form and must be completed.
Affirmation	Check one – <p style="text-align: center;">payments ARE NOT payments ARE</p> subject to being transferred to a foreign bank account
Signature of authorized representative	

- * 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/eohhs/docs/masshealth/aca/eft-instructions.pdf. You may also confirm the status of your EFT enrollment by contacting MassHealth Customer Service at 1-800-841-2900.
- * 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 also be printed, signed, and mailed to the address below. The Commonwealth of Massachusetts requires a wet signature on all EFT enrollments, modifications, and terminations. All paper forms must be mailed to the following address:
MassHealth Customer Service
Attn: Provider Enrollment and Credentialing
P.O. Box 9162
Canton, MA 02021