Electronic Funds Transfer (EFT) Enrollment/Change for Medical Claims and Capitation

Please use this guide to prepare/complete your Electronic Funds Transfer (EFT) Authorization Agreement Form. Missing, illegible or incomplete information within the agreement form will delay the benefits of participating in EFT. The following is a reference guide only, do not fax or email the instructions with the completed authorization form. Return Pages 2-3 ONLY. If you have questions about the authorization agreement form or the enrollment process, please call Finance at 602-263-3000 or email us at MercyEFT@aetna.com.

Please note that the descriptions for the data elements contained in the Electronic Funds Transfer (EFT) Authorization Form have been placed in an Appendix to make it easier to complete the form. Please refer to the Appendix when completing the form.

☐ **Are you using one authorization agreement form per tax id number?**
- Enrollment forms containing more than one tax id will be returned.

☐ **Did you remember to put the NPI # on the authorization agreement form?**
- Enrollment forms without an NPI number will be returned.

☐ **Have you attached a pre-printed voided check with the account holder imprinted on the check or bank letter for new enrollments or changes in bank information?**
- Enrollment requests cannot be processed without this information.
- A voided check/bank letter must accompany the form. Deposit Slips, starter checks, handwritten or altered checks will not be accepted. The banking information on the voided check/bank letter must match what is listed on the form.

☐ **Need to change or cancel an existing enrollment?**
- Complete a new authorization agreement form to make changes to an existing enrollment or to cancel an existing enrollment. Complete all parts of the form and mark the appropriate choice in the Submission Information section of the form. You are responsible for notifying Mercy Care of any changes in your information. For Bank Account Changes please complete the prior bank account information.

☐ **Has the form been signed by the appropriate individuals?**
- Unsigned forms will be returned. The enrollment form must be signed by authorized healthcare individuals. The signing authority must match the legal entity associated with the TIN. Examples of authorized healthcare individuals include: Practitioner (MD, DO, DC, DDS, PhD, etc.) and/or Corporate Officer or Authorized Manager (CEO, CFO, Office Manager, etc.).

☐ **Have you completed all sections?**
- Please type or print all requested information clearly. Incomplete and/or illegible fields will cause the form to be returned.

☐ **Have a completed form to submit? Forms can be submitted by fax or email.**
- Completed new or change authorization agreement forms with voided check and/or bank letter and completed cancellation authorization agreement forms can be submitted through one of the following methods:
  Fax to: Mercy Care, Finance EFT Enrollment at – 866-237-0760**. Only one form per fax.** Faxes containing multiple forms will be returned.
  Email to: MercyEFT@aetna.com. **Only one form per email**. Emails containing multiple forms will be returned.

☐ **Need to check the status of your EFT enrollment?**
- Please allow 10-15 business days for processing once enrollment is received. Processing times may vary depending on number of enrollments received, accuracy of the information provided and how legible the form is.
- A confirmation letter will be sent to the Provider Address on the enrollment form once setup is complete.
- A $0.00 pre-note test transaction will be sent to your financial institution. The pre-note period can take 10-15 days from the processing date of the approved Electronic Funds Transfer (EFT) Authorization Agreement Form.
- Changes to existing banking information will trigger a new 10 to 15 day pre-note period.
- The online instructions on our website at **www.MercyCareAZ.org** will instruct you to contact Finance at **602-263-3000** or email MercyEFT@aetna.com with any questions or to check enrollment status.

☐ **Have you contacted your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Reassociation Data Elements from the NACHA ACH/EFT payment file?**
- Your financial institution must be a participating member of the Automated Clearinghouse Association (ACH) and accept the CCD+ format. You must proactively contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Data Elements necessary for the successful reassociation of the EFT payment with the ERA remittance advice.

Electronic Funds Transfer (EFT) Enrollment/Change for Medical Claims and Capitation

Please fax only one TIN per form. A separate form for each TIN must be used.

Submission Information – *Change requires previous bank information to be supplied

Check all that apply:	Enroll	*Change	Terminate
EFT for Medical Claims ONLY	☐	☐	☐
EFT for Medical Claims and Capitation/Block/AHCCCS Pass Thru payments (same bank account for ALL)	☐	☐	☐
EFT for Capitation/Block and AHCCCS Pass Thru Payments	☐	☐	☐

(If you have more than one bank account to enroll, please fill out a separate enrollment form for each account and include a bank letter or voided check for each account.)

Incomplete and/or illegible fields and signatures may cause your enrollment to be delayed.

Provider Information – *Please note: Illegible or incomplete fields may cause your enrollment to be delayed.*

Name	Tax ID Number (TIN)	Pay to/Billing National Provider Identifier (NPI)
Telephone Number ( )	Fax Number ( )	
Contact Name	Email Address (used to request additional information and to send completion confirmation)	
Primary Service Address	Primary Billing Address	

Set Up Options: Check Only One

☐ TIN level set up – Enroll the entire Tax ID for EFT payments. (All providers who bill under the TIN enrolled will receive electronic funds transfer (EFT). Payments will not be bulked; they will still be generated/split per NPI.)

If you are not enrolling the entire Tax ID, please select an alternative setup:

☐ Split by Billing Address - Enroll only certain **Billing Locations** under the Tax ID for EFT payments.

☐ Split by Billing NPI – Enroll only certain **Billing NPIs** under the Tax ID for EFT payments. EFT will be generated for two or more NPIs (only to be used when **excluding** other providers under this TIN).

List the applicable Billing Locations or two or more NPIs you would like to enroll for EFT payments:

____

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EFT Email Notification

If you would like to receive an email notification regarding the EFT status, please supply up to two email addresses in the space below. An email from MercyEFT@Aetna.com will inform you of:

- EFT has been processed and the estimated effective date is approximately 15 working days
- An issue has been identified that has delayed the application and the required actions to complete the application
- To request a status update, email MercyEFT@Aetna.com with "Status Update" in the subject line and include the Tax ID Number

* To ensure that EFT Notifications are delivered to the email address(es) provided, please add **MercyEFT@Aetna.com** to your address book.

Email Address 1 (Please type or print email address information clearly)
Email Address 2 (Please type or print email address information clearly)
Fax completed form, voided check and/or official bank letter to **866-237-0760** OR Email the completed form, voided check and/or official bank letter to **MercyEFT@aetna.com**

EFT- Direct Deposit/Banking Information

You MUST include a voided check or bank letter in order to enroll for EFT. Deposit Slip will NOT be accepted.

To take advantage of direct deposit (EFT), your bank must be a participating member of the Automated Clearinghouse Association (ACH). Please note if you require payments to be deposited into multiple bank accounts, you must complete bank account information for each account. Capitation payments made under a single TIN can only be deposited into one bank account. New EFT enrollment or changes to existing EFT banking information will trigger a new EFT pre-note period.

Bank Name		Street
City	State/Province	ZIP Code/Postal Code

Routing number (9 digits found on check, NOT deposit slip) ☐☐☐☐☐☐☐☐☐

Account Number ______________________ **(voided check or bank letter required**; no deposit slip**)**

Account type ☐ Savings ☐ Checking **Included with Submission** ☐ Voided Check ☐ Bank Letter

*If information supplied above is a CHANGE request, please provide the following information below:

* Previous Bank Name ______________________ Previous Address ______________________

* Previous Bank Routing Number (9 digits found on check, NOT deposit slip) ☐☐☐☐☐☐☐☐☐

* Previous Account Number ______________________

* Account type ☐ Savings ☐ Checking

Authorization Agreement – *Please read and sign your name below.*

Electronic Funds Transfers (EFT)

We, the Provider, certify that the bank account information listed on this form is under our direct control. We authorize Mercy Care, on behalf of itself and its affiliates (hereinafter "Mercy"), to initiate credit entries to the account at the bank listed on this form for all claims payments. We authorize and request the bank to accept credit entries by Mercy to such account and to credit the same to such account. We, the Provider, understand that if our account is closed and a new Electronic Funds Transfer (EFT) Authorization Agreement Form has not been submitted and processed, we will not receive payment until our bank returns the funds to Mercy. This authorization remains in effect until we submit an updated Electronic Funds Transfer (EFT) Authorization Agreement Form requesting termination or change and until such time that Mercy has had a reasonable opportunity to act on such request or Mercy notifies us that this service has been terminated. If our depository information changes, we agree to submit an updated Electronic Funds Transfer (EFT) Authorization Agreement Form to that effect. Mercy will not debit or deduct funds directly from my bank account for claim overpayments and or refund requests but, If Mercy credits more money than the correct benefits amount to the account, due to duplicate electronic funds transfers (where "duplicate" is defined as multiple electronic funds transfers received for the same services rendered, the same membership and the same dates of service) or erroneous electronic funds transfers (where "erroneous" is defined as complete electronic funds transfers received in error), Mercy will pursue immediate repayment with the Provider.*

*Mercy Care strictly adheres to the National Automated Clearing House Association (NACHA) guidelines.

Please Note: Two different signatures are required unless sole proprietorship; one authorized health care professional AND one supervisor-level authorized health care professional.

Incomplete and/or illegible signatures will cause your enrollment to be delayed

By signing below, I hereby agree that I have read and agree to the terms and conditions stated above, including Authorization for Direct Deposit of Benefits Payments, Legislative Updates and Pended Claims.

Signature #1: Authorized health care professional may be MD, CFO, CEO, etc.

Authorized health care professional name: ______________________ * Title ____________

Signature ______________________ * Date ____________

Signature #2: Supervisor-level authorized health care professional may be Office Manager, Billing Manager, etc.

Supervisor - level authorized personnel: ______________________ * Title ____________

Signature ______________________ * Date ____________

Form completed by (if different from contact above): ______________________

Billing Company (if different from provider contact above): ______________________

Telephone number (_____) ______________________ Fax number (_____) ______________________

Email address: ______________________

*** Be aware that follow-up by a Mercy Care Finance representative to a supervisor-level authorized health care professional may occur to ensure accuracy of banking information.**

Definitions

Electronic Funds Transfer (EFT)

PROVIDER INFORMATION	
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider
(Provider Address) Street	The number and street name where a person or organization can be found
City	City associated with provider address field
State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country
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
PROVIDER IDENTIFIERS INFORMATION	
Provider Identifiers	Enter TIN and NPI information
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity
National Provider Identifier (NPI)	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
PROVIDER CONTACT INFORMATION	
Provider Contact Name	Name of a contact in provider office for handling ERA issues
Title	Title of contact
Telephone Number	Associated with contact person
Email Address	An electronic mail address at which the health plan might contact the provider
Fax Number	A number at which the provider can be sent facsimiles
EFT- Direct Deposit/Banking Information	
Bank Name	Official name of the provider's financial institution
Street	Street address associated with receiving depository financial institution name field
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
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
Routing Number	A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited
Type of Account at Bank	The type of account the provider will use to receive EFT payments, e.g., Checking, Saving
Provider's Account Number with Bank	Provider's account number at the financial institution to which EFT payments are to be deposited
Included with Enrollment Submission	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 owners routing and account numbers
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. May be MD, CFO, CEO
Supervisor Signature	Supervisor level individual authorized by provider to confirm enrollment information; may be used with electronic and paper-based manual enrollment
Title	Position held and official title name
Billing Company	Third Party authorized by provider to process payments
Form Completed By	Person completing form if different than the authorized signatures
Date	Date Signed

Medical Claims	Fee For Service Claims paid from our QNXT claim system weekly
Capitation Payment	Capitation Contract required – provider receives a monthly amount based on a PMPM or negotiated terms
Block Payment	Block Contract required (RBHA ONLY) – provider receives a monthly amount based on negotiated terms
AHCCCS Pass Thru Payment	Payments that are disbursed by Mercy Care to the provider but AHCCCS determines amounts (i.e. Health II, NFE, APSI and Targeted Investments)