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DMAP Operations

Authorized Signature

Number: DMAP-IM-09-102

Issue Date: 08/07/2009

Topic: Medical Benefits

Subject: Provider announcement: Payments are faster with electronic funds transfer

Applies to (check all that apply):

- | | |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |

Message:

The following Provider Announcement reminds providers that they can receive their OHP payments faster by enrolling in electronic funds transfer (EFT). The announcement also reminds providers about billing electronically through either the Provider Web Portal or electronic data interchange (EDI).

Part of the Electronic Billing Transformation Initiative, it is DMAP's goal to enroll as many providers in EFT as possible.

DMAP will post the announcement on the OHP Provider Announcements Web page and send out an eSubscribe to all those signed up to receive Provider Announcement e-mail alerts. DMAP will also direct providers to this announcement using a banner message on outgoing paper remittance advices.

If you have any questions about this information, contact:

Contact(s):	Provider Enrollment
Phone:	1-800-422-5047
E-mail:	provider.enrollment@state.or.us

Important Information

Get paid faster with EFT and electronic billing

Have your payments electronically deposited using EFT

You can receive payments up to three days sooner by signing up for electronic funds transfer (EFT).

It may take more than a week to receive payments through the mail. With EFT, payments are deposited every Wednesday. You can select either your business or personal bank account.

Enroll in EFT today

It's quick and easy to enroll. Simply download the form and instructions at <http://dhsforms.hr.state.or.us/Forms/Served/OE3077.pdf>. For assistance, contact Provider Enrollment at 1-800-422-5047.

EFT takes two payment cycles to begin.

Bill electronically

For faster claims processing, you can submit claims electronically through:

- **Provider Web Portal**

Submit claims on the Web at <https://www.or-medicaid.gov>.

Instructions are available at www.oregon.gov/DHS/healthplan/webportal.shtml.

- **Electronic Data Interchange (EDI)**

Register as an Electronic Data Interchange (EDI) trading partner. To get started, visit www.oregon.gov/DHS/edi/getting_started.shtml.

Contact EDI Support Services at DHS.EDIsupport@state.or.us or call 1-888-690-9888 for assistance.

Save a tree! If you are are not using your paper RAs, be sure to contact EDI Support Services to discontinue receiving them.

Stay informed with eSubscribe

Sign up for eSubscribe to receive free e-mail updates on important OHP changes affecting you. Go to www.oregon.gov/DHS/healthplan/notices_providers/main.shtml and click on the green eSubscribe envelope. You can choose which alerts you want to receive. It's fast, secure and easy.

Questions?

If you have any questions about this announcement or the Provider Web Portal, please call the Provider Services Unit at 1-800-336-6016, Monday through Friday, 7 a.m. to 4:30 p.m.

Direct Deposit Authorization Form Instructions

Provider: Please read before completing and signing this form.

Only enrolled DMAP providers may request Direct Deposit.

Type of Action:

Select one of the following choices. Indicate the reason for cancellation or change in the appropriate field.

New: For new enrollment or for re-enrollment after cancellation.

Change: To change your Financial Institution and/or account number or account type (checking/savings), complete a new form. **To change** your contact information, mail information including name and DMAP provider number with authorized signature to the address listed below.

Cancel: To withdraw authorization for EFT/direct deposit payments.

Part A: Provider Information

1-3) **Name and Address:** Since there is a small possibility that a payment may have to be mailed to you, an address must be provided. This is the mailing address where you receive payments against your invoices.

4) **DMAP Provider #:** Enter your 6-digit Oregon Medicaid provider number in this field.

5) **E-mail Address:** Important information that must be received by you the same business day and may require a response.

6) **Phone & Fax Number:** So we can contact you during business hours in case there are any problems setting up this service or delivering a future payment to you.

Part B: Account Information

1-3) **Institution Name,** Phone Number, Address

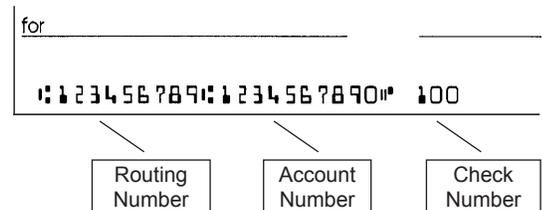
4) **Account Type:** Specify if Checking, Savings or Local Government Investment Pool (LGIP).

5) **ABA Routing & Transit Number:** This is always a nine-digit number. See the check numbering example to the right.

6) **Depositor Account Number:** This may have up to seventeen digits. See example at right. Attach a cancelled check or deposit slip to the DMAP 3077 unless this is an LGIP.

7) **Account Name** (for commercial accounts)

8) **A cancelled check or account verification letter from the bank must accompany this application.**



Part C: Authorization/Signature

Read and sign the form to indicate your agreement with the terms and conditions specified on it. Note that by submitting the form you are authorizing the State of Oregon to credit your account (deposit funds) and, in the event of an overpayment error, to debit your account (withdraw funds) for the amount of the overpayment. All of the individuals named on a Consumer Account must sign this form. If held by more than one person, the joint account holder must also authorize these EFT transactions. You are also confirming that your Financial Institution is capable of processing EFT transactions.

CANCELLATION / CHANGE OF ACCOUNT

The agreement represented by this authorization remains in effect until canceled in writing by the payee or until the program is suspended or terminated by the State of Oregon. Payments to you will be deposited into the account designated in Part B of this form until DMAP is notified in writing that you wish to cancel this authorization or designate a different Financial Institution or account. Six to ten banking days are needed to execute your instructions. To make any changes, submit a new form (DMAP 3077) with the updated information. If any action or inaction taken by the payee results in non-acceptance of an EFT deposit by the designated Financial Institution, payee acknowledges that the State has no responsibility to issue another payment until the funds for the non-accepted deposit are returned to the State by the Financial Institution. If non-acceptance by the Financial Institution is the result of action or inaction taken by the payee, late fees and penalties including consequential damages caused by this non-acceptance do not apply. Please **DO NOT CLOSE YOUR ACCOUNT UNTIL ONE WEEK AFTER NOTIFYING DMAP.**

RECOVERY OF FUNDS DEPOSITED IN ERROR

In the event that an erroneous EFT payment occurs, creating an overpayment, the State reserves the right to debit your account for an amount not to exceed the amount of the erroneous EFT payment. In the event that a debit adjustment cannot be implemented, the State and/or Agency Office may utilize any other lawful means to recover payments to which the account holder is not entitled, including deducting the amount owed from future payments until the total overpayment is recovered. By signing Part C of this form, account holder(s) acknowledge their acceptance of these terms and conditions.

Review all fields carefully: Incomplete or missing information will delay the processing of this form.
DMAP will not accept stamped signatures.

Return completed form by CERTIFIED MAIL to:
DMAP Health Financing Operations
ATTN: ACH Coordinator - CONFIDENTIAL
500 Summer St NE, E44, Salem, OR 97301-1078

If you have any questions:
Call DMAP at (800) 422-5047
and ask for DMAP's ACH Coordinator.
DMAP 3077 (Rev 04/09)

