



**Connecticut Department of Social Services
Medical Assistance Program
Provider Bulletin**

PB 2009-12

April 2009

TO: All Providers

SUBJECT: Mandatory Electronic Funds Transfer (EFT) Enrollment for Reimbursement of Connecticut Medical Assistance Program Services

Effective immediately, DSS is requiring that all providers participate in EFT. The necessity of this mandate is due to the fiscal climate in the State of Connecticut and the need to implement cost saving measures.

Exceptions will only be granted in the following circumstances:

- 1) Out of state providers who will only have a very small number of claims
- 2) Providers who currently receive checks and who are not planning to reenroll in the program

Providers who are currently enrolled in EFT do not need to take any action. Providers who are not currently enrolled in EFT **must do so immediately**.

In order to enroll in EFT, providers must submit an "Authorization for Electronic Funds Transfer" form with a copy of a voided check for a checking account, a deposit slip for a savings account or documentation from your banking institution confirming the bank account and routing number that will be utilized for the EFT deposit. A copy of the form can be downloaded from the Connecticut Medical Assistance Program Web site at www.ctdssmap.com. From the home page, click on "Information" → "Publications". The EFT form is located under the Other Forms section of this Web page, and is titled "Authorization for EFT." The EFT form must be returned to EDS at the address indicated on the form.

The EFT process will take approximately four to six weeks to be completed. Providers will have an initial EFT status of pre-notification, at which time EDS will send a test EFT transaction to the bank. During this time, providers will continue to receive a paper check. Providers will remain in this status until a successful pre-notification transaction has been confirmed. Once a successful transaction is made, providers will begin to receive their funds via EFT beginning with the next claims processing cycle. No additional action is required on the part of the provider. The first time a paper check is not received, providers should confirm with their bank that an EFT has been made.



Providers must inform EDS of any changes to their bank account (i.e. account number, ABA number) by submitting an updated "Authorization for Electronic Funds Transfer" form to the

EDS Provider Enrollment Unit at P.O. Box 5007, Hartford, CT 06104. This action will place the provider in a pre-notification status and the provider will once again receive a paper check until a successful pre-notification transaction has been confirmed. Failure to inform EDS of a change to your bank account information may result in a delay in receiving your reimbursement.

The ASC X12N 835, Electronic Remittance Advice, will include EFT information. The financial information segment (BPR) will include the following fields:

BPR05 - Payment Code = "CCP"	BPR10 - DSS EIN Number
BPR06 - ID Qualifier Number = "01"	BPR12 - Depository Financial Institution Identification Number Qualifier = "01"
BPR07 - Bank ABA Routing Number	BPR13 - Receiver or Provider Bank ID Number
BPR08 - Account Number Qualifier = "DA"	BPR14 - Type of account
BPR09 - DSS Bank Account Number	BPR15 - Receiver or Provider Account Number

We appreciate your cooperation as DSS moves towards a more efficient and cost effective means of reimbursement for Connecticut Medical Assistance Program services.

This bulletin and other program information can be found at www.ctdssmap.com
 Questions regarding this bulletin may be directed to the EDS Provider Assistance Center-
 Monday through Friday from 8:00 a.m. to 5:00 p.m. at:
 In-state toll free **800-842-8440** or EDS
 Out-of-state or in the PO Box 2991
 Local Farmington, CT area **860-269-2028** Hartford, CT 06104

