

PRV – Enrollment Process of Provider Electronic Fund Transfer (EFT)

Purpose:

The purpose of this procedure is to process Provider EFT Requests

Identification of Roles:

Primary Role - The below procedure will be performed by the Provider Enrollment Team.

Performance Standards:

Perform online updates to provider data within one (1) business day of receipt of the update.

Path of Business Procedure:

Step 1: Provider Enrollment receives the scanned EFT form in the PRV 01 EFT queue in OnBase or the Automated Clearing House (ACH) transactions in the PRV01 Fax queue.

Step 2: Keyword

- a. The ACH transactions are received in the PRV 01 Fax queue, keyword provider number and re-index to the EFT queue.
- b. In the PRV01 EFT queue you will log the EFT or ACH transaction by selecting the user task “Log EFT” and enter the provider number, if no provider number, enter 9999999.

Step 3: Is the document complete?

- a. An Enrollment Specialist reviews the EFT form for completeness
- b. If the EFT is complete, continue processing-move to step 6
- c. If the EFT is not complete it is pended and a request letter is sent to the provider-move to step 4
- d. If the provider indicates a Tax Identification (ID) number change, generate a letter notifying the provider that they must apply for a new Iowa Medicaid provider number

Step 4: Incomplete EFT Form

- a. Click on the user task “create letter” for missing information.
- b. Fill in the name and address in the request box.
- c. Print a copy of your letter and a copy of the EFT form request to be mailed to the provider.

- d. The document will move to the missing information queue. When the missing information letter is returned the document will be moved back into production for completing.

Step 5: Document returned

- a. Select the user task “Attach by Packet”
- b. Enter the packet number from the letter
- c. OnBase will find the documents and move it back into the EFT PRV 03 queue to be worked.

Step 6: Is the EFT Consumer Directed Attendant Care (CDAC) Union or Regular EFT request?

- a. Regular EFT request move to step 7 to complete.
- b. Is the provider already set up as Union EFT? If yes, move to step 9
- c. Consumer Directed Attendant Care (CDAC) Union EFT request must be approved by the Union by following the steps below:
- d. Email a copy of the Union CDAC EFT forms to: asiepker@afscmeiowa.org and to hhc@bmqiweb.com
- e. Move document by clicking on user task “Pend”.
- f. Select Union EFT-document will move to missing information queue until approval is received from the Union.

Step 7: Complete EFT request

- a. In the Medicaid Management Information System (MMIS) file 9 use option ‘C’ in the provider master file to “Change a Provider”. Press enter.
- b. From the providers completed EFT form, enter the following fields: PAYMENT-METHOD – “E”, EFT-ROUTE-ID, EFT-ACC-NBR; CHK/SAV = 22 for checking and 32 for savings.
- c. Press Enter. The MMIS validates the data entered.
- d. For CDAC Union EFT request:
- e. In MMIS file 9 use option “C” in the provider master file to “Change a Provider”. Press Enter
- f. Press F3- In the CDAC Union field enter “Y”
- g. MMIS will automatically enter the back account information
- h. Press enter to validate the data entered

Complete the EFT document in OnBase by clicking on the complete user task. The document will move to EFT verify.

Step 8: Confirmation fax from Benefits Management Group Inc. (BMGI) for CDAC Union EFT Request:

- a. Fax will be received in PRV 01 faxes queue
- b. Split fax if needed, only 1 confirmation per fax (See how to split a document in OnBase training material)

- c. Attach fax by packet number. OnBase will find document and move back into the EFT PRV 03 queue to be worked.
- d. Move to step 7 to complete EFT CDAC union request.

Step 9: How to Terminate CDAC Union EFT

- a. American Federation of State County and Municipal Employees (AFSCME) CDAC Provider contacts IME and indicates they want to “opt out” of the union and related dues deduction.
- b. We will advise them exactly as below from Informational Letter 696: “You may discontinue your authorization for IME to forward your payments to Benefits Management Group Inc.(BMGI)/AFSCME at anytime by giving written notice to both IME and AFSCME. When your written, signed authorization is received by the IME, the transfer to BMGI/AFSCME will be discontinued within 60 calendar days.”
- c. We will tell them that the signed, written notice should also include their provider number and social security number for identification purposes.
- d. We will advise them that the notice should include payment address verification for debit card or an EFT request form (470-4202) to direct IME where the payment should be sent after AFSCME approves the discontinuation.
- e. We will advise the provider of the following notification addresses:
- f. IME: Provider Correspondence, PO Box 36450, Des Moines, IA 50315
- g. AFSCME: AFSCME Iowa, Council 61, 4320 NW 2nd Avenue, Des Moines, IA 50313
- h. Any notification received by the IME meeting the criteria in #3 will be forwarded to AFSCME via e-mail. The e-mail will include the providers name and number in the subject line along with the message “AFSCME dues discontinuation request.” Any notification that does not meet the criteria in #3 will be returned to the provider with a letter asking for the additional information.
- i. IME will only remove the BMGI account information when it has been verified as approved by the AFSCME union. The notification from the union should clearly indicate “non-approval or approval to discontinue BMGI immediately.”
- j. IME will remove the BMGI information for any such notification described in #7 for which a provider has verified payment address for debit card or completed an EFT request. If the provider has not verified payment address for debit card or completed an EFT request, a letter will be sent asking for that information. No change will be completed until that is received. If debit card is indicated for the payment method change payment method to “D” and enters all 9’s in the account and routing number on MMIS or enter the EFT information from the EFT form.
- k. Any calls or correspondence to IME from a provider wanting a status on a document that has been forwarded from IME to the union (#7), but not approved (#8) will be referred to AFSCME as described in Informational Letter 696 (contact AFSCME Iowa at 1-800-372-6054).

Example of letter:

You are currently enrolled with AFSCME and are set up to have dues deducted through BMGI the third party administrator.

Per Informational Letter 696: you may discontinue your authorization for IME to forward your payments to BMGI/AFSCME at anytime by giving written notice to both IME and AFSCME. When your written, signed authorization is received by the IME, the transfer to BMGI/AFSCME will be discontinued within 60 calendar days.

Please mail a copy of your written notice to the following addresses:

IME: Provider Correspondence
PO Box 36450
Des Moines, IA 50313

And

AFSCME: AFSCME Iowa, Council 61
4320 NW 2nd Avenue
Des Moines, IA 50313

NOTE: If the provider did not send an updated EFT form, please include:

Please complete the enclosed EFT request or verify payment address so a debit card can be issued and include your provider number, Social Security number (Tax ID), sign and date your request

Forms/Reports:

Quality Assurance Reports
Electronic Funds Transfer (EFT) Authorization Form 470-4202

RFP References:

6.4.1.1.3.d

Interfaces:

OnBase

MMIS

Providers

Attachments:

Process Map

Attachment A:

