



Minnesota Department of **Human Services**

DIRECT DEPOSIT OF MEDICAID PAYMENTS: Electronic Funds Transfer (EFT)

State vendors are now required to submit banking information to the State pursuant to Minnesota Statutes, section 16A.40:

The commissioner may require payees to supply their bank routing information to enable the payments to be made through an electronic fund transfer.

How it will work:

- Direct deposit payment will be generated by Federal Employer Identification Number (FEIN) and will combine the payment of all providers who share the same FEIN. Some businesses may need to make changes to their internal accounting systems in order to correctly identify all enrolled providers billing under the same FEIN. You will continue to receive a Remittance Advice (RA) as you have in the past. The RA will be generated by provider number and will be sent to the address designated on the application form.
- Payment is made directly into your bank account(s). Bank routing will allow payments to multiple banks and/or accounts. Payments made via direct deposit are received, on average, within two business days of disbursement. This means you will no longer have to wait for a check through the US Mail for your payment. The date your payment will be available to you is determined by your bank, but once established, should always be the same.
- Each FEIN is assigned a vendor number, which will appear on the upper right-hand corner of the Remittance Advice.
- The Eligibility Verification System (EVS) is available to track payment. It will tell you if payment was electronically transferred, the date and payment amount. Additionally, after you are set up for direct deposit, you will receive a PIN number from Minnesota Management and Budget to access their website, for more detailed payment information.
- The transition process from paper to direct deposit may take up to 90 days to complete. In the interim, you will receive a paper warrant (check).

To start the process:

Read the following Direct Deposit Instructions, complete the Direct Deposit Authorization Form(s), and **return to the address at the bottom of the instruction page**. Additionally, if you have multiple accounts, complete a separate authorization form for each account and attach a list of the NPIs/UMPIs of the providers whose payments are to be deposited into the account.

After the authorization form is received and you are set up for direct deposit, a vendor number will be assigned to each FEIN. Minnesota Management and Budget will notify you of the vendor number, PIN (for accessing the website) and the effective date of the electronic payment.

IMPORTANT: You may already receive direct deposit payments from state agencies other than the Department of Human Services. However, a separate authorization is required for direct deposit of your Medicaid payments, and the authorization form must be submitted to the Department of Human Services.

If you have any questions regarding this process, contact the Provider Enrollment Section at 651-431-2700 or 1-800-366-5411.

Completing the Direct Deposit Authorization for Electronic Fund Transfer (EFT) Form

Notice of Intent to Collect Private Data

All payment recipients are asked to provide the private data listed on this form to Minnesota Management and Budget for the following purposes. State employees who support this function of the state's accounting system may have access to the data, provided their work reasonably requires access. Others who have legal access to the data include: Legislative Auditor, Attorney General, enforcement agencies with statutory authority, and any other person or entity authorized by law or court order.

Social Security Number (SSN) or Federal Employee Identification Number (FEIN): Needed for identification purposes. This number is used to match recipients with payments. This number is also called a Tax Identification Number or TIN number. You are not legally required to provide this data. However, incomplete or incorrect information may cause a delay in converting to EFT.

ABA Routing Number, Account Number, Account Type: This data is required to correctly deposit payments to your designated bank account. You are required by law to provide this information. Incomplete information may cause a delay in converting to EFT. Additionally, incorrect information may cause a payment to be delayed or deposited to the wrong account.

Instructions for Completing the Form

Determine which bank accounts will be used for direct deposit. A separate copy of the Electronic Fund Transfer Authorization form is required for each bank account.

Mailing Address (General)

1. Name, Address, City, State, Zip Code. Enter the name of the business or individual, address, city, state, and zip code.
2. Vendor Number. Enter the eleven-digit vendor number, if you know it. If you received this form with a letter, this number is located under the date. If you received this form with a duplicate warrant, the number is located above your name and is listed as "Vendor Number" and "Vendor Location."

Contact Information

Enter the name, email address, phone and FAX number of the person who can respond to questions regarding the information provided on this form.

Tax Identification Information

1. Federal ID/Social Security Number and Name. Enter the nine-digit Federal Employer Identification Number (FEIN) for business, or the nine-digit Social Security Number (SSN). Enter the name associated with either the FEIN or SSN listed on the form.
2. MN State ID Number. For businesses located in Minnesota, enter the MN state tax identification number.

Financial Institution Information

1. ABA Routing Number. Enter the ABA Routing Number to identify your financial institution. Contact your bank if you are not sure what number to put in this field.
2. Customer Account Number. Enter your bank account number. Contact your bank if you are not sure what number to put in this field.
3. Financial Institution Name, Address, City, State, Zip Code. Enter the name and address of your financial institution.
4. Type of Account. Indicate if the account listed on this form is a checking or savings account.

Authorization to Make Electronic Fund Payments

Sign the form to complete. Print your name and title (if any) and date.

NPI/UMPI

Enter all NPIs/UMPIs for which payment will be deposited to this account. All must share the FEIN or SSN identified on the Authorization.

Send the Form

You can mail the form or fax it to the Department of Human Services.

Minnesota Department of Human Services
Provider Enrollment
PO Box 64987
St. Paul, MN 55164-0987

Fax number: (651) 431-7462

Questions about this Form?

Call the Minnesota Management and Budget HelpLine at (651) 201-8106.

