Quick Reference Guide: Updating or Adding EFT Banking Information

Steps: *Accurate Electronic Fund Transfer (EFT) banking information needs to be listed in PNM if the provider (Medicaid ID) is expecting to receive payment directly from the Ohio state Medicaid program.*

1

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
		All				All						
517946	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	02/14/2024	02/09/2027

Editing or adding EFT banking information for a provider enrolled in Medicaid is completed by initiating and finalizing an update to the provider's Medicaid record. Locate the provider's record on your dashboard in PNM and click on the Reg ID.

This process can be completed by the Provider Administrator for the provider's Medicaid ID or a user with the Provider Agent role, if that Agent has been assigned the 'Enrollment Agent' action by the Administrator.

2

Under the Manage Application section, click the '+' icon to expand the Enrollment Action Selections.

Click on the hyperlink which says "Begin ODM Enrollment Profile Update."

If you have previously initiated an update, but have not submitted the update, this link will appear as "Continue ODM Enrollment Profile Update."

Manage Application

Enrollment Actions   +   Enrollment Action Selections:

Programs   +   Program Selections:

Self Service   +   Self Service Selections:

Enrollment Actions   −   Enrollment Action Selections:
Begin ODM Enrollment Profile Update
Edit Key Provider Identifiers
Request Disenrollment

3

From the list of updates, locate 'EFT Banking' under the Financial Information section.

Click **Update** next to EFT Banking.

If you initiate an update in error, select "Cancel Update Registration" under Enrollment Actions to end the update process.

Financial Information

Update   W9 Form

Update   EFT Banking

− Enrollment Action Selections:
Continue ODM Enrollment Profile Update
Cancel Update Registration
Edit Key Provider Identifiers

Disclaimer: It is the Provider's responsibility to keep information up to date in PNM. This includes specialties, license information, addresses, etc.

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Steps:

4

If editing existing Electronic Fund Transfer (EFT) banking information, proceed to Step 7.

> Do you expect to receive payments directly from the State Medicaid Program (For example: Fee-for-Service Claims, Medicare Crossover Claims, Supplemental Pool Payments, Electronic Health Records Payments, etc.) as opposed to only payments from the Managed Care Contractors?
> ◉ Yes ○ No

To add EFT banking information to a Medicaid enrollment record in PNM, select 'Yes' for the question: *Do you expect to receive payments directly from the State Medicaid Program (For example: Fee-for-Service Claims, Medicare Crossover Claims, Supplemental Pool Payments, Electronic Health Records Payments, etc.) as opposed to only payment from the Managed Care Contractors?*

> ☐ Check here if the bank is outside of the United States. Per 1902(a)(80) of the Social Security Act, the State shall not provide any payment to any financial institution or entity located outside the United States.

After selecting 'Yes' additional data appears on the page.

Read the details under the Instructions section and check the box, regarding bank location, if necessary.

5

Banking and EFT Contact Information

No Banking and EFT Contact information found.

[Add New]

To add bank account details and contact information, for a person who oversees the account, click **Add New**.

6

Enter the following details for the bank account:
- Financial Institution Name
- Financial Institution Routing Number *(and confirm)*
- Account Number *(and confirm)*
- Account Type

Enter, at minimum, the required information for the account contact:
- First Name
- Last Name
- Phone Number
- Email Address

When all details have been entered, click **Save**.

Banking and EFT Contact Information

Field	Value
Financial Institution Name*	Training Bank
Financial Institution Routing Number*	031000503
Confirm Financial Institution Routing Number*	031000503
Account Number*	4253454455
Confirm Account Number*	4253454455
Account Type*	◉ Checking ○ Savings
Provider Contact First Name*	Tom
Middle Name	
Last Name*	Trainer
Phone Number*	(614) 555-4321
Extension	
Email Address*	ttrainer@testtraining.com
Fax Number	(__) ___-____

[Save] [Cancel]

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Steps:

7

To edit information, click the 'pencil and paper' icon and update the details listed on Step 6.

Banking and EFT Contact Information

Financial Institution Name	Account Number	Account Type	Provider Contact Name	Phone Number	Ext	E-mail Address	
Training Bank	**********	Checking	Tom Trainer	(614) 555-4321		ttrainer@testtraining.com	✎

Ensure the banking information has been added successfully by reviewing the details in the table.

The Account Number will be blanked out. To review this information, click the 'pencil and paper' icon.

8

Confirm

By selecting the confirmation box below, the submitting individual is attesting and acknowledging on behalf of the Medicaid Provider listed above that:
- He or she is authorized to complete and submit this Enrollment Form.
- The information provided is accurate and true.

☐ **I confirm the information provided is true and accurate.**

Review the bulleted details under the Confirm section and select the box that says, *"I confirm the information provided is true and accurate."*

Click **Save** at the top of the page to update the EFT Banking Information page.

EFT Banking*

A red dot indicates that changed information has been saved on the page.

9

To complete the update process (and the changes to the EFT banking information), click **Submit for Review.**

Return to Summary

Generate PDF

→ Submit for Review

Save   Cancel
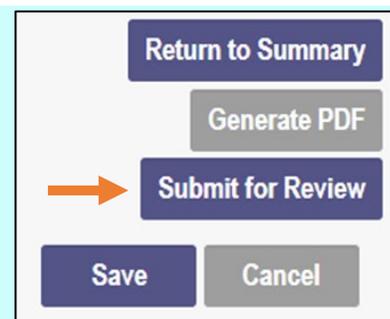
Submission Confirmation

You have successfully submitted your application to the Medicaid Program. Please allow at least 10 days for processing before attempting to submit any changes.

Return to Home Page

A submission confirmation message displays indicating that the update has been submitted.

Click **Return to Home Page**, to go to your dashboard.

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