

WHICH FORMS SHOULD I COMPLETE?

- Electronic Funds Transfer (EFT) Enrollment/Modification Form (pages 2-3)
 - o **EFT enrollment must be completed to receive ERA**
- Electronic Remittance Advice Enrollment/Modification Form (pages 4-5)
- Additional instructions on completing these forms can be found at: www.mass.gov/lists/eft-era-enrollment

WHERE SHOULD I SEND THE FORM(S)?

- You can complete this form either on paper or electronically. Electronic forms can be uploaded via the [Provider Online Service Center \(POSC\)](#). All paper forms should be faxed or mailed with **ORIGINAL** signature in **BLUE** ink to:
 - o Fax: (617) 988-8974 or:
 - o Mail:
MassHealth Provider Enrollment and Credentialing
PO Box 278
Quincy, MA, 02171-0278

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 30 business days.

HOW DO I CHECK STATUS?

- To check the status of your enrollment, call MassHealth customer service at (800) 841-2900, TDD/TTY: 711.



Electronic Funds Transfer (EFT) Enrollment/Modification Form

Complete this form to enroll in electronic funds transfer (EFT) with MassHealth or to terminate or modify an existing electronic funds agreement. Additional terms of agreement on page 2 of this form must be completed.

PROVIDER INFORMATION

Provider legal name		DBA name	
Street	City	State	Zip

PROVIDER IDENTIFIERS INFORMATION

Provider TIN or EIN	NPI
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PROVIDER CONTACT INFORMATION

Provider contact name		
Tel.	Tel. Ext.	Email

FEDERAL AGENCY INFORMATION

Federal program agency identifier

FINANCIAL INSTITUTION INFORMATION

Financial institution name			
Street	City	State	Zip
Financial institution routing number		Type of account at financial institution	
Provider's account number with financial institution			
Provider TIN		NPI	

SUBMISSION INFORMATION

Reason for Submission	<input type="checkbox"/> New enrollment	<input type="checkbox"/> Change enrollment	<input type="checkbox"/> Cancel enrollment	Included	<input type="checkbox"/> Voided check	<input type="checkbox"/> Bank letter
Signature of person submitting enrollment						
Printed name of person submitting enrollment					Submission date	

If you are modifying or changing your bank account information, you must include your old bank account information on page 2 of this form or your request will be incomplete.

Please complete page 2 in its entirety.

If you are modifying your bank account information, please provide the old bank account information directly below.

Provider old bank account number _____ Account type ☐ Checking ☐ Savings

CERTIFICATION

I, _____, hereby certify that the account(s) indicated on this form is under my direct control and access; therefore, I authorize the state treasurer as fiscal agent for the Commonwealth of Massachusetts to initiate, change, or cancel credit entries to that account/s as indicated on this form. (For ACH debits consistent with the International ACH Transaction (IAT) rules, check one of the following.)

- ☐ I affirm that payments authorized hereunder are not to an account that is subject to being transferred to a foreign bank account.
- ☐ I affirm that payments authorized hereunder are to an account that is subject to being transferred to a foreign bank account.

This authority is to remain in full force and effect until the Office of Comptroller (CTR) has received written notification from either me or an authorized officer of the organization of the account's termination in such time and in such a manner as to afford CTR a reasonable opportunity to act upon it.

This authorization will remain in effect until it is canceled in writing or until an updated form changing information is sent to the department you currently do business with.

Signature of authorized representative _____

(For signature requirements please see instructions.)

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- Please contact your financial institution to arrange for the delivery of the CORE (Committee on Operating Rules for Information Exchange)-required Minimum CCD+(Corporate Credit or Debit entry) data elements needed for reassociation of the payment and the Electronic Remittance Advice (ERA).
 - The form can either be signed traditionally and then scanned, or it can be signed electronically using DocuSign or Adobe Sign. For electronic signatures, the signer can upload a picture of their wet signature. The typed text of a signature is not an acceptable form of an electronic signature.
 - Instructions to complete the EFT Enrollment/Modification form can be found at www.mass.gov/how-to/tips-for-completing-the-electronic-funds-transfer-eft-form. You may also confirm the status of your EFT enrollment by contacting MassHealth at (800) 841-2900, TDD/TTY: 711.
 - The EFT user job aid that explains how providers can match the EFT payment to the remittance advice can be found at <https://massfinance.state.ma.us/VendorWeb/JobAidTraining/MassHealth.pdf>.
 - The EFT Enrollment/Modification form can be completed manually or electronically. Electronic submissions must be printed, signed, faxed or mailed in the following ways.

Fax:
(617) 988-8974

Mail:
MassHealth Provider Enrollment and Credentialing
PO Box 278
Quincy, MA 02171-0278



ELECTRONIC REMITTANCE ADVICE ENROLLMENT/MODIFICATION FORM

Important: Read all instructions carefully before filling out this form. You can find the instructions at www.mass.gov/lists/eft-era-enrollment.

PROVIDER INFORMATION				
Provider legal name			DBA name	
Street	City		State	ZIP
PROVIDER IDENTIFIER INFORMATION				
Provider TIN or EIN			NPI	
OTHER IDENTIFIER(S)				
Assigning authority			Trading partner ID	
Provider type			Provider taxonomy code	
PROVIDER CONTACT INFORMATION				
Provider contact name			Title	
Tel.	Tel. Ext.	Fax	Email	
PROVIDER AGENT INFORMATION				
Provider agent name		Street		
City		State		ZIP
Provider agent contact name			Title	
Tel.	Tel. Ext.	Fax	Email	
RETAIL PHARMACY INFORMATION				
Pharmacy name			Chain number	
Parent organization ID		Payment center ID		
NCPDP provider ID number		Medicaid provider number		
ELECTRONIC REMITTANCE ADVICE INFORMATION				
Provider tax ID		Provider NPI		Method of retrieval
ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION				
Clearinghouse name		Clearinghouse contact name		
Tel.		Email		
ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION				
Vendor name		Vendor contact name		
Tel.		Email		
SUBMISSION INFORMATION				
Reason for submission: <input type="checkbox"/> New enrollment <input type="checkbox"/> Change enrollment <input type="checkbox"/> Cancel enrollment				
Written signature of person submitting enrollment				
Electronic signature of person submitting enrollment				
Printed name of person submitting enrollment				
Printed title of person submitting enrollment				
Submission date			Requested ERA effective date	

- You can check your ERA enrollment status by contacting MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.
- You can find instructions for completing this form at www.mass.gov/lists/eftera-enrollment.
- You can complete this form either on paper or electronically. Electronic forms can be uploaded via the Provider Online Service Center (POSC). All paper forms must be faxed or mailed as follows.

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