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# Electronic Fund Transfer

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Electronic Fund Transfer (EFT) allows providers the option of receiving Medi-Cal payments via direct deposit. «Through EFT, providers will have their payments electronically deposited into their bank accounts.» Refer to the *Checkwrite* section in this manual for dates of deposit by the State Controller's Office (SCO).

## **Eligible Providers**

The EFT option is available to in-state and border-state providers (Arizona, Nevada and Oregon). Other out-of-state and out-of-country providers are not eligible for EFT.

## **Applying for EFT**

All providers electing this option are required to submit an [Electronic Fund Transfer Authorization](#) form to the address provided on the form. The EFT form must be notarized. The form must be submitted correctly with all of the proper documents attached. To successfully apply for EFT, refer to the following instructions.

- An original bank letter for savings accounts must be submitted with the EFT form. The provider name, routing number and account number on the letter must match what is entered on the form. A bank letter must be signed and dated by a bank representative.
- An NPI or legacy number must be valid and entered on the EFT form. Only one NPI or legacy number may be entered on each form. Legacy numbers may only be used by atypical providers (that is, blood banks, Christian Science Practitioners and Multipurpose Senior Services Program providers).
- No additional documentation is required for checking accounts.
- The EFT form must be original, and signed by the provider in blue ink only.
- The form must be notarized and signed by the notary in blue ink only.
- The provider names on the form and the Medi-Cal Provider Master File must match.
- Once the form is processed, a provider is notified in writing about enrollment status. The form is returned to a provider if it is not completed correctly.

## **EFT Payments**

The first EFT payment will be electronically deposited into the designated account within 6 to 8 weeks after the EFT authorization form is approved. Providers receive an acknowledgement letter prior to the first electronic payment. If payment has not been deposited according to the EFT payment schedule in the *Checkwrite* section of this manual, providers should verify proof of deposit with their financial institution. After contacting the bank, providers should call the Telephone Service Center (TSC) at 1-800-541-5555 and a representative will help resolve payment issues.

## **Change in Bank Accounts**

A change in bank account or financial institution will take approximately 6 to 8 weeks to process. EFT payments will continue to be deposited into the existing account until the California MMIS Fiscal Intermediary processes the request. To change accounts or institutions, providers must complete and submit a new EFT authorization form with the new information. The old account should not be closed until the first payment is deposited into the new account.

## **Cancellation of Bank Accounts**

Send an EFT authorization form to the address provided on the form to cancel an old account. Submit a separate EFT authorization form to open a new account.

## **EFT Cancellation**

EFT cancellation will occur upon:

- A provider's request
- Liens or levies
- Special Claims Review
- Change in Medi-Cal provider status

A provider whose EFT is cancelled must re-apply and submit a new EFT authorization form for reinstatement.

## **«EFT Change Requests**

Providers requesting changes to their EFT may be contacted directly via phone to confirm the validity of the request before Medi-Cal can process the request. If Medi-Cal cannot contact a provider for verification, the provider's requested EFT changes will be denied.»

**<<Legend>>**

<<Symbols used in the document above are explained in the following table.>>

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.