

UTAH MEDICAID
Instructions and Guidance
Electronic Funds Transfer (EFT) Enrollment and Authorization Agreement

About These Instructions: The written instruction is designed as a guide for healthcare provider (s) or its agent when completing and submitting the EFT enrollment form. It is made simple and clear as possible to match the data flow of the EFT Enrollment and Authorization Agreement Form. For cancellation/change of enrollment complete all required fields and mark the appropriate box in Submission Information (section DEG 8) . Fields that contain an asterisk (*) are required to be complete.

	Individual Data Element Name (Term) Sub-element Name (Term)	Special Instructions	Data Type and Format	Data Element Requirement for Health Plan Collection
DEG1	PROVIDER INFORMATION (Data Element Group 1 is a Required DEG)			
	Provider Name	Complete legal name of institution, corporate entity, practice or individual provider.	Alphanumeric	*Required
	Doing Business As Name (DBA)	A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person (or persons) who actually own it and are responsible for it.	Alphanumeric	Optional
	Provider Address	This is optional, but if you wish to send the Provider Address, the Street, City, State/Province, ZIP Code/Postal Code are required and expected to be sent.		Optional
	Street	The number and street name where a person or organization can be found	Alphanumeric	*Required
	City	City associated with provider address field	Alphanumeric	*Required
	State/Province	Two character code associated with the State/Province/Region of the applicable Country	Alpha	*Required
	ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities	Alphanumeric, 15 characters	*Required
Country Code	Country code	Alphanumeric, 2 characters	Optional	
DEG2	PROVIDER IDENTIFIERS INFORMATION (Data Element Group 2 is a Required DEG)			
	Provider Identifiers			*Required
	Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity	Numeric, 9 digits	*Required
National Provider Identifiers (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.	Numeric, 10 digits	*Required when provider has been enumerated with an NPI	

DEG2	PROVIDER IDENTIFIERS INFORMATION <i>cont.</i>			
	Other Identifier(s)			Optional
	Assigning Authority	Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid		*Required if Identifier is collected
	Trading Partner ID	The provider's submitted ID assigned by the health plan or the provider's clearinghouse or vendor		Optional
	Provider License Number			Optional
	License Issuer			*Required if License Number is collected
	Provider Type	A proprietary health plan-specific indication of the type of provider being enrolled for ERA with specific provider type description included by the health plan in its instruction and guidance for ERA enrollment (e.g., hospital, laboratory, physician, pharmacy, pharmacist, etc.)		Optional
	Provider Taxonomy Code	A unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Type, Classification and Area of Specialization.	Alphanumeric, 10 characters	Optional
DEG3	PROVIDER CONTACT INFORMATION (Data Element Group 3 is an Optional DEG)			
	Provider Contact Name	Name of a contact in provider office for handling EFT issues		*Required
	Title			Optional
	Telephone Number	Associated with contact person	Numeric, 10 digits	*Required
	Telephone Number Extension			Optional
	Email Address	An electronic mail address at which the health plan might contact the provider.	Required; not all providers may have an email address	
	Fax Number	A number at which the provider can be sent facsimiles		Optional
DEG4	PROVIDER AGENT INFORMATION (Data Element Group 4 is a Optional DEG)			
	Provider Agent Name	Name of provider's authorized agent	Alphanumeric	*Required
	Agent Address			Optional
	Street	The number and street name where a person or organization can be found	Alphanumeric	*Required
	City	City associated with provider address field	Alphanumeric	*Required
	State/Province	Two character code associated with the State/Province/Region of the applicable Country	Alpha	*Required
	ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities	Alphanumeric, 15 characters	*Required
	Country Code	Country code	Alphanumeric, 2	Optional
	Provider Agent Contact Name	Name of a contact in provider office for handling EFT issues		*Required
	Title			Optional
	Telephone Number	Associated with contact person	Numeric, 10 digits	*Required
Telephone Number Extension			Optional	
Email Address	An electronic mail address at which the health plan might contact the provider.	Required; not all providers may have an email address		
	Fax Number	A number at which the provider can be sent facsimiles		Optional

DEG5	FEDERAL AGENCY INFORMATION (Data Element Group 5 is a Optional DEG)			
	Federal Agency Information	Information required by Veterans Administration		Optional
	Federal Program Agency Name		Alphanumeric	Optional
	Federal Program Agency Identifier		Alphanumeric	Optional
	Federal Agency Location Code		Alphanumeric	Optional
	Federal Agency Location Code		Alphanumeric	Optional
DEG6	RETAIL PHARMACY INFORMATION (Data Element Group 6 is a Optional DEG)			
	Pharmacy Name	Complete of name of pharmacy	Alphanumeric	*Required
	Chain Number	Identification number assigned to the entity allowing linkage for a business relationship, i.e., chain, buying groups or third party contracting organizations. Also may be known as Affiliation ID or Relation ID.	Alphanumeric	Optional
	Parent Organization ID	Headquarter address information for chains, buying groups or third party contracting organizations where multiple relationship entities exist and need to be linked to a common organization such as common ownership for several chains	Alphanumeric	Optional
	Payment Center ID	The assigned payment center identifier associated with the provider/corporate entity	Alphanumeric	Optional
	NDPDP Provider ID Number	The NCPDP assigned unique identification number	Alphanumeric	Optional
	Medicaid Provider Number	A number issued to a provider by the U.S. Department of Health and Human Services through state health and human services agencies		Optional
DEG7	FINANCIAL INSTITUTION INFORMATION (Data Element Group 7 is a Required DEG)			
	Financial Institution Name	Official name of the provider's financial institution		*Required
	Financial Institution Address			Optional
	Street	The number and street name where a person or organization can be found	Alphanumeric	*Required
	City	City associated with provider address field	Alphanumeric	*Required
	State/Province	Two character code associated with the State/Province/Region of the applicable Country	Alpha	*Required
	ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to	characters	*Required
	Financial Institution Telephone Number	A contact telephone number at the provider's bank	Numeric, 10 digits	Optional
	Telephone Number Extension			Optional
	Financial Institution Routing Number	A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited	Numeric, 9 digits	*Required
	Type of Account at Financial Institution	The type of account the provider will use to receive EFT payments, e.g., Checking, Saving		*Required
	Provider's Account Number with Financial Institution	Provider's account number at the financial institution to which EFT payments are to be deposited		*Required
	Account Number Linkage to Provider Identifier	Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice		*Required; select from one of the
		Provider Tax Identification Number (TIN)		Optional – required if NPI is not
		National Provider Identifier (NPI)	Numeric, 9 digits	applicable
			Numeric, 10 digits	Optional – required if TIN is not
				applicable

DEG8	SUBMISSION INFORMATION (Data Element Group 8 is a REQUIRED DEG)			
	Reason of Submission			*Required; select from below
	New Enrollment			Optional
	Change Enrollment			Optional
	Cancel Enrollment			Optional
	Include with Enrollment Submission			Optional; select from below
	Voided Check	A voided check is attached to provide confirmation of Identification/Account Numbers		Optional
	Bank Letter	A letter on bank letterhead that formally certifies the account owners routing and account numbers		Optional
	Authorized Signature			*Required; select from below
	Electronic Signature of Person Submitting Enrollment	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment		Optional
	Written Signature of Person submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity		Optional
	Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper based manual enrollment		Optional
	Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment		Optional
	Submission Date	The date on which the enrollment is submitted	CCYYMMDD	Optional
	Requested EFT Start/Change/Cancel Date	Date the provider wished to been ERA; per Phase II CORE Health Care Claim Payment/Advice (835) Infrastructure Rule Version 3.0.0: there may be a dual delivery period depending on whether the entity has such an agreement with it's trading partner	CCYYMMDD	Optional
Authorization For Setup				
Authorized Signature	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment		*Required	
Date	The date on which the enrollment is submitted		*Required	
Telephone Number	Associated with contact person	Numeric, 10 digits	*Required	
Submission & Contact Information				
Inquiry's or Question's	Inquiry's on status or questions call Provider Enrollment at the contact number's outlined at the end of the form.			
Enrollment by Postal Service	Mail completed enrollment form to the mailing address as outlined at the end of the form.			
Enrollment by Fax	Fax completed enrollment form to the fax number as outlined at the end of the form.			
Enrollment by Email	Email completed enrollment form to the email address as outlined at the end of the form.			
Electronic Enrollment	Complete enrollment electronically by visiting our web address at http://health.utah.gov/medicaid/			