

Administrator Alert

*Policy updates & rule clarifications for Assisted Living,
Residential Care & Nursing Facilities*

Office of Licensing & Quality — Oregon Department of Human Services

Re: Community Based Care

DATE: April 7, 2011

Subject: Direct Deposit

Effective April 1, 2011, DHS will no longer issue checks for **newly** executed Medicaid contracts. This also includes any contract **renewals**. To receive payments after this date, contractors (providers) must enroll in Electronic Funds Transfer (EFT), also known as direct deposit. Enrolling in EFT is as easy as completing the Direct Deposit Authorization Form (DHS 0189). This form will be provided to contractors when signing a new contract and is attached for your information.

This change in payment processing is the result of a time and money savings initiative by the Department. Current DHS contractors have been informed of this change since the beginning of the year.

Because EFT is now the DHS payment standard, all contracts and solicitations include EFT language and invoices for **new** or **renewal** contracts will be paid by EFT. If you have questions about EFT, please contact the EFT Coordinator at (503) 945-5710.



Instructions for Direct Deposit Authorization form.

Section A — Payee information

- List all provider/vendor identification numbers, if known from the agency that are associated with this direct deposit. **Note:** *DHS employees contact your payroll office for supplemental form if you are interested in direct deposit.*

Type of action:

- **New (Start)** – Mark this box for new enrollment or re-enrolling for direct deposit after a cancellation.
- **Change** – Mark this box to change any information. Includes changes in bank account (canceling current deposit and starting a new one), providers/vendor numbers or contact information. **Note:** If changing only e-mail or mailing address, section B may be left blank.
- **Cancel (Stop)** – Mark this box to withdraw authorization for direct deposit. Cancellations require a three day turnaround. DHS/OHA payroll transactions must be received prior to the 21st of each month.
- **Identification number:** Social Security number (SSN) or Federal Employer's Identification number (FEIN). *(Required field)*
- **Name and address:** Include name of account holder and mailing address. – *(Required field)*
- **Phone number:** Please provide a phone number where you may be reached during business hours in case there are challenges setting up this service or delivering a future payment to you. – *(Required field)*
- **E-mail address:** For contact purposes, should there be an issue with your transaction, if none leave blank.

Section B — Financial institution information (Bank, credit union, etc.)

- **Account type:** Specify if checking or savings account.
- **Bank name:** Name of bank.
- **Bank routing number:** This is always a nine-digit number.
- **Bank account number:** This may have up to 17 digits.
- **Account class:** Specify if personal or business account.
- **Account name:** Name on account.

Section C — Authorization

- **Read, sign and date** the form to indicate your agreement with the terms and conditions specified on it.
- **Recovery of funds deposited in error:** In the event an erroneous deposit occurs creating an overpayment, DHS/OHA will reserve the right to debit your account accordingly.
- **International transactions:** In order to comply with the National Automated Clearing House Association (NACHA) Rules. DHS/OHA is required to determine if Direct Deposit funds from DHS/OHA are moving in their entirety outside the U.S. If this is determined to be the case, DHS/OHA will not be able to remit funds electronically into your account.

Depending on the payment cycle it may take up to 30 days to verify your account.

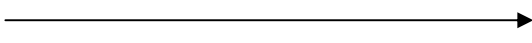

Final steps

- Attach a copy of a voided check or official bank verification of the account name, routing number and account number. **This information is required for all new accounts.** *(Deposit slips not accepted.)*
- Retain a copy for your records.
- Return (or FAX 503-945-6860) completed form and voided check or bank verification to:
Department of Human Services/Oregon Health Authority, Office of Financial Services/ACH, 500 Summer Street, NE, E-82, Salem, OR 97301-1080. Questions contact: DHS/OHA EFT Coordinator 503-945-5710.

Section A — Payee information

Payments received for the following provider/vendor/contractor numbers:			
Number: _____	Number: _____	Number: _____	Number: _____
Type of action: <input type="checkbox"/> New (<i>Start</i>) <input type="checkbox"/> Change <input type="checkbox"/> Cancel (<i>Stop</i>)			
Social Security or FEIN number: _____			
Name and mailing address: _____			
Phone number: _____		E-mail address: _____	

Section B — Financial institution information

Account type: <input type="checkbox"/> *Savings OR <input type="checkbox"/> *Checking		<input type="checkbox"/> *Personal OR <input type="checkbox"/> *Business	
*Copy of voided check or official bank verification is required.			
Bank name: _____	Bank routing number: _____	Bank account number: _____	
Name(s) as they appear on account: _____			
Location of account numbers are on bottom of your check:		For	
			

Section C — Authorization

Important! Please read and sign before submitting.

- This form is used to authorize direct deposit to a checking or savings account** – For all Department of Human Service (DHS) and Oregon Health Authority (OHA) programs and payment systems.
- Cancel/change account** – To **cancel** this authorization, submit a new form and check the cancel (STOP) box checked, sign and date the form and remit as instructed below. Cancel/change account - by selecting the "change" box and completing the form with new account information, or by selecting the "cancel" box, you hereby revoke your previous authorization for direct deposit.
- International transaction certification** – I certify that the entire amount of my direct deposit is NOT ultimately deposited into a financial institution outside the United States.

I certify that I have read and understand the information contained in this form. I acknowledge that the origination of transactions to the authorized account must comply with provisions of Oregon and US law. I certify that I am authorized to enter into this agreement as the account holder.

Signature of account holder: _____ Date: _____

Office use only	<input type="checkbox"/> OR-Kids <input type="checkbox"/> MMIS <input type="checkbox"/> SFMA <input type="checkbox"/> CBC/CEP	Date processed: _____	Initial: _____
	Original documentation on file with DHS: _____		Date: _____
Signature: _____			

When this form is complete:

- Attach a copy of a voided check or official bank verification of the account name, routing number and account number. **This information is required for all new accounts.** (Deposit slips not accepted.)
- Return or FAX 503-945-6860 completed form and voided check or bank verification to:
Department of Human Services/Oregon Health Authority, Office of Financial Services, Attn: EFT Coordinator
500 Summer Street NE, E-82, Salem, OR 97301-1080.
- Retain copy for your records.