

# Establishing Automated Clearing House (ACH) for School-Based Health Services (SBHS) and Medicaid Administrative Claiming (MAC) Payments

## Electronic Payment of Match

Education agencies (EAs) may choose to pay match payments via check or electronically. To set up ACH state match leveraging payments for SBHS Medicaid programs, you will need to complete the Authorization Agreement (AA) for direct deposits provided by Oregon Health Authority (OHA). There is one form for MAC ([Form 00417](#)) and one form for direct services ([Form 00477](#)).

### Step 1: Complete Authorization Agreement

Fill in the sending company information with your agency's name, address, and contact details.

The form is auto populated with financial institution information for the state:

- Financial Institution: Oregon State Treasury
- Account Title: Oregon Health Authority
- Routing Number: 123207010
- Account Number: 894430000477
- Account Type: Checking
- Account Status: Active

## Step 2: Submit completed form(s) to ODHS/OHA Financial Services

Once completed, submit the form(s) as directed to the contact listed in the “Payee/State Agency Information” section of the form. ODHS/OHA Financial Services will then submit the form(s) to the Oregon State Treasury. Use of separate match leveraging forms is required for making payments related to MAC ([MSC 1419](#)) and direct services ([OHP 3049](#)).

## Electronic Receipt of Reimbursement

EAs may also choose to receive payments via check or electronically using ACH. To authorize electronic deposits of funds from the OHA, via ACH, complete the [Direct Deposit Authorization](#) (MSC 0189) form. This form is also used to make contact updates.

### Steps to Complete the Direct Deposit Authorization form

#### 1. Payee/Agency Info

Enter your agency’s legal name, contact person, email, and phone number.

#### 2. Authorization Type

Check one:

- New – First-time ACH setup
- Change – Update to existing info
- Cancel – Stop ACH deposits

#### 3. Bank Info

Include your bank’s name, routing number, account number, and select account type (checking or savings).

#### 4. Remittance Info

Provide the name and email address where remittance details should be sent.

#### 5. Authorization

An authorized signer must sign, list their title, and date the form.

## Submit completed form to ODHS/OHA Financial Services

Attach a voided check or bank letter for the account name, routing number and account number entered on the form. Submit the form by secure email, fax or mail as directed on the form.

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