OHIO EFT REGISTRATION GUIDE

Get paid faster! Learn how to register for EFT with step-by-step instructions!

HOW TO REGISTER FOR EFT IN OHIO

Learn how to get registered for Electronic Funds Transfer in Ohio!

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ABOUT EFT

Accurate Electronic Fund Transfer (EFT) banking information needs to be listed in PNM if the provider (Medicaid ID) is expecting to receive payment directly from the Ohio State Medicaid Program.

- **EFT** (Electronic Funds Transfer) is a digital payment method that allows money to go directly into your bank account without the need for physical checks.
- EFT *eliminates delays in payments* from lost checks or incorrect mailing addresses.
- Transfers are typically processed in 1-2 business days, ensuring *quicker access to funds.*

LOCATE PROVIDER'S RECORD

- Log into **PNM Module**
- Locate **Provider's Record** on the dashboard and click on the **Reg ID**

This process can be completed by the Provider Administrator for the provider's Medicaid ID or a user with the Provider Agent role, if that Agent has been assigned the 'Enrollment Agent' action by the Administrator.

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
		All				All						
517946	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	02/14/2024	02/09/2027

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STEP TWO

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PROFILE UPDATE

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PROFILE UPDATE

- Navigate to the **Manage Application** section
- Click the + icon to expand **Enrollment Action Selections**
- Select **Begin ODM Enrollment Profile Update**

Manage Application

Enrollment Actions	+ Enrollment Action Selections:
Programs	+ Program Selections:
Self Service	+ Self Service Selections:

Enrollment Actions

- Enrollment Action Selections:
  Begin ODM Enrollment Profile Update
  Edit Key Provider Identifiers
  Request Disenrollment

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STEP THREE

3

UPDATE EFT BANKING INFORMATION

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UPDATE EFT BANKING INFORMATION

- Under **Financial Information**, locate **EFT Banking**
- Click **Update**
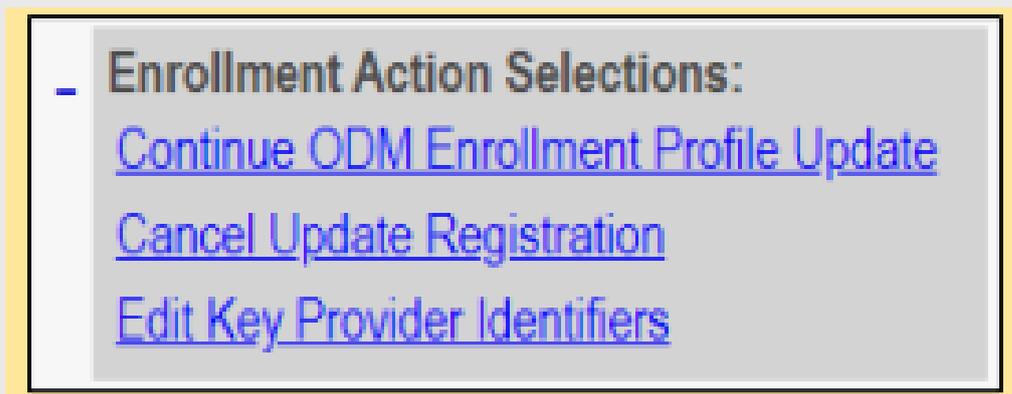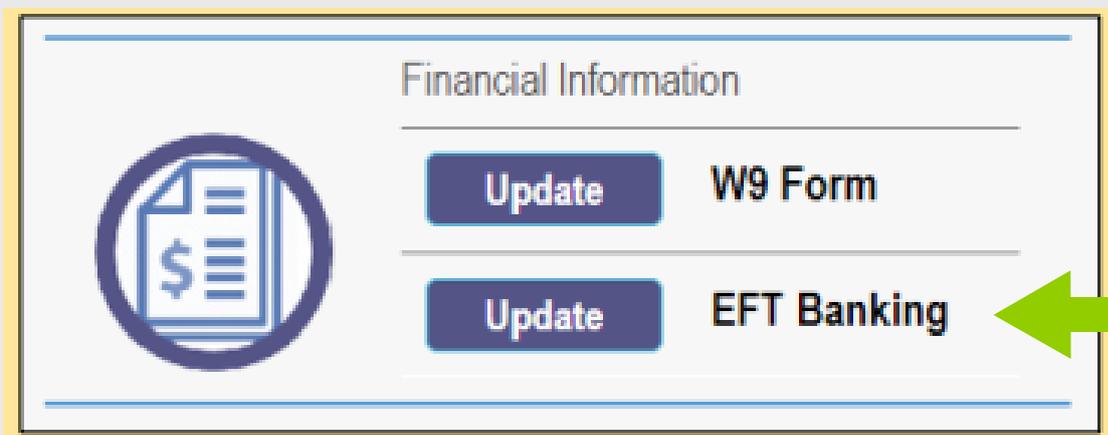
If you initiate an update in error, select **Cancel Update Registration** under Enrollment Actions to end the update process.

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STEP FOUR

QUESTIONS TO ANSWER

QUESTIONS TO ANSWER

To add EFT banking information to a Medicaid enrollment record in PNM, select 'Yes' for the question:

Do you expect to receive payments directly from the State Medicaid Program (For example: Fee-for-Service Claims, Medicare Crossover Claims, Supplemental Pool Payments, Electronic Health Records Payments, etc.) as opposed to only payments from the Managed Care Contractors?

● Yes ○ No

After selecting 'Yes' additional data appears on the page. Read the details under the Instructions section and check the box, regarding bank location, if necessary.

☐ Check here if the bank is outside of the United States. Per 1902(a)(80) of the Social Security Act, the State shall not provide any payment to any financial institution or entity located outside the United States.

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STEP FIVE

ENTER NEW BANK DETAILS

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ENTER NEW BANK DETAILS

Click **Add New** for adding new account information

Banking and EFT Contact Information

No Banking and EFT Contact information found.

Add New

Add Account Details:

- Financial Institution Name
- Routing Number
- Account Number
- Account Type

Add Contact Details:

- First Name
- Last Name
- Phone Number
- Email Address

Banking and EFT Contact Information

Financial Institution Name*	Training Bank
Financial Institution Routing Number*	031000503
Confirm Financial Institution Routing Number*	031000503
Account Number*	4253454455
Confirm Account Number*	4253454455
Account Type*	● Checking ○ Savings
Provider Contact First Name*	Tom
Middle Name	
Last Name*	Trainer
Phone Number*	(614) 555-4321
Extension	
Email Address*	ttrainer@testtraining.com
Fax Number	(__) ___-____

Save   Cancel

Be sure to click save when all details have been entered!

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STEP SIX

EDITING AND VERIFYING INFORMATION

EDITING AND VERIFYING INFORMATION

- To edit bank information, click the **pencil and paper icon**. Ensure the information you have added is correct.
- The **Account Number** will be blanked out. To review this information, click the **pencil and paper icon**.

Remember: It is the Provider's responsibility to keep information up to date in PNM. This includes specialties, license information, addresses, etc.

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STEP SEVEN

CONFIRM AND SUBMIT

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CONFIRM

Confirm

By selecting the confirmation box below, the submitting individual is attesting and acknowledging on behalf of the Medicaid Provider listed above that:
- He or she is authorized to complete and submit this Enrollment Form.
- The information provided is accurate and true.

☐ I confirm the information provided is true and accurate.

- Review details and **check the confirmation box**
- Click **Save** at the top of the page to apply changes

EFT Banking*

A **red dot** indicates that changed information has been saved on the page

SUBMIT

To complete the update process, click the **Submit for Review** button.
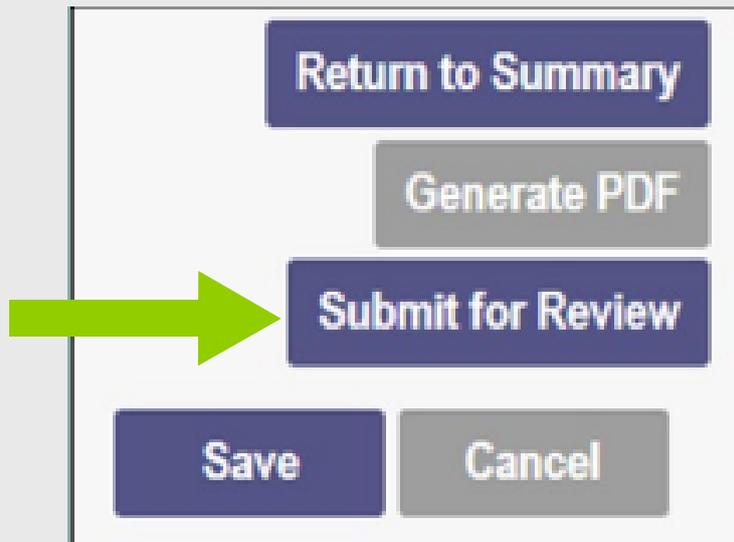
A **submission confirmation message** will display, indicating that the update has been submitted.
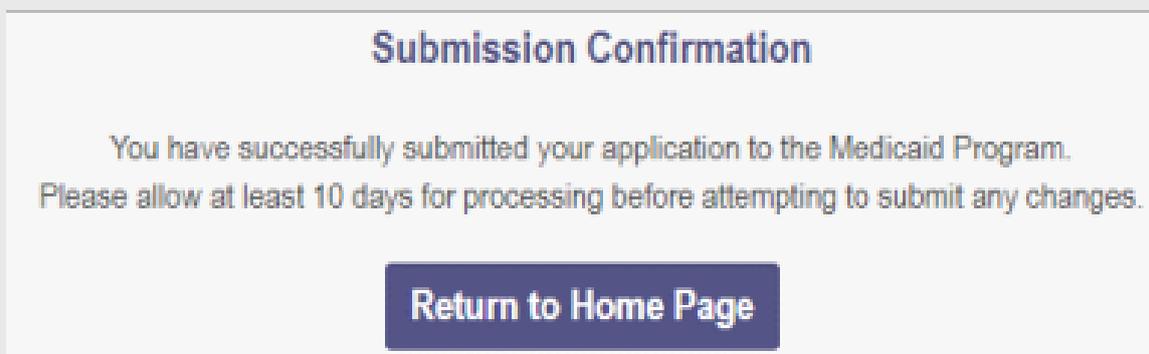
Congrats! You're all set!

We hope you find these tips and printables helpful for running you agency! We have hope that great things are in store for your agency, and if you ever need help remember we here at GEOH are here for you!

- The GEOH team

YOU CAN DO THIS!

Questions? Ask us here: (317) 455-3218

QUESTIONS?

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