



March 23, 2015

Montana Healthcare Programs Notice

Medicaid Passport Providers

Effective Immediately

Electronic Funds Transfer (EFT) for Medicaid Passport Providers

If you are both a Medicaid provider and a Passport provider who currently receives your Medicaid provider payment via EFT (direct deposit) but receives a paper check for your Passport payments, you will need to transition deposit of your Passport funds to EFT.

To expedite the process for Passport providers who want to arrange Passport funds for direct deposit into an **existing** EFT account, Xerox will accept the attached form. **Complete and sign the form and mail to Provider Relations at P.O. Box 8000, Helena, MT 59604 or fax it to Provider Relations at 406-442-4402.**

Passport providers who want to arrange Passport funds for direct deposit into a **different** account must complete the documents listed below. **The completed, signed documents should be mailed to Provider Relations at P.O. Box 4936, Helena, MT 59604 or faxed to 406-442-4402.**

- Trading Partner Agreement **or** MATH Link Request
- Montana Medicaid Electronic Funds Transfer (EFT) Authorization Agreement
- Letter from your financial institution verifying the routing number and account number.** The letter must include the name and contact information of the bank representative and must be signed by the bank representative. Do not send voided checks or deposit slips.

Upon receipt of the documentation, Provider Relations updates your provider profile. This process takes up to 10 business days. Once completed, payment will be made via EFT on the next payment cycle.

Contact Information

For questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Montana Healthcare Programs Provider Information website at <http://medicaidprovider.mt.gov/>.



Passport Providers Electronic Funds Transfer (EFT)

The information below is confidential and is required to arrange EFT for Passport funds to the same account in which Medicaid funds are deposited.

If you have any questions about this form, contact Xerox Provider Relations at 1.800.624.3958 (In/Out of State) or 406.442.1837 (Helena).

Mail the form to Provider Relations, P.O. Box 8000, Helena, MT 59604 or fax the form to 406-442-4402.

Provider Information

Provider Name _____
(to include legal name of institution, corporate entity, practice, or individual provider)

Street _____

City _____

State/Province _____ ZIP Code/Postal Code _____

National Provider Identifier (NPI) _____
(needed to expedite location of existing EFT information for provider)

Passport ID Number _____

Financial Institution Information

Financial Institution Name _____

Financial Institution Routing Number _____

Type of Account at Financial Institution _____
(e.g., checking, savings)

Provider's Account Number with Financial Institution _____

Signature

Written Signature of the Person Submitting Enrollment

Printed Name of Person Submitting Enrollment

Date ____ / ____ / ____