Electronic Funds Transfer Information Guide

Third Party Liability and Recovery Division
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I. INTRODUCTION

A. Definition of Electronic Funds Transfer (EFT)
Electronic Funds Transfer (EFT) is a method of instructing financial institutions to electronically transfer money from one bank account to another eliminating the need for paper checks. With the Department of Health Care Services’ (DHCS) EFT Program, a Medi-Cal beneficiary or their representative, providers, and other entities can initiate payments using the internet. Funds are electronically transferred from the payer’s bank account to the state’s bank account. Electronic funds transfers have been used for many years by the federal government, other state agencies, and a number of private businesses.

B. EFT Program Information Guide
Please read this guide carefully. It is a source of valuable information that will make your participation in the EFT program a quick, easy, and simple process that will help avoid unwanted penalty and interest situations.

C. Optional Participation
Medi-Cal beneficiaries, beneficiary’s heirs, representatives, providers, and other entities are not required to remit their payments to DHCS by EFT.
Use of the EFT is purely optional.
II. **EFT PAYMENT OPTIONS**

A. **Automated Clearing House (ACH) Debit Method**

The ACH Debit Method is when a person or entity initiates a payment to authorize the State to debit their account and credit the State's bank account. Aside from fees originating from your financial institution, the ACH Debit Method has no cost.

Third Party Liability and Recovery Division’s (TPLRD) EFT payment process offers two online debit methods: **One-Time Pay** and **EFT Enrolled User**. Both methods are secure, convenient electronic payment options that allow payers to make payments online using their checking or savings bank account.

The **One-Time Pay** option is open to all users that need to submit payments to DHCS. This option allows payers to make one or more payment(s) without creating an account.

The **EFT Enrolled User** option allows users flexibility in sending payments, paying multiple accounts, and accessing payment history. You can sign up to become an Enrolled User by using the **EFT Online Enrollment Form** or by printing out the **Mail-In EFT enrollment form** and sending it to DHCS by mail to the address below. Once TPLRD processes your form, you will receive an enrollment confirmation letter and an email to activate your account.

   Department of Health Care Services  
   TPLRD ASU EFT Admin, MS 4718  
   P.O. Box 997425  
   Sacramento, CA 95899-7425

Both options allow payers to schedule payments to DHCS up to 90 days in advance. For payments to reflect on the next business day, the transaction must be completed before 3 p.m. Pacific Standard Time (PST) on the current day.

B. **How to Access EFT Payment Options**

The DHCS EFT website can be accessed 24 hours a day, 7 days a week through one of the following webpages:

- DHCS EFT website: [https://www.govone.com/PAYCAL/DHCSTP](https://www.govone.com/PAYCAL/DHCSTP)
- TPLRD EFT Payments webpage located at: [http://dhcs.ca.gov/epay](http://dhcs.ca.gov/epay)  
  o Click on the “Make a Payment” button
- **TPLRD webpage**  
  o Click on the “Make a Payment” button
C. Scheduling Payments to DHCS
Please be aware that the DHCS EFT system **does not automatically set your payments to reoccur**. You will need to schedule payments ahead of time to avoid missing payment due dates. The system allows payers to schedule payments up to 90 days in advance. If you are expecting to be away from computer access for an extended period of time, please schedule your payments accordingly.

D. Before You Start using One-Time Payment Option
Have the following information available before initiating an EFT transaction:

- All correspondence and emails related to your request for payment received from DHCS/TPLRD, if any.
- DHCS Account Number
  - Please refer to Section VIII. A. Locating Your DHCS Account Number, if you are unsure of your DHCS Account Number.
- DHCS Case Name
- Amount Due
- Bank routing and account numbers. You may use a checking or savings account. Please contact your financial institution for the correct bank routing number and/or your bank account number to use.

**Note:** Do not use bank information from a deposit slip or your debit card number.
III. GENERAL EFT INFORMATION

A. Inquiries
Payment information made through the EFT Enrolled User option are saved in your account for one year. To view your payment history, please log in to your account and click on Payment Inquiry. You can also search for your past payments using the confirmation number provided after each confirmation screen, the payment amount, the date of submission, or the date of payment. Payments that are scheduled in advance are also viewable and cancelable in this option.

To inquire about a payment transaction made through the One-Time Pay option, call the TPLRD Electronic Funds Transfer voice mailbox at (916) 650-0547 after 3 p.m., PST, on the day of the transaction. Leave your first and last name, a phone number where we can reach you, the date and time to call you back, and a brief message. Please be sure to include your payment confirmation number. One of our representatives will get back to you as soon as possible.

B. Proof of Payment
The confirmation number given at the end of an EFT payment transaction does not constitute proof of payment; it only assists in locating the data transmission. Proof of payment is the statement from your bank showing the actual transfer of funds from your bank account into the State’s bank account.

C. Refunds
If you have transmitted more than the amount due or would like a refund, you may send a refund request or, request to apply the overpayment to another reporting period. Please send your refund request to the following address:

Department of Health Care Services
Third Party Liability and Recovery Division
Attention: Posting Unit, MS 4720
P.O. Box 997425
Sacramento, CA 95899-7425
The following information must be included in your refund request to avoid any delays in processing:

- Confirmation Number issued after completing the EFT transaction that you are requesting to refund.
- Proof of payment (bank statement showing withdrawal of funds)
- Date of payment
- Payment amount
- Name and contact phone number to use for any question(s)
- Name that the refund check is to be made payable
- Address to send the refund check

Please note that refund requests may take up to 90 days to process. In case your request is denied, a notification letter will be mailed to you.

D. Holidays

Bank Holidays
Banking days are days when the Federal Reserve banks are open. They are open Monday through Friday, except for the following dates:

- New Year’s Day - January 1
- Martin Luther King Jr. Day (third Monday in January)
- Presidents Day (third Monday in February)
- Memorial Day (last Monday in May)
- Independence Day - July 4
- Labor Day (first Monday in September)
- Columbus Day (second Monday in October)
- Veterans Day - November 11
- Thanksgiving Day (fourth Thursday in November)
- Christmas Day - December 25

Note: If a holiday falls on a Saturday, the Friday preceding is considered a bank holiday. If a holiday falls on a Sunday, the following Monday is considered a bank holiday.

State Holidays
In addition to the bank holidays above, the following holidays are also recognized by the State of California:

- Cesar Chavez Day - March 31
- Day after Thanksgiving - Friday after Thanksgiving

Note: If a holiday falls on a Sunday, the holiday is observed on the following Monday.
IV. EFT ENROLLED USER OPTION

The Enrolled User payment option is an EFT option offered by DHCS as an alternative to the One-Time Pay option. This option is more robust in features compared to the One-Time Pay option as it is a user login account based payment system. Additionally, Enrolled Users may find this option more convenient and easier to use as it allows users to schedule multiple payments in the future without having to enter your personal and banking information each time you make a payment, view/track your payment history, as well as cancel scheduled payments. Interested users are required to submit a completed enrollment form to be added in the program. Please visit the DHCS TPLRD website and refer to the Quick Reference Links for a copy of the enrollment form. You have the option of completing the enrollment form online by selecting the EFT Enrollment AutoForm link or you can download the manual EFT Enrollment Form Mail-in if you would like to submit the form by mail.

- **Important Note**: If you are a Medi-Cal beneficiary, for security purposes, the information you provide in the enrollment form must match your Medi-Cal records. If you had a change of address, please contact your local Social Services office to request the change in your Medi-Cal records.

Once we receive your enrollment form, please allow up to two weeks for the processing of your application. We will send you a letter confirming the creation of your DHCS EFT Enrolled User account. An email containing your temporary security code needed for activating your account will also be sent to you. When you have both your DHCS Account and temporary security code, you can register your account. Please note that it may take up to two weeks processing time after we receive your enrollment form. If you need to make an immediate payment to DHCS, use the One-Time Pay option. (For more information on One-Time Pay, refer to [Section VI. One-Time Pay Option](#)).

A. First Time Users

First time users of the EFT Enrolled User option will need to register their account and create their login security credentials. You will be prompted to change the temporary security code when you register your account. Please remember the Username and Password that you created to access your account in the future.

Prior to submitting any payments, your bank account information must be entered and stored on the EFT website. The EFT Enrolled User option will only allow you to save one bank account per DHCS Account. For more detailed instructions on payment method setup, refer to [Section V.D. Bank Account Maintenance](#).
B. How to Register an Enrolled User Account
Access to the Enrolled User section of the EFT website will be granted once you submit an enrollment. Once you have received your DHCS Account and Security Code from DHCS, you can register your account and create a Username and Password for access.

2. Click on the Register button in the First Time User box.

4. On the Update Security Code screen, please enter your **Current (temporary) Security Code**. Please create a new 4-digit security code and enter in the **New Security Code** field and again under the **Confirm Security Code** field and click **Continue**.

   a. You may be prompted to enter Moving Letters verification at this point. Please enter the letters displayed on your registration screen if prompted for this verification. An example is below:
5. You will be prompted to create a Username and Password. Make sure to remember these as you will need them to access your EFT account in the future.

Registration
For help with EFT, select the “Reference Links” above and click on one of the items.

Username and Password Information

**Username Requirements:** Usernames are required to be a minimum of six letters and/or numbers in length and a maximum of 16 characters.

**Password Help:** Passwords are required to be a minimum of 8 characters in length and contain at least 1 uppercase, 1 lowercase, 1 number and 1 special character (@#%*&).

Username: 
Confirm Username: 
Password: 
Confirm Password: 
Email: 
Confirm Email: 

6. Enter your contact name then select and answer Security Questions.

Contact Information

Contact Name: 

Security Questions

You are required to select and answer three questions for security purposes. You will be asked for your answers if you need to retrieve your password.

**Question 1:** 
Answer: 

**Question 2:** 
Answer: 

**Question 3:** 
Answer: 

[Back] [Create Profile]
After creating your username and password, you will be prompted to enter your bank information on the Add Bank Account Information screen. Please enter the bank **Account Holder Name**, select whether the **Account Type** is a Checking or Savings account, enter bank **Account Number** twice to check for accuracy, and enter the 9-digit bank **Routing Number**. Review the entered information and click **Submit**.

a. Please use the information found on your check or bank statement.
b. A deposit slip or debit card number will not work on the EFT system.
c. Contact your financial institution if you need help on your bank account number or the bank’s routing number.

7. After saving your bank information, you can now schedule payments either by clicking Continue or Make Payment.

Add Bank Account Confirmation
You have successfully set up your payment information. Select Continue to access the application.
C. Returning Enrolled Users

Once your account has been registered, log in under the Returning User screen. Enter the username and password you created during the registration of your account.

- **Username**: Please enter the username that you created when you registered your DHCS Account as a First Time User.
- **Password**: Use the password you created during the account profile setup as a First Time User (If you had already changed this information, then use the most recent password you created). Your password must be a minimum of 8 characters and contain at least 1 number, 1 special character (!#$^&*+-), 1 uppercase letter, and 1 lowercase letter.

If you need assistance with your username or password, click the **Forgot User Name?** or **Forgot Password?** link on the EFT Sign in screen or call a customer representative at **800-554-7500 (option 0)**.
V. EFT ENROLLED USER MENU OPTIONS

Please view the top menu of the Enrolled User screen for links to various sections of the website. You can click on any of the links to immediately jump to that section at any time.

A. Make Payment

The Make Payment page is where you go to schedule payments. Your Enrolled User account is set up to pay specific programs.

- Under Payment Amount - enter the dollar amount you need to pay. Do not enter a dollar sign. You cannot make zero dollar payment and credits are not allowed.
- Click on the Debit Date box to view available dates to schedule your payment. Please note that your payment will be processed and will clear your bank account based on your selected Bank Account Debit Date.
- A Confirmation Number will be issued at the Payment Acknowledgement page.
- After completing a payment transaction, you may schedule another payment by clicking the New Payment button.
- If you need to send monthly payments, you can schedule multiple payments up to 3 months in advance. Please click on the Make Payment navigation link and use the Add Row button to create multiple payments. There is no automatic recurring payment option with the system.

Note: If you need to make payments to a different DHCS Account with your Enrolled User login account, please add it in the Manage Enrollment section. Please be aware that to make payments to multiple DHCS Accounts, you will be required to submit another enrollment form for each DHCS Account.

1. Making a Payment as an Enrolled User

Follow the steps below to make a payment as an Enrolled User:

a. Log in with your created Username and Password from enrollment registration.
b. If you have multiple accounts linked with your Username, the Select Your Enrollment screen will ask which DHCS Account you are making a payment to. Select the DHCS Account you would like to pay from the drop down menu and click Continue. If you have only one DHCS Account set up, continue to the next step.
c. In the Make a Payment Screen, enter the **Payment Amount** and **Debit Date**. If you need to make another payment, click on **Add Row** to schedule another payment. Click Continue.

The Make a Payment Screen will have a different format based on the Program's requirements.

- For Personal Injury and Workers’ Compensation, you are also required to enter a Case Number and Case Name.
- For Overpayments-Multiple Accounts, you are also required to enter NPI/DHCS Account Numbers and Case Name.
- For Quality Assurance Fee-Skilled Nursing Facility (QAF-SNF), you are also required to enter the NPI/DHCS Account Number, Bed Days, and the Date Range of the Bed Days. You can view the Bed Days Rate Table to calculate your Payment Amount by accessing the link named “Bed Days Rate Table”.
  - The Debit Date for QAF-SNF is automatically set to earliest available bank debit date. It cannot be changed.
- For Quality Assurance Fee-Ground Emergency Medical Transport (QAF-GEMT), you are required to enter the NPI/DHCS Account Number, Business Name, Invoice Number, Payment Amount, and select a valid Debit Date.

Below is a sample of the “Make a Payment screen: for the 250% Working Disabled Program:
d. Verify your payment entries and click on **Submit Payment**.
   - If you need to make any changes, click **Edit Payment** to go back to the previous screen.

```
Payment Verification
Please confirm the following payment information.

DHCS Account: 00000000
Payment Type: 250% Working Disabled Program
Bank Account: 6789
Payment Amount  Debit Date
$20.00  06/03/2016
```

---

**ACH Debit Authorization:** By clicking "Submit Payment", you are authorizing designated Financial Agents of DHCS to initiate debit entries to the financial institution account indicated for payments owed to DHCS using the ACH Debit payment.

---

e. Once you have submitted your payment, you will be routed to the Payment Confirmation screen. You can make a record of this payment by recording the Confirmation Number or clicking on **Print this page**.

```
Payment Confirmation
Please take note of the confirmation number or print this page for your records.

Payment Initiation Date: 5/27/2016 Time: 4:27:48 PM

---

DHCS Account: 00000000
Payment Type: 250% Working Disabled Program
Bank Account: 6789
Payment Amount  Debit Date  Confirmation number
$20.00  06/03/2016  13186
```

---

New Payment
B. Payment Inquiry
One of the benefits in using the Enrolled User Option is the Payment Inquiry page. This allows a payer to search and view completed, cancelled, and pending scheduled payments for the past 12 months. Payers have the option of cancelling payments if needed.

1. How to Use Payment Inquiry and Cancel Payments
   a. Log into the EFT system with your User Name and Password.
   b. Click on Payment Inquiry at the top menu.
   c. Enter information regarding your payment and click Search.
   d. A list of payments that fit the search criteria will display. Click on the View or View/Cancel button next to each payment to examine the payment details.
Note: Payments that display the View/Cancel button can be cancelled. To cancel a payment, click the **Cancel** button on the View Payment screen. Payments can only be cancelled if there is at least two business days left before the scheduled Bank Debit Date. If there is no Cancel button, it is too late to cancel the payment.

### View/Cancel Payment

View your payment details below. You may choose to cancel your payment by selecting Cancel Payment below, or Back to return to Payment Inquiry.

<table>
<thead>
<tr>
<th>Confirmation Number:</th>
<th>14227</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment Status:</td>
<td>Scheduled</td>
</tr>
<tr>
<td>Payment Method:</td>
<td>Web</td>
</tr>
<tr>
<td>Payment Submission Date and Time (PST):</td>
<td>06/14/2016 09:30:41 AM</td>
</tr>
<tr>
<td>Bank Account:</td>
<td>****4321</td>
</tr>
<tr>
<td>DHCS Account:</td>
<td>000000008</td>
</tr>
<tr>
<td>Payment Type:</td>
<td>Estate Recovery</td>
</tr>
<tr>
<td>Payment Amount:</td>
<td>$500.00</td>
</tr>
<tr>
<td>Debit Date:</td>
<td>06/27/2016</td>
</tr>
</tbody>
</table>

e. You can also save your search results to a spreadsheet file by clicking on the “Export to File” button. This file can help you in keeping personal records of your payments. If you are using a public computer, **do not export/download** this file as it contains personal/confidential information.

**Export To File**

**Important Note:** This database may only keep transactions done in the past 36 months. For information regarding transactions done more than 36 months ago, please refer to your bank statement or contact your financial institution.
C. Account Profile
The Account Profile page allows you to change your password, security questions, security code for your account, and your email address.

- Updating your account profile requires you to enter your current password.
- You will need your current security code to change it to a new code.
- To change your password, click on the Change Password link.
- Click on the Edit link for the profile information section you want to update.

D. Bank Account Maintenance
The Bank Account Maintenance page allows you to add, view, and delete your bank account information.

- Your bank account information must be entered prior to making payments and will be saved for future payment transactions unless updated or deleted.
- If you have any changes to make to your bank account information, you will need to delete your saved account and re-enter your new bank account information.
- Any changes made to the Bank Account Maintenance screen will not update any pending payments made prior to any updates.
  - Previously scheduled payments will still debit on the scheduled date with the older saved bank account information.
  - Please delete any scheduled payment that is associated with a bank account that is no longer valid.
- If you have more than one DHCS Account linked with your User Name, you will need to save a bank account to the additional DHCS Account.

1. Making Changes to your Saved Bank Account
a. Click on the Bank Account Maintenance link at the top menu.

b. Click on the Delete link of the saved bank account.

c. Click on Delete button to confirm deletion of bank account.
d. Click on **Add Bank Account** button to enter new bank account information.

Payment Bank Account Maintenance

Manage or view the account information linked to your profile. When adding accounts, please note that we do not accept International ACH Transactions (IAT).

Add Bank Account

f. Click **Continue** on the confirmation screen to continue using the EFT web site.

Add Bank Account Confirmation

You have successfully set up your payment information. Select Continue to access the application.
E. Manage Enrollment
The Manage Enrollment page allows you to associate multiple DHCS Accounts with your User ID.

- A new enrollment form is required for each DHCS Account you plan to access with your User ID.
- Once you receive a letter confirming your new DHCS Account and an email confirming your Security Code, you can use this information to add another enrollment to your User Name. The description box can be used to differentiate between multiple accounts associated to your User Name.

1. Adding Another DHCS Account to an Existing EFT Enrolled User Account
Follow the steps below to add another DHCS Account to your existing Enrolled User Account.

a. Click on the Manage Enrollment link at the top menu.

b. Click on the Add Another Enrollment button to start the process.
c. Enter the new **DHCS Account**, **Security Code**, and **Description**.
   - The Description will be displayed as the name of the account when making a new payment.

Add another enrollment

Add another enrollment

d. Update your temporary **Security Code** with a new permanent code.
   - Security Code must be 4 digits long.

Add another enrollment

e. Click on the **Continue** button to finish enrollment.
f. When you click on **Make Payment** at the top menu, it will now ask which DHCS Account you would like to pay.

![First Data screenshot]

**Important Note**: A bank account needs to be saved for each DHCS Account. The bank account can be the same as the one saved for your other account(s). Refer to Section V.D. for instructions on saving a bank account.

F. FAQ
The FAQs page will provide EFT Users with answers to Frequently Asked Questions regarding EFT.

![First Data screenshot]

G. Logout
Click **Logout** to exit the Enrolled User website.

- You must click Logout after you are done using the EFT website to prevent unauthorized access to your account.
VI. **ONE-TIME PAY OPTION**

Payers without a login account can make a payment immediately to DHCS through the One-Time Pay option. Payers that have not yet completed the enrollment process or do not wish to enroll may use this option to make payments.


2. Click on the **Access to the One-Time Pay option** link at the top of the screen.

3. Enter your **DHCS Account** and click **Continue**. Please refer to the [Appendix VIII.A. Locating Your DHCS Account Number](#), if you need help with identifying your DHCS Account.

   **TPLRD One Time Payment Only**

   This option is for Third Party Liability and Recovery (TPLRD) payments for any of the following programs: 250% Working Disabled Program, Personal Injury, Special Needs Trust, Estate Recovery, Overpayments, Quality Assurance Fee/MCO Tax, and Workers’ Compensation.

   You will need your DHCS account number, your bank routing and account numbers. Payments made before 3:00 p.m. Pacific Time (PT) will settle on the next banking day. There is no payment inquiry screen to view submitted payments for this option.

4. On the Select Payment Type screen, select the **Program** you are paying.

   **Select Payment Type**

   Please select one of the following payment options:
5. Enter the **Requested Payment Information** (refer to the following payment instructions for specific program), **Payment Amount** and select your **Debit Date**. The debit date is the day the payment will be withdrawn from your account and can be scheduled for up to 90 days in advance. If you want to make another payment, click **Add Row** to schedule another payment. Once you are done with scheduling payments, click **Continue**.

- For **250% Working Disabled Program**, enter your **Payment Amount** and select your **Debit Date**.
- For **Personal Injury**, enter the DHCS Account Number in the **Case Number** box, the Medi-Cal beneficiary’s name in the **Case Name** box, enter **Payment Amount**, and select **Debit Date**. If paying for multiple beneficiaries use the **Add Row** feature and enter Payment Information for each additional payment.
- For **Estate Recovery**, enter your **Payment Amount** and select your **Debit Date**.
- For **Overpayments – Single Account**, enter your **Payment Amount** and select your **Debit Date**.
- For **Overpayments – Multiple Account**, enter the NPI/DHCS Account Number and **Case Name, Payment Amount** and select **Debit Date**. If paying for multiple NPI/DHCS Account Numbers, use the **Add Row** feature and enter Payment Information for each additional payment.
- For **Special Needs Trust**, enter your **Payment Amount** and select your **Debit Date**.
- For **Workers’ Compensation**, enter the DHCS Account Number in the **Case Number** box, the Medical beneficiary’s name in the **Case Name** box, enter **Payment Amount**, and select **Debit Date**. If paying for multiple beneficiaries use the **Add Row** feature and enter Payment Information for each additional payment.
- For **Quality Assurance Fee/MCO Tax**, enter the NPI/DHCS Account Number, **Business Name, Invoice Number, Payment Amount**, and select a valid **Debit Date**.
Sample payment screen showing 250% Working Disabled:

6. On the Contact Info screen, enter **Case Name**, **Contact Name** (Provide person to contact if different from the Case Name) and other needed information then click **Continue**. This information is only used to contact the payer in case there are any issues with the payment.

   - For **250% Working Disabled Program**, enter name of beneficiary in the **Case Name** box.
   - For **Personal Injury**, enter name of one of the beneficiaries (that you are making payment for) in the **Case Name** box.
   - For **Estate Recovery**, enter name of beneficiary in the **Case Name** box.
   - For **Overpayments – Single Account**, enter Medi-Cal beneficiary/provider name in the **Case Name** box.
   - For **Overpayments – Multiple Account**, enter name of one of the providers (that you are making payment for) in the **Case Name** box.
   - For **Special Needs Trust**, enter name of trust/beneficiary in the **Case Name** box.
   - For **Workers’ Compensation**, enter name of one of the beneficiaries (that you are making payment for) in the **Case Name** box.
   - For **Quality Assurance Fee/MCO Tax**, enter the business name in the **Case Name** box.
Sample Contact Info screen:
9. On the Payment Method screen, fill in your bank account information. Please enter **Account Holder Name**, select whether **Account Type** is Checking or Savings, enter **Account Number** twice to check for accuracy, and enter the 9-digit **Routing Number**. Please use the information found on your check. Do not use debit cards or credit cards as they are not accepted for EFT payments. Deposit slips will not work for EFT payments.

- Contact your financial institution if you need help on your bank account number or the bank’s routing number.
10. Review the information on the Confirm Payment screen and click **Submit Payment** to complete the EFT scheduled payment.

```
<table>
<thead>
<tr>
<th>Account Info</th>
<th>Payment Info</th>
<th>Contact Info</th>
<th>Payment Method</th>
<th>Confirm Payment</th>
<th>Payment Complete</th>
</tr>
</thead>
</table>

DHCS Account: 98765432A

Payment Type: 200% Working Disabled Program

Bank Account: ****7900

<table>
<thead>
<tr>
<th>Payment Amount</th>
<th>Debit Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20.00</td>
<td>05/25/2016</td>
</tr>
</tbody>
</table>

**ACH Debit Authorization:** By clicking "Submit Payment", you are authorizing designated Financial Agents of DHCS to initiate debit entries to the financial institution account indicated, for payments owed to DHCS using the ACH Debit method.

[Edit Payment] [Submit Payment]
```

11. Please keep record of the confirmation number after submitting payments. You will need to refer to this number if you have any questions regarding your payment. If you would like to make another payment, click on **New Payment**.

```
<table>
<thead>
<tr>
<th>Account Info</th>
<th>Payment Info</th>
<th>Contact Info</th>
<th>Payment Method</th>
<th>Confirm Payment</th>
<th>Payment Complete</th>
</tr>
</thead>
</table>

DHCS Account: 98765432A

Payment Type: 250% Working Disabled Program

Bank Account: ****7890

<table>
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<th>Debit Date</th>
<th>Confirmation number</th>
</tr>
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<tbody>
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<td>05/25/2016</td>
<td>12025</td>
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</table>

[New Payment]
```
VII. TERMS AND CONDITIONS

Please read all of the terms and conditions carefully. By clicking Submit Payment on the EFT transaction, you agree to the terms and conditions as stated below:

1. By completing the Electronic Funds Transfer authorization, you are authorizing DHCS to transfer funds from your financial institution account to DHCS.
2. The Bank Account Debit Date is the actual day the funds from your bank transfers out to DHCS. Make sure to schedule your payments accordingly to avoid any problems with funds availability.
3. It is your responsibility to check your financial institution account statement to verify the accuracy of the date and amount of any EFT payments. If you discover an error, please notify your financial institution immediately.
4. If your financial institution returns an EFT payment transaction unpaid for any reason, including but not limited to, insufficient funds in your account or inaccurate information provided when you submit your electronic payment, any incurred penalties (such as returned check fee) will be your responsibility.
5. The use of the DHCS EFT is offered at no cost, but it is your responsibility to check with your financial institution whether they charge a fee for the actual transfer of funds.
6. The Department makes no warranties, expressed or implied, about the electronic funds transfer process. In no event will the Department be responsible for any incidental or consequential losses or damages arising out of, or in any way resulting from, the performance or non-performance, acts or omissions of third parties involved in the electronic funds transfer process, including but not limited to various courier services, the Federal Reserve Bank, the Automated Clearing House, the banks and their employees/agents involved in the process, or any financial institution which receives or originates or makes electronic funds transfers.
VIII. APPENDIX

A. Locating Your DHCS Account

Your DHCS Account is comprised of a program identifier prefix followed by your Client Index Number (CIN), National Provider Identifier (NPI), Office of Statewide Health Planning and Development (OSHPD), and if applicable, a sequence number (e.g. D98765432A or C98765432A-001). Your CIN is the set of 9 characters, beginning with a “9”, and ending with a letter (e.g. 98765432A) found on your Medi-Cal Benefits Identification Card (BIC). Your NPI is a set of 10 numbers (e.g. 9876543210). Your payment may be delayed if incorrect DHCS Account information was submitted. Please see below for information on DHCS Account formats:

- **Working Disabled Program**: D + CIN (e.g. D98765432A)
- **Estate Recovery**: P + CIN + sequence # (e.g. P98765432A-001)
- **Personal Injury**: C + CIN + sequence # (e.g. C98765432F-001)
- **Workers’ Compensation**: W + CIN + sequence # (e.g. W98765432A-001)
- **Special Needs Trust**: C + CIN + sequence # + T (e.g. C98765432C-001T)
- **Overpayments**:
  - Providers: V + NPI + sequence # (e.g. V9876543210-001)
  - Beneficiaries: B + CIN + sequence # (e.g. B987654321-001)
  - State Share: G + NPI + sequence # (e.g. GDME02402F-001)
- **Quality Assurance Fee**:
  - Developmental Day Treatment: DAY + NPI (e.g. DAY9876543210)
  - Ground Emergency Medical Transport: GEM + NPI (e.g. GEM9876543210)
  - Hospital Quality Assurance Fee—Fee-For-Service: HQF + OSHPD (e.g. HQF9876543210)
  - Hospital Quality Assurance Fee—Managed Care: HQM + OSHPD (e.g. HQM9876543210)
  - Intermediate Care Facilities: ICF + NPI (e.g. ICF9876543210)
  - Managed Care Organization Tax: MCO + NPI (e.g. MCO9876543210)
  - Skilled Nursing Facilities: SNF + NPI (e.g. SNF9876543210)

B. Glossary of Terms and Acronyms

**Automated Clearing House (ACH)** means any Federal Reserve Bank or other entity that operates as a clearing house for electronic debit or credit entries pursuant to an agreement with an association which is a member of the National ACH Association.

**ACH Debit** is a method by which monies are transferred electronically through the ACH network. ACH Debit means an ACH transaction in which the State, through its depository bank, originates an ACH transaction debiting the designated payer’s bank account and crediting the State’s bank account for the amount of the payment.

**Bank Account Debit Date** is the date an EFT payer instructs a bank or the data collector to process the transfer of funds.

**Business Day** is any banking day except those that are observed as a bank holiday.

**Electronic Funds Transfer (EFT)** is a generic term used to describe any ACH or wire transfer.
Payment Amount is a fillable box in the “Make Payment” screen. The payment amount is the amount you are paying to DHCS and cannot be zero dollars.

Payment Contact Person is the authorized person to contact for a beneficiary or provider. Proof of authorization such as a letter of conservancy, or court order is required for the EFT Enrolled User enrollment form.

Confirmation Number is the number generated by the EFT website to confirm submission of the payment scheduled. This number is used to track your payment in the transaction database.

Security Code is a 4-digit code that is required to log in your account in the Enrolled EFT User website. You will receive a temporary code by email and will be required to change the code upon registering/activating your account.