

ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION GUIDE

Third Party Liability and Recovery Division

Updated April 2025

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Introduction

This guide will assist users in making online payments to the Third Party Liability and Recovery Division (TPLRD). For other information regarding the EFT program, please refer to FirstData's [Frequently Asked Questions](#) for additional information.

First Time Users: Sign Up for EFT

Enrolling in the Electronic Funds Transfer (EFT) program allows you to schedule payments online and provides you with essential payment information. If you have not completed an enrollment request form, please follow the steps below. If you have an existing account and are unable to access it, please follow the steps [here](#).

Step 1: Enroll as an EFT User

To enroll as an EFT user, you will need to complete two processes: **(1) enrollment** and **(2) registration**. To begin the enrollment process, follow the steps below:

1. Navigate to the [DHCS Third Party Liability and Recovery Division \(TPLRD\) page](#) and click **Make an EFT Payment** at the bottom of the page to open the TPLRD Payment Portal.
2. Click on **New Enrollment Request** and fill out the information on the form, including your name or business name, your address, phone number, and email address.
 - a. If you are a law firm, please provide the address of your place of business.
 - b. Check the box for the TPLRD program that you will be submitting a payment for.
 - c. Fill out any of the **Additional Information** fields that apply to the enrollment request.

| Additional Information | |
|--|---|
| DHCS Account/NPI/HCAI Number (Required): | <input type="text"/> Help? |
| Law Firm or Provider Name (Optional): | <input type="text"/> Help? |
| State Bar Number (Optional): | <input type="text"/> Help? |
| Case Name (Optional): | <input type="text"/> Help? |

Figure 1: Additional Information Fields

- i. **DHCS Account/NPI/HCAI Number** field is required to complete the enrollment process.
- ii. **Law Firm or Provider Name** is required if you are a representative of a Provider or a Law Firm. Please provide the name of the business you are representing.
- iii. **State Bar Number** is required if you are an attorney representing a Medi-Cal member.
- iv. **Case name** is required if you are representing or making a payment on behalf of a Medi-Cal member. Please provide the Medi-Cal member's name.

If you or your client has a State of California Benefits Identification Card (BIC):
Enter the first nine characters of your BIC number in the **DHCS Account/NPI/HCAI Number** field. These nine characters make up your [Client Index Number](#) (CIN). Refer to the below image for the location of your BIC number.



Figure 2: BIC Cards

If you do not have, or cannot find your BIC:

Locate your DHCS account number found on correspondence you received from TPLRD. Your CIN is the DHCS account number without the prefixed letter, beginning with a 9 (e.g. 90000000A-001).

If you are a provider paying an **Overpayment, Quality Assurance Fee, or Managed Care Organization (MCO) Tax**, the DHCS account number can be found on correspondence from DHCS. The DHCS account number may contain:

- » A program identifier prefix and your ten-digit [National Provider Identifier \(NPI\)](#) number.
- » The 9-digit Office of Statewide Health Planning and Development (OSHPD) number, and if applicable, a sequence number.
- » A four-digit identifier, if you are a Managed Care Organization.

[Click here](#) to see the DHCS account format and examples for each program.

If you are unable to locate your DHCS account number, please email TPLRD.EFT@dhcs.ca.gov.

3. Submit the enrollment form when it is complete. Once you submit your enrollment request, you will receive an email stating your enrollment request was successful.

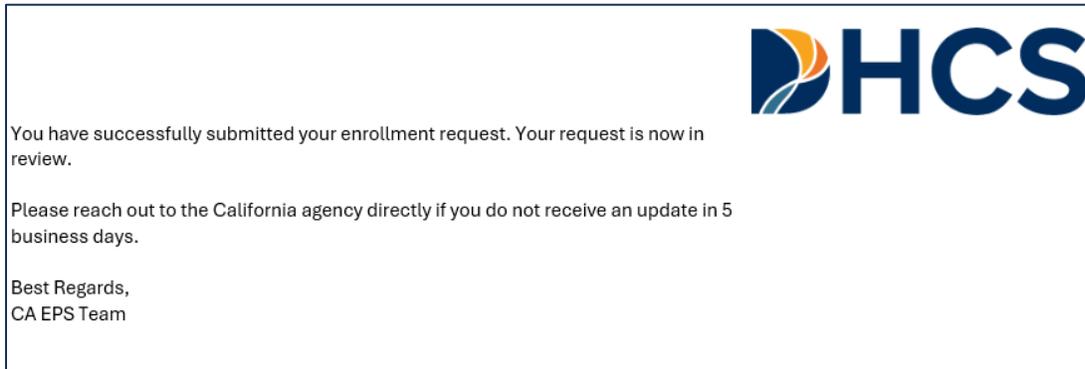


Figure 3: Successful enrollment request

4. Allow up to five business days for TPLRD staff to process your enrollment request. If approved, you will receive two emails with instructions to register your account. One email will have your temporary **Security Code** while the other will have your **DHCS Account** login. Once you have received both emails, please continue to [Step 2: Register](#) to complete the registration process.
5. If you do not receive both emails within five business days, please [contact us](#) for assistance. You may need to check your junk folder in your email to ensure the emails are not misdirected. An EFT enrollment form can be printed and sent by mail but will require additional time to process. Click [here](#) for the printable version of the form. You can mail the completed form to:

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

6. If your enrollment is **denied**, please review the reason for the denial. Re-submit the enrollment request once the reason for the denial is corrected.
 - a. The most common denial reasons include:
 - i. **DHCS case not found** – We are unable to match the information provided in the enrollment form with the information in our records.
 - ii. **Account already exists** – If you have forgotten your login

credentials, please use the [Forgot Username?](#) and/or [Forgot Password?](#) links located in [FirstData](#) or contact First Data at 1(800) 554-7500.

- iii. **Needs to be updated** – The information provided does not match what TPLRD has on file; one or more details may need to be updated.

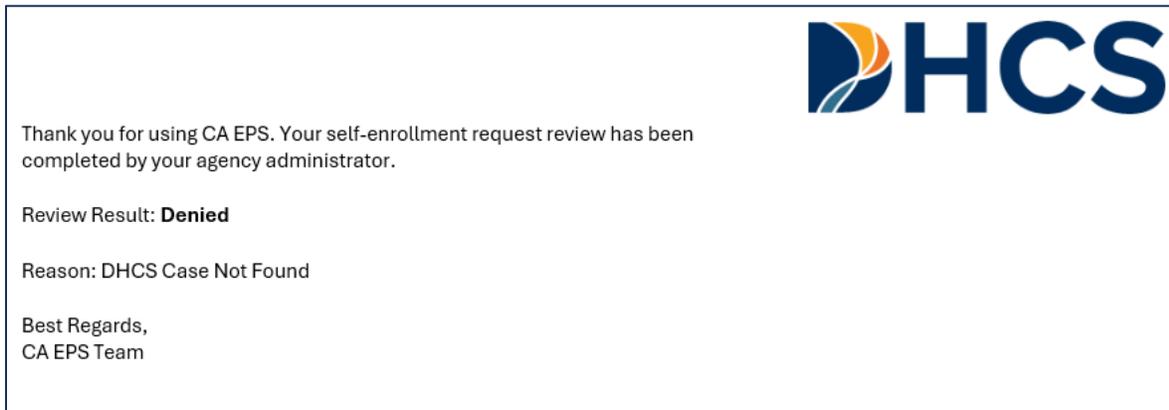


Figure 4: Denied enrollment record

Step 2: Register Your Account with FirstData

1. Within five business days of submitting the enrollment form, you will receive two emails from First Data. The emails will contain the information required to complete the registration process.
 - a. The first email's subject is **Self-enrollment Request Review Result**. This email contains the [DHCS account login](#).

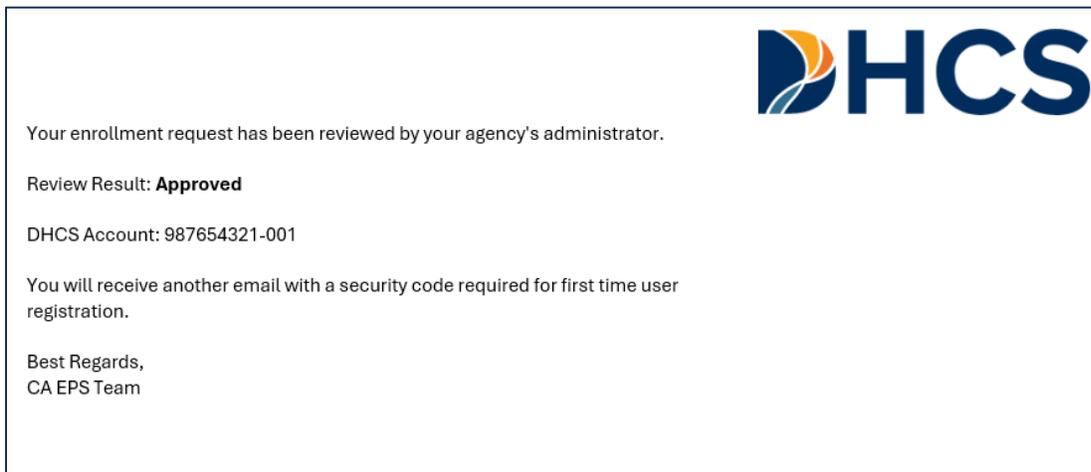


Figure 5: Approved enrollment request email

- b. The second email's subject is **Self-enrollment Request Review Result**. This email contains a temporary [Security Code](#).
 - i. Note: Make sure to register the account within 24 hours of receiving the DHCS account and security code. If you run into a problem, please [contact TPLRD](#) or First Data Customer support at 1(800) 554-7500.

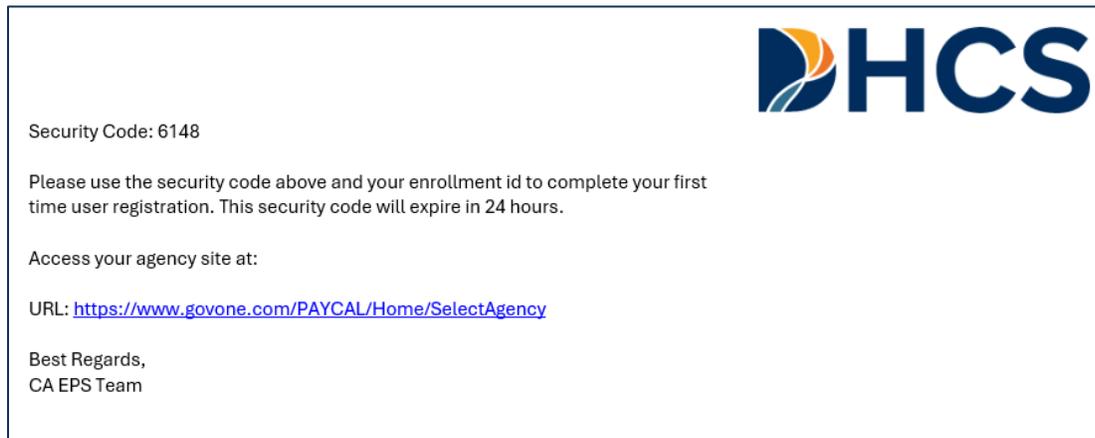


Figure 6: Security Code email

2. With your [DHCS account login](#) and temporary [security code](#) readily available, register your account by clicking the link the email or by typing <https://www.govone.com/PAYCAL/DHCSTP/Account/Logon> into your browser. Scroll to the bottom of the page and click **Register**.

Sign in
Please enter your account information to access our secure system.

Returning User

Username:

Password:
[Help?](#)

[Forgot Username?](#) | [Forgot Password?](#)

First Time User

Are you an Enrolled User using this payment website for the very first time? If so, please click here to activate your web account.

Figure 7: FirstData Login/Registration Page

3. Enter your **DHCS Account login**, temporary **Security Code**, and click **Continue**.
 - a. If you are unable to log in, follow the instructions [here](#) to recover your account information or reset your password.

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

DHCS Account:

Security Code:

[Help?](#)

Figure 8: Registration Screen

4. On the Update Security Code screen, enter your **temporary Security Code** followed by a new four-digit Security Code of your choice. Enter the **New Security Code** a second time in the **Confirm Security Code** field. Make note of your New Security Code.

Update Security Code

Our records indicate that you have not changed your default security code.
*Security Code is 4 digits long. It cannot include letters or any special characters.

Current Security Code: 5555 Old 4-digit code

New Security Code: 8585 New 4-digit code

Confirm Security Code: 8585 New 4-digit code (repeated)

I'm not a robot  reCAPTCHA
Privacy - Terms

Continue

Figure 9: Security Code Update Screen

- a. There is a user authentication box at the bottom of the screen. Please check the box marked "I'm not a robot" and click **Continue**.

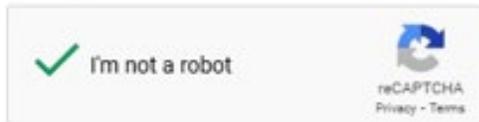


Figure 10: Authentication Box

5. Complete the username, password, and email information fields.

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 9 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:

Optional Payment Notifications:

(Note: Notification will serve as confirmation of submittal.)

I agree to receive Email notifications.

Contact Information

Enter the name of the person completing this registration.

Contact Name:

I'm not a robot 

[Privacy - Terms](#)

Figure 11: Create Username/Password Page

- a. **Usernames** are required to be a minimum of six letters and/or numbers in length and a maximum of 16 characters.
 - b. **Passwords** are required to be a minimum of at least nine characters in length and contain at least one uppercase letter, at least one lowercase letter, one number, and one special character such as !@#%\$%.
 - c. **Optional Payment Notifications** will be sent to the corresponding email. You will receive a notification when a payment is submitted.
 - d. There is a user authentication box at the bottom of the screen. Please check the box marked "I'm not a robot" and click **Create Profile**.
6. Retrieve your bank account's routing and account numbers. You can typically find these on the bottom of your personal check.

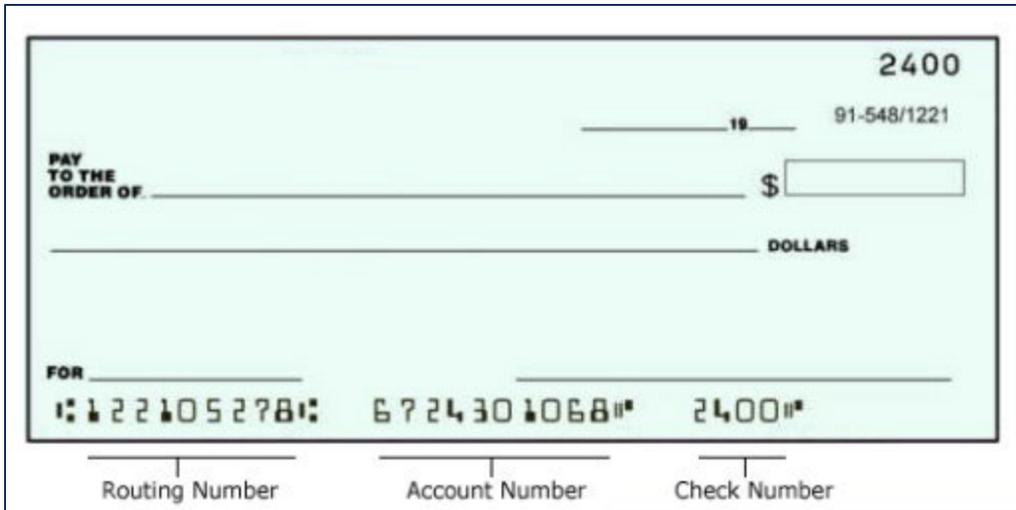


Figure 12: Locate Routing/Account Number

7. Enter your banking information, including the name of the account holder, the account type, and the account and routing numbers.

The form contains the following fields and controls:

- Account Holder Name:
- Account Type:
- Account Number:
- Re-Enter Account Number:
- Routing Number:
- Buttons: , ,

 A red box highlights the Account Number and Re-Enter Account Number fields with the text "Must Match".

Figure 13: Account Number Match

8. Once your banking information is entered into the fields, click **Continue** at the bottom of the page.
9. Click **Submit** at the bottom of the following page to confirm your information.

You will receive a confirmation email from FirstData once your account is registered. You are now ready to make EFT payments.

Login to an Enrolled Account

1. Click [here](#) to go to the First Data login portal or type

<https://www.govone.com/PAYCAL/DHCSTP/Account/Logon> into your browser.

2. In the **Returning User** section, enter your username and password and click Login.

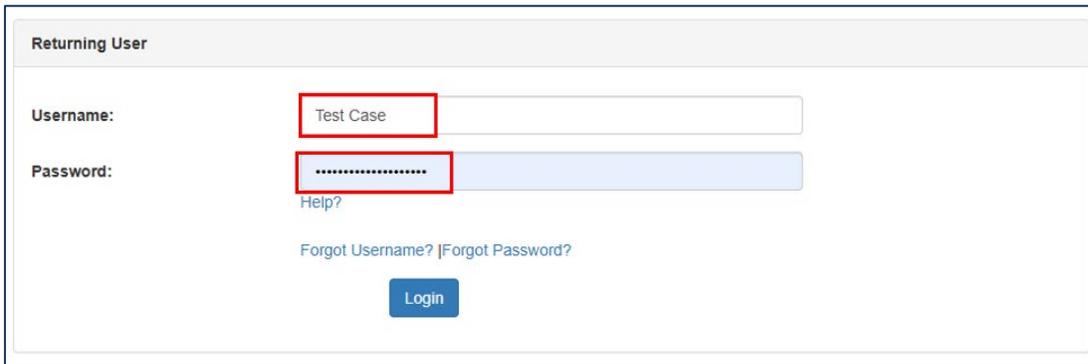


Figure 14: FirstData Login Page

- a. If you are unable to log in, [follow the instructions](#) to recover your account information or reset your password.
3. Once you have clicked login, you will be prompted to enter a verification code. You will receive an email with a verification code.

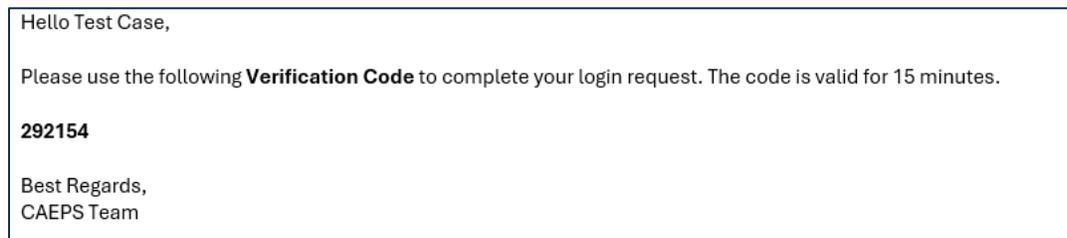


Figure 15: Verification Code Email

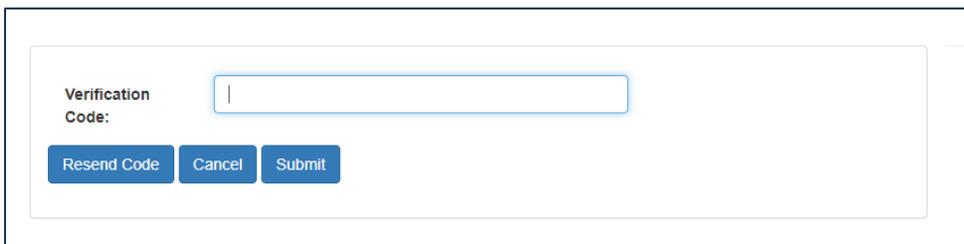


Figure 16: First Data Verification Code Webpage

4. Once the verification code is entered, you will be directed to your default Payment screen.

Make and Schedule Payments

1. After logging in, you will be directed to the payment screen. From here you can make and schedule payments.
 - a. Enrolled EFT users can schedule up to 60 payments in advance, up to 365 days in the future.

Make a Payment

Please enter the following payment information.

DHCS Account : Tester123

Payment Type : Personal Injury

| | Case Number | Case Name | Payment Amount | Debit Date MM/DD/YYYY | Action |
|----|----------------|----------------|----------------|--------------------------|--------|
| 1. | C123456789-001 | Case Name Here | \$ 20.00 | 01/31/2025 | Remove |
| 2. | C123456789-001 | Case Name Here | \$ 20.00 | 01/31/2025 | Remove |
| | | | Total: | \$ 40.00 | |

+ Add Row + Duplicate Row

Cancel Continue

Figure 17: Personal Injury Payments Page

- b. For each payment, enter the [Payment Amount](#) and the desired [Debit Date](#). Fill out any additional fields as required by the payment type.
 - i. If adding multiple recurring payments, update the debit date for each row.
 - ii. All Quality Assurance Fee (QAF) providers must input an invoice number. If you do not know your invoice number, click the Get Invoice Number link on the payments page to determine the correct invoice number.

Make a Payment

If making more than one payment, use Add Row button and enter each NPI under NPI/ DHCS Account Number field. The DHCS Account and NPI can be the same in some situations.
For help with EFT, select the "Reference Links" above and click on one of the items.

DHCS Account :
TME SNF9876543210

Payment Type :
Quality Assurance Fee/MCO Tax

| NPI/DHCS Account Number | Business Name | Invoice Number Get Invoice Number | Payment Amount | Debit Date MM/DD/YYYY |
|-------------------------|---------------|--|----------------|--------------------------|
| | | | \$ 0.00 | 05/04/2020 |

[+ Add Row](#)

[Continue](#)

Click link for a default invoice number.

Click to populate another row of the above fields for another payment.

Figure 18: Adding a QAF invoice number

- c. To make additional payments, click the **Add Row** or **Duplicate Row** button.
 - i. **Add Row:** Blank display fields will populate.
 - ii. **Duplicate Row:** Display fields will copy the previous row's information.
- d. Click **Continue**.
 - i. A confirmation email will be sent to corresponding email address if the user opted in to Optional Payment Notifications.

Thank you for using CA EPS. You have successfully submitted your payment to California Department of Health Care Services:

Confirmation Number : 79928
 Payment Date : 01/22/2025
 Payment Amount : \$2.00

Best Regards,
 CA EPS Team

Figure 19: Submitted payment confirmation

- ii. If desired, write down or print the [confirmation number](#)(s) for your records.

- iii. Five days before the scheduled debit date, an email notification will be sent. Click the link in the email to review or cancel a payment.

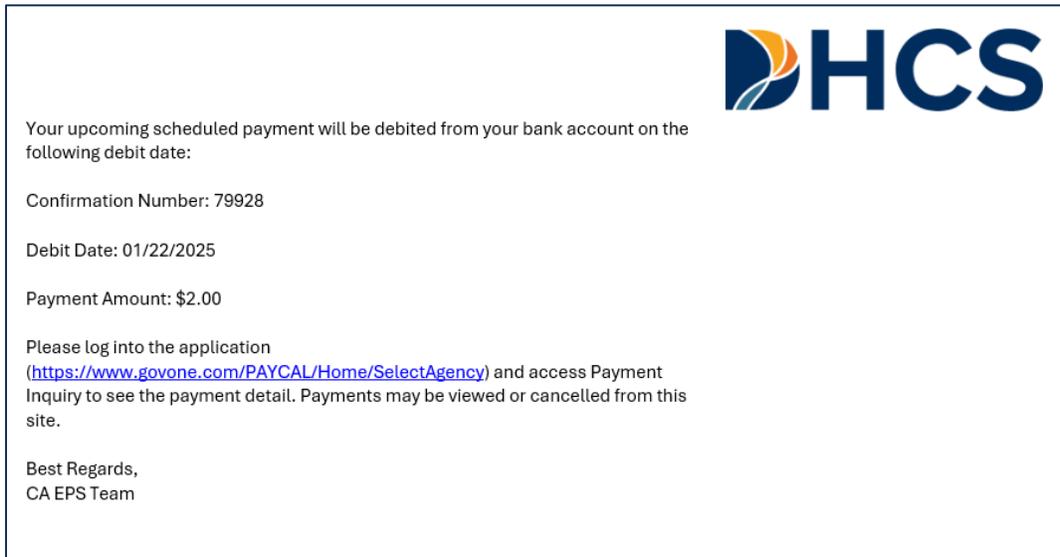


Figure 20: Scheduled Payment email

Change Bank Account Information

Users are unable to modify existing bank account details. To make changes, you will need to delete the bank account information and add a new bank account with the updated information.

1. To add or delete a bank account, click [here](#) or type **<https://www.govone.com/PAYCAL/DHCSTP/Account/Logon>** into your browser to go to the FirstData login page.
2. Login and click **Bank Account Maintenance** located at the top of the page.

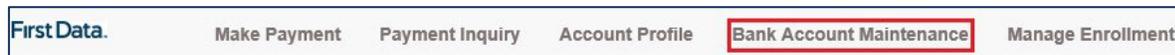


Figure 21: Bank Account Maintenance

3. Click the **Delete** button located on the right-hand side of the screen to delete a bank account.



Figure 22: Bank Account Deletion

4. Confirm deletion on the next page by clicking **Delete** again.



Figure 23: Bank Account Deletion Button

5. Click **Confirm**.



Figure 24: Bank Account Deletion Confirmation button

- a. You will need to [cancel](#) any existing scheduled payments and then [reschedule](#) them with the new account information.
 - b. You will receive an error message if you attempt to delete banking information while existing scheduled payments are pending.
6. Click the **Add Bank Account** button on the left side of the web page. Retrieve your bank account's routing and account numbers. You can typically find these on the bottom of your personal check.

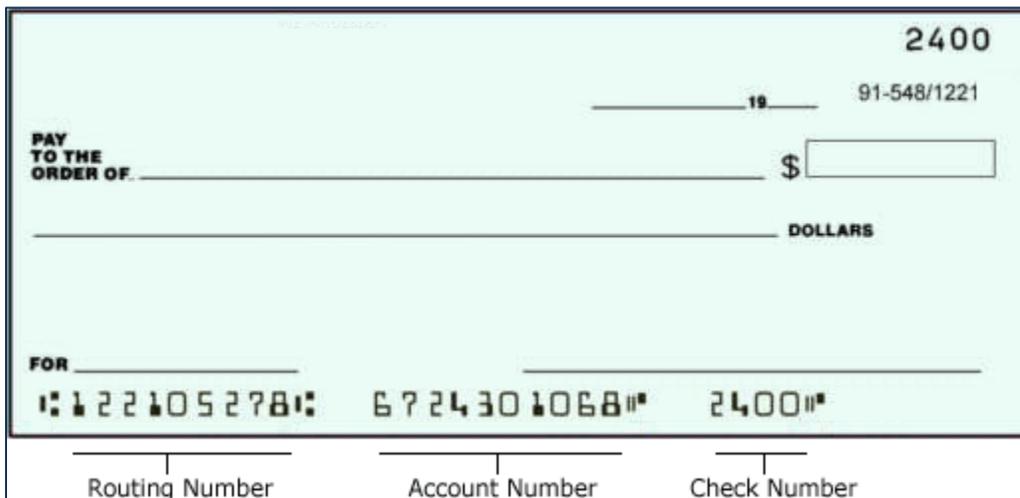


Figure 25: Locate Routing/Account Number

7. Enter your banking information, including the name of the account holder, the

account type, and the account and routing numbers.

The screenshot shows a form with the following fields: Account Holder Name (text input), Account Type (dropdown menu with 'Select Account Type' and a downward arrow), Account Number (text input), Confirm Account Number (text input), and Routing Number (text input). A blue 'Submit' button is at the bottom left. A red box highlights the Account Number and Confirm Account Number fields, with a callout box containing the text 'These fields must match' and lines pointing to both input fields.

Figure 26: Account Number Match

8. Click **Submit** located at the bottom of the page once all the information has been added.
9. Click **Continue** to save your new bank account information.

Managing Enrollments

For Providers who are responsible for multiple enrollments but paying with different bank accounts, you will want to use the manage enrollment option.

1. You are required to complete the [New Enrollment Request](#) process for each enrollment you need to add. Once your new enrollment request is approved, you will receive your DHCS Account login and temporary security code.
2. Log in to the First Data website as a Returning User.
3. Click **Manage Enrollment**, located at the top of the page.



Figure 27: Manage Enrollment Tab

4. Click **Add Another Enrollment**.

The screenshot shows the 'Manage Enrollment' screen. At the top, it says 'Manage Enrollment' and 'Please fill out Agency details here.' Below this is a blue button labeled 'Add Another Enrollment' which is highlighted with a red box. Below the button is a table with the following data:

| DHCS Account | Description | Delete |
|--------------|--------------------|--------|
| 04022025 | Initial Enrollment | Delete |

Figure 28: Adding another enrollment screen

5. Add the new DHCS Account login and security code. Give the new enrollment a description.
6. Log in to your initial registered account.

- a. You will receive a verification code in your email inbox. Enter the verification code when prompted.
7. Select which enrollment you wish to make a payment from.
 - a. If this is the first time selecting this enrollment, you will be prompted to enter in the banking information associated with the enrollment.
 - b. If selecting an existing enrollment, you will go straight to the **Make a Payment** screen.

Review Payments

To review past payments, you may call the TPLRD Phone Support Unit at **1-916-445-9891** or follow the below instructions to review payments in your enrolled EFT account.

1. Click [here](#) or type **<https://www.govone.com/PAYCAL/DHCSTP/Account/Logon>** into your browser to go to the FirstData login page.
2. Click **Payment Inquiry** located at the top of the page.



Figure 29: Select Payment Inquiry Page

3. Search payments using the search parameters available.
 - a. Entering dates in the **From** and **To** fields
 - b. Entering a debit date
 - c. Selecting a payment status
 - d. Enter a confirmation number

 A screenshot of the 'Payment Inquiry' search form. The form includes the following fields:

- Payment Submission Date:** Two date input fields labeled 'From' and 'To', both with '(MM/DD/YYYY)' format instructions below them.
- Debit Date:** A single date input field with '(MM/DD/YYYY)' format instructions below it.
- Status:** A dropdown menu.
- Confirmation Number:** A text input field.
- Buttons for 'Clear Result' and 'Search'.

 The 'From', 'To', and 'Debit Date' fields are highlighted with red boxes in the original image.

Figure 30: Payment Inquiry Search Parameters

4. Review and edit your scheduled payments as needed.

- a. Review each payment’s status to see if the payment was returned, paid, or is scheduled.
- b. A scheduled payment may be [canceled prior to being processed](#).

| Select | Confirmation Number | Payment Type | Payment Amount | Payment Submission Date and Time PST | Debit Date | Payment Method | Status |
|-----------------------------|---------------------|-----------------|----------------|--------------------------------------|------------|----------------|-----------|
| View/Cancel | 79991 | Personal Injury | \$10.00 | 04/08/2025 05:02:43 PM | 04/18/2025 | Web | Scheduled |
| View/Cancel | 79992 | Personal Injury | \$10.00 | 04/08/2025 05:02:43 PM | 05/16/2025 | Web | Scheduled |
| View/Cancel | 79993 | Personal Injury | \$10.00 | 04/08/2025 05:02:43 PM | 06/13/2025 | Web | Scheduled |
| View | 79994 | Personal Injury | \$10.00 | 04/08/2025 05:02:43 PM | 07/11/2025 | Web | Cancelled |
| View | 79995 | Personal Injury | \$10.00 | 04/08/2025 05:02:43 PM | 07/31/2025 | Web | Cancelled |

Figure 31: Viewing Payments

5. To download your payment history, click the **Export to File** button located at the bottom right of the screen.
 - a. FirstData only maintains records for 24 months. Proof of payments made outside of this period can be found on the corresponding bank statement(s).

Cancel a Payment

To cancel a scheduled payment, follow the steps below:

1. Locate the scheduled payment that you wish to cancel. For information on how to locate payments, refer to the [review payment](#) section. Click **View/Cancel** to the left of the payment you want to cancel.
2. Once a payment has been cancelled, it cannot be altered again. The payment will need to be re-entered, and a new confirmation number will be generated.

| | | | | | | | |
|-----------------------------|-------|-----------------|---------|------------------------|------------|-----|-----------|
| View/Cancel | 79993 | Personal Injury | \$10.00 | 04/08/2025 05:02:43 PM | 06/13/2025 | Web | Scheduled |
|-----------------------------|-------|-----------------|---------|------------------------|------------|-----|-----------|

Figure 32: Canceling Payments

3. Select **Cancel Payment** located at the bottom of the page.



Figure 33: Cancelling Payment Confirmation

Make a One-Time Payment

Follow these steps if you do not have a registered account and you need to make a payment without registering. To register for an account, [follow the steps](#) listed

in this document.

1. Click [here](https://www.govone.com/PAYCAL/DHCSTP/Account/Logon) or type <https://www.govone.com/PAYCAL/DHCSTP/Account/Logon> into your browser to go to the FirstData login page.
2. Select the **TPLRD One-Time Pay option** at the top left of the page.



Figure 34: OTP Selection

3. Enter your **DHCS account number**. This information is located on correspondence sent from the TPLRD recovery program managing the case.

A screenshot of the 'TPLRD One Time Payment Only' form. At the top, there is a title 'TPLRD One Time Payment Only' and a paragraph of explanatory text. Below the text is a horizontal navigation bar with tabs: 'Account Info', 'Payment Info', 'Contact info', 'Payment Method', 'Confirm Payment', and 'Payment Complete'. The 'Account Info' tab is selected. Under this tab, there is a label 'DHCS Account:' followed by a text input field. A 'Help?' link is positioned below the input field. At the bottom left of the form are two buttons: 'Cancel' and 'Continue'.

Figure 35: DHCS Account Number

4. Select the correct TPLRD recovery program for your payment.

A screenshot of the 'Third Party Liability and Recovery' selection page. The page has a header with the title 'Third Party Liability and Recovery'. Below the header is a list of seven recovery programs, each represented by a blue text link: 'Personal Injury', 'Estate Recovery', 'Overpayments- Single Account', 'Overpayments- Multiple Accounts', 'Quality Assurance Fee/MCO Tax', 'Special Needs Trust', and 'Worker's Compensation'.

Figure 36: Select Program Page

- a. To avoid lost or misdirected payments, be sure to select the correct recovery program. Please [follow this link](#) if you would like more

information on the different recovery programs.

5. Enter the [Payment Amount](#) and [Debit Date](#).

The screenshot shows the 'Payment Info' tab selected in a navigation bar. Below the navigation bar, there are two rows of information: 'DHCS Account : 12345678A' and 'Payment Type : Personal Injury'. Below this is a table with four columns: 'Case Number', 'Case Name', 'Payment Amount', and 'Debit Date'. The 'Debit Date' column has a sub-column header 'MM/DD/YYYY'. The table contains one row with the following values: '12345678A-001', 'Test Case', '\$ 50.00', and '04/08/2025'. At the bottom left of the table, there are two buttons: '+ Add Row' and '+ Duplicate Row'.

Figure 37: Payment Info Page

6. For each payment, enter your Case Name, [Payment Amount](#) (without a dollar sign) and the desired [Debit Date](#). Fill out any additional fields as required.
 - a. To make additional payments, click the **Add Row** or **Duplicate Row** button.
7. Click **Continue**.
 - a. Once payment is submitted you will receive an email confirmation, only if you opted in to receive payment notifications.
 - b. Write down or print the [confirmation number](#)(s) for your records.
8. Enter your banking information, including the name of the account holder, the account type, and the account and routing numbers.
 - a. You can typically find this information on your personal check.

The screenshot shows a form for entering banking information. It includes the following fields: 'Account Holder Name:' with a text input field containing a vertical bar; 'Account Type:' with a dropdown menu showing 'Select Account Type'; 'Account Number:' with a text input field; 'Re-Enter Account Number:' with a text input field; and 'Routing Number:' with a text input field. A red box highlights the 'Account Number' and 'Re-Enter Account Number' fields, with a red arrow pointing to the text 'Must Match' between them. At the bottom of the form, there are three buttons: 'Back', 'Cancel', and 'Continue'.

Figure 38: Account Number Match

- Once your banking information is entered into the fields, click **Continue** located at the bottom of the page.
- If the payment information is correct, click **Submit Payment** on the following page. If the payment is not correct, click **Edit Payment**.

Payment Verification
Please confirm the following payment information.

| Account Info | Payment Info | Contact Info | Payment Method | Confirm Payment | Payment Complete |
|----------------|-----------------|----------------|----------------|-----------------|------------------|
| DHCS Account : | 12345678A | | | | |
| Payment Type : | Personal Injury | | | | |
| Bank Account: | ****1068 | | | | |
| Case Number | Case Name | Payment Amount | Debit Date | | |
| 12345678A-001 | Test Case | \$50.00 | 04/09/2025 | | |

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](#)

Figure 39: Payment Verification Submission

Make a Phone Payment

- Dial **1-800-554-7500** between 7:00 AM-6:00 PM Monday-Friday, select your preferred language, and press **0**.
- Provide your [username](#) or [DHCS account login](#) to the customer service representative.
- Provide your payment date and payment amount to the representative over the phone.
- Write down the confirmation number(s) for your records.

Request a Refund

If you would like to request a refund, please contact us by [email](#) or submit a request for refund to the following address:

Department of Health Care Services
Third Party Liability and Recovery Division
Attention: Check Processing Unit, MS 4720
P.O. Box 997425
Sacramento, CA95899-7425

The following information **must** be included in all refund requests to avoid delays in processing:

1. Confirmation number issued after the EFT transaction has been completed
2. Proof of payment (e.g. a bank statement showing withdrawal of funds)
3. Date of payment
4. Payment amount
5. Name and contact phone number
6. Name that the refund check is to be made payable to
7. Address to send the refund check

Note: Refund requests may take up to 90 calendar days to process. In cases where a refund request is denied, a notification letter will be mailed with an explanation of why a refund cannot be granted.

Recover an Account

If you are unable to access to your account, you have several options to retrieve your information.

Forgot Your Username

1. Click [here](#) or type <https://www.govone.com/PAYCAL/DHCSTP/Account/Logon> into your browser to go to the FirstData login page.
2. Click **Forgot Username**.



Figure 40: Forgot Username button

3. Enter the email address associated with the account.



Figure 41: Email Input Field

4. Check the authentication box.

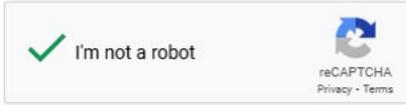


Figure 42: Authentication Box

5. Click **Submit**.
6. If the email you entered is associated with an account, you will receive an email with the subject **CA EFT Payment System Username Recovery**.
 - a. The email should be sent to you immediately after entry. If you do not see the email in your inbox, please check your spam or junk folders.
7. If you were unable to retrieve your username using the steps outlined above, dial **1-800-554-7500** between 7:00 AM-6:00 PM Monday-Friday, select your preferred language, and press **0**. A customer service representative will be able to assist you.

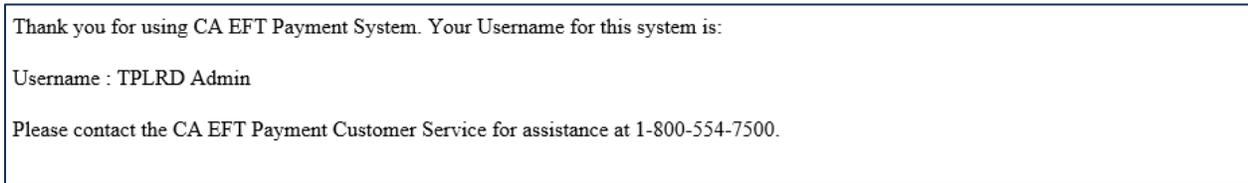


Figure 43: Username Reset Email

Forgot your Password

1. Click [here](https://www.govone.com/PAYCAL/DHCSTP/Account/Logon) or type <https://www.govone.com/PAYCAL/DHCSTP/Account/Logon> into your browser to go to the FirstData login page.
2. Click **Forgot Password**.

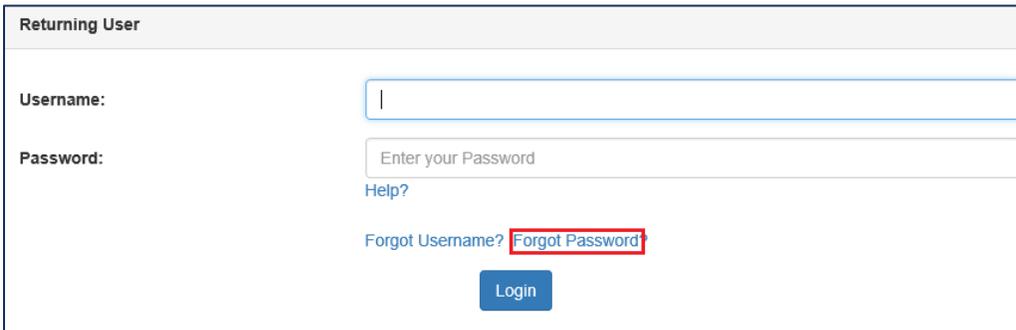


Figure 44: Forgot Password Button

3. Enter your username and check the authentication box.

4. Click **Next**.

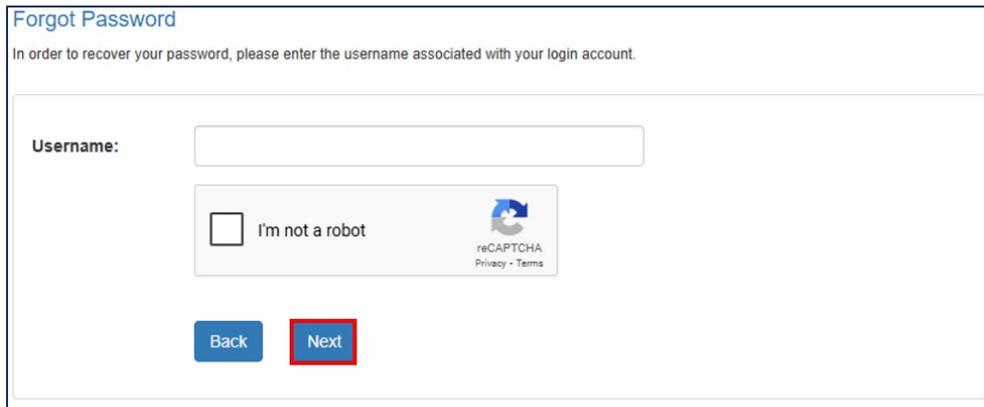


Figure 45: Username Input Field

5. You will be directed to the verification code screen. A verification code notification sent to the associated email address.
6. Once entered, you will be prompted to enter a new password.
7. Enter a new password in both fields. Passwords are required to be a minimum of at least **nine characters** in length and contain at least **one uppercase letter, one lowercase letter, one number, and one special character** (e.g. !@\$%). Both password fields must match.
8. . Click **Submit**.

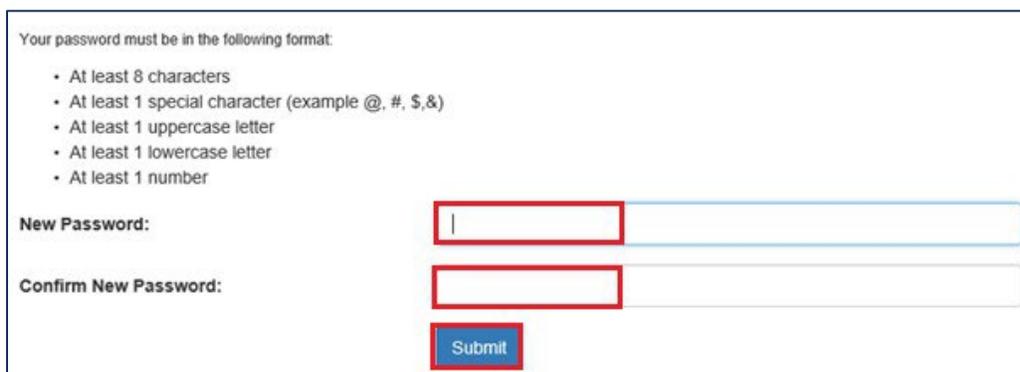


Figure 46: New Password Fields

9. If you were unable to update your password with the above steps, dial **1-800-554-7500** between 7:00 AM-6:00 PM Monday-Friday, select your preferred language, and press **0**. A customer service representative will be able to assist you.

Reset a Security Code

If you are having difficulty completing the registration process or recovering your account, you will need to reset your **security code**.

1. Please [email](#) us to reset your **security code**.
 - a. Include "RESET" in the subject line.
 - b. Include your [DHCS account login](#).
2. You will receive a new **security code** in your email. Follow the [security code](#) reset registration steps listed in the email.

Error Messages

Possible error messages that may be encountered:

1. "Your security code is either invalid or expired. Please check with your agency administrator to reset security code." If the security code is more than 24 hours old, [contact us](#) and we will reset the code.
2. "You have reached the maximum limit of 60 rows." This message will appear if the maximum number of payment rows is exceeded on the payment screen.
3. "Row XX: Debit date cannot be greater than 365 days in the future" will appear if the scheduled payment date exceeds 365 days into the future.
4. "There are payments in "Scheduled" status with this bank account information. Please cancel the scheduled payments prior to deleting this bank account information." This message will appear when user attempts to delete banking information, but a pending payment is scheduled.
5. "We detected that a similar payment has been made. If you would like to proceed and submit this payment, please select the "Override Duplicate" checkbox to Continue." This message will appear when a duplicate payment is attempted.

Appendix

DHCS Account Numbers

Incorrect DHCS account numbers may result in delays in processing.

Please see below for additional information on DHCS account number formats for specific recovery programs:



- **Estate Recovery:** P + [CIN](#) + sequence no. (e.g. P98765432A-001)
- **Personal Injury:** C + [CIN](#) + sequence no. (e.g. C98765432F-001) or C + [CIN](#) + sequence no. + T (e.g. C98765432F-001T)
- **Workers' Compensation:** W + [CIN](#) + sequence no. (e.g. W98765432A-001)
- **Special Needs Trust:** C + [CIN](#) + sequence no. + T (e.g. C98765432C-001T)
- **Overpayments:**
 - Beneficiaries: B + [NPI](#) + sequence no. (e.g. B987654321-001)
 - Providers: V+ [NPI](#) + sequence no. (e.g. V987654321-001)
 - State Share: G +[CIN](#) + sequence no. (e.g. GDME654321-001)

| Quality Assurance Fee Programs | | |
|---|-----------------------------|-----------------------------|
| QAF Program | DHCS Account Number Format | DHCS Account Number Example |
| Developmental Day Treatment | DAY +NPI | DAY9876543210 |
| Ground Emergency Medical Transport | GEM + NPI | GEM9876543210 |
| Hospital Quality Assurance Fee- Fee-For-Service | HQF + OSHPD | HQF987654321 |
| Hospital Quality Assurance Fee- Managed Care | HQM + OSHPD | HQM987654321 |
| Designated Intermediate Care Facilities | ICF + NPI | ICF9876543210 |
| Managed Care Organization Tax | 4 Digit DHCS account number | 0001 |
| Skilled Nursing Facilities | SNF + NPI | SNF9876543210 |

Glossary

- **Business day:** Any banking day except those that are observed as a bank holiday. Please refer to the [FAQ](#) for holidays where payments cannot be made.

- **Confirmation number:** The number generated by the First Data website to confirm submission of the scheduled payment.
- **Debit date:** The date a payer instructs a bank or the data collector to process the payment.
- **DHCS account login:** This is generated for enrolled users and will be emailed from TPLRD.EFT@dhcs.ca.gov after the submission of an enrollment form.
- **DHCS account number:** Located on correspondence sent from the TPLRD recovery program managing the case. Includes the Prefix, CIN, a sequence number, and—in some cases—an additional letter suffix. Click [here](#) for more information. If you are a provider, refer to the [Identifying your DHCS Account Number](#) for more information.
- **Electronic Funds Transfer (EFT):** is a generic term used to describe any Automated Clearing House (ACH) transaction.
- **Enrolled User:** A user with an account in the First Data website.
- **Enrollment:** The process of creating and registering an account in the First Data website.
- **ID No:** Located on your California Benefits Identification Card (BIC) and is also known as the Client Index Number (CIN).
- **National Provider Number (NPI):** a unique 10-digit identification number assigned to covered healthcare providers in the United States.
- **One-time payment:** An option for making one-time payments without an enrolled account. It does not store confirmation numbers and payments cannot be canceled once scheduled.

To inquire about a payment transaction made through the [one-time pay](#) option, email TPLRD Electronic Funds Transfer team at TPLRD.EFT@dhcs.ca.gov.

Include your first and last name, a phone number where we can reach you, and the payment confirmation number. One of our representatives will get back to you as soon as possible.

- **Payment amount:** The amount of the payment made to DHCS. This amount cannot be equal to or less than zero dollars.
- **Payment contact person:** The authorized person to contact for a payment.

- **Registered account:** An account in the FirstData website that has been fully enrolled.
- **Security code:** A 4-digit code that is required to login to your account in the FirstData website. You will receive a temporary code by email and will be required to change the code upon registering your account.
- **Submitted date:** The date an EFT payer initially submits a payment.
- **Username:** Created by a payer to log in to their FirstData account.

Terms and Conditions

By clicking **submit payment** on an EFT transaction, you agree to the terms and conditions as stated below:

1. By completing the EFT 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. DHCS makes no warranties, expressed or implied, about the electronic funds transfer process. In no event will DHCS 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 EFT 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.

Contact Us

1. If you would like to make a payment over the phone or need assistance canceling a scheduled payment, please contact EFT Customer Service.
 - a. To reach EFT Customer Service, please dial **1-800-554-7500** between 7:00 AM-6:00 PM Monday-Friday. Make your language selection and select 0 to speak with a representative.
2. If you have any questions about payment-related inquiries, registration, or login issues, please contact TPLRD directly by email or phone.
 - a. By email, please email TPLRD.EFT@DHCS.CA.GOV. Please include the contact name, case name (if different), and the DHCS account or Provider number
 - b. By phone, please dial (916) 650-0490 and follow the automated prompts.