Job Aid:
Electronic Fund Transfer (EFT)

Overview:

Background:

- The Health Connector's Electronic Fund Transfer (EFT) portal is integrated with the Premium Billing (PB) System and can recognize a member who is known to the PB system.
- New members are loaded into the Premium Billing System within 4 hours of completing their enrollment into a Health Connector plan via MAhealthconnector.org.
- If a member goes to the payment portal to set up their EFT payment information, they will receive a message stating that they must wait at least 4 hours between the time they submitted their enrollment information, to the time they can make their first online payment.
- Coming Soon: There will be a new online video that can step members through the online payment set up process.

To ensure that payments are accepted **only** from known members, the following occurs:

1. After a member completes Steps 1 and 2 (see below), the portal will validate that the member exists in the premium billing system
   - If the member is found, they will proceed to enter their payment information (bank account and routing number etc.)
   - If the member is not found, they will see an error message and will not be able to proceed
2. For members who have just completed shopping, payment can be made after 4 hours have passed. Members may also return the next day and make a payment
   - Members who complete shopping on the 23rd of the month can make a payment on the 24th
3. Only "subscriber" information should be used to make a payment
4. If a member is experiencing difficulties, they should use their enrollment ID and make sure name and DOB match what was entered on their application

After the member has been validated, the online payment portal will:

1. Display premium amount and balance due
2. Display a special message if balance is zero or credit. Members do not need to make a payment
3. Allow member to choose to pay total amount due or a different amount
   - Smaller amount is allowed. If using this option, members should remember to make another payment before the 23rd of the month (payment due date). An additional reminder will not be sent
   - Larger amount is allowed as long as payment amount is not more than three times the current premium amount (e.g. $150 if premium is $50). This will prevent large payment errors and still allow members to pre-pay for coverage if they wish
   - Only one payment per account per day is allowed. This is to prevent multiple payments errors. For example, a member who is enrolled in a health and dental plan, can make two payments in one day – one for health enrollment and one for dental
4. Require users to enter an email address. Members should use ***any valid email address*** where they

would like to receive the confirmation message. It does not have to be the same as email used on the application

Making an Online Payment:

- After you have submitted your application and selected a health plan, you will see these pop-up windows. Follow the steps below to submit an online payment.
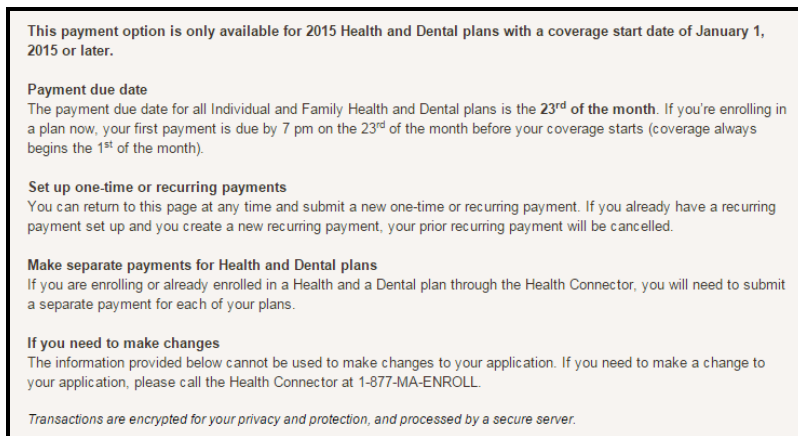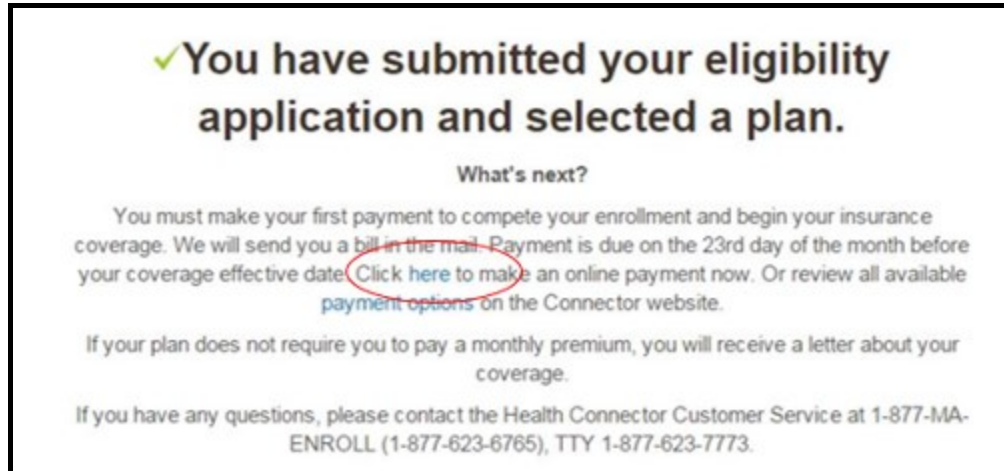

- If you are a using the payment portal for the first time, click on the 'First Time Users' button. You will notice that there may be a pop up message advising you that you need to wait. If you have just completed your enrollment online, you must wait at least 4 hours for our systems to update so we can continue with this process.
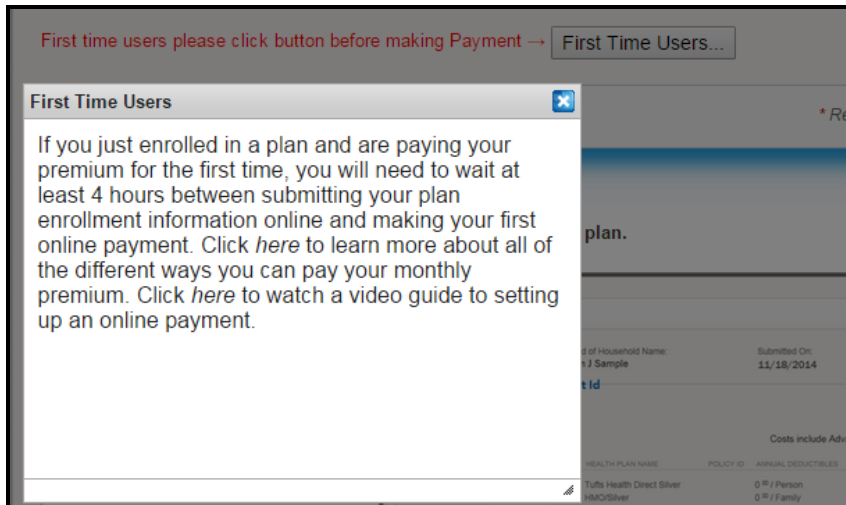
Step 1:

- You need to select whether you want to pay for your medical or dental plan. From the drop down Plan Type list, select Medical or Dental.
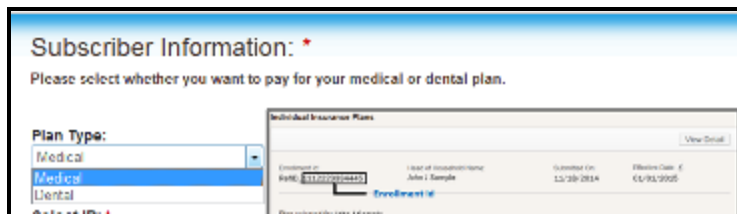
- Next you will need to select an ID. From the drop down menu select Enrollment ID (this is listed on your 'My Enrollments Page' of your online application), your SSN or your Billing Account Number (this is located on your Health connector Insurance Bill).

- Now you need to enter your Enrollment ID – again this is listed on your 'My Enrollments Page' on your online application.

Enrollment ID:

Please enter a valid value for Enrollment Id

Log into your account at www.mahealthconnector.org, click My Enrollments and find the field called "Enrollment ID." Enter **only numbers** in this field.

Step 2:

- Enter your First Name, Last Name and Date of Birth. If you have a middle name you can enter it but it is not required. The same applies if you have a Suffix. Make sure you enter your date of birth as mm/dd/yyyy for example, if your birthday is May 5, 1995; enter it as 05/01/1995.

STEP 2

Enter your name and date of birth exactly the same as you did on your application

First Name: *

Middle Name:

Last Name: *

Suffix:

-- Select a Suffix --

Date of Birth: *

Enter your Date of Birth. Use mm/dd/yyyy format. For example, for May 1, 1955 enter 05/01/1955.

- Once you have finished entering this information, review and verify your information before clicking 'Continue'. This will check and make sure the information you are entering is the same as the information we have on file in our billing system.

Review and verify all your information before continuing.

Continue

Never leave your computer or mobile device unattended during your session. Always close your browser - not just the tabs in your web browser - when you are finished, especially if you are using a public computer.

- If the member is not found, they have entered incorrect information or the wrong plan has been selected, the following screen will be shown
- Please review what you have entered/provided. (**review ID, Enrollment ID, SSN and Billing Acct info. Once corrected continue)**
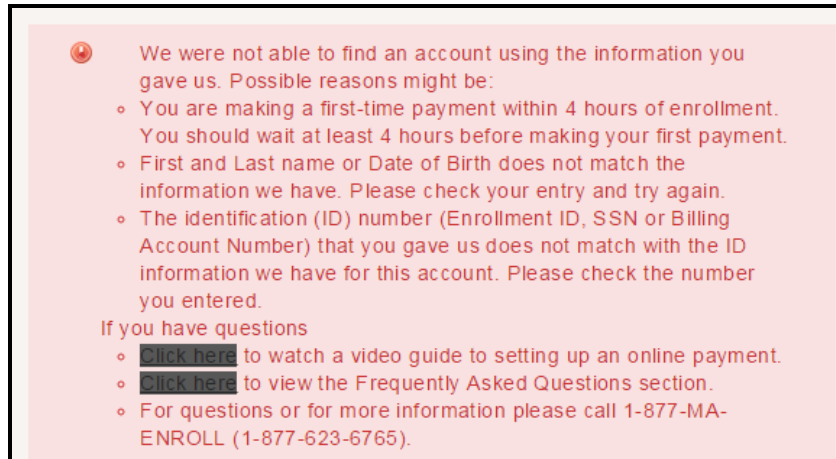
- If the following error message is shown, the member information does not match what we have on file
- Review again (**once reviewed and changed, continue**)
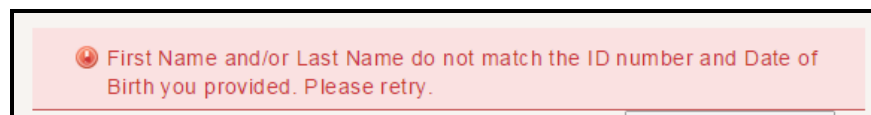
Step 3:
- **Enter** your address and it must be exactly the same as your address on your online application. Make sure you enter an email address as this is where your payment confirmation will be sent. Also, if there is an issue with your payment or we are unable to withdraw the amount for some reason we will send you an email or call you.

STEP 3

Enter your address exactly the same as you did on your application.

Mailing Address: *

Address Line 1: *

Address Line 2:

City: *

State: *
-- Select a State --

Zip Code: *

Contact Information: *

We will use the contact information you give us below to send you important messages and information about your payment.

Phone Number (Cell phone preferred):

Email Address: *

Confirm Email Address: *

Step 4:

Now we are at your billing information screen. You'll notice that the amount due is already listed. You have the option of paying the actual amount or another amount. Please note that if you pay less than the full amount owed, you will need to make another payment before the 23rd of the month which is our payment due date each month, in order to effectuate or continue your enrollment in good standing. Another reminder will not be sent to you about paying the remainder of the amount owed.

You also have the option of paying a larger amount if you wish to do so but this amount cannot exceed three times your current premium.

You are only allowed to make one payment per account (health or dental) per day. This is also to prevent multiple payment errors. If you need to make another payment, please do so the following day.

You will also notice that the current balance and premium amount owed is listed on this screen and also the payment due date which will always be the 23rd of each month.

STEP 4

Billing Information: *
Amount Due: *

○ Pay Balance Due: $ 700.00

○ Pay Other Amount: $ [   ]

Account:

Current Balance: $ 700.00
Current Premium: $ 700.00
Payment Due: 07/23/2015

- Next you will need to set up your payment frequency. Do you want to make a **One Time Payment** or **Recurring Payments**, you will need to select an account type – checking or savings

  o If you are selecting the **Recurring Payments option**, you will note that the payment start date is listed, but you must enter a recurring payment end date that must by 12 months or less from today. If you click in the grey box, you will get a calendar. Choose your end date.

Payment Frequency: *
One Time Payment ◉   Recurring Payments ○

One Time Payment – Allows your bank or financial institution to transfer the amount of money you have specified for your premium in the Amount field from your account. Your Health or Dental Premium Billing Account will be credited on the next business day after you submit your payment information. Your payment will be withdrawn from your bank account 2-3 business days after you submit your information.

Account Type: *
[-- Select a Account Type --   ▼]

- Once you have selected your account type, you will need to enter the name on the account, the checking or savings account number, confirm the number again, enter your bank routing number, then confirm the bank routing number again. If you aren't sure what these numbers are, look at one of your checks. The routing number is on the bottom left of the check, your account number is in the middle and your check number which you don't need is on the right.

- **Step 5:**

There is a picture with letters or number in it. You must type those letters or numbers exactly as showing in the box.

- Finally, make sure that you double check that all the information you have entered is correct. Then you are going to click on **'Submit Payment'**.
- Note that a Confirmation Code will appear if the information was successfully entered to the payment portal. This **does not mean** that your payment has been processed, it means that we have received your payment information and will proceed to withdrawing a payment from your bank.
- You will receive an email confirmation from the Health Connector within one business day letting you know that your EFT application was set up correctly and accepted, or if there is a problem with your payment and you will need to re-enter your information.
- After you've received the confirmation e-mail it usually takes 2 business days to process and withdraw the funds from your bank account. However, it may take up to 5 business days depending on your bank.